National Indigenous Reform Agreement: P09a-Child under 5 mortality rate (and excess deaths) (supplementary AIHW data), 2010 QS

Exported from METEOR (AIHW's Metadata Online Registry)

National Indigenous Reform Agreement: P09a-Child under 5 mortality rate (and excess deaths) (supplementary AIHW data), 2010 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 396249

Registration status: Community Services (retired), Superseded 04/04/2011

Data quality

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data included in the National Perinatal Data Collection are collected as part of a National Minimum Data Set and were supplied bystate and territory health authorities to the National Perinatal Statistics Unit (NPSU), 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.

For information on the institutional environment of the AIHW, please see the AIHW Institutional Environment.

Timeliness: The reference period for the data is 2004 to 2007.

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

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 recovercosts)

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* report.

Interpretability: Supporting information on the quality and use of the NPDC are published annually in *Australia’s mothers and babies* (Chapter 1 and Perinatal deaths chapter), 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 2001 to 2005. 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 & Chapter 5). Metadata information for the Perinatal NMDS are published in the AIHW’s online metadata repository — METeOR, and the National Health Data Dictionary.

Relevance:

The National Perinatal Data Collection (NPDC) 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. 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.

The Perinatal NMDS provides some relevant data elements of interest for this indicator. The NMDS does not include a data item for neonatal mortality or perinatal mortality, however this information is collected as part of the NPDC. The Perinatal NMDS includes information on the Indigenous status of the mother only. The Perinatal NMDS has no data item for the Indigenous status of the baby. Currently, reporting of Indigenous status of the baby is based on the maternal Indigenous status only. In 2006, this represented approximately 70 per cent of all Indigenous births based on data from the Australian Bureau of Statistics (ABS) birth registrations (ABS 2007: Births Australia, 2006).

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 Perinatal NMDS or to determine variability between states and territories. However, the proportion of Indigenous mothers for the period 1997–2006 has been consistent, at 3.2–3.7 per cent of women who gave birth. Comparisons between states and territories should be interpreted with this caution. Babies of mothers for whom Indigenous status was not stated (0.1 per cent missing) have been excluded from analyses for this indicator.

Data on perinatal mortality are incomplete. Data are presented for all jurisdictions however data reported for Tasmania and Australia exclude perinatal deaths recorded in Tasmania in 2004. Although death data were provided for Tasmania, data could not be included for Indigenous status as the 'not stated' category was unable to be distinguished from the 'non-Indigenous' category for these two years.

Data on neonatal mortality are incomplete. In some jurisdictions, neonatal deaths for babies transferred to another hospital or readmitted to hospital and those dying at home may not be included. For the Northern Territory for 2007, data are not yet available on neonatal deaths of babies born inthe Northern Territory but who died interstate. Due to the small number of deaths, interpretation can be limited as to whether differences in mortality rates are due to statistical fluctuations or differential ascertainment of the deaths. Comparisons between states and territories should be interpreted with this caution.

State/territory of usual residence data were incomplete for 2003, therefore, data are presented for this indicator for 2004 to 2007 only.

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 befound through the validation checks applied by the Institute. 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. 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 is likely to differ among jurisdictions. Approximately 0.1 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.

Five years of data have been combined to minimise random statistical variation and to minimise the risk of data governance issues such as identification.

There is incomplete data on perinatal mortality in the NPDC. There is differential ascertainment and provision of data to the NPDC of fetal and neonatal deaths by jurisdictions.

Fetal deaths include late terminations however there is differential ascertainment of late terminations of pregnancy across the country. Victoria has the most complete ascertainment, for example, in 2006 18 per cent (150) of perinatal deaths were terminations of pregnancy for psychosocial reasons. South Australia does not provide terminations of pregnancy for psychosocial reasons in their perinatal death data.

Coherence:

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

For the period of the indicator, birth and perinatal death data from the NPDC are not comparable to ABS registration data. The scope of the birth and death collections differs between ABS and NPDC. The methodologies used to collect data differ. The NPDC collects informationon Indigenous status of the mother only while the ABS collects information on Indigenous status of both parents. The NPDC collects data on year of birth compared with ABS which collects data on year of registration of birth or death.

Relational attributes

Indicators linked to this Data Quality statement:

National Indigenous Reform Agreement: P09a-Child under 5 mortality rate (and excess deaths) (AIHW Data), 2010
    Community Services (retired), Superseded 04/04/2011