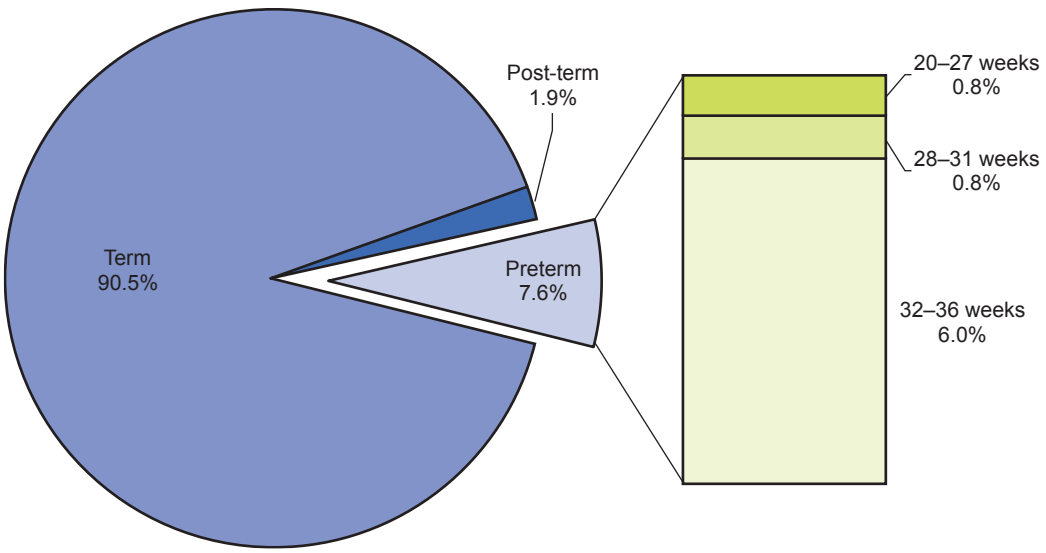
There was also a higher proportion of male liveborn singletons in the 4,500 grams or more birthweight category (2.5%), compared with female singletons (1.2%) in the 1997–2001 period (Table 2).

The most favourable pregnancy outcome is to have a liveborn term singleton baby of normal birthweight. The mean birthweight of liveborn term singleton babies (37 weeks gestation or more) was 3,465 grams in 1997–2001, compared with 3,376 grams for all liveborn babies. Male term singleton babies were heavier than female babies, with mean birthweights of 3,531 grams and 3,396 grams respectively. Male preterm singleton babies were heavier than female babies, with mean birthweights of 2,381 grams and 2,293 grams respectively. The proportion of low birthweight was higher for liveborn ART singletons than for all liveborn singletons (9.1% compared with 4.7%).

## Gestational age

Gestational age is a measure of the duration of pregnancy in completed weeks. Gestational age is recorded on the mother's record; therefore, all babies of a multiple pregnancy are recorded as having the same gestational age as the first born baby. Data are reported here for babies rather than mothers, which means that the gestational age of the first born baby of a multiple birth is reported for each baby of the multiple birth. Babies are categorised as either preterm (less than 37 weeks gestation), term (37–41 weeks) or post-term (42–45 weeks). Babies born at less than 32 weeks gestation are considered to be very preterm, and this category is a subset of the preterm category. Preterm birth is a major risk factor for perinatal mortality and disability, and results in increased hospital inpatient admissions and costs (Joseph et al. 1998; Petrou et al. 2003; Theunissen et al. 2000). Factors contributing to preterm birth include twin and higher order multiple pregnancies and obstetrical intervention (Joseph et al. 1998).

**Figure 1: Baby's gestational age, 1997–2001**



Over the period 1997–2001, 90.5% of babies were born at term, 7.6% were preterm and 1.9% post-term (Figure 1). The proportion of term babies remained stable between 1997 and 2001, and the proportion of preterm babies ranged from 7.3% in 1997 to 7.9% in 2000. There was a decrease in the proportion of post-term babies over this period, from 2.1% in 1997, to 1.7% in 2001 (Table 3).

The proportions of preterm and very preterm births of all liveborn and stillborn babies of mothers identified as Aboriginal or Torres Strait Islander (13.4% and 3.3% respectively) were markedly higher than those reported for babies of mothers identified as non-Indigenous (7.4% and 1.5% respectively) during 1997–2001. The proportion of liveborn preterm births to mothers identified as Aboriginal or Torres Strait Islander was 12.5% in 1997–2001.

In 2001, 7.7% of all babies were born preterm, 90.6% were born at term and 1.7% were born post-term (Table 3).

The overall proportions of liveborn preterm and very preterm babies were 7.1% and 1.1% respectively, in the period 1997–2001 (Table 4). The proportion of liveborn preterm babies was 5.7% for singletons compared to 49.9% for twins and 97.7% for higher order multiples.

**Table 3: Baby's gestational age, by year, 1997–2001**

| Gestational age (weeks) | 1997 | | 1998 | | 1999 | | 2000 | | 2001 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 20–27 | 1,957 | 0.7 | 1,870 | 0.7 | 2,017 | 0.8 | 2,064 | 0.8 | 2,085 | 0.8 |
| 28–31 | 2,044 | 0.8 | 2,071 | 0.8 | 2,074 | 0.8 | 2,191 | 0.9 | 2,051 | 0.8 |
| 32–36 | 14,848 | 5.8 | 15,226 | 6.0 | 15,677 | 6.1 | 15,991 | 6.2 | 15,592 | 6.1 |
| 37–41 | 232,579 | 90.5 | 231,142 | 90.5 | 232,950 | 90.5 | 232,286 | 90.3 | 230,384 | 90.6 |
| 42–45 | 5,435 | 2.1 | 4,899 | 1.9 | 4,536 | 1.7 | 4,642 | 1.8 | 4,184 | 1.7 |
| Other/not stated | 169 | 0.1 | 117 | 0.1 | 190 | 0.1 | 64 | 0.0 | 30 | 0.0 |
| **Total** | **257,032** | **100.0** | **255,325** | **100.0** | **257,444** | **100.0** | **257,238** | **100.0** | **254,326** | **100.0** |

*Note:* Very preterm=20–31 weeks, Preterm=20–36 weeks, Term=37–41 weeks and Post-term=42–45 weeks. Babies with a gestational age of less than 20 weeks or greater than 45 weeks were classified as 'Other'.

**Table 4: Baby's gestational age by birth outcome, 1997–2001**

| Birth outcome | 20–27 weeks | | 28–31 weeks | | 32–36 weeks | | 37–41 weeks | | 42–45 weeks | | Other/not stated | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | Total |
| Liveborn | 5,559 | 0.4 | 9,469 | 0.7 | 75,466 | 6.0 | 1,153,490 | 91.0 | 23,562 | 1.9 | 444 | 0 | 1,267,990 |
| Stillborn | 4,392 | 49.4 | 897 | 10.1 | 1,460 | 16.4 | 2,040 | 23.0 | 59 | 0.7 | 35 | 0.4 | 8,883 |
| Not stated | 42 | 0.9 | 65 | 1.5 | 408 | 9.1 | 3,811 | 84.8 | 75 | 1.7 | 91 | 2.0 | 4,492 |
| **Total** | **9,993** | **0.8** | **10,431** | **0.8** | **77,334** | **6.0** | **1,159,341** | **90.5** | **23,696** | **1.8** | **570** | **0.1** | **1,281,365** |

*Note:* Very preterm=20–31 weeks, Preterm=20–36 weeks, Term=37–41 weeks and Post-term=42–45 weeks. Babies with a gestational age of less than 20 weeks or greater than 45 weeks were classified as 'Other'.

### Duration of pregnancy

Duration of pregnancy is the length of the pregnancy in completed weeks. It is recorded on the mother's record and is for each confinement, rather than for each baby.

During the period 1997–2001, preterm births occurred in 6.9% of all confinements. Confinements with a duration of pregnancy of less than 37 weeks at delivery were more likely to occur in teenage mothers (9.1%) than in mothers aged 20–34 years (6.6%), and 35 years and over (7.8%). Mothers aged 35 years and over were least likely to have a post-term delivery (1.7%). Mothers who had not given birth previously were more likely to have a preterm delivery than multiparous women (7.8% compared with 6.3%).

## Prevalence of birth anomalies

The estimated birth prevalence of selected birth anomalies is presented in Table 5 and the estimated total prevalence in Table 6 (see Box 1 for definitions of the selected birth anomalies). In 2001, the prevalence of neural tube defects among liveborn and stillborn babies was 0.5 per 1,000 births. Of the neural tube defects, spina bifida had the highest birth prevalence of 0.3 per 1,000 births. Abdominal wall defects had a birth prevalence of 0.5 per 1,000 births. The highest rate was for gastroschisis (0.3 per 1,000 births). The birth prevalence of Down syndrome was 1.2 per 1,000 births (Table 5).

### *Box 1: Definitions of selected birth anomalies*

***Anencephalus:*** *Total or partial absence of the cranial vault, the covering skin and the brain tissue.*

***Diaphragmatic hernia :*** *Herniation of the abdominal organs into the thorax through a defect in the diaphragm.*

***Spina bifida:*** *Non-closure of the spine resulting in herniation or exposure of the spinal cord and/or meninges.*

***Encephalocoele:*** *Cystic expansion (herniation) of meninges and brain tissue outside the cranium, covered by normal or atrophic skin.*

***Renal agenesis or dysgenesis:*** *Bilateral or unilateral absence of the kidneys or severe dysplasia.*

***Exomphalos:*** *Herniation of the abdominal contents through umbilical insertion and covered by membrane which may or may not remain intact.*

***Gastroschisis:*** *Visceral herniation through an abdominal wall defect, lateral to an intact umbilical cord.*

***Down syndrome:*** *Trisomy 21–additional chromosome 21.*

*Source:* Riley & Halliday (2004).