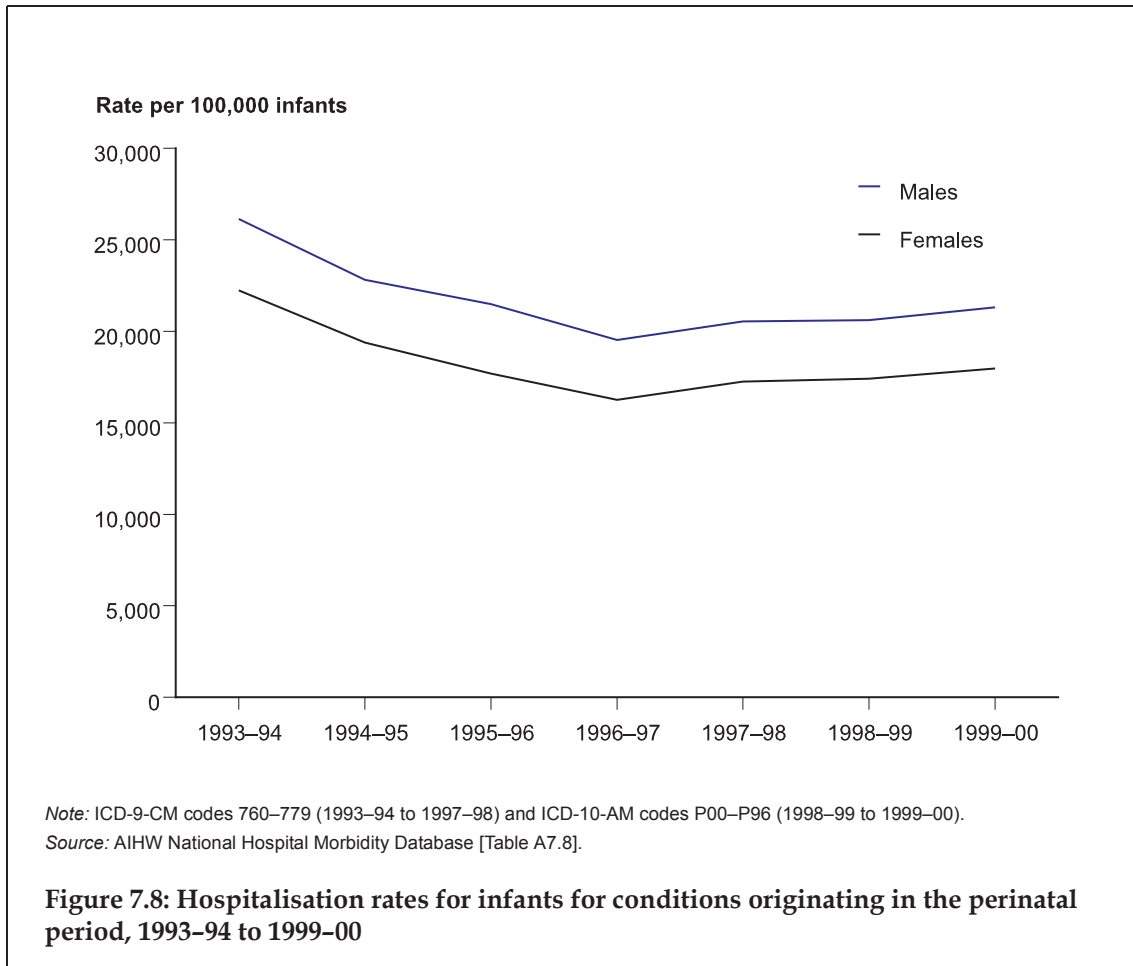


as a rate per 100,000 infants (Figure 7.8). In 1999–00, there were 49,305 hospitalisations of infants for conditions originating in the perinatal period.



- During the period 1993–94 to 1996–97, the hospitalisation rate for conditions originating in the perinatal period decreased from 24,236.3 to 17,935.9 per 100,000 infants. The rate then increased to 19,684.8 per 100,000 in 1999–00.
- Hospitalisation rates in 1999–00 for both male and female infants were 1.2 times lower than in 1993–94 (19,684.8 compared with 24,236.3). The difference could be due to changing admission practices or changes in the prevalence of these conditions.
- Between 1993–94 and 1999–00, male infants had a consistently higher hospitalisation rate than female infants.

Hospitalisation rates for babies for the most frequently reported conditions originating in the perinatal period in 1999–00 are presented in Table 7.1.

Table 7.1: Hospitalisation rates for infants for conditions originating in the perinatal period, 1999–00

Diagnosis blocks	Rate per 100,000 infants			
	Males	Females	Persons	Per cent
Disorders related to length of gestation and foetal growth	7,615.1	7,308.7	7,465.9	37.9
Respiratory and cardiovascular disorders specific to the perinatal period	5,818.4	3,880.6	4,874.8	24.8
Haemorrhagic and haematological disorders of foetus and newborn	2,549.3	2,051.4	2,306.8	11.7
Other disorders originating in the perinatal period	2,295.6	2,218.7	2,258.1	11.5
Transitory endocrine and metabolic disorders specific to foetus and newborn	1,273.9	1,065.1	1,172.2	6.0
Infections specific to the perinatal period	585.2	462.4	525.4	2.7
Conditions involving the integument and temperature regulation of foetus and newborn	512.8	371.4	444.0	2.3
Foetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery	332.3	330.4	331.4	1.7
Birth trauma	214.8	176.3	196.0	1.0
Digestive system disorders of foetus and newborn	116.7	103.3	110.2	0.6
Total	21,341.0	17,968.3	19,684.8	100.0

Note: ICD-10-AM codes P05–P08, P20–P29, P50–P61, P90–PP96, P70–P74, P35–P39, P80–P83, P00–P04, P10–P15, P75–P78.

Source: AIHW National Hospital Morbidity Database.

- In 1999–00, there were 49,305 hospitalisations of infants for conditions originating in the perinatal period.
- Disorders related to length of gestation and foetal growth (37.9%), respiratory and cardiovascular disorders (24.8%) and haemorrhagic and haematological (blood) disorders of the foetus and newborn (11.7%) accounted for 74.4% of hospitalisations for conditions originating in the perinatal period in 1999–00.
- The remaining 25.6% of hospitalisations for conditions originating in the perinatal period were for birth trauma, digestive disorders and endocrine and metabolic disorders.

The impact of conditions originating in the perinatal period can also be examined in terms of the length of time infants spent in hospital. In 1999–00, there were 440,203 hospital bed days for which conditions originating in the perinatal period were the principal diagnosis, with an average length of stay of 8.9 days. Conditions originating in the perinatal period were also responsible for an additional 34,890 bed days where they were not the main reason for hospital stay but where they had to be managed during hospitalisations for other conditions.

Aboriginal and Torres Strait Islander infants

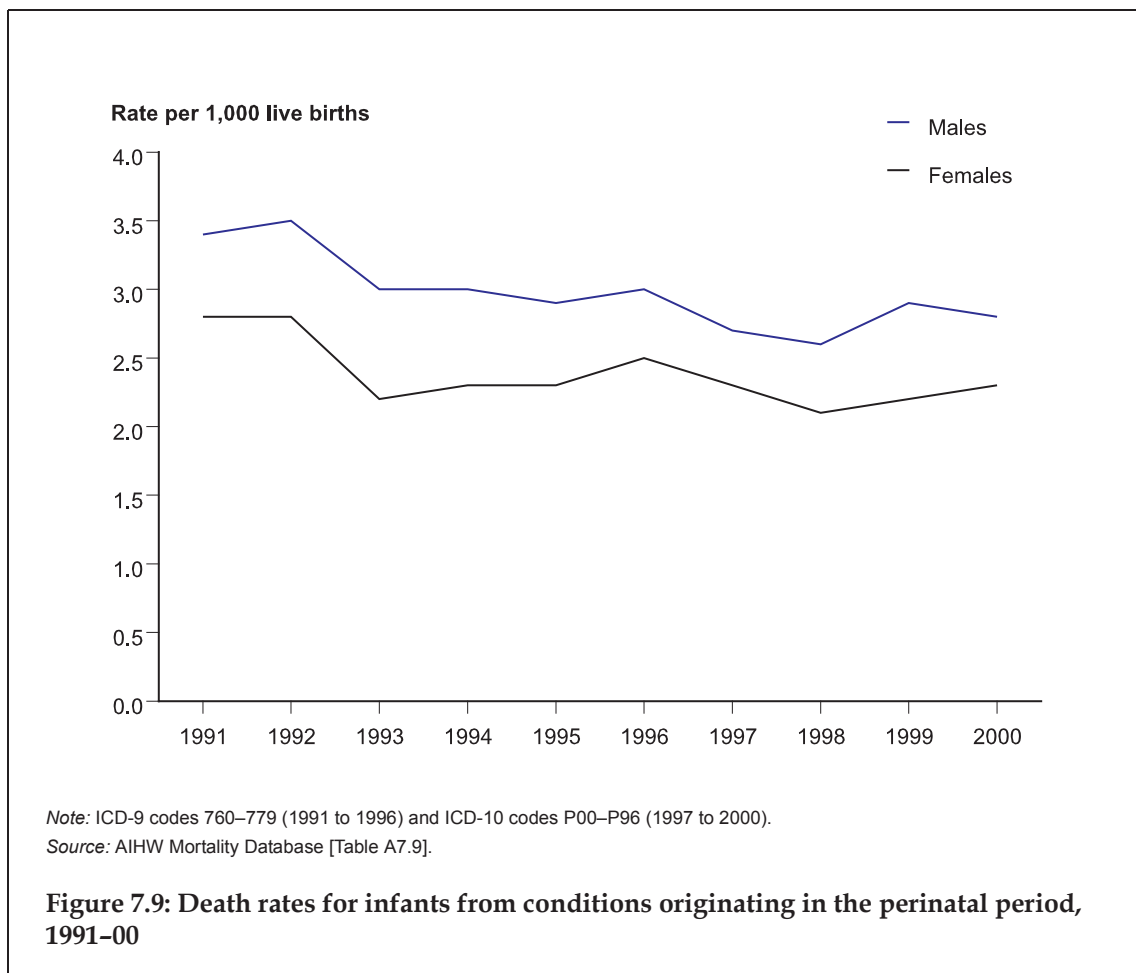
The hospitalisation rate for Aboriginal and Torres Strait Islander infants for conditions originating in the perinatal period was almost identical to that of other Australian infants. In 1999–00, there were 19,294.6 hospitalisations per 100,000 Indigenous infants compared with 19,274.3 per 100,000 other Australian infants. Indigenous males had a higher hospitalisation rate than Indigenous females.

Infants in metropolitan, rural and remote areas

There was little difference in the rate of hospitalisations for conditions originating in the perinatal period for babies who lived in different areas (19,855.3 per 100,000 infants in metropolitan regions compared with 19,494.8 in rural areas and 19,171.2 in remote areas).

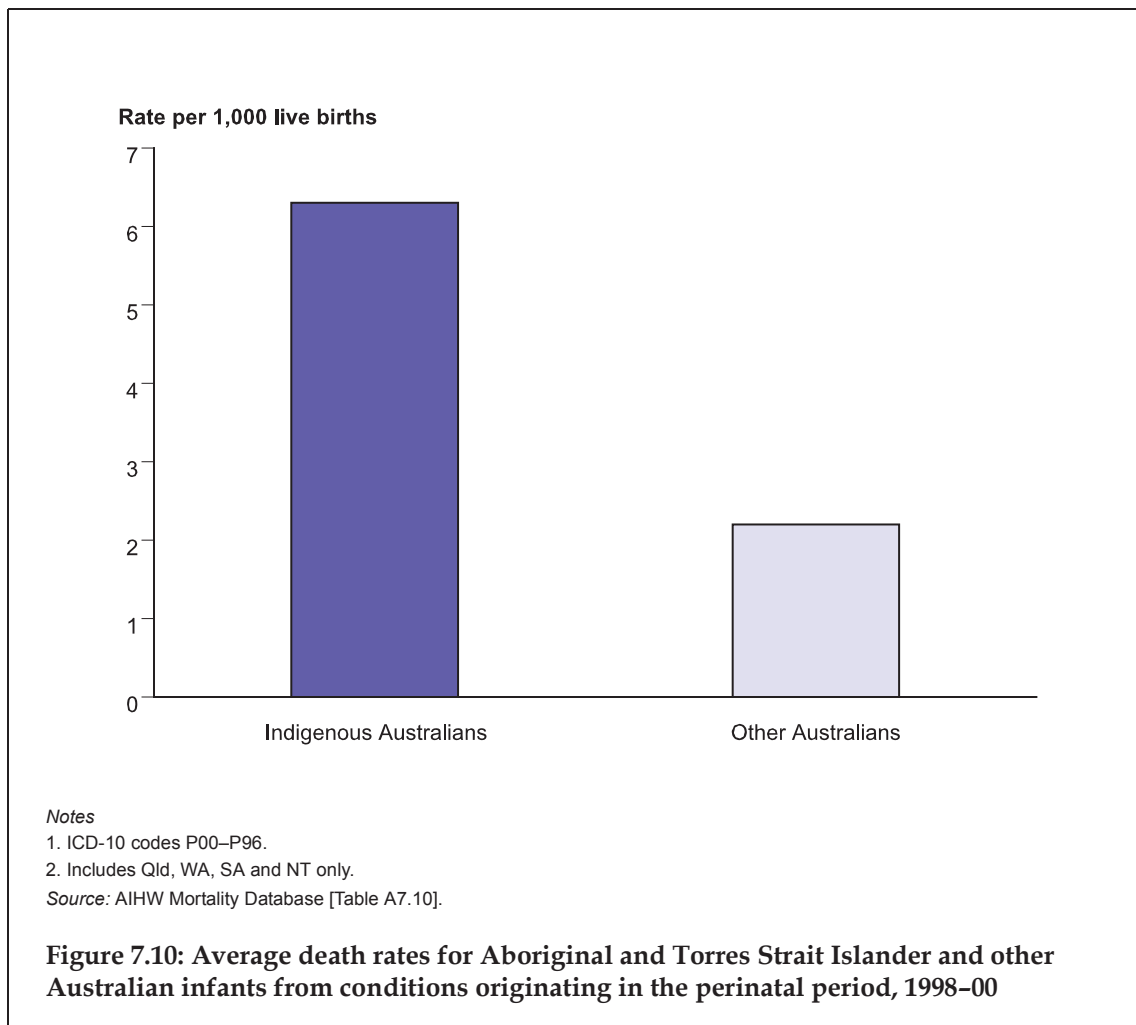
Deaths

In 2000, nearly half (49%) of the deaths in infants were caused by conditions originating in the perinatal period. The indicator for deaths from conditions originating in the perinatal period is the number of deaths of infants from conditions originating in the perinatal period in a given year as a rate per 1,000 live births. The death rates for 1991–00 are presented in Figure 7.9. In 2000, 636 infants died from conditions originating in the perinatal period.



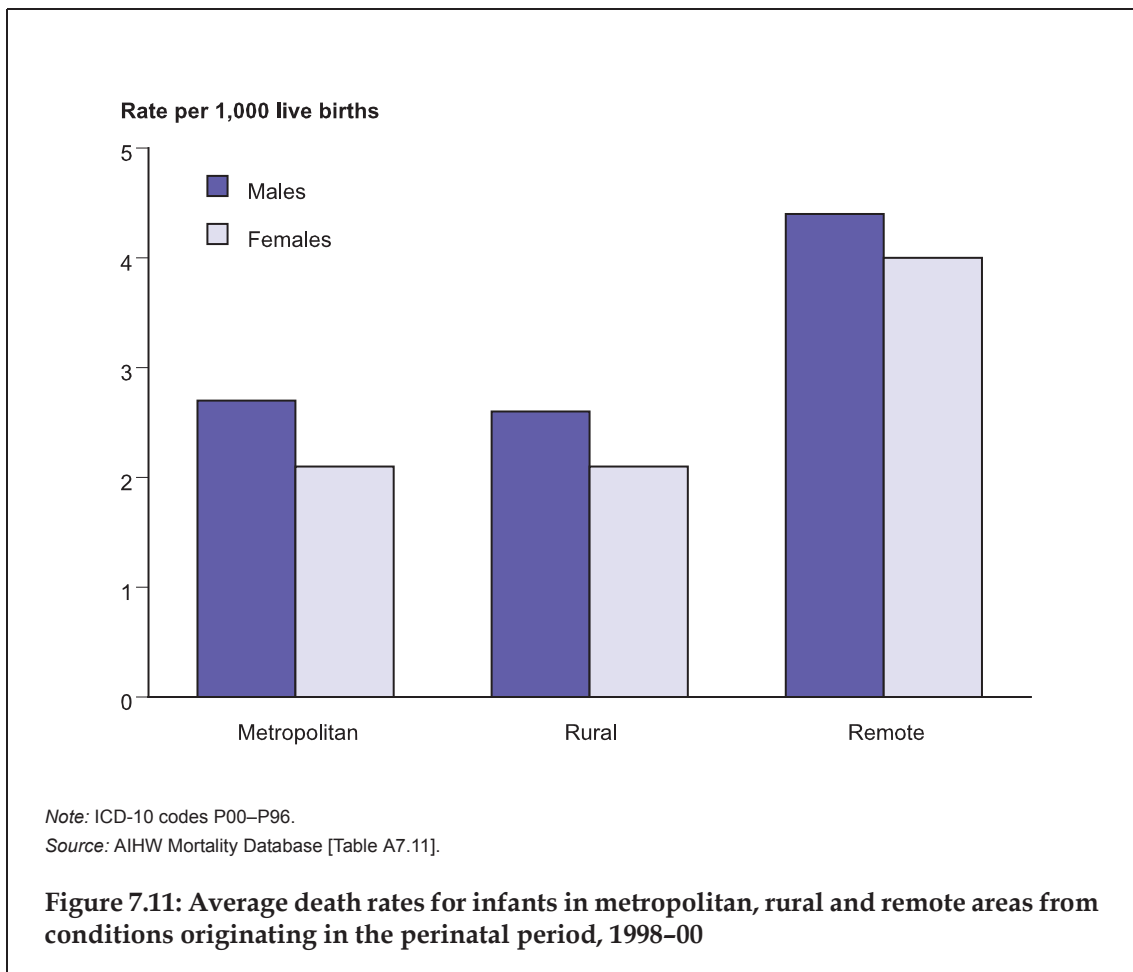
- In 2000, the death rate from conditions originating in the perinatal period was 2.5 deaths per 1,000 live births. This rate was 19% lower than the rate of 3.1 deaths per 1,000 live births in 1991.
- Male infants had consistently higher death rates from conditions originating in the perinatal period than female infants.

Aboriginal and Torres Strait Islander infants



- Between 1998 and 2000 in Queensland, Western Australia, South Australia and the Northern Territory, 126 Aboriginal and Torres Strait Islander infants died from conditions originating in the perinatal period.
- The mortality rate was much higher for Indigenous infants than for other Australian infants in these States and Territories. For 1998–00, the average rate for Aboriginal and Torres Strait Islander infants was almost 3 times higher than the rate for other Australian infants (6.3 compared with 2.2 per 1,000 live births).

Infants in rural, remote and metropolitan areas



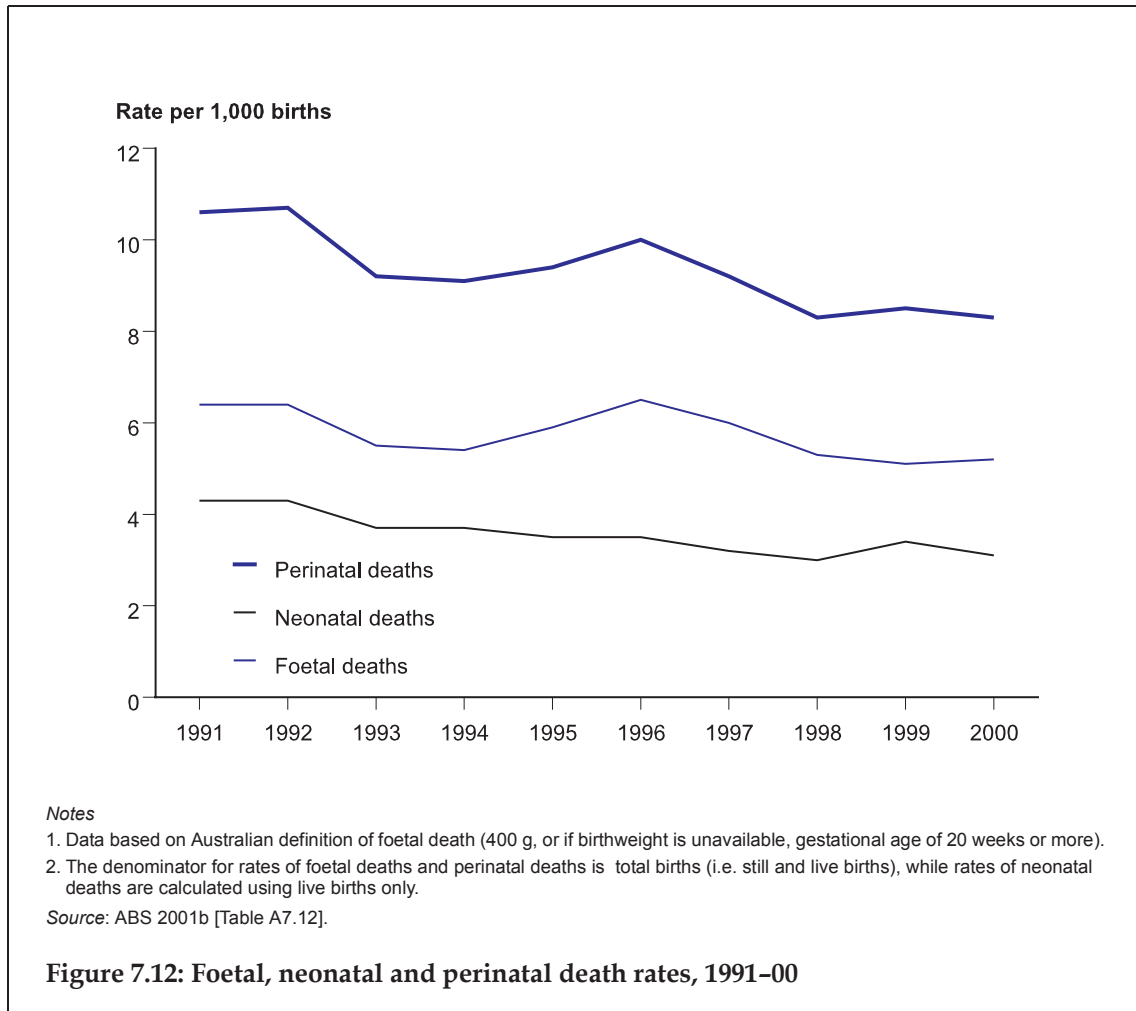
- Between 1998 and 2000, 1,279 infants in metropolitan areas, 438 in rural areas and 123 in remote areas died from conditions originating in the perinatal period.
- The average mortality rate in remote areas was 1.8 times the rate in rural and metropolitan areas (4.2 compared with 2.4 per 1,000 live births). There was little difference in the death rates for infants in metropolitan and rural areas.
- The higher death rate of infants in remote areas probably reflects the high number of Aboriginal and Torres Strait Islander children living in remote Australia, and their higher mortality rates.

Perinatal death rates

Perinatal deaths are composed of foetal and neonatal deaths from all causes. A foetal death, sometimes called a stillbirth, is defined in Australia as the death of a foetus of at least 20 weeks gestation or 400 grams weight before birth. Neonatal deaths are deaths of babies who are born alive, but who die within 28 days of birth.

The indicator for perinatal deaths is the number of foetal and neonatal deaths in a given year as a rate per 1,000 total births. The indicator for foetal deaths is the number of foetal deaths (i.e. babies that die before delivery, of at least 400 g or 20 weeks gestation) in a given year as a rate per 1,000 total births. The indicator for neonatal deaths (i.e. deaths

before 29 days of age, of babies that were liveborn) is the number of neonatal deaths in a given year as a rate per 1,000 live births.



- In 2000, there were 2,076 perinatal deaths. Of these, 37% (773) were neonatal deaths, and 63% (1,303) were foetal deaths.
- Between 1991 and 2000, the perinatal death rate fell from 10.6 to 8.3 per 1,000 total births. This represents a decrease of 25%.
- In 1991, the neonatal death rate was 4.3 per 1,000 total births, compared with 3.1 in 2000.
- The foetal death rate also fell between 1991 and 2000, from 6.4 to 5.2 per 1,000 total births.

Aboriginal and Torres Strait Islander infants

Table 7.2: Foetal, neonatal and perinatal death rates for Aboriginal and Torres Strait Islander and other Australian children,^(a) 1996–98

Type of perinatal death	Indigenous Australians		Other Australians	
	Number	Rate per 1,000 births ^(b)	Number	Rate per 1,000 births ^(b)
Foetal deaths	328	13.2	5,055	6.8
Neonatal deaths	185	7.6	2,219	3.0
Perinatal deaths	513	20.7	7,274	9.8

(a) National estimate is based on data from all States and Territories.

(b) The denominator for rates of foetal deaths and perinatal deaths is total births (i.e. still and live births), while rates of neonatal deaths are calculated using live births only.

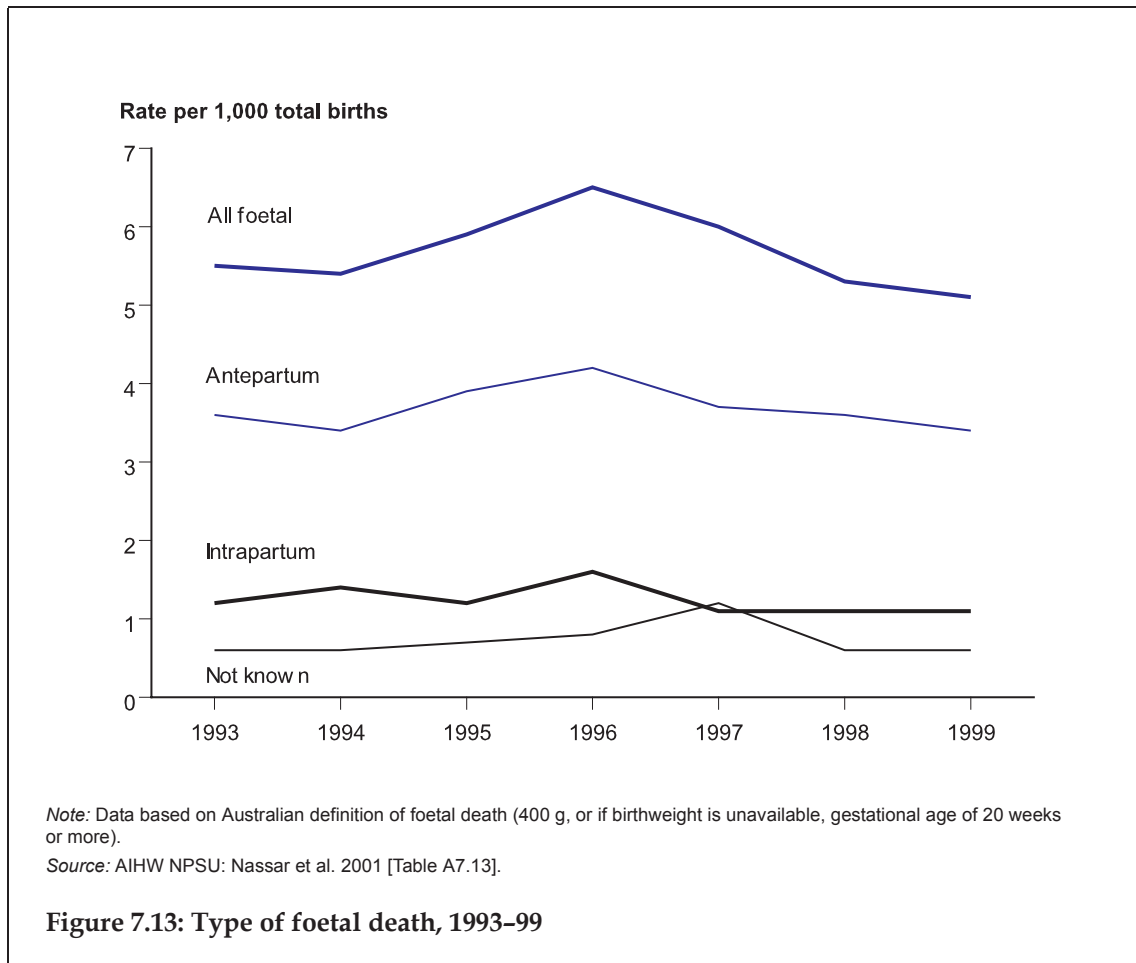
Note: Data based on Australian definition of foetal death (i.e. 400 g/ 20 weeks gestation).

Source: ABS & AIHW 2001.

- For 1996–98, the rate of perinatal mortality for babies born to Indigenous mothers was twice the rate for babies born to non-Indigenous mothers (20.7 per 1,000 total births compared with 9.8).
- The neonatal death rate for babies born to Indigenous mothers was 7.6 per 1,000 live births compared with 3.0 per 1,000 for other Australian babies. The foetal death rate was 13.2 per 1,000 total births compared with 6.8 per 1,000 other Australian births.

Time of foetal deaths

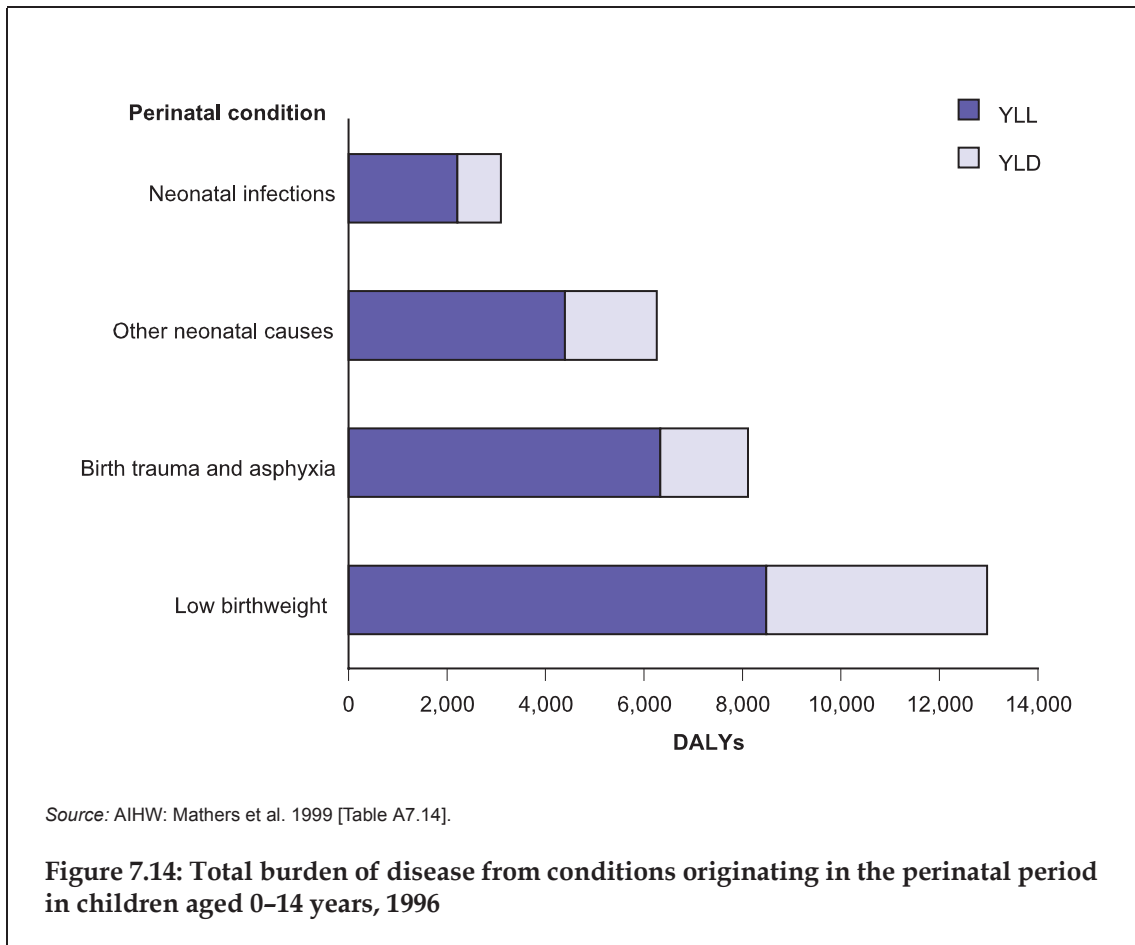
Foetal deaths are classified by the time of death. An ‘ante-partum foetal death’ is a foetal death occurring before the onset of labour, while an ‘intra-partum foetal death’ is a foetal death occurring during labour. Types of foetal deaths between 1993 and 1999 are presented in Figure 7.13.



- The majority (67%) of foetal deaths in 1999 occurred before the onset of labour (antepartum).
- In 1999, 22% of foetal deaths occurred during labour (intrapartum).

Burden of disease

In 1996, conditions originating in the perinatal period were estimated to account for 14.3% of the total disease burden in children aged 0-14 years (30,440 DALYs). The total burden of disease was higher in boys (55% of total) than in girls (45%). These conditions caused a higher mortality burden (21,426 YLL; 70% of the total burden) than disability burden (9,015 YLD; 30%). The total disease burden from specific conditions originating in the perinatal period is shown in Figure 7.14.



- Low birthweight was the main contributor to the burden from conditions originating in the perinatal period (27%) in 1996 and accounted for 6% of the total burden of disease in children.
- Birth trauma and asphyxia were also leading causes of disease burden in children among conditions originating in the perinatal period.

