

National Healthcare Agreement: P33-Women with at least one antenatal visit in the first trimester of pregnancy, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	393033
Registration status:	Health , Superseded 08/06/2011

Data quality

Data quality statement summary:

- The Perinatal National Minimum Data Set (NMDS) did not include antenatal care data items in 2007 and national data are not currently available. Information about antenatal care in the first trimester was available for New South Wales, South Australia and the Northern Territory only. Antenatal care data items were collected using non-standardised definitions and with variable response rates. The validity of the data is unknown. Completeness of the data varies widely between jurisdictions and comparisons are not advised.
- Since 2005, all jurisdictions have provided information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the National Perinatal Data Collection (NPDC) or to determine variability between states and territories. The current data have not been adjusted for potential under-identification of Indigenous status of the mother.
- Area of usual residence of the mother is included in the Perinatal NMDS and data are complete for over 99.9% of mother records.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data included in the NPDC are collected as part of a National Minimum Data Set and were supplied by state and territory health authorities to the National Perinatal Statistics Unit (NPSU), a collaborating unit of the AIHW. The state and territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

States and territories supplied these data under the terms of the National Health Information Agreement (see link)

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc.

Data specifications for the Perinatal NMDS are documented in the AIHW online metadata repository, METeOR, (see link)

</content/index.phtml/itemId/181162>.

Timeliness: The reference period for the data is 2007.

Accessibility:

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- METeOR, the online metadata repository
- *National health data dictionary*.

Ad hoc data are also available on request (charges apply to recover costs).

Data for this indicator are published biennially in the *Aboriginal and Torres Strait Islander Health Performance Framework* report and the *Overcoming Indigenous Disadvantage* report (although minor differences may arise due to small variations in the definition of 'first trimester').

Interpretability:

Supporting information on the use and quality of the NPDC are published annually in *Australia's mothers and babies* (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in *Perinatal National Minimum Data Set compliance evaluation 2001 to 2005*. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in *Indigenous mothers and their babies, Australia 2001-2004* (Chapter 1 & Chapter 5).

Proportions of records missing antenatal care information are very different in New South Wales (4.9%) and South Australia (34.9%). With this level of missing data proportions calculated using all residents will reflect differential rates of missing data. Reporting for this indicator has therefore been restricted to records with completed information. Caution must be used interpreting data from jurisdictions with a high proportion of records missing data. The first visits for women missing may be distributed differently to those whose data have been reported.

Once nationally consistent data items on antenatal care are added to the Perinatal NMDS, metadata information for this indicator will be published in the AIHW's online metadata repository, METeOR, and the *National Health Data Dictionary*.

Relevance:

The NPDC comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s).

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.

Although the NPDC provides all relevant data elements of interest for this indicator, this is not included in the NMDS and data are not available for all states and territories. Data reported for 2007 on number of women who gave birth who attended at least one antenatal visit in the first trimester are for New South Wales, South Australia and the Northern Territory only. Although data on gestation at first antenatal visit are also collected in the Australian Capital Territory, they were not considered of sufficient quality to publish. Totals reported for this indicator can not be generalised to Australia.

Information collected on antenatal care differs among the jurisdictions. No formal national assessment has been undertaken to assess these. Comparisons between states and territories should therefore be interpreted with caution.

Each jurisdiction has a unique perinatal form for collecting data. There are minor differences in the format of the Indigenous status question but all are compliant with the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS or to determine variability between states and territories. However, the proportion of Indigenous mothers for the period 1997-2006 has been consistent, at 3.2–3.7% of women who gave birth. For maternal records (0.1%) where Indigenous status was not stated, data were excluded. Comparisons between states and territories should be interpreted with this caution.

SEIFA quintiles based on the Index of Relative Socio-economic Disadvantage (IRSD) for the total population have been applied for this indicator for reporting by SEIFA. Reporting by remoteness is in accordance with the *Australian Standard Geographical Classification* (ASGC).

Accuracy:

Inaccurate responses may occur in all data provided to the AIHW. The AIHW does not have direct access to perinatal records to determine the accuracy of the data provided. However, the AIHW undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the AIHW. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The AIHW does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of state/territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

National data are not available for antenatal care. Information collected on antenatal care differs among the jurisdictions. For 2007 data, no formal national assessment has been undertaken of these data. Data reported for 2007 on number of women who gave birth who attended at least one antenatal visit in the first trimester are available for New South Wales, South Australia and the Northern Territory only. Residents of these jurisdictions who give birth in a different jurisdiction will not have data on antenatal care.

Proportions of records missing antenatal care information on whether the first visit was in the first trimester are very different for women who resided in New South Wales (2.3%) and the Northern Territory (2.6%) compared with South Australia (34.9%). No information is available on the missing data. The timing of the first visits for women missing data may be distributed differently to those whose data have been reported. Therefore, computation of the indicator includes data with completed information about gestation at first antenatal visit.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Fewer than 0.08% of records could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.1% of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information.

The indicator is presented by SEIFA IRSD. The NPDC receives a 5-digit code for SLA from all states and territories except Tasmania (which supplies postal area codes).

Reporting by remoteness is in accordance with the *Australian Standard Geographical Classification* (ASGC). Remoteness is assigned from SLA or postal area codes.

Cells have been suppressed to protect confidentiality (where the presentation could identify a person or a single service provider), where rates are highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low)

Coherence:

An interim measure is presented for this indicator, pending development and implementation of standard data definitions in the Perinatal NMDS. Data presented in future years may not be consistent or comparable with data presented here. Changing levels of Indigenous identification over time and across jurisdictions may affect the accuracy of compiling a consistent time series in future years.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: P1 33: Women with at least one antenatal visit in the first trimester of pregnancy, 2011 QS](#)
[Health](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement: [National Healthcare Agreement: P33-Women with at least one antenatal visit in the first trimester, 2010](#)
[Health](#), Superseded 08/06/2011