

NEW SOUTH WALES MOTHERS AND BABIES REPORT, 1998

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INTRODUCTION

The *New South Wales Mothers and Babies Report, 1998* was released in May 2000. This is the second report on mothers and babies in NSW to combine the annual reports of the NSW Midwives Data Collection (MDC), the Neonatal Intensive Care Units' Data Collection, and the NSW Birth Defects Register. This article describes the major findings of the report.

MAJOR FINDINGS OF THE REPORT

Recent trends

- The number of births in NSW remained stable at about 86,000 to 88,000 between 1994 and 1998. The proportion of teenage mothers decreased from 5.0 to 4.8 per cent, while the proportion of mothers aged 35 years and over increased from 13.1 to 16.3 per cent.
- The reported number of Aboriginal and Torres Strait Islander mothers giving birth increased from 1,531 in 1994 (1.8 per cent of all mothers) to 2,043 in 1998 (2.4 per cent). Part of this increase is likely to be due to an increased willingness of mothers to be identified as Aboriginal or Torres Strait Islander.
- The rate of normal vaginal birth remained stable at about 70 per cent between 1994 and 1998. The caesarean section rate increased from 17.3 to 19.0 per cent and the rate of instrumental delivery remained steady at approximately 10.5 per cent.
- Since 1994, the perinatal mortality rate varied from 8.8 to 9.6 per 1,000. About two-thirds of all perinatal deaths were stillbirths and one-third were neonatal deaths.
- In the period 1990-96, 81 deaths were reported among pregnant women or women who gave birth less than six weeks previously. Fifty-three of these were classified as directly or indirectly associated with the pregnant state.

Area Health Services

- In 1998, Western Sydney and South Western Sydney Areas contributed over one-quarter of the State's births.
- In 1998, the proportion of women giving birth at less than 20 years of age varied from 1.1 per cent in the Northern Sydney Area to 14.0 per cent in the Far West Area, while the proportion of mothers giving birth at 35 years of age or more ranged from 8.4 per cent in the

Far West Area to 27.1 per cent in the Northern Sydney Area.

- The highest rates of low birth-weight occurred in the Far West Area (9.0 per cent) and the highest rate of preterm birth was in the Hunter Area (8.4 per cent).
- The perinatal mortality rate in 1998 varied from 5.0 per 1,000 in the Greater Murray Area to 16.0 per 1,000 in the Far West Area.

Aboriginal and Torres Strait Islander mothers and babies

- In 1998, there were 2,068 babies born to Aboriginal and Torres Strait Islander mothers, 2.4 per cent of all babies born in NSW. Approximately one in five Aboriginal and Torres Strait Islander mothers were teenagers.
- In 1998, 66.3 per cent of Aboriginal and Torres Strait Islander mothers commenced antenatal care before 20 weeks gestation compared with 85.4 per cent of non-Aboriginal and Torres Strait Islander mothers.
- Since 1994, the rates of low birth-weight (less than 2,500 grams) and prematurity (less than 37 weeks gestation) in Aboriginal and Torres Strait Islander babies has been over 10 per cent. These rates are about one and a half times higher than the rates for NSW overall. The perinatal mortality rate in babies born to Aboriginal and Torres Strait Islander mothers was 15.5 per 1,000 in 1998, almost twice the rate of 9.4 per 1,000 for NSW overall.

Maternal country of birth

- Between 1994 and 1998, about 20 per cent of mothers were born in non-English speaking countries. The proportion of mothers from Asian countries increased slightly from 9.2 to 10.1 per cent, while the proportion of mothers from southern European countries decreased slightly from 2.0 to 1.6 per cent.
- In 1998, 86.9 per cent of mothers born in English speaking countries commenced antenatal care before 20 weeks gestation, compared with 55.8 per cent of mothers born in Melanesia, Micronesia and Polynesia and 68.4 per cent of mothers born in the Middle East and Africa.
- The highest rate of low birth-weight was in babies of mothers born in Southern Asian countries (9.0 per cent). The highest rates of prematurity were in babies of mothers born in Southern Europe (7.7 per cent) and Melanesia, Micronesia and Polynesia (7.8 per cent).
- Babies of mothers born in Melanesia, Micronesia and Polynesia were more likely than other country of birth groups to be stillborn or die in the neonatal period,

TABLE 1**CLINICAL INDICATORS FOR OBSTETRICS, NSW HOSPITALS AND PARTICIPATING AUSTRALIAN HOSPITALS, 1998**

Indicator	Description	NSW (%)	Australia (%)
Indicator 1:	Induction of labour for other than defined indications #.		
1.1	Mothers undergoing induction of labour for other than defined indications as a percentage of all mothers undergoing induction of labour for any reason.	28.9	36.0
1.2	Mothers undergoing induction of labour for other than defined indications as a percentage of all mothers giving birth.	7.0	9.0
Indicator 2:	The rate of vaginal delivery after primary caesarean section.		
2.1	Mothers delivering vaginally at the birth immediately following primary caesarean section as a percentage of all mothers delivering at the birth immediately following primary caesarean section.	21.3	24.0
Indicator 3:	Primary caesarean section for failure to progress.		
3.1	Mothers undergoing primary caesarean section for failure to progress after a period of labour with cervical dilation of 3 cm or less as a percentage of all mothers undergoing primary non-elective caesarean section.	10.1	9.3
3.2	Mothers undergoing primary caesarean section for failure to progress after a period of labour with cervical dilation of more than 3 cm as a percentage of all mothers undergoing primary non-elective caesarean section.	28.9	28.8
Indicator 4:	Primary caesarean section for fetal distress.		
4.1	Mothers undergoing primary caesarean section for fetal distress as a percentage of total mothers delivering.	2.9	3.1
4.2	Mothers undergoing primary caesarean section for fetal distress as a percentage of mothers delivering by primary caesarean section.	21.9	19.8
Indicator 5:	Incidence of intact lower genital tract in vaginal deliveries.		
5.1	Primiparous mothers not requiring surgical repair of the lower genital tract as a percentage of all primiparous mothers.	31.1	28.8
Indicator 6:	Apgar score.		
6.1	Infants born with an Apgar score of four or less at five minutes post delivery as a percentage of all infants born ##.	0.8	0.8
6.2	Infants born with an Apgar score of six or less at ten minutes post delivery as a percentage of all infants born ###.	–	0.7
Indicator 7:	Term infants transferred or admitted to a neonatal intensive care unit for reasons other than congenital abnormality ####.		
7.1	Term infants admitted to a neonatal intensive care unit for reasons other than congenital abnormality as a percentage of all term infants born.	1.5	0.9

Source: NSW Midwives Data Collection, Epidemiology and Surveillance Branch, NSW Department of Health. Australian Council on Healthcare Standards (unpublished data).

Defined indications include: diabetes, hypertensive disease, fetal distress, fetal death, chorioamnionitis, blood group isoimmunisation, prelabour rupture of membranes, prolonged pregnancy (41 or more weeks), and suspected intrauterine growth retardation.

NSW denominator includes live births only.

NSW data not collected.

NSW data are provided by hospital of birth and may be under-enumerated. Infants transferred to another hospital and then admitted to NICU for reasons other than congenital abnormality may not be reported by the hospital of birth.

though the total number of perinatal deaths in this group is small.

Neonatal Intensive Care

- There were 1,899 infants registered in the Neonatal Intensive Care Units' Data Collection in 1998 representing a registration rate of 21.0 per 1,000 live births.
- The proportion of women receiving antenatal corticosteroids for fetal lung maturation has increased each year since 1992, with 70.2 per cent of mothers receiving steroids in 1998.
- Most infants (82.5 per cent) were from a singleton pregnancy, 16.0 per cent were from a twin pregnancy and 1.3 per cent were from a triplet pregnancy.
- During 1998, 74.4 per cent of infants registered were preterm (less than 37 weeks gestation), 46.1 per cent were very preterm (less than 32 weeks) and 15.1 per cent were extremely preterm (less than 28 weeks). One in six infants had a major or minor congenital anomaly.
- The majority of infants registered in 1998 (89.9 per cent) received assisted ventilation. The main indication for assisted ventilation varied with gestational age: respiratory distress syndrome, immature lung and transient tachypnoea were more common among the preterm groups, whereas meconium aspiration, perinatal asphyxia and pulmonary hypertension were more common in term infants.
- Overall, 92.5 per cent of infants without a major congenital anomaly survived to six months of age.

Survival improved with gestational age up to 34 weeks, after which it decreased slightly.

Birth defects

- About 2,000 infants are born with birth defects each year in NSW. Over the period 1992–98, defects of the cardiovascular system were most commonly reported, followed by defects of the musculoskeletal system and defects of the genito-urinary system. The number of infants born with neural tube defects slowly decreased from 80 in 1992 to 51 in 1997.
- The rate of birth defects increases with increasing maternal age, especially after age 35. However, as most babies are born to mothers aged less than 35 years, the majority of babies with birth defects were born to younger mothers.

Clinical indicators for obstetrics

- From 1st January 1998, the MDC includes data elements necessary for most of the Australian Council on Healthcare Standards and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (ACHS–RANZCOG) clinical indicators for obstetrics. A summary of the indicators for all NSW hospitals combined and comparative information for participating Australian hospitals are shown in Table 1. ❏

The *New South Wales Mothers and Babies Report, 1998* is available from the NSW Department of Health's Web site at www.health.nsw.gov.au/public-health/mdc/mdcrep98.html.

REPORTING ON INDIGENOUS HEALTH: REPORT OF THE CHIEF HEALTH OFFICER, 2000

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INTRODUCTION

The NSW Department of Health has recently released an updated version of the *Health of the people of NSW: Report of the Chief Health Officer, 2000*. This report, last published in 1997, is a key mechanism for communicating population health information in NSW. It provides a detailed account of the available measures of health for the residents of NSW, including Aboriginal and Torres Strait Islander peoples. The chapter on indigenous health

in the 2000 report was substantially revised and expanded following an evaluation of its 1997 counterpart. This article gives an overview of the evaluation process and the subsequent revision of the chapter.

METHODS

A one-page fax-back questionnaire was developed, seeking comments on the content, layout, and usefulness of the chapter on indigenous health in the 1997 *Report of the Chief Health Officer*. This chapter covered the following topics:

- projected indigenous population