

6.1 The health of mothers

Information and statistics about the health of mothers is important for monitoring and evaluating the provision and outcomes of maternity services and care in Australia. Attributes of Australia's mothers, such as maternal age, maternal mortality, risk factors during pregnancy and where they give birth, are described in this snapshot.

Place and type of birth

- Of the 297,126 women who gave birth in Australia in 2011, 97% gave birth in a hospital, 2% in a birth centre, and 0.4% at home.
- The rate of women giving birth by caesarean section has increased from 27% in 2002 to a peak of 32% in 2011 (see Chapter 6 'Caesarean births'). Instrumental deliveries remained stable at about 11% for this period.

Maternal age

The age at which a woman gives birth can be a risk factor for obstetric and perinatal outcomes. Adverse outcomes are more likely to occur in younger and older mothers. In 2011:

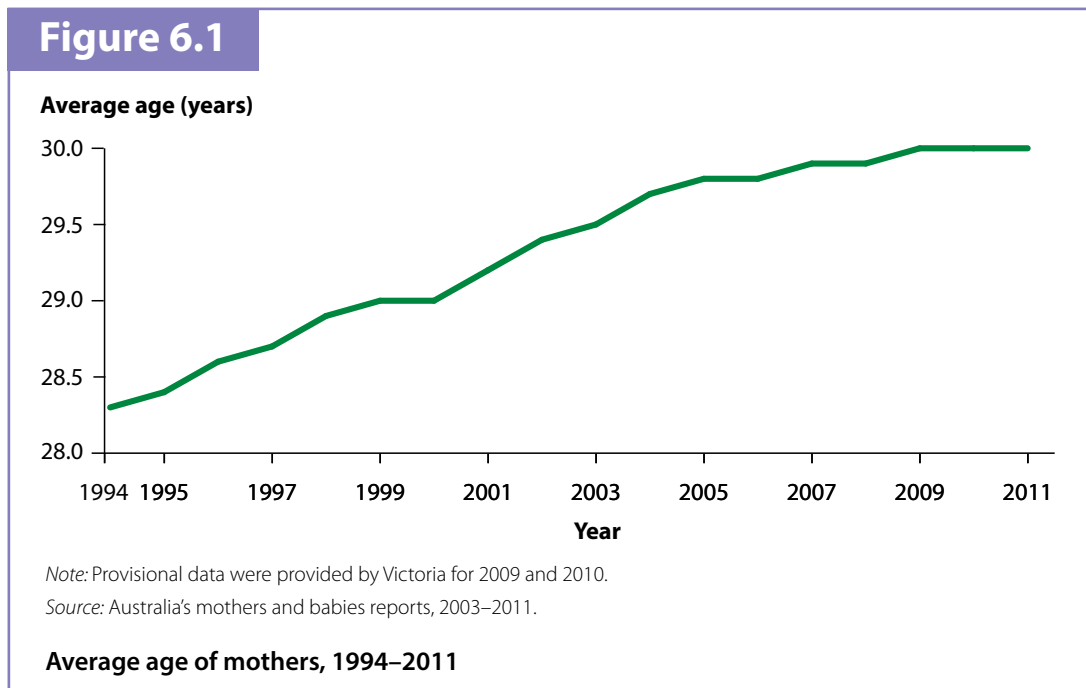
- The average maternal age was 30.0 years. This has remained stable since 2009 but is an increase from 28.3 in 1994 (Figure 6.1).
- Of the 297,126 mothers who gave birth, just over 66,900 were aged 35 or older (22.6% of all mothers) and 12,700 were 40 or older (4.3%). The proportion of mothers aged 40 or more has increased over time (Figure 6.2).
- Almost 4% of all mothers were teenagers (under the age of 20). Births to teenage mothers have been decreasing over time (Figure 6.2).
- 4% of mothers giving birth identified as being of Aboriginal or Torres Strait Islander origin. Indigenous mothers tended to be younger than non-Indigenous mothers, with average ages of 25.3 years and 30.2 years respectively.
- A total of 6,686 women giving birth received assisted reproductive technology (ART) treatment and their average age was 34.4. This was older than the average age of women who did not receive ART treatment (29.8). In 2011, 63.4% of mothers who received ART treatment were having their first baby and 36.4% had given birth previously.

Antenatal period and risk factors

Maintaining a healthy lifestyle during pregnancy and attending routine antenatal care contributes to better outcomes for both mother and baby.

- In 2011, 95% of women who gave birth at 32 weeks or more in New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory attended 5 or more antenatal visits; 99.9% had at least 1 antenatal visit.
- In 2009, Aboriginal and Torres Strait Islander mothers were less likely to commence antenatal care in their first trimester than non-Indigenous mothers (62% compared with 80%) (AIHW 2013).

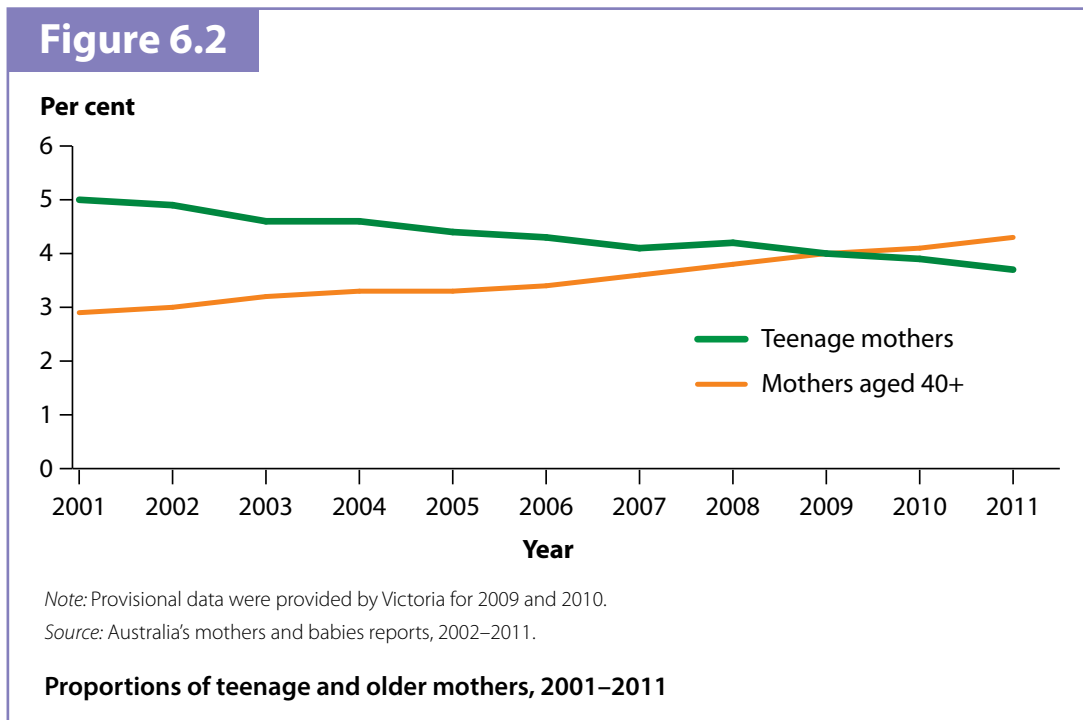
- Obesity in pregnancy contributes to increased morbidity and mortality for both mother and baby (CMACE & RCOG 2010). In 2011, about 1 in 5 Australian women who gave birth were obese.
- Just over 13% of women smoked during their pregnancy in 2011 compared with 17% in 2004 (AIHW 2013). Smoking rates were higher for Indigenous mothers (50%), mothers living in *Very remote* areas (36%) and mothers living in areas of most disadvantage (25%) than the overall rate of 15% (2009 data).
- About half (51%) of all mothers in 2010 consumed at least some alcohol during pregnancy (2010 National Drug Strategy Household Survey; published in [A picture of Australia's children 2012](#)).



Maternal deaths

While maternal deaths are rare in Australia, they are an important measure of maternal services and obstetric care. However, rates should be interpreted with caution due to the small numbers of deaths and inconsistent review processes among states and territories.

- Ninety-nine women died from pregnancy or childbirth-related causes in Australia between 2006 and 2010, which equates to 6.8 deaths per 100,000 women who gave birth. The rate is lower than in 2000–2002 (11.1 per 100,000, or 84 deaths) and 2003–05 (8.4 per 100,000, or 65 deaths).
- Indigenous women were almost 3 times as likely to die from pregnancy or childbirth-related causes as non-Indigenous women (Johnson et al. forthcoming).



What is missing from the picture?

Alcohol consumption during pregnancy is associated with severe adverse perinatal outcomes, including fetal alcohol spectrum disorder. Historically, only limited data on this has been collected in the National Drug Strategy Household Survey, but additional questions were included in the 2013 survey and results are due in the second half of 2014.

The AIHW, in consultation with clinical experts and jurisdictions, is investigating how best to fulfil data requirements for a number of maternal risk factors and conditions, including hypertension, pre-eclampsia, diabetes, maternal height and weight.

Where do I go for more information?

More information on mothers/babies is available at www.aihw.gov.au/mothers-and-babies/.

Unless otherwise cited, data presented is from [Australia's mothers and babies 2011](#). The latest and previous editions of this annual publication are available for free download.

References

AIHW (Australian Institute of Health and Welfare) 2013. National Core Maternity Indicator Data Portal. Canberra: AIHW. Viewed 11 March 2014, < www.aihw.gov.au/ncmi/>.

CMACE & RCOG (Centre for Maternal and Child Enquiries & Royal College of Obstetricians and Gynaecologists) 2010. Management of women with obesity in pregnancy. Viewed 11 March 2014, <<http://www.rcog.org.uk/womens-health/clinical-guidance/management-women-obesitypregnancy>>.

Johnson S, Li Z, Hilder L & Sullivan EA, forthcoming. Maternal deaths in Australia 2006–2010. Canberra: AIHW.