

National Indigenous Reform Agreement: P13-Tobacco smoking during pregnancy , 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	396268
Registration status:	Community Services (retired) , Superseded 04/04/2011

Data quality

Data quality statement summary:

- The Perinatal National Minimum Data Set (NMDS) did not include smoking during pregnancy in 2007 and national data are not currently available.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions collect information on Indigenous status of the mother in accordance with the NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC or to determine variability between states and territories. The current data have not been adjusted for under-identification of Indigenous status of the mother.
- Data on smoking during pregnancy are currently available in seven jurisdictions; data are not available for Victoria. Therefore national rates presented exclude Victoria.
- Definitions for smoking during pregnancy differ among the jurisdictions and therefore comparisons of states and territories should be made with caution.
- Area of usual residence of the mother is included in the Perinatal NMDS and data are complete for over 99.9 per cent of mothers.

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 by state 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 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
- *Smoking and pregnancy*
- *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 recover costs)

Data for this indicator are published annually in *Australia's mothers and babies*; and biennially in the *Aboriginal and Torres Strait Islander Health Performance Framework* report.

Interpretability:

Supporting information on the quality and use of the NPDC are published annually in *Australia's mothers and babies* (Chapter 1), available in hardcopy 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).

Once nationally consistent data items on smoking during pregnancy are added to the Perinatal NMDS, metadata information for this indicator will be published in the AIHW's online metadata repository — METeOR, and the National Health Data Dictionary.

Relevance:

The National Perinatal Data Collection 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.

There is currently no data element in the Perinatal National Minimum Data Set for smoking during pregnancy, however some information is obtained as part of the NPDC. A program for national data development was completed in 2009 to add nationally agreed data items on smoking during pregnancy to the Perinatal NMDS from 2010.

For 2007, data on smoking during pregnancy is available from seven jurisdictions (New South Wales, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory). Data are not available for Victoria but will be available for the 2009 pregnancy cohort.

Although the NPDC provides all relevant data elements of interest for this indicator, definitions used for smoking during pregnancy differ among the jurisdictions. Seven of the states and territories currently collect at least one smoking question as part of their routine perinatal data collections. Data for the Northern Territory and South Australia relate to smoking status at the first antenatal visit. For South Australia, smoked includes women who quit before the first antenatal visit. This may result in higher rates of smoking being reported for these jurisdictions because often the first antenatal visit will precede pregnancy-related harm minimisation interventions designed to stop smoking during pregnancy. Given the different timing of data collection on smoking during pregnancy in the seven jurisdictions, comparisons between states and territories should be interpreted with caution.

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 NPDC 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.

Mothers for whom Indigenous status was not stated (0.1 per cent missing) have been excluded from analyses for this indicator. Data provided for this indicator on women who smoked during pregnancy includes women who quit during pregnancy.

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 be found through the validation checks applied by the Institute. This indicator is calculated on data that have 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 may 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.

Data on smoking during pregnancy are not available for Victoria. Therefore this jurisdiction is not included in national rates.

Nationally, there were 2.3 per cent of Indigenous mothers for whom smoking status was not stated in 2007. The Northern Territory had a large proportion of Indigenous mothers whose smoking status was not stated (13.0 per cent) compared to the other states and territories. Consequently, this may not be an accurate reflection of the true proportion of Indigenous women in the Northern Territory who smoked during pregnancy. Of stated responses for the Northern Territory, 52.5 per cent of Indigenous mothers smoked during pregnancy, compared with 45.6 per cent when Not stated responses are included in the denominator.

Coherence:

An interim measure is presented for this indicator, pending development and implementation of standard data definitions in the Perinatal NMDS. Data presented in future years may not be consistent or comparable with data presented here. Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series for future years.

Relational attributes**Indicators linked to this
Data Quality statement:**

[National Indigenous Reform Agreement: P13-Tobacco smoking during pregnancy, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011