

National Indigenous Reform Agreement: PI 07- Proportion of babies born of low birthweight, 2020; Quality Statement

Identifying and definitional attributes

Metadata item type:	Quality Statement
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Relational attributes

Indicators linked to this Quality statement:	National Indigenous Reform Agreement: PI 07-Proportion of babies born of low birthweight, 2020 Indigenous , Standard 23/08/2019
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Data quality

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.

This measure excludes multiple births, stillbirths and births of less than 20 weeks gestation. This measure may therefore differ slightly from information presented in other publications on low birthweight.

The Perinatal NMDS includes a standardised data element on birthweight and data were complete for over 99.9% of babies in 2017.

The 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.

In 2017, 0.3% of mothers who gave birth and 1.0% of babies born 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: The Australian Institute of Health and Welfare (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.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#) (Cth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Data collected for the NPDC were supplied to the AIHW by state and territory health authorities. 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: The reference period for the data is the calendar year 2017, and 2015–2017 for the aggregate 3-year period.

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](#) (e.g. AIHW 2019)
- [Australia's mothers and babies data visualisations](#)
- National Core Maternity Indicators [reports](#) and [data visualisations](#).

Ad hoc data are also available from the AIHW 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* performance information reports and in the *Report on Government Services* (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.

Interpretability: Supporting information on the quality and use of the NPDC, including information on the quality of Indigenous status data, is published annually in the AIHW's [Australia's mothers and babies](#) report (Appendices A and D in the 2017 edition) (AIHW 2019) 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 is 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 Victoria and 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 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. Birthweight of the baby and Indigenous status of the mother and the baby are data elements in the Perinatal NMDS.

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 and Indigenous status of the baby from 2012.

Data for this indicator exclude multiple births, stillbirths and births of less than 20 weeks gestation.

Analysis excludes babies born to mothers who are non-Australian residents, residents of external territories and where state/territory of usual residence was not stated.

Analysis by state/territory and remoteness 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 logic errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these 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 0.4% of records were for Australian non-residents, residents of external territories or could not be assigned to a state or territory of residence in 2017. 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 only 0.03% of records for live born singleton babies missing birthweight information in 2017.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers and babies which may differ across jurisdictions. In 2017, information on the Indigenous status of the mother was not stated for 0.3% of mothers who gave birth and information on the Indigenous status of the baby was not stated for 1.0% of babies born in the reference year. Jurisdictional differences in the level of not stated data for Indigenous status ranged from 0.0% to 2.2% for Indigenous status of the mother and from 0.0% to 3.9% for Indigenous status of the baby in 2017, 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. For this indicator, records where Indigenous status was not stated were excluded from Indigenous and non-Indigenous analyses but were included in totals.

Disaggregated data by Indigenous status is reported by single year for time series and by 3-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small numbers involved.

Coherence:

Data for this indicator are published annually by the AIHW in the *Australia's mothers and babies* reports (e.g. AIHW 2019), and biennially in the *Aboriginal and Torres Strait Islander health performance framework* (e.g. AHMAC 2017). 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 excludes multiple births, stillbirths and births less than 20 weeks gestation.

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. Indigenous status of the baby was added to the Perinatal NMDS for collection from July 2012. Nationally standardised data about the Indigenous status of the baby was supplied by all jurisdictions to the NPDC for 2017. Thus, for this reporting cycle, 2017 data were available according to both the Indigenous status of the mother and Indigenous status of the baby.

In 2011, the ABS updated the standard geographical framework from the Australian Standard Geographical Classification (ASGC) to the 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.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: AHMAC (Australian Health Ministers' Advisory Council) 2017. *Aboriginal and Torres Strait Islander health performance framework 2017 report*. Canberra: AHMAC. Viewed 24 September 2019, <https://www.niaa.gov.au/indigenous-affairs/evaluations-and-evidence/aboriginal-and-torres-strait-islander-health-performance-framework-hpf>

AIHW 2019. *Australia's mothers and babies 2017—in brief*. Perinatal statistics series no. 35. Cat. no. PER 100. Canberra: AIHW. Viewed 24 September 2019, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-and-babies-2017-in-brief/contents/table-of-contents>

Relational attributes

Related metadata references: Supersedes [National Indigenous Reform Agreement: PI 07-Proportion of babies born of low birthweight, 2019; Quality Statement](#)

- [Indigenous](#), Standard 07/02/2019

See also [National Indigenous Reform Agreement: PI 01-Estimated life expectancy at birth, 2020; Quality Statement](#)

- [Indigenous](#), Standard 06/02/2020

See also [National Perinatal Data Collection, 2017; Quality Statement](#)

- [AIHW Data Quality Statements](#), Superseded 29/05/2020

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