# National Health Performance Authority Healthy Communities: Percentage of women who gave birth and smoked during pregnancy, 2007–2011

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# National Health Performance Authority Healthy Communities: Percentage of women who gave birth and smoked during pregnancy, 2007–2011

# Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Percentage of women who gave birth and smoked during pregnancy, 2007–2011
METEOR identifier:	583506
Registration status:	National Health Performance Authority (retired), Retired 01/07/2016
Description:	The number of women who gave birth and smoked at any time during the pregnancy, expressed as a percentage of all women who gave birth.
Indicator set:	National Health Performance Authority: Healthy Communities: 2011– National Health Performance Authority (retired), Retired 01/07/2016

# Collection and usage attributes

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Computation description:	A woman's tobacco smoking status during pregnancy is self-reported.
	Women who smoked at any time during pregnancy are included.
	Births include both live births and stillbirths of at least 20 weeks gestation or 400 grams birth weight.
	The percentages of women who gave birth and smoked during pregnancy are calculated at Medicare Local catchment and Medicare Local peer group levels for:
	<ul> <li>All women who gave birth during the three calendar years from 1 January 2009 to 31 December 2011</li> <li>Aboriginal and Torres Strait Islander women who gave birth during the five calendar years from 1 January 2007 to 31 December 2011.</li> </ul>
	Analysis by Medicare Local catchment and Medicare Local peer group is based on Statistical Local Area (SLA) of usual residence of the mother, irrespective of where the birth occurred.
	All women who gave birth at any time during the three calendar years from 1 January 2009 to 31 December 2011 and all Aboriginal and Torres Strait Islander women who gave birth at any time during the five calendar years from 1 January 2007 to 31 December 2011 are included. Therefore, women who gave birth more than once during the relevant periods are counted for each birth.
	Women whose smoking status was not stated are excluded.
	Australian non-residents and residents of external territories are excluded.
	State and territory differences in definitions and methods used for data collection affect the comparability of these data across state and territory jurisdictions and lower levels of geography within these jurisdictions. In particular, data on smoking during pregnancy are not available for women who gave birth in Victoria in 2007 or 2008. Therefore, the percentages of Aboriginal and Torres Strait Islander women who gave birth and smoked during pregnancy during the five calendar years from 1 January 2007 to 31 December 2011 do not include Aboriginal and Torres Strait Islander women who usually resided in Victoria and gave birth in Victoria in 2007 or 2008.

#### **Computation:**

(Numerator ÷ Denominator) x 100

#### **Reliability of percentages**

National Perinatal Data collection (NPDC) data are based on administrative data and therefore are not subject to sampling error. However, when the counts on which percentages have been calculated are small, the percentages may be subject to natural random variation. To quantify the random variation associated with NPDC data, variability bands were calculated using the standard method for calculating 95% confidence intervals for percentages:

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

where P = the percentage of women who gave birth and smoked during pregnancy; and

n = the number of women who gave birth.

#### Suppression of estimates

	The variability bands were used to calculate the Relative Standard Error (RSE) for each estimate and this information was used as one of the criteria for suppression of estimates.
	Results were suppressed for confidentiality where the numerator was less than 5 and for reliability where the denominator was less than 100. Additional suppression rules based on the limits for RSE were developed and applied to ensure robust reporting of these data at small areas. For a dichotomous proportion, RSE has been defined as the ratio of the standard error and the minimum of the estimate and its complement (100% - estimate). Data were suppressed where the RSE was 33% or greater or the variability band width was 33% or greater.
Numerator:	For 2009–2011, the number of women who gave birth and reported smoking during pregnancy.
	For 2007–2011, the number of Aboriginal and Torres Strait Islander women who gave birth and reported smoking during pregnancy.
Numerator data elements:	Data Element / Data Set
	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.
	A woman's tobacco smoking status during pregnancy is self-reported.
	Include women who smoked at any time during pregnancy.
	Jurisdictional differences in definitions and methods used for data collection affect the comparability of these data across jurisdictions and lower levels of geography within jurisdictions.
Denominator:	For 2009–2011, the number of women who gave birth and whose smoking status during pregnancy was known.
	For 2007–2011, the number of Aboriginal and Torres Strait Islander women who gave birth and whose smoking status during pregnancy was known.

Denominator data	Data Element / Data Set
elements:	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.
	A woman's tobacco smoking status during pregnancy is self-reported.
	Exclude women whose smoking status during pregnancy was not stated.
	Jurisdictional differences in definitions and methods used for data collection affect the comparability of these data across jurisdictions and lower levels of geography within jurisdictions.
Disaggregation:	The percentages of women who gave birth and smoked during pregnancy are calculated at Medicare Local catchment and Medicare Local peer group levels for:
	<ul> <li>All women who gave birth during the three calendar years from 1 January 2009 to 31 December 2011</li> <li>Aboriginal and Torres Strait Islander women who gave birth during the five calendar years from 1 January 2007 to 31 December 2011.</li> </ul>
	For 2007–2011, Indigenous status of mother is derived from Person—Indigenous status, code N.
	Medicare Locals plan and fund health services in communities across Australia. They help to ensure patients can access the care they need, particularly when a variety of health workers are involved in providing treatments. A Medicare Local catchment refers to the geographic area of a Medical Local (see <u>Administrative health region—Medicare Local identifier, code AANNN</u> )
	Medicare Local peer groups are the grouping of the 61 Medicare Locals into seven peer groups, which allows Medicare Locals to be compared to other Medicare Locals with similar characteristics, and to the average for their peer group (see <u>Administrative health region—Medicare Local peer group, code N</u> ). This grouping was undertaken by the National Health Performance Authority using statistical cluster analysis of 2006 Census based socioeconomic status for each Medicare Local and, 2006 Census based Remoteness Area categories (ABS cat. no. 2039.0). Additional information on the average distance to the closest large city and major hospital (A1 public hospital peer group classification, 2010–11) contributed to the assignment of Medicare Locals to peer groups. Groupings were tested for face validity with a stakeholder group. The National Health Performance Authority has created 7 peer groups: Metro 1 to 3, Regional 1 and 2 and Rural 1 and 2. See <u>Healthy Communities: Australians' experiences with primary health care in 2010–11, Technical Supplement</u> for more information.
Disaggregation data elements:	Data Element / Data Set
-	NMDS / DSS
	Perinatal NMDS 2010-2011
	Data Element / Data Set
	NMDS / DSS
	Perinatal NMDS 2011-12
	Guide for use
	Data source type: Administrative by-product data.

#### -Data Element / Data Set-

Person-Indigenous status, code N

Data Source

AlHW National Perinatal Data Collection (NPDC)

NMDS / DSS

Perinatal NMDS 2008-2010

#### - Data Element / Data Set-

Person—area of usual residence, geographical location code (ASGC 2007) NNNNN

Data Source

AIHW National Perinatal Data Collection (NPDC)

NMDS / DSS

Perinatal NMDS 2008-2010

#### Guide for use

Data source type: Administrative by-product data

Used for disaggregation of 2007, 2008 and 2009 data by Medicare Local catchment.

Data are attributed to the Medicare Local catchment in which the mother usually resided at the time of the birth, irrespective of where the birth occurred.

Women who could not be allocated to a Medicare Local catchment because their Statistical Local Area (SLA) of usual residence was not stated or was not valid are excluded.

#### -Data Element / Data Set

Person—area of usual residence, geographical location code (ASGC 2009) NNNNN

#### Data Source

AlHW National Perinatal Data Collection (NPDC)

NMDS / DSS

Perinatal NMDS 2010-2011

#### Guide for use

Data source type: Administrative by-product data

Used for disaggregation of 2010 data by Medicare Local catchment.

Data are attributed to the Medicare Local catchment in which the mother usually resided at the time of the birth, irrespective of where the birth occurred.

Women who could not be allocated to a Medicare Local catchment because their Statistical Local Area (SLA) of usual residence was not stated or was not valid are excluded.

#### - Data Element / Data Set-

Person—area of usual residence, geographical location code (ASGC 2010) NNNNN

#### Data Source

#### AlHW National Perinatal Data Collection (NPDC)

#### NMDS / DSS

Perinatal NMDS 2011-12

#### Guide for use

Data source type: Administrative by-product data

Used for disaggregation of 2011 data by Medicare Local catchment.

Data are attributed to the Medicare Local catchment in which the mother usually resided at the time of the birth, irrespective of where the birth occurred.

Women who could not be allocated to a Medicare Local catchment because their Statistical Local Area (SLA) of usual residence was not stated or was not valid are excluded.

#### -Data Element / Data Set

Administrative health region-Medicare Local identifier, code AANNN

#### Guide for use

Aggregated data on the percentage of women who gave birth and smoked during pregnancy are reported by Medicare Local catchment for:

- All women who gave birth during the three calendar years from 1 January 2009 to 31 December 2011
- Aboriginal and Torres Strait Islander women who gave birth during the five calendar years from 1 January 2007 to 31 December 2011.

#### -Data Element / Data Set-

Administrative health region—Medicare Local peer group, code N

#### Guide for use

Aggregated data on the percentage of women who gave birth and smoked during pregnancy are reported by Medicare Local peer group for:

- All women who gave birth during the three calendar years from 1 January 2009 to 31 December 2011
- Aboriginal and Torres Strait Islander women who gave birth during the five calendar years from 1 January 2007 to 31 December 2011.

**Comments:** The most recent data currently available from the AIHW National Perinatal Data Collection are for the 2011 calendar year.

Information is included in the AIHW National Perinatal Data Collection for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation in Australia, including births in hospitals, in birth centres and in the community. Indigenous status of babies is currently only available based on the Indigenous status of the mother.

## **Representational attributes**

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

### Indicator conceptual framework

Framework and dimensions:

#### **PAF-Effectiveness**

- <u>PAF-Appropriateness</u>
- PAF-Effectiveness of access
- PAF-Quality
  - PAF-Capability
  - PAF-Continuity
  - PAF-Responsiveness
  - PAF-Safety
- PAF-Sustainability

### Data source attributes

Data sources:

Data Source-	
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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 Health Performance Agreement-Performance and Accountability Framework
Organisation responsible for providing data:	Australian Institute of Health and Welfare
Accountability:	National Health Performance Authority
Further data development / collection required:	Specification: Long-term.

## Source and reference attributes

Submitting organisation:	National Health Performance Authority
Origin:	Healthy Communities
Reference documents:	National Health Performance Authority-Performance and Accountability Framework
	Healthy Communities: Child and maternal health in 2009–2012, Technical Supplement. Available from: <u>http://www.myhealthycommunities.gov.au/Content/publications/downloads/</u> NHPA_HC_Report_Child_and_maternal_health_Technical_Supplement_July_2014.pdf

# **Relational attributes**

Related metadata references:	See also <u>Administrative health region—Medicare Local identifier, code AANNN</u> <u>National Health Performance Authority (retired)</u> , Retired 01/07/2016
	See also <u>Administrative health region—Medicare Local peer group, code N</u> <u>National Health Performance Authority (retired)</u> , Retired 01/07/2016
	See also <u>National Indigenous Reform Agreement: PI 08-Tobacco smoking during</u> pregnancy, 2013 Indigenous, Superseded 13/12/2013
	See also <u>National Indigenous Reform Agreement: PI 08-Tobacco smoking during</u> pregnancy, 2014 QS Indigenous, Superseded 17/02/2016