

National Healthcare Agreement: PI 61: Teenage birth rate, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448960
Registration status:	Health , Superseded 04/12/2012

Data quality

Data quality statement summary:

- The numerator includes births to mothers aged less than 15 years, however, the denominator only includes women aged 15 to 19 years. This may result in the rate being slightly overstated.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal National Minimum Data Set (NMDS).
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons should not be made.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

Data collected as part of the NPDC include an NMDS and were supplied by State and Territory health authorities to the National Perinatal Statistics Unit (NPSU), a collaborating unit of the Institute. 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.

Timeliness: The reference period for the data is 2008. Collection of data for the NPDC is annual.

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

- Australia's mothers and babies annual report
- Indigenous mothers and their babies, Australia 2001–2004
- METeOR – online metadata repository
- National health data dictionary.

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

Interpretability: Supporting information on the quality and use 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 2001–2005. 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 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are published in 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, birthweight, Apgar score and neonatal length of stay.

The Perinatal NMDS includes all relevant data elements of interest for the numerator of this indicator. While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include 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. However, the proportion of Indigenous mothers for the period 1999–2008 has been consistent, at 3.5–3.8 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.1 per cent), data were excluded.

Maternal age is calculated using the date of birth of the mother and the baby. Both of these items are included in the Perinatal NMDS. For 2008 data, New South Wales was non-compliant with the Perinatal NMDS and provided maternal age rather than maternal dates of birth. South Australia provided confidentialised dates, adjusted based on the baby's date of birth (recorded as the first of the month). South Australian legislation prevents the release of potentially identifiable data from its perinatal data collection.

The indicator is presented by Socio-Economic Indexes for Areas (SEIFA) Index for Relative Socio-Economic Disadvantage (IRSD). The data supplied to the NPDC include a code for SLA from all states and territories.

Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC). Remoteness is assigned from SLA or postal area codes. The numerator and denominator for the calculation of rates for this indicator come from different sources (numerator from the NPDC and denominator from ABS population data). While population data are adjusted for undercount and missing responses to the Indigenous status question, data from the NPDC are not. This, along with changing levels of Indigenous identification over time and across jurisdictions in both the numerator and denominator may affect the accuracy of compiling a consistent time series.

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (ie the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Accuracy: Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute 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 Institute. 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 Institute 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.

There is not full compliance with the Perinatal NMDS for maternal age. New South Wales did not provide full maternal dates of birth for 2008, instead supplying calculated maternal age. The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 per cent of records were non-residents 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 per cent 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 and thus jurisdictional comparisons should not be made.

Coherence: Changing levels of Indigenous identification over time and across jurisdictions may affect the accuracy of compiling a consistent time series.

Differential supply of NMDS item Date of birth (used for calculating maternal age) may impact adversely on the cohesion of the data to report over time and across jurisdictions.

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: P61-Teenage birth rate, 2010 QS Health](#), Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: PI 61-Teenage birth rate, 2012 QS Health](#), Retired 14/01/2015

Indicators linked to this Data Quality statement: [National Healthcare Agreement: PI 61-Teenage birth rate, 2011 Health](#), Superseded 31/10/2011