

National Indigenous Reform Agreement: PI 14-Antenatal care, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	480516
Registration status:	Indigenous , Superseded 13/06/2013

Data quality

Institutional environment:	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. 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 Health and Ageing. For further information see the AIHW website. Data collected as part of the National Perinatal Data Collection include a National Minimum Data Set and were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), 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 2009. Data are collected on an ongoing basis and are compiled by the AIHW annually.
Accessibility:	The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • <i>Australia's mothers and babies</i> annual report • METeOR – online metadata repository • <i>National health data dictionary</i>. Ad hoc data are also available on request (charges apply to recover costs). Data for this indicator are published annually in <i>Australia's mothers and babies</i>; and biennially in the <i>Aboriginal and Torres Strait Islander Health Performance Framework</i> report.
Interpretability:	Supporting information on the use and quality of the NPDC are published annually in <i>Australia's mothers and babies</i> (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in <i>Perinatal National Minimum Data Set compliance evaluation 2001 to 2005</i>. 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 <i>Indigenous mothers and their babies, Australia 2001-2004</i> (Chapter 1 & Chapter 5). Metadata information for this indicator are published in the AIHW's online metadata repository —METeOR. Once nationally consistent data items on antenatal care are added to the Perinatal NMDS, metadata information for this indicator will be revised in METeOR, and published in the National <i>Health Data Dictionary</i> as a national standard. In December 2009, a data item on 'pregnancy duration at the first antenatal care visit' was added to the Perinatal NMDS and included in METeOR.

Relevance:

The National Perinatal Data Collection comprises data items as specified in the Perinatal National Minimum Data Set 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, sex, gestational age at birth, birthweight and neonatal morbidity and fetal deaths.

Although the NPDC includes data elements of interest for this indicator, the Perinatal NMDS did not include antenatal care data items in 2009. Therefore, data are not available for all states and territories. Data reported on the 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 and Victoria, they were not considered of sufficient quality to publish. Data reported on number of antenatal visits are for Queensland, South Australia and the Northern Territory. Totals reported for this indicator are not generalisable to Australia.

Information collected on antenatal care differ among the jurisdictions. Comparisons between states and territories should therefore be interpreted with caution.

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 Perinatal 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 2000-2009 has been consistent, at 3.4–3.8 per cent of women who gave birth. Comparisons between states and territories should be interpreted with caution.

Mothers for whom Indigenous status was not stated have been excluded from analyses for this indicator.

Analysis by State/Territory is based on the usual residence of the mother. Excludes Australian non-residents of external territories and where the State/Territory of residence was not stated.

Data excludes records with missing data for gestation at first antenatal visit.

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 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.

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 0.4 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.

National data are not available for this indicator. Data reported for 2009 on the 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 for the whole year, and for Queensland for the second half of the year only. Data reported for 2009 on number of antenatal visits are for Queensland, South Australia and the Northern Territory only. Residents of these jurisdictions who gave birth in a different jurisdiction would 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 (1.1 per cent), Queensland (3.5 per cent), and the Northern Territory (1.8 per cent) compared with South Australia (10.9 per cent). Improvements in data validation in the Northern Territory, including validation against date of first of ultrasound examinations attended, has led to improved data quality and a decrease in the proportion of records missing antenatal care information, since 2007. The timing of the first visits for women missing data may be distributed differently to those whose data have been reported. There are also differences in how the jurisdictions define antenatal visits.

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.

Relational attributes**Related metadata references:**

Has been superseded by [National Indigenous Reform Agreement: PI 09-Antenatal care, 2013 QS](#)
[Indigenous](#), Superseded 25/06/2014

Indicators linked to this Data Quality statement:

[National Indigenous Reform Agreement: PI 14-Antenatal care, 2012](#)
[Indigenous](#), Superseded 13/06/2013