

# National Healthcare Agreement: PI 01-Proportion of babies born with low birth weight, 2016 QS

## Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	600074
Registration status:	<ul style="list-style-type: none"><li><a href="#">Health</a>, Superseded 31/01/2017</li></ul>

## Relational attributes

Indicators linked to this Quality statement:	<a href="#">National Healthcare Agreement: PI 01-Proportion of babies born of low birth weight, 2016</a> <a href="#">Health</a> , Superseded 31/01/2017
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## Data quality

Quality statement summary:	<ul style="list-style-type: none"><li>• Birthweight is included in the Perinatal National Minimum Data Set (NMDS) and data are complete for over 99.9 per cent of babies</li><li>• This measure only includes births of at least 20 weeks gestation or 400 grams birthweight. It excludes multiple births and stillbirths and the measure may therefore differ slightly from information presented in other publications on low birthweight</li><li>• The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother and baby. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS. Indigenous status of the baby was added to the Perinatal NMDS from July 2012</li><li>• No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers or babies in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother or baby and thus jurisdictional comparisons of Indigenous data should not be made</li><li>• Remoteness and SEIFA data for 2012 and subsequent years are not directly comparable with remoteness and SEIFA data for previous years.</li></ul>
Institutional environment:	The National Perinatal Epidemiology and Statistics Unit (NPESU) calculated this indicator on behalf of the Australian Institute of Health and Welfare (AIHW). Data were supplied by State and Territory health authorities to the AIHW. 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 2013. 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: <ul style="list-style-type: none"><li>• <i>Australia's mothers and babies annual report</i></li><li>• Perinatal data portal (SAS VA)—enables users to access and manipulate data from the National Perinatal Data Collection</li><li>• <i>Indigenous mothers and their babies, Australia 2001–2004</i></li><li>• <i>METeOR – online metadata repository</i></li><li>• <i>National health data dictionary</i></li></ul> Ad-hoc data are also available on request (charges apply to recover costs).

**Interpretability:**

Supporting information on the use and quality of the Perinatal NMDS 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: 2006-2009*. 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 has been published in the AIHW's online metadata repository, METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and in the *National health data dictionary*.

**Relevance:**

The National Perinatal Data Collection (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, except from WA, where births are included if gestational age is 20 weeks or more, or if gestation unknown, if birthweight is at least 400 grams, and in Victoria where stillbirths are included if gestational age is 20 weeks or more, or if gestation unknown, if birthweight is at least 400 grams. The Perinatal NMDS 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, birth weight, Apgar score and neonatal length of stay.

The Perinatal NMDS includes all relevant data elements of interest for this indicator. In 2013, very few (0.06 per cent) records for live-born singleton babies were missing the data for birthweight.

Data for Indigenous status of the baby was available from all jurisdictions in 2013. Before 2012 reporting of Indigenous status of the baby is based on maternal Indigenous status. Between 2008-2011, this represented a relatively stable range of 73-74 per cent of all Indigenous births based on data from ABS birth registrations (ABS 2014: *Births, Australia 2013*).

While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories vary slightly, all systems include the NMDS item on Indigenous status of mother since 2005 and baby from 2012.

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 2002-2013 has been consistent, at 3.5 - 4.1 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.2 per cent), data were excluded from Indigenous and non-Indigenous analyses.

The indicator is presented by Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD). The data supplied to the NPDC include a code for SA2 except from ACT who supplied a code for SLA. Reporting by remoteness is in accordance with the Australian Statistical Geography Standard (ASGS).

**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 AIHW and in previous years NPESU have undertaken validation on receipt of data by the States and Territories. 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. In preparing these indicators the NPESU did 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 NPESU. 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. 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.

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 for Australian non-residents or 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.

Birthweight is nearly universally reported, with 0.06 per cent of records missing these data overall. 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 0.2 per cent of mothers who gave birth in the reference period had missing Indigenous status information and 3.5 per cent of babies had missing information about their Indigenous status. Jurisdictional differences in the level of data missing for maternal Indigenous status ranges from less than 0% to 1.6% and there may also be differences in the rates of Indigenous under-identification. Therefore, jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status is reported by single year for time series and by three-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small number of low birthweight infants born to Indigenous mothers each year.

**Coherence:**

Data for this indicator are published annually in *Australia's mothers and babies*; and biennially in reports such as the *Aboriginal and Torres Strait Islander Health Performance Framework* report, the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, and the *Overcoming Indigenous Disadvantage* reports. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths.

Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing.

The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007 through to 2011 reported by remoteness are reported for RA 2006. Data for 2012 and 2013 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore data for 2012 and subsequent years are not directly comparable with remoteness data for previous years.

Data for 2007 through to 2011 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2012 and 2013 are reported using SEIFA 2011 at the SA2 (NSW VIC, QLD, WA, SA TAS and NT) or SLA level (ACT). The AIHW considers the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2012 and subsequent years are not directly comparable with SEIFA data for previous years.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

## Relational attributes

**Related metadata references:**

Supersedes [National Healthcare Agreement: PI 01-Proportion of babies born with low birth weight, 2015 QS](#)

- [Health](#), Superseded 08/07/2016

Has been superseded by [National Healthcare Agreement: PI 01-Proportion of babies born with low birth weight, 2017, QS](#)

- [Health](#), Standard 31/01/2017