

National Healthcare Agreement: PI 01-Proportion of babies born with low birth weight, 2017, QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	630365
Registration status:	HealthI , Standard 31/01/2017

Data quality

Data 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 are complete for over 99.9% of babies.
- 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 2014, 0.2% of mothers who gave birth and 0.3% of babies born had missing information on Indigenous status.
- Remoteness and Socio-economic Indexes for Areas (SEIFA) data for 2012 and subsequent years are not directly comparable with remoteness and SEIFA data for previous years.

Institutional environment:

Data for this indicator were provided by the Australian Institute of Health and Welfare (AIHW). The 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. For further information about the AIHW, see the [AIHW website](#).

Data collected as part of the NPDC were supplied by state and territory health authorities to the AIHW. 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 2014. 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 2016)
- [perinatal data portal](#)
- [National Core Maternity Indicators reports and data portal](#)
- [Indigenous mothers and their babies reports](#) (e.g. AIHW 2007).

Ad hoc data are also available 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* and National Healthcare Agreement performance information reports (which are available on the [Productivity Commission website](#)) and the *Australia's mothers and babies* reports (e.g. AIHW 2016), and biennially in reports such as the *Aboriginal and Torres Strait Islander health performance framework* (e.g. AHMAC 2017), *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* (AIHW 2015) and *Overcoming Indigenous disadvantage* (e.g. SCRGSP 2016).

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* (Chapter 6 and Appendix C in the 2014 edition) (AIHW 2016) 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 are 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 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 Victoria, stillbirths were of at least 20 weeks' gestation unless gestation was unknown and the baby weighed 400 grams or more. 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 perinatal form for collecting data on which the format of the Indigenous status question and recording categories vary slightly, all systems included the Perinatal NMDS item on Indigenous status of the mother from 2005 and Indigenous status of the baby from 2012.

Data on the Indigenous status of the baby was available from all jurisdictions in 2014. The proportion of babies who were Indigenous was 5.3% in 2014. This varied by jurisdiction—ranging from around 2% in Victoria to 37% in the Northern Territory. Before 2012, reporting of Indigenous status of the baby was based on maternal Indigenous status only. These data do not identify all Indigenous babies since babies born to non-Indigenous mothers and Indigenous fathers are excluded. Australian Bureau of Statistics (ABS) birth registration data indicate that in 2012, 72% of all Indigenous births (defined as births where either one or both parents were Indigenous) were to an Indigenous mother (ABS 2012).

The proportion of mothers who were Indigenous ranged from 3.5–4.2% of all women who gave birth between 2002 and 2014. This varied by jurisdiction—for example, in 2014, the proportion of mothers who were Indigenous ranged from around 1% in Victoria to 33% in the Northern Territory.

For records where Indigenous status was not stated, data were excluded from Indigenous and non-Indigenous analyses but were included in totals for this indicator.

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, remoteness and SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) is based on the usual residence of the mother.

The indicator is presented by SEIFA IRSD. The data supplied to the NPDC include a code for Statistical Area Level 2 (SA2) except from the Australian Capital Territory which supplied a code for Statistical Local Area (SLA). 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 logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit 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 0.2% of records were for Australian 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.

Birthweight is nearly universally reported, with only 0.04% of records for liveborn singleton babies missing birthweight information in 2014.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers and babies which may differ across jurisdictions. Information on the Indigenous status of the mother was missing for 0.2% of mothers who gave birth in the reference period and information on the Indigenous status of the baby was missing for 0.3% of babies born in the reference year. Jurisdictional differences in the level of data missing for Indigenous status ranged from 0.0% to 1.8% for Indigenous status of the mother and from 0.0% to 2.1% for Indigenous status of the baby in 2014, 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.

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 number involved.

Coherence:

Data for this indicator are published annually by the AIHW in the *Australia's mothers and babies* reports (e.g. AIHW 2016); and biennially in reports such as the *Aboriginal and Torres Strait Islander health performance framework* (e.g. AHMAC 2017), *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* (AIHW 2015), and *Overcoming Indigenous disadvantage* (e.g. SCRGSP 2016). 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 2014. Thus, for this reporting cycle, 2014 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 and SEIFA 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 and SEIFA data supplied for this indicator; therefore, remoteness and SEIFA 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: ABS (Australian Bureau of Statistics) 2012. Births, Australia, 2012. ABS cat. no: 3301.0. Canberra: ABS. Viewed 13 June 2017. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02012?OpenDocument>

AHMAC (Australian Health Ministers' Advisory Council) 2017. Aboriginal and Torres Strait Islander health performance framework 2017 Report. Canberra: AHMAC. Viewed 22 June 2017, <https://www.pmc.gov.au/resource-centre/indigenous-affairs/health-performance-framework-2017-report>.

AIHW (Australian Institute of Health and Welfare) 2007. Indigenous mothers and their babies, Australia 2001-2004. Cat. no. PER 38. Canberra: AIHW. Viewed 22 June 2017, <http://www.aihw.gov.au/publication-detail?id=6442468038>.

AIHW 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra: AIHW. Viewed 22 June, <http://www.aihw.gov.au/publication-detail?id=60129550168>.

AIHW 2016. Australia's mothers and babies—in brief. Cat. no. PER 87. Canberra: AIHW. Viewed 22 June 2017, <http://www.aihw.gov.au/publication-detail?id=60129557656>.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2016. Overcoming Indigenous disadvantage. Viewed 19 June 2017, <http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage>.

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI01-Proportion of babies born with low birth weight, 2016 QS](#)
[Health!](#), Superseded 31/01/2017

Has been superseded by [National Healthcare Agreement: PI01-Proportion of babies born with low birth weight, 2018, QS](#)
[Health!](#), Superseded 19/06/2019

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

[National Healthcare Agreement: PI01–Proportion of babies born of low birth weight, 2017](#)

[Health!](#), Superseded 30/01/2018