

National Healthcare Agreement: PI 19-Infant and young child mortality rate, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448027
Registration status:	Health! , Superseded 04/12/2012

Data quality

Institutional environment: These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see [ABS Institutional Environment](#).

Timeliness: Causes of death and deaths data are published on an annual basis. Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous inter-censal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

Accessibility: Causes of death data and deaths, Australia data are available in a variety of formats on the ABS website under the 3303.0 and 3302.0 product families. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level.

Interpretability: Data for this indicator have been presented as crude rates, either per 1000 live births or 1000 estimated resident population. Information on how to interpret and use the data appropriately is available from Explanatory Notes in Causes of Death, Australia (3303.0).

Relevance:

The ABS Causes of Death and Deaths, Australia collections include all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics.

Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used since 1997.

Accuracy:

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and is not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data. Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. Infant and perinatal mortality rates utilise births data as the denominator. The Queensland Registry of Births, Deaths and Marriages devoted significant time and resources in 2009 to follow-up and finalise birth registrations where there was previously incomplete information, including the 'Retrospective Births Project' completed in the December quarter 2009. As part of the 'Retrospective Births Project' 1780 births were registered in the 2009 reference year, with approximately 40 per cent registered as Indigenous Australians. In 2009, half of the 4000 births to Indigenous women registered in Queensland occurred in 2008 or earlier. These projects have improved the completeness of births data by year of occurrence. However, finalisation of previously incomplete forms may have also affected births data based on year of registration, which has been used as the denominator in infant and perinatal mortality rate calculations included in this publication. For more information see Australian Bureau of Statistics, Births, Australia, 2009 (cat. no. 3301.0) Explanatory Notes 27–30. As population estimates of the population of Indigenous Australians are sourced from 2006 Census based projections for 2007 and later years, this matter does not currently affect indicators which use these projections in their calculations.

There are ongoing ABS investigations into the unusual volatility in the number of deaths of Indigenous Australians registered in WA in recent years. Until a better understanding of the nature of this volatility is established, ABS recommends caution when utilising WA's mortality rates for this indicator.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non sampling error associated with births, deaths and migration data. For more information see the [Demography Working Paper 1998/2 Quarterly birth and death estimates, 1998 \(cat. no. 3114.0\)](#), and [Australian Demographic Statistics \(cat. no. 3101.0\)](#).

Causes of death and perinatal deaths data for 2007 are subject to revision. All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised

approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (eg a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process will enable the use of additional information relating to coroner certified deaths as it becomes available over time. This will result in increased specificity of the assigned ICD-10 codes. Causes of death data for 2007 coroner certified deaths will be updated as more information becomes available to the ABS. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See [Causes of Death, Australia, 3303.0](#).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection and Perinatal collection do not include death registrations with a 'not stated' Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence:

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: P19-Infant/young child mortality rate, 2010 QS](#)

[Health!](#), Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: PI 19-Infant and young child mortality rate, 2012 QS](#)

[Health!](#), Superseded 14/01/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 19-Infant and young child mortality rate, 2011](#)

[Health!](#), Superseded 30/10/2011