National Indigenous Reform Agreement: PI 09-Antenatal care, 2015-16; Quality Statement

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 664692

Registration status: Indigenous, Superseded 07/02/2018

Data quality

Data quality statement summary:

The data used to calculate this indicator are from the National Perinatal Data Collection (NPDC), which is a national population-based cross-sectional data collection of pregnancy and childbirth.

Data supplied for the NPDC consist of the Perinatal National Minimum Data Set (NMDS), as well as a series of additional data items. The Perinatal NMDS is an agreed set of standardised perinatal data elements for mandatory supply by states and territories to support national reporting.

The Perinatal NMDS includes a standardised data element on gestational age at first antenatal visit for births from July 2010. For births before July 2010, data collection is not consistent across jurisdictions. Caution should be used when interpreting results across time. All states and territories reported this item in 2014 and data are complete for 98.2% of mothers.

The Perinatal NMDS includes a standardised data element on the number of antenatal visits for births from July 2013. In 2014, information about number of antenatal visits was available for New South Wales, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For these jurisdictions, data are complete for 97.7% of mothers.

The NPDC has included information on the Indigenous status of the mother in accordance with the Perinatal NMDS since 2005.

In 2014, 0.2% of mothers who gave birth had missing information on Indigenous status.

Remoteness data for 2012 and subsequent years are not directly comparable with remoteness data for previous years.

Institutional environment:

Data for this indicator were provided by the Australian Institute of Health and Welfare (AIHW). The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. For further information about the AIHW, see the AIHW website www.aihw.gov.au.

Data collected as part of the NPDC 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, with the information usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring, and internal and public reporting.

Timeliness:

For the current reporting cycle, NPDC data are provided for 2014.

Collection of data for the NPDC is annual.

Accessibility:

A variety of products draw upon the NPDC. Products published by the AIHW that are based primarily on data from the NPDC include:

- Australia's mothers and babies annual report
- perinatal data portal
- National Core Maternity Indicators reports and data portal
- Indigenous mothers and their babies reports.

Ad hoc data are also available on request (charges apply to recover costs).

Data for this indicator are published in a number of reports, including annually in the National Indigenous Reform Agreement and National Healthcare Agreement performance information reports (which are available on the Productivity Commission website) and the Australia's mothers and babies reports, and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report and the Overcoming Indigenous Disadvantage reports.

Interpretability:

Supporting information on the quality and use of the NPDC, including information on the quality of Indigenous status data, is published annually in *Australia's mothers and babies* (AIHW 2017) and in the Data Quality Statement for the NPDC.

Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Metadata information for this indicator are published in the AIHW's online metadata repository, METeOR. Metadata information for the NPDC are published in the National Health Data Dictionary (NHDD) on METeOR and in the Maternity Information Matrix.

Relevance:

The NPDC comprises data items as specified in the Perinatal NMDS, plus additional items collected by the states and territories. The purpose of the NPDC is to collect information about births for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby.

The NPDC is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for both live births and stillbirths, where gestational age is at least 20 weeks or birthweight is at least 400 grams. Live births and stillbirths may include termination of pregnancy after 20 weeks. Stillbirths can include fetus papyraceous and fetus compressus. In Western Australia, data were included for both live births and stillbirths of at least 20 weeks' gestation or, if gestation was unknown, the birthweight was at least 400 grams. In Victoria, stillbirths were of at least 20 weeks' gestation unless gestation was unknown and the baby weighed 400 grams or more. In South Australia, data may not include all terminations of pregnancy for psychosocial reasons after 20 weeks' gestation where birthweight was not recorded.

The NPDC 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 birth or stillbirth), sex, gestational age at birth, birthweight and neonatal morbidity and deaths.

The NPDC includes all relevant data elements for this indicator. Gestational age at first antenatal visit, number of antenatal visits and Indigenous status of the mother are data elements in the Perinatal NMDS.

The Perinatal NMDS includes information on gestational age at first antenatal visit for births from July 2010. From 2011, data on the number of women who gave birth who attended at least one antenatal visit in the first trimester were available for all states and territories. For births before July 2010, data collection is not consistent across jurisdictions. Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions and over time.

A standard data item to collect the number of antenatal visits was introduced to the Perinatal NMDS from July 2013. In 2014, New South Wales, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory reported information on number of antenatal visits. The combined data for these jurisdictions are not generalisable to Australia as a whole. Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions. Victoria implemented data collection for the number of antenatal visits from July 2015.

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

The proportion of mothers who were Indigenous ranged from 3.5–4.2%of all women who gave birth between 2002 and 2014. This varied by jurisdiction—for example, in 2014, the proportion of mothers who were Indigenous ranged from around 1% in Victoria to 33% in the Northern Territory.

For records where Indigenous status was not stated, data were excluded from Indigenous and non-Indigenous analyses.

Analysis for this indicator excludes records with missing data for gestation at first antenatal visit and number of antenatal visits.

Analysis excludes non-Australian residents, residents of external territories and where state/territory of usual residence was not stated.

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

Reporting by remoteness is in accordance with the Australian Statistical Geography Standard (ASGS).

Accuracy:

Inaccurate responses may occur in all data provided to the AIHW. The AIHW does not have direct access to state and territory perinatal records to determine the accuracy of the data provided. However, the AIHW does undertake validation on all data provided by the states and territories. Data received from the 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.

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 AIHW. The AIHW does not adjust data to account for possible data errors or to correct for missing data.

This indicator is calculated from data that has been reported to the AIHW. Before publication, data are referred back to jurisdictions for checking and review. The numbers reported for this indicator may differ from those in reports published by the states and territories for the following reasons:

- data editing and subsequent updates of state/territory databases after the supply of data to the AIHW
- data are reported by state/territory of usual residence rather than state/territory of birth.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2% 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.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which may differ across jurisdictions. In 2014, information on the Indigenous status of the mother was missing for 0.2% of mothers who gave birth. Jurisdictional differences in the level of data missing for Indigenous status ranged from 0.0% to 1.8%, and there may also be differences in the rates of Indigenous under-identification. Therefore, jurisdictional comparisons of data by Indigenous status should be made with caution.

Data on gestational age at first antenatal visit was missing for 1.8% of mothers nationally who gave birth in the reference period. Jurisdictional differences in the level of missing data ranged from 0.1% to 6.5%.

Data on number of antenatal visits was missing for 2.3% of mothers who gave birth in the reference period (data excludes Victoria). Jurisdictional differences in the level of missing data ranged from 0.1% to 9.6%.

Coherence:

Data for this indicator are published annually by the AIHW in the Australia's mothers and babies reports; and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report and the Overcoming Indigenous Disadvantage reports. The numbers presented in these publications may differ slightly from those presented here as this measure is reported by state and territory of usual residence, and presents both crude rates and age-standardised rates.

Data presented for this indicator for 2014 may not be consistent or comparable with data for earlier years due to the progressive implementation of the standardised antenatal care data elements across the states and territories from July 2010 for gestational age at first antenatal visit and from July 2013 for number of antenatal visits. In particular, data on the number of antenatal visits are not currently generalisable to Australia as a whole. Due to differences in definitions and methods of data collection, care must therefore be taken when comparing across jurisdictions and over time. Changes in the level of missing data for antenatal care may also affect the comparability of data over time, as the number and timing of antenatal visits for women with valid data may be distributed differently to those with missing data.

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

The NPDC has collected information on the Indigenous status of the mother in accordance with the Perinatal NMDS since 2005.

In 2011, the ABS updated the standard geographical framework from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). NPDC data by remoteness for 2011 and earlier years are based on the ASGC, while data for 2012 onwards are based on the ASGS. The AIHW considers the change to be a break in series when applied to remoteness data supplied for this indicator; therefore, remoteness data for 2012 are not directly comparable with data for previous years.

For data reported from 2012, the standard population used for the calculation of age-standardised rates for mothers was amended from the Australian female population who gave birth in each reporting period to the Australian female ERP aged 15–44 as at 30 June 2001. Data back to the baseline reporting year (2007) were revised accordingly.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: AIHW (Australian Institute of Health and Welfare)2017. Maternal and perinatal data. Viewed 3 February 2017, http://www.aihw.gov.au/mothers-and-babies/

Relational attributes

Related metadata references:

Supersedes National Indigenous Reform Agreement: PI 09—Antenatal care, 2015, Quality Statement
Indigenous, Superseded 07/02/2017

Has been superseded by National Indigenous Reform Agreement: PI 09-Antenatal care, 2018; Quality Statement
Indigenous, Superseded 07/02/2019

See also National Perinatal Data Collection, 2014: Quality Statement
AIHW Data Quality Statements, Superseded 26/10/2017

Indicators linked to this Data Quality statement:

National Indigenous Reform Agreement: PI 09—Antenatal care, 2017
Indigenous, Superseded 06/06/2017