

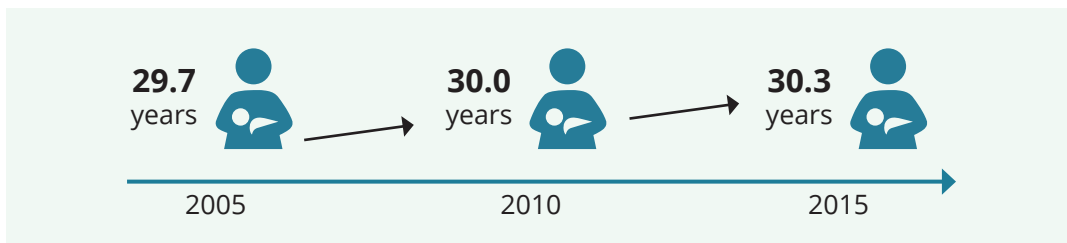


4.12 Antenatal risk factors

A mother's antenatal characteristics, such as age, weight and whether she smoked or drank alcohol during pregnancy, influences the health outcomes of a mother and her child. Data on maternal and baby outcomes are collected by health professionals for the National Perinatal Data Collection at the AIHW. This snapshot uses these data to explore aspects of the mother, and her child's health.

Women are giving birth later in life

The age when a woman gives birth can be a risk factor for obstetric and perinatal outcomes. Adverse outcomes are more likely in women aged under 20 and over 40. Consistent with recent trends in Australia, women are continuing to give birth later in life, with the average age rising from 29.7 in 2005 to 30.3 in 2015. The average age of first-time mothers is also rising, from 28.1 in 2005 to 28.9 in 2015.



99.9% of women had at least one antenatal visit

Antenatal care is associated with positive child and maternal health outcomes, with regular antenatal care visits in the first trimester (before 14 weeks' gestational age), leading to fewer interventions in late pregnancy and positive outcomes for child health. The Australian Antenatal Guidelines recommend that the first antenatal visit occur within the first 10 weeks of pregnancy and that first-time mothers with an uncomplicated pregnancy attend 10 visits (7 visits for later uncomplicated pregnancies) (AHMAC 2012). Almost all mothers (99.9%) who gave birth in 2015 had at least 1 antenatal visit, 95% had 5 or more visits, and 58% had 10 or more. In 2015, 47% of mothers attended at least 1 antenatal visit in the first 10 weeks of pregnancy; 10% did not start antenatal care until after 20 weeks' gestation.

1 in 10 women smoked during pregnancy

Smoking during pregnancy is a preventable risk factor associated with poorer perinatal outcomes like low birthweight, preterm birth and an increase in perinatal death. Of all mothers who gave birth in 2015, 1 in 10 (10%) reported smoking at some point during their pregnancy (a reduction from 15% in 2009).



Rates of smoking were slightly higher in the first 20 weeks of pregnancy (10%) compared with after 20 weeks of pregnancy (7.6%). In 2015, almost 1 in 4 (23%) of the more than 30,400 mothers who gave birth reported smoking during the first 20 weeks of pregnancy (but not throughout the rest of their pregnancy). The rate for reported smoking during the first 20 weeks of pregnancy was highest for women aged under 20 (32%).

1 in 5 women were obese during pregnancy

Being overweight or obese during pregnancy contributes to an increased risk of complications throughout pregnancy and delivery. Pregnant women who are obese have an increased risk of thromboembolism, pre-eclampsia, gestational diabetes, post-partum haemorrhage and wound infections. Babies of mothers who are obese have higher rates of neonatal death, congenital anomaly and stillbirth compared with babies of mothers who are not obese (CMACE & RCOG 2010).

Of mothers who gave birth in 2015

- 3.9% were underweight (BMI <18.50)
- 50% were in the normal weight range (BMI 18.50–24.99)
- 26% were overweight but not obese (BMI 25.00–29.99)
- 20% were classified as obese (BMI ≥30.00)

Alcohol consumption and domestic violence during pregnancy

Fetal Alcohol Spectrum Disorder describes the range of effects that can occur in a baby who has been exposed to alcohol in its mother's womb (Burns et al. 2013; NHMRC 2009). According to the National Drug Strategy Household Survey, 56% of women abstained from drinking during pregnancy in 2016, an increase from 40% in 2007.

About 1 in 2 (49%) women consumed alcohol before they knew they were pregnant. A large proportion of these women stopped drinking alcohol once they found out they were pregnant, but 1 in 4 (25%) continued to drink after they found out they were pregnant (AIHW 2017).

Domestic violence is a leading preventable contributor to death, disability and illness for women aged 15–44. Data from the Australian Bureau of Statistics 2016 Personal Safety Survey indicate that an 'estimated 187,800 women who experienced violence by a current partner were pregnant at some point during the relationship. Of the women surveyed, nearly 1 in 5 (18%) experienced violence during their pregnancy' (ABS 2017).



What is missing from the picture?

Routine administrative data, as opposed to survey data, are needed on several key antenatal risk factors, including alcohol consumption and domestic violence during pregnancy.

Where do I go for more information?

The information in this article was largely drawn from *Australia's mothers and babies 2015—in brief*. Other AIHW publications used for this article were *National Drug Strategy Household Survey, 2016* and *Screening for domestic violence during pregnancy: options for future reporting in the National Perinatal Data Collection*.

References

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