

# National Indigenous Reform Agreement: PI 08- Tobacco smoking during pregnancy, 2013

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# National Indigenous Reform Agreement: PI 08- Tobacco smoking during pregnancy, 2013

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	PI08-Tobacco smoking during pregnancy, 2013
<b>METEOR identifier:</b>	484309
<b>Registration status:</b>	<a href="#">Indigenous</a> , Superseded 13/12/2013
<b>Description:</b>	Proportion of mothers who smoked during pregnancy, by Indigenous status.
<b>Rationale:</b>	Smoking during pregnancy can affect the growth and development of the foetus and infant and can carry through to childhood.
<b>Indicator set:</b>	<a href="#">National Indigenous Reform Agreement (2013)</a> <a href="#">Indigenous</a> , Superseded 13/12/2013
<b>Outcome area:</b>	<a href="#">Indigenous children are born and remain healthy</a> <a href="#">Indigenous</a> , Standard 21/07/2010
<b>Data quality statement:</b>	<a href="#">National Indigenous Reform Agreement: PI 08-Tobacco smoking during pregnancy, 2013 QS</a> <a href="#">Indigenous</a> , Superseded 25/06/2014

## Collection and usage attributes

**Computation description:** Crude rates are calculated for Indigenous Australians.

Age-standardised rates are calculated for Indigenous and non-Indigenous Australians.

Rate ratios and rate differences are calculated for Indigenous: non-Indigenous.

For variability bands:

Variability bands are to be calculated for rates using the standard method (see definition below).

For trends: percentage change and statistical significance of change is to be calculated (required for CRC reporting).

Presentation:

Number, rate per 100 mothers (percentage), rate ratios, and rate differences.

Analysis by state/territory is based on usual residence of the mother.

Excludes Australian non-residents of external territories and where state/territory of residence was not stated.

Definitions:

Standard method for variability band computation:

Rates derived from administrative data counts are not subject to sampling error but may still be subject to natural random variation, especially for small counts. A 95% confidence interval for an estimate is a range of values which is very likely (95 times out of 100) to contain the true unknown value. Where the 95% confidence intervals of two estimates do not overlap it can be concluded that there is a statistically significant difference between the two estimates. This is the standard method used in AIHW publications for which formulas can be sourced from Breslow and Day (1987) in the publication 'Statistical methods in cancer research'. Typically in the standard method, the observed rate is assumed to have natural variability in the numerator count (e.g. deaths, hospital visits) but not in the population denominator count. Also, the rate is assumed to have been generated from a Normal distribution ("Bell curve"). Random variation in the numerator count is assumed to be centred around the true value, i.e. there is no systematic bias.

**Computation:**

Crude rate:  $100 \times (\text{Numerator} \div \text{Denominator})$ .

Age-standardised rate: calculated using the direct method, using five year age groups from 15-19 to 40-44 using the Australian female population who gave birth in the current reporting period as the standard. Age-standardisation should be done in accordance with the NIRAPIMG agreed principles for direct age-standardisation (see Comments section. Note that Principle 1 and Principle 4 are not applicable for this indicator).

Rate ratio: Indigenous age-standardised rate divided by non-Indigenous age-standardised rate

Rate difference: Indigenous age-standardised rate minus non-Indigenous age-standardised rate.

Variability band: to be calculated using the standard method for estimating 95% confidence intervals as follows:

*Crude rate:*

$$CI(CR)_{95\%} = CR \pm 100 \times 1.96 \times \sqrt{\frac{CR}{100} \left(1 - \frac{CR}{100}\right) \frac{1}{n}}$$

Where  $p$  = crude rate

$$q = 1-p$$

$n$  = Denominator used to calculate crude rate

*Age-standardised rate:*

$$CI(ASR)_{95\%} = ASR \pm 1.96 \times \sqrt{\sum_{i=1}^I \frac{w_i^2 d_i}{n_i^2}}$$

Where  $w_i$  = the proportion of the standard population in age group  $i$

$d_i$  = the number of mothers who smoked during pregnancy in age group  $i$

$n_i$  = the number of women who gave birth that year in the population in age group  $i$

**Percentage change:** Calculated by multiplying the average annual change over the period by the number of data points less 1. This is then divided by the rate for the first year in the series and multiplied by 100.

The average annual change in rates, rate ratios and rate differences are calculated using linear regression which uses the least squares method to calculate a straight line that best fits the data and returns an array that best describes the line. The simple linear regression line,  $Y = a + bX$ , or 'slope' estimate was used to determine the average annual change in the data over the period. The formula used to calculate the slope estimate and standard error of the slope in Microsoft Excel is:

LINEST (known\_y's, known\_x's, true) entered as an array formula (Ctrl, Shift, Enter).

**Statistical significance of change:** The 95% confidence intervals (CIs) for the standard error of the slope estimate (average annual change) are used to determine whether the apparent increases or decreases in the data are statistically significant at the  $p < 0.05$  level. The formula used to calculate the CIs for the standard error of the slope estimate is:

$$95\% CI(x) = x \pm 1.96 \times SE(x)$$

where  $x$  is the average annual change (slope estimate). If the upper and lower 95% confidence intervals do not include zero, then it can be concluded that there is statistical evidence of an increasing or decreasing trend in the data over the study period.

**Numerator:**

Number of mothers who smoked during pregnancy

**Numerator data elements:**

**Data Element / Data Set**

**Data Element**

Mother's smoking status during pregnancy.

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Administrative by-product data

**Data Element / Data Set**

[Female \(pregnant\)—tobacco smoking indicator \(first twenty weeks of pregnancy\), yes/no code N](#)

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Administrative by-product data

**Data Element / Data Set**

[Female \(pregnant\)—tobacco smoking indicator \(after twenty weeks of pregnancy\), yes/no code N](#)

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Administrative by-product data

**Denominator:**

Total number of mothers

**Denominator data elements:**

**Data Element / Data Set**

**Data Element**

Mother's smoking status during pregnancy.

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Data source type: Administrative by-product data.

Includes 'not stated' mother's smoking status during pregnancy.

**Data Element / Data Set**

[Female \(pregnant\)—tobacco smoking indicator \(first twenty weeks of pregnancy\). yes/no code N](#)

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Administrative by-product data

**Data Element / Data Set**

[Female \(pregnant\)—tobacco smoking indicator \(after twenty weeks of pregnancy\). yes/no code N](#)

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Administrative by-product data

**Disaggregation:**

Current Period (2010):

For Indigenous only (numbers and crude rates):

- National and state/territory by smoking status

Time series – 2007, 2008, 2009 (previously supplied); 2010 (required for 2013 reporting):

For Indigenous and non-Indigenous (numbers, age-standardised rates, rate ratio, rate difference, and percentage change. Variability bands and statistical significance of change to be provided by the AIHW):

- National and state/territory, by Indigenous status.

**Disaggregation data elements:**

**Data Element / Data Set**

[Person—Indigenous status, code N](#)

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

[Person—area of usual residence, geographical location code \(ASGC 2009\) NNNNN](#)

**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Guide for use**

Data source type: Administrative by-product data

**Comments:**

Most recent data available for 2013 CRC report is 2010.

There were no data elements in the Perinatal national minimum data set (NMDS) for maternal smoking in pregnancy prior to July 2010. A program for national data development was completed in 2009 to add nationally agreed data items on smoking during pregnancy to the Perinatal NMDS from 1 July 2010. For earlier time periods non-standardised information is obtained as part of the National Perinatal Data Collection (NPDC).

Data are available for 2013 and 2012 reporting for all states and territories. For the 2010 and 2011 CRC reports, data were available for NSW, Queensland, WA, SA, Tasmania, NT and ACT.

Information is included in the NPDC for all live births and still births of at least 400 grams birthweight or at least 20 weeks gestation.

Analysis by state/territory is based on usual residence of the mother.

Maternal age is the age at the time of giving birth.

To report trends, the COAG Reform Council will separately request percentage change and statistical significance testing for this indicator directly from the data provider (AIHW).

Variability bands accompanying perinatal data should be used for the purposes of comparisons over time and for national estimates at a point in time for Indigenous/non-Indigenous comparisons.

Baseline year for NIRA target (Halve the child mortality gap within a decade) is 2008; baseline year for this indicator is 2008; target year is 2018.

**NIRAPIMG agreed Principles for reporting directly age-standardised rates for administrative data**

**Overarching principle:** Before undertaking age-standardisation, analysts must investigate the data being used to understand the age-specific distribution and any limitations that may impact on the results.

**Principle 1:** The standard population used should be the Australian Estimated Resident Population as at 30 June 2001 from the 2001 Census until population estimates from the 2011 Census become available.

The population used as the denominator for the calculation of Indigenous age-standardised rates should be SERIES B of Indigenous experimental estimates and projections 2006 to 2021 based on the 2006 Census until population estimates

from the 2011 Census become available.

**Principle 2:** If the denominator is less than 30 in any one age group, then do not attempt to produce age-standardised rates.

Age-groups may be collapsed to obtain a denominator of 30 or more (provided that this is in accordance with principle 3 and 4).

**Principle 3:** If the total number of Indigenous events (e.g. deaths, hospital separations) is less than 20, then do not attempt to produce age-standardised rates.

Combining several years of data, or aggregating jurisdictions should be considered to obtain a total of 20 or more events.

If this does not meet the purpose (i.e. data are required for time series or jurisdictional comparisons), or does not result in greater than 20 events in total, then other measures and contextual information should be reported instead of age-standardised rates which could include total number of events, crude rates, age-specific rates, age-specific rate ratios and median age at death.

**Principle 4:** Age-standardised rates should be calculated using the five year age groupings of 0-4 years to 75 years and over (provided Principles 2 and 3 for denominator and numerator are met).

10-year age groups may be used to overcome small numbers (20 year age groups are too wide and should not be used).

**Principle 5:** Additional contextual information (most importantly age-specific rates and ratios) should be provided in addition to age-standardised rates when:

a) the age-standardised rates and rate ratios lie largely outside the range of the age-specific rates and rate ratios.

b) the pattern of age-specific rates of the Indigenous and non-Indigenous populations differ substantially (e.g. deaths from a certain cause concentrate on younger ages for Indigenous population while for non-Indigenous they may occur at older ages).

c) the age-specific rates depart from the assumption of a uniform increase in death with age (e.g. injury which peaks in the young adult to middle-ages and certain cancers amenable to treatment for some age groups).

d) the condition of interest is largely confined to a specific age range (e.g. sexually transmitted infections (STIs) and women who give birth). In such instances, age-standardisation could be restricted to include the age groups within this age range only.

**Principle 6:** For conditions restricted to a specific age group (e.g. conditions originating in the perinatal period and sudden infant death syndrome (SIDS)), it is recommended to report the age-specific rate for the age-group of interest instead of the age-standardised rate.

## Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	NN.N

## Indicator conceptual framework

Framework and dimensions:	<a href="#">Health Behaviours</a>
---------------------------	-----------------------------------

## Data source attributes



**Data sources:****Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

**Frequency**

Calendar years ending 31 December each year

**Data custodian**

Australian Institute of Health and Welfare

## Accountability attributes

**Reporting requirements:** National Indigenous Reform Agreement.

**Organisation responsible for providing data:** Australian Institute of Health and Welfare.

**Further data development / collection required:** Specification: Long-term.

## Source and reference attributes

**Steward:** [National Indigenous Reform Agreement Performance Information Management Group](#)

## Relational attributes

**Related metadata references:**

Supersedes [National Indigenous Reform Agreement: PI 13-Tobacco smoking during pregnancy, 2012](#)  
[Indigenous](#), Superseded 13/06/2013

Has been superseded by [National Indigenous Reform Agreement: PI 08-Tobacco smoking during pregnancy, 2014](#)  
[Indigenous](#), Superseded 24/11/2014

See also [National Health Performance Authority Healthy Communities: Percentage of women who gave birth and smoked during pregnancy, 2007–2011](#)  
[National Health Performance Authority \(retired\)](#), Retired 01/07/2016