



Government of **Western Australia**
Department of **Health**

WA Mothers and Babies Report Redesign

Contents

Overview	2
Why your views matter	2
About you	3
Proposed Filters	4
Pregnancy Care	5
Labour and birth	6
Baby Outcomes and Birth Statistics	7
Glossary	8

Overview

The Midwives Notification System (MNS) in Western Australia (WA) has been collecting data since 1980. During this time, the Department of Health (the Department) has produced over 30 annual reports containing information on women who gave birth in WA and their infants. The Department has also provided deidentified data to the Australian Institute of Health and Welfare (AIHW), maternity services, universities, and independent researchers.

There is a high demand for MNS data that is of high quality. The scope of the data increases regularly to meet changes in health care. To become more efficient and timelier in provision of summary statistics, the Department is working on producing dynamic public dashboards in relation to MNS data.

Community feedback invited

The Department has prepared a Survey to seek your feedback on the content for the new WA Mothers and Babies dashboards. The survey questions have been derived considering the information included on the current WA Mothers and Babies report and relevant reports from all other Australian jurisdictions.

You are invited to provide feedback by completing the online consultation survey. You are also invited to send this consultation link to any colleagues that you feel may be able to contribute to the consultation. We value your feedback and appreciate the time you are taking to complete this survey.

Written submissions can also be sent by:

Email: birthdata@health.wa.gov.au

Post:

WA Mothers and Babies Report Redesign
Office of the Chief Health Officer
Department of Health
PO Box 8172
Perth Business Centre WA 6849

The closing date for this survey is **Wednesday 1 November 2023**.

Why your views matter

Your feedback forms part of a public consultation process and the Department may quote your comments in future publications.

You can choose to keep your response confidential if you do not want your response to be included in excerpts or direct quotes. If you choose to keep your response confidential, your submission will still be considered as part of the consultation process and your responses will be included in unidentified summary information.

Please do not include any personal or confidential information that you do not want to become publicly available through a [Freedom of Information request](#).

About you

To help us understand who is providing their views on this consultation, we would appreciate if you could provide the following information.

What is your postcode?
(Required)

Answer: _____

What is the Midwives Notification System?

The Midwives Notification System (MNS) is a data collection, which compiles information on all births attended by a midwife in Western Australia.

The information that is collected in the MNS focuses on pregnancy care, services and outcomes. This includes demographic, medical and obstetric information about the mother as well as information on labour, delivery and condition of the infant.

Have you used the Midwives Notification System data before?
(Required)

- Yes
 No

If you have previously used MNS data, can you please select from the below options the purpose for which you have used the data.

(Please select all that apply)

- General Information
 Research purposes
 Planning of health services
 Evaluation/Monitoring of maternity services
 Media publication
 Clinical Care
 Other

If other, please explain: _____

What role are you currently in? *(Required)*

Please select the role you are in from the options below (Please select all that apply):

- Researcher
 Nurse
 Midwife
 Medical Practitioner
 Other health professional
 Healthcare Manager
 Healthcare Executive
 Policy Officer
 Member of the public
 Other

If other, please explain: _____

What is your organisation? *(optional)*

Answer: _____

Do you wish for your response to remain confidential? *(Required)*

- Yes
 No

Proposed Filters

The new WA Mothers and Babies dashboard will allow data to be filtered for ease of viewing. Please see "Glossary" at the bottom of the page for definitions of terms.

The following filters should be included in the new WA Mothers and Babies dashboard.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Aboriginal status	<input type="checkbox"/>				
Maternal age groups	<input type="checkbox"/>				
Plurality	<input type="checkbox"/>				
Previous parity	<input type="checkbox"/>				
Birthweight	<input type="checkbox"/>				
Gestational age groups	<input type="checkbox"/>				
Body Mass Index (BMI) grouping	<input type="checkbox"/>				
Maternal regions of residence	<input type="checkbox"/>				
Please provide any comments (if applicable)					

Pregnancy Care

Please see "Glossary" at the bottom of the page for definitions of terms or for further information on whether a topic is a National Core Maternal Indicator.

The following topics should be included in the new WA Mothers and Babies dashboard. <i>(Required)</i>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Number of antenatal care visits	<input type="checkbox"/>				
Gestation at first antenatal care visit	<input type="checkbox"/>				
Complications of pregnancy	<input type="checkbox"/>				
Vaccinations (influenza/pertussis)	<input type="checkbox"/>				
Depression / anxiety	<input type="checkbox"/>				
Medical conditions before pregnancy	<input type="checkbox"/>				
Family violence screening	<input type="checkbox"/>				
Syphilis screening	<input type="checkbox"/>				
Alcohol consumption	<input type="checkbox"/>				
Tobacco smoking	<input type="checkbox"/>				
Please provide reasons for your answers:					

Labour and birth

Please see "Glossary" at the bottom of the page for definitions of terms or for further information on whether a topic is a National Core Maternal Indicator.

The following topics should be included in the new WA Mothers and Babies dashboard. <i>(Required)</i>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Intended place of birth (at onset of labour)	<input type="checkbox"/>				
Model of care at onset of labour	<input type="checkbox"/>				
Fetal Presentation	<input type="checkbox"/>				
Accoucheur (birth attendant)	<input type="checkbox"/>				
Method of induction of labour (before labour began)	<input type="checkbox"/>				
Principal reason for induction	<input type="checkbox"/>				
Method of augmentation (once labour has begun)	<input type="checkbox"/>				
Analgesia (during labour)	<input type="checkbox"/>				
Anaesthesia, during delivery for medical interventions including but not limited to caesarean section.	<input type="checkbox"/>				
Method of birth	<input type="checkbox"/>				
Induction rate by named maternity service	<input type="checkbox"/>				
Caesarean section by named maternity service	<input type="checkbox"/>				
Reasons for caesarean section	<input type="checkbox"/>				
Vaginal birth after caesarean section	<input type="checkbox"/>				
Complications of labour and delivery	<input type="checkbox"/>				
Postpartum haemorrhage	<input type="checkbox"/>				
Perineal status	<input type="checkbox"/>				
Duration of labour (min & hour)	<input type="checkbox"/>				
Please provide reasons for your answers:					

Baby Outcomes and Birth Statistics

Please see "Glossary" at the bottom of the page for definitions of terms or for further information on whether a topic is a National Core Maternal Indicator.

The following topics should be included in the new WA Mothers and Babies dashboard. <i>(Required)</i>	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Status of the baby at birth (Liveborn/ Stillborn)	<input type="checkbox"/>				
Resuscitation method of baby	<input type="checkbox"/>				
Apgar score at 5 minutes	<input type="checkbox"/>				
Length of stay of the baby at hospital of birth	<input type="checkbox"/>				
Admission to special care nursery at hospital of birth	<input type="checkbox"/>				
Sex of the baby	<input type="checkbox"/>				
Please provide reasons for your answers:					
Other suggestions?					
Describe any other content that you would like to have included in the Mothers and Babies Dashboard (optional).					
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Glossary

Aboriginal status refers to a person who identified themselves, or was identified by another household member, as being of Aboriginal origin (non-Aboriginal, Aboriginal, unknown).

Maternal age refers to the age of mothers when they give birth. An example of a maternal age group is: less than 15, 15-19, 20-24, 25-29, 30-34, 35-39, 40 and above.

Parity the number of times a woman has given birth from 20 weeks gestation prior to the pregnancy being described. Nulliparous women have never given birth before this pregnancy. Primiparous women have given birth once before this pregnancy. Multiparous women have given birth more than once before this pregnancy.

Plurality of pregnancy: the number of fetuses observed in the pregnancy being described (multiple, singleton).

Plurality of birth: the number of infants born from one pregnancy of at least 20 weeks gestation. Infants may be stillborn or alive at birth. A stillborn infant born from 20 weeks gestation may have died earlier in the pregnancy.

Birthweight: The first weight of the baby (stillborn or liveborn) obtained after birth (usually measured to the nearest 5 grams and obtained within 1 hour of birth. An example of birthweight is: less than 2500g, $\geq 2500g$

Gestation: the duration of pregnancy between first day of last menstrual period and date of delivery or current date if still pregnant. Average human gestational period is 280 days or 40 weeks with birth expected between 37 and 41 weeks. An example of the gestational age groups is: 20-27 weeks, 28-31 weeks, 32-36 weeks, 37 and above weeks.

Body mass index (BMI): is a measure of body fat based on height and weight that applies to adult men and women. The calculation for BMI is maternal weight (kgs) divided by the maternal height (m) squared, for example $72\text{kgs}/1.65\text{m}^2$ is 26.45 BMI. Where height and weight at time of booking for pregnancy care was reported. However, if the woman had no weight recorded before 20 weeks gestation, it will be the self-reported weight at conception. An example of Body Mass Index (BMI) grouping is as follows: less than 18, 18 to 24.99, 25 to 29.99, 30 to 34.99, 35 and higher.

Antenatal care visit: An antenatal care visit is a planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy. Number of antenatal care visits is an indication of whether monitoring of health during pregnancy complied with national guidelines. Gestation at first antenatal care visit is used to determine if pregnancy monitoring commenced as recommended as per national guidelines.

- *National Core Maternity Indicator (NCMI) PI02 refers to Antenatal care commencing:*
 - *in the first trimester for all pregnant women*
 - *in the first 10 weeks for all pregnant women*

Complications of pregnancy: Complications of pregnancy include physical and mental conditions that affect the health of the pregnant or postpartum person, their baby, or both.

The MNS collects data on the following complications of pregnancy:

- Threatened abortion (<20 weeks)
- Threatened pre-term labour (>20 weeks)
- Urinary Tract Infection
- Preeclampsia (A multi-system disorder unique to human pregnancy characterised by hypertension and involvement of one or more other organ systems and/or the fetus)
- Antepartum haemorrhage (APH) - (Bleeding from the uterus that occurs during pregnancy or early in labour but before birth)
- Pre-labour rupture of membranes
- Gestational diabetes (A form of diabetes that is first diagnosed during pregnancy gestation)
- Gestational hypertension (A form of high blood pressure that is first diagnosed during pregnancy)
- Pre-eclampsia superimposed on essential hypertension

Tobacco smoking in pregnancy is a National Core Maternity Indicator:

- *National Core Maternity Indicator (NCMI) PI01 refers to tobacco smoking in pregnancy:*
 - *in the first 20 week of pregnancy for all women giving birth*
 - *after the first 20 weeks of pregnancy for all women who gave birth and reported smoking during the first 20 weeks of pregnancy*

Intended place of birth refers to where the birth of a baby was intended to or meant to take place such as: at a hospital, at a birth centre, at home, or another place that birth was to occur (other).

Onset of labour

- *National Core Maternity Indicator (NCMI) PI05 (induction of labour for selected women giving birth for the first time) and PI06 (caesarean section for selection women giving birth for the first time).*

Maternity model of care: A maternity model of care describes how a group of women are cared for during pregnancy, birth and the postnatal period, that is, how maternity care is provided. This includes identifying: the women a model is designed for; the maternity carers involved and the role they play; and aspects of how and where care is provided. Models of care are classified using the Maternity Care Classification System (MaCCS).

Fetal presentation: The presentation of a fetus about to be born specifies which anatomical part of the fetus is leading, that is, is closest to the pelvic outlet of the birth canal.

"Birth attendant" is a description of the profession of the person who was the principal carer at the birth and any other attendant who assisted. The birth attendant will include the person with hands on the baby and any supervisor or additional clinician required. A student midwife facilitating the birth will have a registered midwife supervising. The birth attendants may include self-delivery or the partner or other relative of the woman.

Labour induction is the process of starting labour through the use of medication or other methods, before it begins on its own.

- *National Core Maternity Indicator (NCMI) PI05 (induction of labour for selected women giving birth for the first time) and PI06 (caesarean section for selection women giving birth for the first time).*

Augmentation of labour is when labour is already in progress, and certain techniques are used to help it move along.

Analgesia is a medication that acts to relieve pain.

Anaesthesia A technique used to introduce an agent to produce a state of reduced or absence of sensation to a female for the operative or instrumental delivery of the baby.

- *National Core Maternity Indicator (NCMI) PI09 (general anaesthetic for women giving birth by caesarean section)*

Method of birth: The method of birth refers to how the baby is born which may be vaginally with or without the help of instrumentation or by caesarean section.

- *National Core Maternity Indicator (NCMI) PI05 (caesarean section for selected women giving birth for the first time), PI07 (non-instrumental vaginal birth for selected women giving birth for the first time), PI08 (instrumental vaginal birth for selected women giving birth for the first time), and possibly PI15 (women having their second birth vaginally whose first birth was by caesarean section)*

Caesarean section and induction rate by named maternity service:

- *National Core Maternity Indicator (NCMI) PI05 (induction of labour for selected women giving birth for the first time) and PI06 (caesarean section for selected women giving birth for the first time).*

Reasons for caesarean section:

National Core Maternity Indicator (NCMI) PI05 (induction of labour for selected women giving birth for the first time) and PI06 (caesarean section for selected women giving birth for the first time).

Vaginal birth after caesarean section

- *National Core Maternity Indicator (NCMI) PI15 (women having their second birth vaginally whose first birth was by caesarean section)*

A **complication of labour** and delivery refers to problems that arise during labour and delivery such as: prolonged labour, umbilical cord compression amongst many other conditions.

The MNS collect data on the following complications of labour and delivery:

- Precipitate delivery
- Fetal distress
- Prolapsed cord
- Cord tight around neck
- Cephalopelvic disproportion
- Retained placenta - manual removal
- Persistent occipito posterior Shoulder dystocia
- Failure to progress ≤ 3 cm Failure to progress > 3 cm Previous caesarean section
- *National Core Maternity Indicator (NCMI) PI08 (instrumental vaginal birth for selected women giving birth for the first time)*

Postpartum haemorrhage (also called PPH) is when a woman has heavy bleeding after giving birth.

Perineal status refers to the state of the perineum (the area between the vaginal opening and back passage (anus)) after vaginal birth. It is categorised as intact, first degree laceration, second degree laceration, third or fourth degree laceration, episiotomy or other type of perineal laceration, rupture or tear.

- *National Core Maternity Indicator (NCMI) PI03 (episiotomy for women having their first baby and giving birth vaginally (a) without instruments to assist the birth, and (b) assisted with instruments) and PI13 (third and fourth degree tears for (a) all vaginal births and (b) for all vaginal births).*

Duration of labour:

The first stage starts when labour begins and ends with full cervical dilation and effacement.

The second stage commences with complete cervical dilation and ends with the delivery of the fetus.

Apgar score: Numerical score used to indicate the baby's condition at 1 minute and at 5 minutes after birth. Between 0 and 2 points are given for each of 5 characteristics: heart rate, breathing, colour, muscle tone and reflex irritability. The total score is between 0 and 10.

- *National Core Maternity Indicator (NCMI) PI04 (Apgar score of less than 7 at 5 minutes for births at or after term)*

Resuscitation method of baby Active measures taken shortly after birth to assist the baby's ventilation and heartbeat, or to treat depressed respiratory effort and to correct metabolic disturbances.

Length of stay of the baby: Refers to how long the baby was admitted into hospital.

Special Care Nursery: whether an infant spent time in a facility dedicated to the care of neonates requiring care and sophisticated technological support. It includes Neonatal Intensive Care Unit (NICU).

This document can be made available in alternative formats on request for a person with disability.

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