

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

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	523315
Registration status:	Indigenous , Superseded 25/06/2014

Data quality

Data quality statement summary: The Perinatal national minimum data set (NMDS) includes two standardised data items on smoking during pregnancy for births from July 2010: smoking during first twenty weeks of pregnancy and smoking after twenty weeks of pregnancy. However, not all states and territories have yet updated data collections to include the standard items. Before July 2010 and for jurisdictions that have not introduced the standard smoking items to their perinatal data collections the data made available as part of the National Perinatal Data Collection (NPDC) has been used.

Definitions for smoking during pregnancy differ among the jurisdictions and therefore comparisons between states and territories should be made with caution.

The 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 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 of Indigenous data should not be made.

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 2010. 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:

- *Australia's mothers and babies* annual report
- *Smoking and pregnancy*
- *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). Data for this indicator are published annually in *Australia's mothers and babies*; and biennially in the *Aboriginal and Torres Strait Islander Health Performance Framework report*.

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 2006 to 2009*. 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 are published in the AIHW's online metadata repository, METeOR. Nationally consistent data items on smoking during pregnancy were added to the Perinatal NMDS from 2010 and are published in the National Health Data Dictionary as a national standard.

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, except in WA, where included if Gestational age is 20 weeks or more or if gestation unknown birthweight is at least 400 grams. 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.

For 2010, data on smoking during pregnancy was available from all states and territories. A program for national data development was completed in 2009 to add nationally agreed data items on smoking during first twenty weeks of pregnancy and smoking after twenty weeks of pregnancy to then Perinatal NMDS from July 2010. Standardised data were implemented by Vic, Qld, WA, SA and the ACT for the whole year and partially implemented by Tas, and the NT from July 2010. The standardised items have not yet been added to the perinatal data collection in NSW. In SA the new item for smoking after 20 weeks has been added, but smoking before 20 weeks is still measured from smoking status at the first antenatal visit. For Tas, the smoking during first twenty weeks of pregnancy and smoking after twenty weeks of pregnancy have been included in the new electronic system implemented during mid-2010. Hospitals still using the paper based form do not report these data so the interpretation of these data should be used with caution. For NT, standard items were collected from 1 June in public hospitals and 1 September for non-public hospital. Nonstandard data provided voluntarily to the NPDC was used when information from standard data items were not available. For 2010, data on smoking during pregnancy was available from all states and territories.

Definitions used for non-standard data items about smoking during pregnancy differ among the jurisdictions. All states and territories currently collect at least one smoking question as part of their routine perinatal data collections. Data for the Northern Territory and South Australia relate to smoking status at the first antenatal visit. For South Australia, smoked includes women who quit before the first antenatal visit. This may result in higher rates of smoking being reported for these jurisdictions because often the first antenatal visit will precede pregnancy-related harm minimisation interventions designed to stop smoking during pregnancy. Given the different timing of data collection on smoking during pregnancy in the different jurisdictions, comparisons between states and territories should 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 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 NPDC. However, the proportion of Indigenous mothers for the period 2001-2010 has been consistent, at 3.6–3.9 per cent of women who gave birth.

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

Data provided for this indicator on women who smoked during pregnancy includes women who quit during pregnancy.

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

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. The data supplied for the 2010 Perinatal NMDs by Victoria to prepare this indicator was not the final data. Further minor changes to the data are unlikely to produce any detectable change to the indicator. 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 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.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which may differ among jurisdictions. Approximately 0.3 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.

Nationally, there were 3.6 per cent of Indigenous mothers for whom smoking status was not stated in 2010. The Northern Territory had a large proportion of Indigenous mothers whose smoking status was not stated (11.1 per cent) compared with the other states and territories. Consequently, this may not be an accurate reflection of the true proportion of Indigenous women in the Northern Territory who smoked during pregnancy. The proportion of Indigenous women aged 18 and over who smoked was 49.9 per cent in Northern Territory (ABS 2008). Of stated responses for the Northern Territory, 53.2 per cent of Indigenous mothers smoked during pregnancy, compared with 47.3 per cent when Not stated responses were included in the denominator.

Coherence:

An interim measure is presented for this indicator, pending availability of data using the 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 also affect the accuracy of compiling a consistent time series for future years.

Relational attributes**Related metadata references:**

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

Has been superseded by [National Indigenous Reform Agreement: PI 08-Tobacco smoking during pregnancy, 2014 QS](#)
[Indigenous](#), Superseded 17/02/2016

Indicators linked to this Data Quality statement:

[National Indigenous Reform Agreement: PI 08-Tobacco smoking during pregnancy, 2013](#)
[Indigenous](#), Superseded 13/12/2013