

# National Healthcare Agreement: PI 33: Women with at least one antenatal visit in the first trimester of pregnancy, 2011 QS

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## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	448204
<b>Registration status:</b>	<a href="#">Health!</a> , Superseded 04/12/2012

## Data quality

### Data quality statement summary:

- The Perinatal NMDS did not include antenatal care data items in 2008 and national data are not currently available. Information about antenatal care in the first trimester was available for New South Wales, South Australia and the Northern Territory only. Antenatal care data items were collected using non-standardised definitions and with variable response rates. The validity of the data is unknown. Completeness of the data varies widely between jurisdictions and comparisons are not advised.
- The NPDC includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for potential under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.

**Institutional environment:** The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data collected as part of the National Perinatal Data Collection include 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 further information see the AIHW Institutional Environment.

**Timeliness:** The reference period for the data is 2008. Collection of data for the NPDC is annual.

**Accessibility:** The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- METeOR — online metadata repository
- National health data dictionary.

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

**Interpretability:**

Supporting information on the use and quality of the NPDC are published annually in Australia's mothers and babies (Chapter 1), 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 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Once nationally consistent data items on antenatal care are added to the Perinatal NMDS, metadata information for this indicator will be revised in METeOR, and published in the National Health Data Dictionary as a national standard. In December 2009, a data item on 'pregnancy duration at the first antenatal care visit' was added to the Perinatal NMDS and included in METeOR.

**Relevance:**

The National Perinatal Data Collection comprises data items as specified in the Perinatal National Minimum Data Set (NMDS) 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 (live or stillbirth), sex, gestational age at birth, birthweight, Apgar score and neonatal length of stay.

Although the NPDC includes all relevant data elements of interest for this indicator, the Perinatal NMDS did not include antenatal care data items in 2008, therefore data are not available for all states and territories. Data reported for 2008 on number of women who gave birth who attended at least one antenatal visit in the first trimester are for New South Wales, South Australia and the Northern Territory only. Although data on gestation at first antenatal visit are also collected in the Australian Capital Territory, they were not considered of sufficient quality to publish. Totals reported for this indicator are not generalisable to Australia.

Information collected on antenatal care differ among the jurisdictions. Comparisons between states and territories should therefore 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 Perinatal NMDS. However, the proportion of Indigenous mothers for the period 1999–2008 has been consistent, at 3.5–3.8 per cent of women who gave birth. For maternal records (0.1 per cent) where Indigenous status was not stated, data were excluded.

SEIFA quintiles based on the Index of Relative Socio-economic Disadvantage (IRSD) for the total population have been applied for this indicator for reporting by SEIFA. Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC).

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (ie the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

**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 has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for 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.

National data are not available for antenatal care. Data reported for 2008 on number of women who gave birth who attended at least 1 antenatal visit in the first trimester are available for New South Wales, South Australia and the Northern Territory only. Residents of these jurisdictions who gave birth in a different jurisdiction would not have data on antenatal care.

The proportion of records missing information on whether the first antenatal visit was in the first trimester differed depending on the women's jurisdiction of residence. Improvements in data validation in the Northern Territory, including validation of ultrasound examinations attended, has led to improved data quality and a decrease in the proportion of records missing antenatal care information, since 2007. The timing of the first visits for women missing data may be distributed differently to those whose data have been reported. Therefore, computation of the indicator includes data with completed information about gestation at first antenatal visit.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 per cent of records were 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 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 and thus jurisdictional comparisons of Indigenous data should not be made.

The indicator is presented by SEIFA IRSD. The NPDC receives a code for SLA from all states and territories.

Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC). Remoteness is assigned from SLA or postal area codes.

**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 affect the accuracy of compiling a consistent time series in future years.

Data for this indicator are published biennially in the Aboriginal and Torres Strait Islander Health Performance Framework report and the Overcoming Indigenous Disadvantage report (although minor differences may arise due to small variations in the definition of 'first trimester').

## Relational attributes

### Related metadata references:

Supersedes [National Healthcare Agreement: P33-Women with at least one antenatal visit in the first trimester of pregnancy, 2010 QS](#)  
[Health!](#), Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: PI 33-Women with at least one antenatal visit in the first trimester of pregnancy, 2012 QS](#)  
[Health!](#), Retired 14/01/2015

### Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 33-Women with at least one antenatal visit in the first trimester of pregnancy, 2011](#)  
[Health!](#), Superseded 31/10/2011