

2.19 Tobacco smoking during pregnancy

The proportion of Indigenous mothers who smoked during pregnancy

Data sources

Data for this measure mainly come from the AIHW National Perinatal Data Collection.

National Aboriginal and Torres Strait Islander Social Survey

The Australian Bureau of Statistics (ABS) conducted the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) between August 2002 and April 2003. The 2008 NATSISS was conducted between August 2008 and April 2009. The survey provides information about the Aboriginal and Torres Strait Islander populations of Australia for a wide range of areas of social concern including health, education, culture and labour force participation. The 2008 NATSISS included for the first time children aged under 15. The NATSISS will be conducted every six years, with the next survey planned for 2013.

The 2008 NATSISS collected information by personal interview from 13,300 Indigenous Australians across all states and territories of Australia, including those living in remote areas. The sample covered persons aged 15 years and over who are usual residents in selected private dwellings. It collected information on a wide range of subjects including family and culture, health, education, employment, income, financial stress, housing, and law and justice.

National Perinatal Data Collection

Data for this measure come from the Australian Institute of Health and Welfare (AIHW) National Perinatal Epidemiology and Statistics Unit National Perinatal Data Collection (NPDC).

Data on birthweight is collected as part of the Perinatal National Minimum Data Set. Each state and territory has a perinatal collection based on birth notifications completed by midwives and other staff, using information obtained from mothers and from hospital and other records. Some of these data are provided in electronic format annually to the AIHW National Perinatal Epidemiology and Statistics Unit. Perinatal notification forms are completed in Australia for all births of 20 weeks or more gestation, or a birthweight of 400 grams or more.

All jurisdictions collect the Indigenous status of the mother of the baby. However, this data element does not provide the Indigenous status of the baby. Therefore, Indigenous births will be underestimated as babies born to Indigenous fathers and non-Indigenous mothers are not included in the data collection. Over the period 2005–2007 there were approximately 11,100 ABS registered births to Indigenous fathers only, which represented 31% of registered Indigenous births (ABS 2006, 2007, 2008).

Earlier years data are not available for Tasmania, as the 'not stated' category for Indigenous status was unable to be distinguished from the 'non-Indigenous' until 2005.

Data on mothers for whom Indigenous status was 'not stated' have been excluded from analysis. In 2007, there were 282 births with a 'not stated' Indigenous status (0.1%) in the NPDC.

The World Health Organization (WHO) defines low birthweight as less than 2,500 grams.

Table 2.19.1: Current smoking questions and data domains on perinatal forms, by state and territory

	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(a)	ACT	NT
Question 1	Did the mother smoke at all during pregnancy?	n.a.	Did the mother smoke at all during this pregnancy?	Smoking during pregnancy	Tobacco smoking status at first visit	During this pregnancy has the mother smoked tobacco	Did mother smoke during pregnancy?	Smoking at first antenatal visit
Data domain	Yes/no	—	Yes/no	Yes/no	Smoker Quit in pregnancy before first visit Non-smoker Unknown smoking status	Yes/no	Yes/no	Yes/no /unknown
Question 2	If yes, how many cigarettes each day on average in the second half of pregnancy?	—	If yes, how many cigarettes were smoked each day on average after 20 weeks gestation?	—	Average number of tobacco cigarettes smoked per day in second half of pregnancy	If yes, amount of tobacco smoked	Average number of cigarettes per day during the second half of pregnancy	Smoking at 36 weeks
Data domain	None ≤ 10 per day > 10 per day Unknown	—	None ≤ 10 per day > 10 per day Unknown	—	None No. per day = < 1 (occasional) Unknown no.	< 10 cigarettes per day > 10 cigarettes per day	NN (numeric field)	Yes/no /unknown

(a) For Tasmania and Queensland, questions on smoking have been collected since 1 January 2005 and 1 July 2005 respectively.

Note: For Victoria, data on smoking in pregnancy are not currently collected as part of the perinatal collection. Victoria currently uses other mechanisms to monitor smoking in pregnancy.

Source: AIHW: Laws et al 2006.

Given the different questions currently asked in the seven jurisdictions (see Table 2.19.1), comparisons between states and territories should be interpreted with caution (AIHW: Leeds et al. 2007).

Data on mothers for whom Indigenous status was not stated have been excluded from the analysis.

Data analyses

Proportions have been directly age-standardised to account for differences in the age structure of the Indigenous and non-Indigenous female populations who give birth.

Smoking during pregnancy

- Approximately 3.5% of mothers in New South Wales, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory identified as Aboriginal or Torres Strait Islander in 2007. Approximately 5,273 Indigenous mothers in these jurisdictions reported they smoked during pregnancy, 4,682 reported they did not and for 234 Indigenous mothers smoking status was not known.
- When the effect of age was controlled for, Aboriginal and Torres Strait Islander mothers in the seven jurisdictions smoked during pregnancy at around three times the rate of non-Indigenous mothers in these jurisdictions (52% compared with 15%) (Laws & Sullivan 2009).

Smoking during pregnancy by state/territory

The number and proportion of mothers who smoked during pregnancy are presented by Indigenous status and state/territory for 2007 in Table 2.19.2 and Figure 2.19.1.

- Aboriginal and Torres Strait Islander mothers in New South Wales and Western Australia smoked during pregnancy at around four times the rate of non-Indigenous mothers. In Queensland, South Australia, the Australian Capital Territory and the Northern Territory they smoked at around three times the rate.

Table 2.19.2: Tobacco smoking status of mothers during pregnancy, by Indigenous status, NSW, Qld, WA, SA, Tas, ACT and NT, 2007^{(a)(b)}

Smoking status	NSW	Qld	WA	SA ^(c)	Tas	ACT	NT ^(d)	Total
Number								
Indigenous								
Smoked	1,446	1,676	938	369	131	46	667	5,273
Did not smoke	1,432	1,478	814	198	99	41	620	4,682
Not stated	9	16	n.p.	11	n.p.	n.p.	197	234
Total	2,887	3,170	1,752	578	231	87	1,484	10,189
Non-Indigenous								
Smoked	10,586	10,008	3,947	3,669	1,607	646	358	30,821
Did not smoke	80,529	45,779	23,931	14,957	4,321	4,678	1,809	176,004
Not stated	391	231	n.p.	263	57	n.p.	102	1,044
Total	91,506	56,018	27,878	18,889	5,985	5,324	2,269	207,869
Proportion^(e)								
Indigenous								
Smoked	48.4	51.6	54.0	62.1	51.0	44.8	43.9	50.5
Did not smoke	51.2	47.8	46.0	35.9	48.3	55.2	43.3	47.4
Total^(f)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-Indigenous								
Smoked	12.0	17.2	14.0	19.3	24.5	13.6	15.5	14.8
Did not smoke	87.5	82.3	86.0	79.3	74.5	86.4	80.0	84.7
Total^(f)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ratio^(g)								
Smoked	4.0	3.0	3.8	3.2	2.1	3.3	2.8	3.4
Did not smoke	0.6	0.6	0.5	0.5	0.6	0.6	0.5	0.6

(a) Excludes births where the mother's Indigenous status was not stated.

(b) State-level data are based on place where birth occurred, not place of usual residence. Cross-border issues need to be considered here; for example, a high proportion of births in ACT hospitals are for mothers resident in New South Wales.

(c) For SA, 'Smoked' includes women who quit before the first antenatal visit.

(d) For NT, smoking status was recorded at the first antenatal visit.

(e) Proportions are directly age-standardised using the Australian female population aged 15–44 years who gave birth in 2007.

(f) Includes mothers for whom smoking status was not stated.

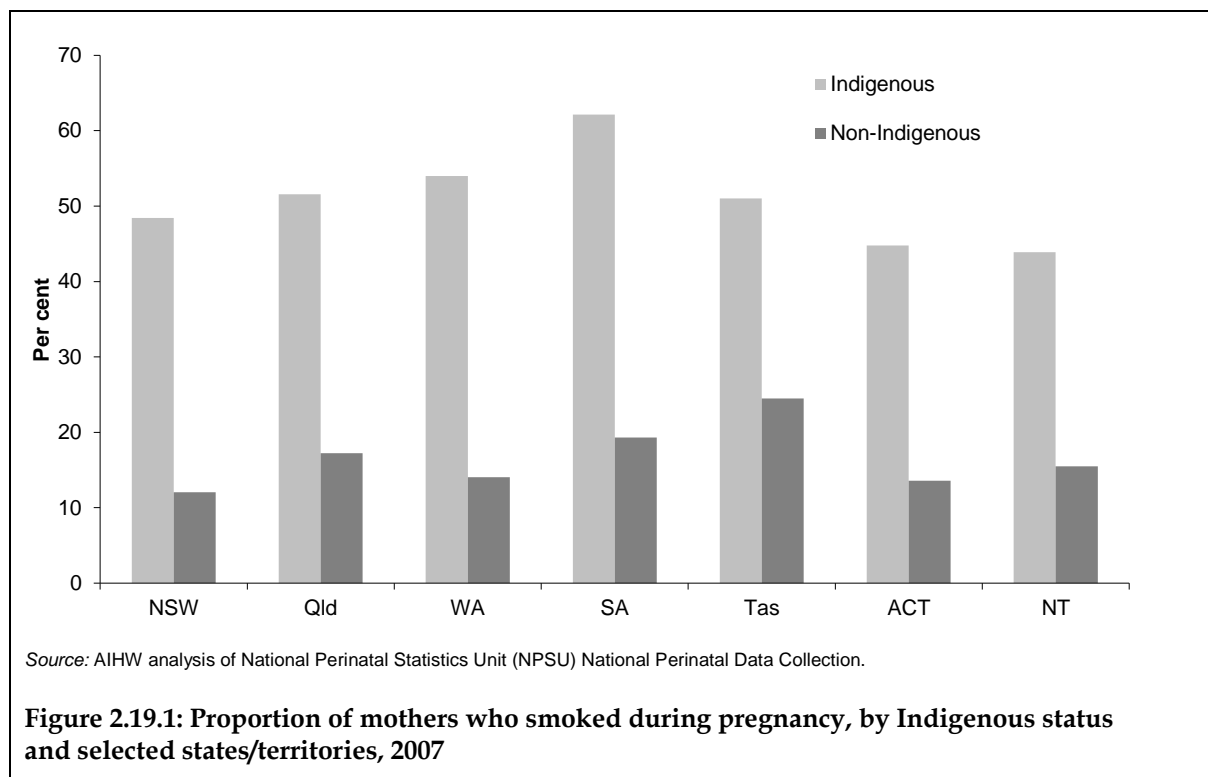
(g) Rate ratio is the rate for Indigenous mothers divided by the rate for non-Indigenous mothers.

Notes:

1. Data not available for Victoria.

2. Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions. The mother's tobacco smoking status during pregnancy is self-reported.

Source: AIHW analysis of National Perinatal Statistics Unit (NPSU) National Perinatal Data Collection.



Smoking during pregnancy by maternal characteristics

- For all remoteness categories in 2007, the proportion of Indigenous mothers who smoked during pregnancy was greater than the proportion of non-Indigenous mothers who smoked during pregnancy (Table 2.19.3). The proportion of Indigenous mothers who smoked during pregnancy ranged from 49% in *Major cities* to 56% in *Outer regional* areas. The proportions for non-Indigenous mothers ranged from 13% in *Major cities* to 21% in *Outer regional* areas.
- Indigenous mothers in *Major cities* were almost four times as likely as non-Indigenous mothers to smoke during pregnancy. In *Inner regional*, *Outer regional*, *Remote* and *Very remote* areas Indigenous mothers were around three times as likely to smoke during pregnancy as non-Indigenous mothers (Table 2.19.3).
- The rate of smoking by Indigenous mothers tended to decrease with age. Those aged less than 20 years were most likely to smoke during pregnancy (54%), followed by those aged 20-24 (53%). The lowest percentage was for those aged 40 years and over (48%) (Table 2.19.3). For non-Indigenous mothers there was a more obvious difference in smoking rates by age group with 38% of those under 20 years smoking compared with 11% of those aged 40 years and over.
- Indigenous mothers aged 30 years and over were around five times as likely as their non-Indigenous counterparts to smoke during pregnancy. Those aged 25-29 years were around three times as likely, and those aged 20-24 years were twice as likely to do so as their non-Indigenous counterparts (Table 2.19.3).

Table 2.19.3: Smoking during pregnancy by Indigenous status and maternal characteristics, NSW, Qld, WA, SA, Tas, ACT and NT, 2007

	Indigenous proportion (per cent)		Non-Indigenous proportion (per cent)		Rate ratio ^(a)
	Smoked	Did not smoke	Smoked	Did not smoke	Smoked
Remoteness^(b)					
Major cities	49.3	50.7	12.6	87.4	3.9
Inner regional	54.2	45.8	20.3	79.7	2.7
Outer regional	56.0	44.0	20.6	79.4	2.7
Remote	52.6	47.4	18.7	81.3	2.8
Very remote	54.9	45.1	16.3	83.7	3.4
Total^(c)	50.5	47.4	14.8	84.7	3.4
Age of mother					
<20	53.6	44.0	37.9	61.4	1.4
20-24	52.9	44.8	27.0	72.5	2.0
25-29	50.9	46.3	14.9	84.6	3.4
30-34	49.5	48.5	9.8	89.7	5.0
35-39	49.6	49.2	9.6	89.9	5.2
40+	47.9	49.6	10.5	89.1	4.6
Total	51.8	46.0	14.8	84.7	3.5
Total ASR^(b)	50.5	47.4	14.8	84.7	3.4

(a) Rate ratio: proportion for Indigenous divided by proportion for non-Indigenous.

(b) Age standardised data based on directly age standardised proportions using the population of women aged 15–44 years who gave birth in all states as the standard

(c) Total includes non-resident mothers.

Note: Excludes Victoria.

Source: AIHW analysis of National Perinatal Statistics Unit (NPSU) National Perinatal Data Collection.

Smoking during pregnancy by baby outcomes

- In 2007, 16% of live-born babies born to Indigenous mothers who smoked during pregnancy were of low birthweight compared with 8% of babies born to Indigenous mothers who did not smoke during pregnancy (Table 2.19.4). Babies born to Indigenous mothers had higher rates of low birthweight overall compared with babies born to non-Indigenous mothers. These findings suggest that smoking is only one of the many factors influencing low birthweight.
- A higher proportion of babies born to Indigenous mothers who smoked during pregnancy were born pre-term than babies born to Indigenous mothers who did not smoke during pregnancy (15% compared with 11%).
- A similar proportion of babies born to Indigenous mothers who smoked during pregnancy and babies born to Indigenous mothers who did not smoke during pregnancy had an Apgar score of less than 7 at 5 minutes after birth (2.3% and 2.3%).
- The perinatal death rate for babies born to Indigenous mothers who smoked during pregnancy was 21 per 1,000 births. This was higher than the rate of 18 per 1,000 births for babies born to Indigenous mothers who did not smoke during pregnancy.

Table 2.19.4: Smoking during pregnancy by Indigenous status and baby outcomes, NSW, Qld, WA, SA, Tas, ACT and NT, 2007

	Indigenous no.		Indigenous proportion		Non-Indigenous no.		Non-Indigenous proportion		Ratio
	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Smoked
Pre-term birth	821	527	15.4	11.1	3,253	12,936	10.4	7.2	1.5*
Low birthweight ^(a)	844	386	16.0	8.2	3,087	8,858	10.0	5.0	1.6*
Apgar score ^(a)									
0-3	34	33	0.6	0.7	125	459	0.4	0.3	1.6*
4-6	92	76	1.7	1.6	364	1,707	1.2	1.0	1.5*
7+	5,125	4,567	97.2	97.5	30,403	175,312	98.1	98.6	1.0
Perinatal deaths per 1,000 births	111	83	20.8	17.5	363	1,437	11.6	8.0	1.8*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Live births only.

Note: Excludes Victoria.

Source: AIHW analysis of National Perinatal Statistics Unit (NPSU) National Perinatal Data Collection.

Smoking during pregnancy by average number of cigarettes smoked per day

Data on the average number of cigarettes smoked per day during the second half of pregnancy is available from New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory for 2007 and is presented in Table 2.19.5.

- Of Indigenous mothers who reported smoking during pregnancy in the five jurisdictions combined, almost half (43%) smoked an average of more than 10 cigarettes per day.
- In Tasmania, 55% of Indigenous mothers who smoked during pregnancy smoked an average of more than 10 cigarettes per day. In New South Wales, 47% smoked an average of more than 10 cigarettes per day.

Table 2.19.5: Indigenous mothers who smoked during pregnancy, by average number of cigarettes per day during second half of pregnancy, by state/territory, 2007

Average number of cigarettes smoked per day	NSW	Qld	SA ^(a)	Tas ^(b)	ACT	Total ^(c)
	Number					
None	45	91	37	n.p.	n.p.	173
10 or less	634	774	226	59	20	1,713
More than 10	684	744	82	72	11	1,593
Not stated	83	67	24	n.p.	15	189
Total	1,446	1,676	369	131	46	3,668
	Proportion					
None	3.1	5.4	10.0	—	—	4.7
10 or less	43.8	46.2	61.2	45.0	43.5	46.7
More than 10	47.3	44.4	22.2	55.0	23.9	43.4
Not stated	5.7	4.0	6.5	—	32.6	5.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

(a) For South Australia, 'Smoked' includes women who quit before the first antenatal visit.

(b) For Tasmania, smoking data includes all of pregnancy, not just the second half of pregnancy.

(c) Total includes New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory.

Note: Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions. The mother's tobacco smoking status during pregnancy is self-reported.

Source: AIHW analysis of NPSU National Perinatal Data Collection.

Tobacco use during pregnancy

Data on tobacco use during pregnancy by the mothers of Indigenous children are available from the 2008 NATSISS. These are presented in Table 2.19.6.

- In 2008, 58% of the mothers of Indigenous children did not smoke or chew tobacco during pregnancy. Approximately 3% used more tobacco during pregnancy, 15% used about the same and 24% used less (Table 2.19.6).

Table 2.19.6: Tobacco use by child's mother during pregnancy ^(a), Indigenous children aged 0-3 years, 2008

	No.	Per cent
Did smoke/chew tobacco during pregnancy:		
used more during pregnancy	1,160	2.7
used about the same during pregnancy	6,567	15.4
used less during pregnancy	10,264	24.0
Did not smoke/chew tobacco during pregnancy	24,781	57.9
Total^(b)	42,771	100.0
Not collected	11,109	20.6
Total number	53,880	..

(a) Children aged 0-3 years.

(b) Excludes not stated/not collected.

Source: AIHW analyses of 2008 NATSISS.

Data quality issues

National Perinatal Data Collection

Births

Birth notification forms are completed for all births of 20 weeks or more gestation, or a birthweight of 400 grams or more. The Perinatal National Minimum Data Set includes all births in Australia in hospitals, birth centres and the community.

The state/territory of birth is provided for all births. Tabulated data in this report are based on births in each state and territory in 2007 meeting the criteria for inclusion in the NPDC. Each state and territory has its own form and/or electronic system for collecting perinatal data. Unless otherwise stated, the data in this report relate to the state or territory of occurrence of births in 2007 rather than to the state or territory of usual residence of the mother. The Australian Capital Territory data contain a relatively high proportion of New South Wales residents who gave birth in the Australian Capital Territory. There are a small number of Aboriginal and Torres Strait Islander mothers who give birth in the Australian Capital Territory, and the proportion fluctuates from year to year, making this jurisdiction less comparable to other jurisdictions. In 2007, 24.1% of Aboriginal or Torres Strait Islander women who gave birth in the Australian Capital Territory were not Australian Capital Territory residents. When interpreting the data it is important to note that these births to non-residents may include a disproportionate number of high risk and multi-fetal pregnancies associated with poorer perinatal outcomes. Therefore, percentages or rates such as those for preterm birth and perinatal deaths may be inflated for births that occur in the Australian Capital Territory. Because of this and the small numbers involved, care should be taken in interpreting data from the Australian Capital Territory (Laws et al. 2007).

The Perinatal NMDS does not include neonatal or perinatal death data items of information on cause of death. However, this information is collected as part of the NPDC. The data are incomplete. In some jurisdictions, neonatal deaths for babies transferred to another hospital or readmitted to hospital and those dying at home may not be included. Neonatal deaths for the Northern Territory are considered to be incomplete for 2007 as data do not include deaths occurring outside of the Northern Territory. Due to small number of deaths, interpretation can be limited as to whether differences in mortality rates are due to statistical fluctuations or differential ascertainment.

Indigenous status question

A standard data item for Indigenous status is specified in the Perinatal National Minimum Data Set. However, not all states and territories use this standard wording for the Indigenous status question on their forms. This affects the quality and comparability of the data collected (ABS & AIHW 2003).

Under-identification

All states and territories have a data item to record Indigenous status on their perinatal form, although there are some differences among the jurisdictions. This separately identifies mothers as those of Aboriginal and Torres Strait Islander origin, and non-Indigenous mothers. No information is collected about the father's or baby's Indigenous status.

Since 2005, all jurisdictions collect information on Indigenous status of the mothers in accordance with the NMDS. All jurisdictions are working towards improving the ascertainment of Indigenous status in their perinatal collection. In 2007, the NPESU, in collaboration with the AIHW's Aboriginal and Torres Strait Islander Health and Welfare Unit, released a report on Indigenous mothers and their babies in each state and territory. This report was based on a survey which was sent to the midwifery managers across Australia to determine how many hospitals in each jurisdiction obtain Indigenous status

information of mothers giving birth from admission records and how many collect this information independently. The assessment also involved analysis of the variability in the number and proportion of mothers recorded as Indigenous in the perinatal data collection over time and across jurisdictions for the period 1991–2004. The outcomes of this assessment showed that Indigenous status data from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory are suitable for trends analysis. Perinatal data from Tasmania, although improving, were deemed to be of insufficient quality. This project included an assessment of Indigenous status data quality. (Leeds et al. 2007)

All jurisdictions are working towards improving the quality of the Indigenous status data. Data on Indigenous status are not reported for Tasmania before 2005 because the 'not stated' category for Indigenous status was included with the non-Indigenous category. The 'not stated' category for birthweight was found to be small nationally in the evaluation of the Perinatal National Minimum Data Set (Laws & Sullivan 2009). Therefore, the exclusion of 'not stated' for birthweight will not have a significant impact on these data.

International comparisons

International indigenous data are available for New Zealand, the United States and Canada using the WHO definition of low birthweight. These data are subject to similar data quality issues experienced in Australia around the accuracy of identification. The Canadian data exclude births less than 500 grams because of changes over time in the quality of reporting babies' birthweight less than 500 grams. This definition is different from Australia's criteria – including all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation.

The scope of data collections in Canada and the United States is often limited to the registered or reserve indigenous populations and therefore does not cover the whole indigenous population. International comparisons need to take into account that the definition of Indigenous status is specific to each country.

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes remote and non-remote areas. The 2008 sample was 13,300 persons in 6900 households, with a response rate of 82% of households. Up to three randomly selected Indigenous people were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In non-remote areas interviewers used a notebook computer to record responses, while in remote areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15 to 17 years. Indigenous persons usually resident in non-private dwellings such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors. Care has been taken to ensure that the results of this survey are as accurate as possible. All interviews were conducted by trained ABS officers. However, some factor may affect the reliability of the data.

Information recorded in this survey is 'as reported' by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the three (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the three surveys. There are no strictly comparable non-Indigenous results available for the 2008 NATSISS because the latest General Social Survey (which has been used in the past to compare with Indigenous results from the NATSISS) was run in 2006, with the next being run in 2010. Data from other ABS surveys run in 2008 may, however, be used to obtain rough non-Indigenous comparisons for some data items. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons these have been adopted in this report.

The 2008 NATSISS has a relatively large level of under-coverage when compared to other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS is approximately 53% of the in-scope population at the national level. This rate varies across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the 2008 NATSISS User's guide (ABS 2010).

List of symbols used in tables

- n.a. not available
- rounded to zero (including null cells)
- 0 zero
- .. not applicable
- n.e.c. not elsewhere classified
- n.f.d. not further defined
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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