Antenatal care during COVID-19, 2020

Web report | Last updated: **23 Feb 2021** | Author: **AIHW** | Media release |

Citation

AIHW

Australian Institute of Health and Welfare 2021. Antenatal care during COVID-19, 2020. Cat. no. PER 114. Canberra: AIHW. Viewed 24 February 2021, https://www.aihw.gov.au/reports/mothers-babies/antenatal-care-during-covid-19

This report summarises early analysis of antenatal care claims processed by Medicare during January to September 2020, in Australia. This report is only intended to be indicative of trends in use of antenatal care during the COVID-19 pandemic. Not all antenatal services are claimed on the Medicare Benefits Schedule (MBS).

The results show there was a small decrease in the number of antenatal services processed during January to September 2020 compared to the same period in 2019. The number of face-to-face services was around 10% fewer during the first three quarters of 2020 compared to 2019. However, temporary COVID-19 telehealth services mostly made up this gap leaving around 2% reduction in services processed over this period.

Cat. no: PER 114

Findings from this report:

- Nationally, over 1.2 million MBS services for antenatal care were processed during the first three quarters of 2020
- More than 90% of antenatal services claimed on the MBS were face-to-face consults
- A 10% decrease in face-to-face services was mostly offset by telehealth, contributing around 91,000 antenatal services
- Face-to-face antenatal services declined 15% in quarter 2 of 2020 compared with quarter 2 2019

Last updated 4/02/2021 v8.0

What is antenatal care and why is it important?

Different women have different needs during their pregnancy. Timely monitoring of mothers and babies improves health outcomes. Antenatal care is a system of planned visits with a midwife and/or doctor during pregnancy to support promoting healthy lifestyles, and screening for and managing health problems to help both mother and baby (WHO 2016).

Antenatal care, especially in the first trimester (before 14 weeks gestational age), assists to identify high risk pregnancies, and is associated with positive maternal and child health outcomes (AIHW 2020). The Clinical Practice Guidelines - Pregnancy Care (DoH 2019) recommend that the first antenatal visit occurs within the first 10 weeks of pregnancy and that first-time mothers with an uncomplicated pregnancy attend 10 visits (7 visits for subsequent uncomplicated pregnancies).

In Australia, there are a number of ways women can access antenatal care services. These include public hospital services, general practitioners, public and private obstetricians and midwifery services. This report only includes antenatal services covered by the MBS. Services provided in antenatal clinics run by public hospital staff within public hospitals are not claimable on the MBS and are therefore not covered in this report. It is currently unknown what proportion of services this represents.

References

AIHW (Australian Institute of Health and Welfare). 2020. National Core Maternity Indicators. Cat. no. PER 95. Canberra: AIHW. Viewed 20 November 2020

DoH (Australian Government Department of Health). 2019. Clinical Practice Guidelines: Pregnancy Care. Canberra: DoH. Viewed 20 November 2020

WHO (World Health Organization). 2016. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: WHO. Viewed 20 November 2020

Last updated 23/02/2021 v12.0

Antenatal care and COVID-19

On 25 January 2020, Australia recorded its first cases of coronavirus (SARS-CoV-2) disease 2019 (COVID-19). As the number of cases increased, physical distancing, restrictions on activities and businesses, and border closures were implemented to slow the spread of the virus (Grattan Institute 2020). Figure 1 provides an overview of some key Australian COVID-19 events.

In 2020, during the height of the COVID-19 pandemic, Australians were urged to stay at home where possible to reduce the risk of transmission. While pregnant women are not listed by the Australian Government Department of Health as a medium or high risk group for COVID-19 (DoH 2020), RANZCOG consider pregnant women a vulnerable group, and advised pregnant women take precautions and follow government guidance on physical distancing and hygiene measures (RANZCOG 2020).

Shutdowns and service disruptions during this period may have affected the ability of pregnant women to attend face-to-face antenatal care visits. Additionally, because of personal safety concerns, women may have opted not to attend face-to-face appointments, as health advice encouraged avoiding public spaces except for the essential purposes (RANZCOG 2020; RCOG 2020). On 13 March 2020, the Australian Government added services to the MBS to cover antenatal services delivered via telehealth (DoH 2020b).

A global perspective

International reporting raised concerns that COVID-19 and associated service disruptions could contribute to changes in pregnancy outcomes, including change to stillbirth and pre-term birth rates, and risks to mothers' wellbeing (Casadio et al. 2020; CDC 2020; KC et al. 2020; Khalil 2020; Kumari et al. 2020; UNICEF et al. 2020; RCOG 2020; WHO 2020). However, other international investigations reported COVID-19 mitigation measures may have assisted in managing potential adverse pregnancy outcomes such as reduced preterm rates (Been et al. 2020; Hedermann et al. in press; Phillip et al. in press). These reports demonstrate the complex effects of COVID-19 and associated response efforts on mothers and babies.

The impacts of COVID-19 on outcomes for Australian mothers and babies is currently unknown, and will be explored in the future once data is available through the National Perinatal Data Collection.

Figure 1: Key COVID-19 dates

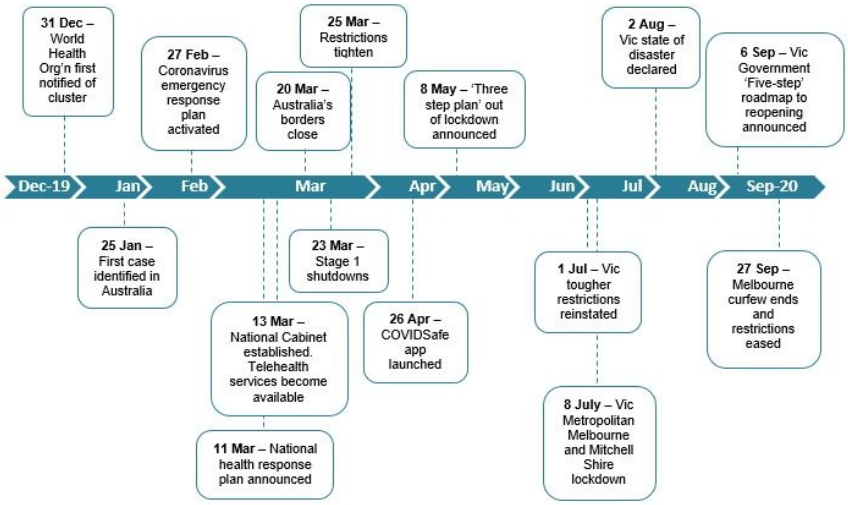


Chart: Australian Institute of Health and Welfare

Sources:

- Australian Government. 2020. News and Updates. Australian Government. Viewed 24 December 2020
- DoH (Australian Government Department of Health). 2020a. First confirmed case of novel coronavirus in Australia. Canberra: DoH. Viewed 9 December 2020
- Minister for Health and Aged Care. 26 April 2020. Press conference about COVIDSafe app launch (transcript). Department of Health. Viewed 24 December 2020
- Premier of Victoria. 30 June 2020. Statement from the Premier. Premier of Victoria. Viewed 24 December 2020
- Premier of Victoria. 7 July 2020. Statement from the Premier. Premier of Victoria. Viewed 24 December 2020
- Premier of Victoria. 2 August 2020. Statement on changes to Melbourne's restrictions. Premier of Victoria. Viewed 24 December 2020
- Premier of Victoria. 6 September 2020. Statement from the Premier. Premier of Victoria. Viewed 24 December 2020
- Premier of Victoria. 27 September 2020. Statement from the Premier. Premier of Victoria. Viewed 24 December 2020
- Prime Minister. 27 February 2020. Untitled press conference – Australian Parliament House, 27 February 2020 (Transcript) Prime Minister of Australia.

- Prime Minister, Minister for Health, Minister for Aged Care and Senior Australians & Minister for Youth and Sport. 11 March 2020. $2.4 Billion Health Plan to Fight COVID-19. Prime Minister of Australia. Viewed 24 December 2020
- Prime Minister, Minister for Health & Chief Medical Officer. 13 March 2020. Advice on Coronavirus. Prime Minister of Australia. Viewed 24 December 2020
- Prime Minister, Minister for Foreign Affairs, Minister for Women & Minister for Home Affairs. 19 March 2020. Border Restrictions. Prime Minister of Australia. Viewed 24 December 2020
- Prime Minister. 22 March 2020. Update on Coronavirus Measures. Prime Minister of Australia. Viewed 24 December 2020
- WHO (World Health Organisation). 2020. Timeline: WHO's COVID-19 response. Geneva: WHO. Viewed 09 December 2020

References

Been JV, Burgos Ochoa L, Bertens LCM, Schoenmakers S, Steegers EAP & Reiss IKM. 2020. Impact of COVID-19 mitigation measures on the incidence of preterm birth: a national quasi-experimental study. The Lancet Public Health 5(11):E604-E611. DOI: 10.1016/S2468-2667(20)30223-1

Casadio P, Youssef A, Arena A, Gamal N, Pilu G. & Seracchioli R. 2020. Increased rate of ruptured ectopic pregnancy in COVID-19 pandemic: analysis from the North of Italy. Ultrasound in Obstetrics and Gynecology 56(2):289-289. DOI:10.1002/uog.22126

CDC (Centers for Disease Prevention and Control). 2020. Investigating the Impact of COVID-19 during Pregnancy. United States of America: CDC. Viewed 4 December 2020.

DoH (Australian Government Department of Health). 2020. Advice for people at risk of coronavirus (COVID-19). Canberra: DoH. Viewed 20 November 2020.

DoH (Australian Government Department of Health). 2020b, COVID-19 Temporary MBS Telehealth Services. Canberra: DoH. Viewed 23 November 2020.

Grattan Institute. 2020. Australia's COVID-19 response: the story so far. Melbourne: Grattan Institute. Viewed 25 November 2020.

Hedermann G, Hedley PL, Baekvad-Hansen M, Hjalgrim H, Rostgaard K, Poorisrisak P, Breindahl M, Melbye M, Hougaard DM, Christiansen M & Lausten-Thomsen U. In press. Changes in premature birth rates during the Danish nationwide COVID-19 lockdown: a nationwide register-based prevalence proportion study. Archives of Disease in Childhood. DOI: 10.1101/2020.05.22.20109793

Kc A, Guring R, Kinney MV, Sunny AK, Moinuddin M, Basnet O, Paudel P, Bharattarai P, Subedi K, Shrestha MP, Lawn JE & Målqvist M. 2020. Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study. The Lancet Global Health 8(10):e1273-e1281. DOI: 10.1016/S2214-109X(20)30345-4

Khalil A, von Dadelszen P, Draycott T, Ugwumadu A, O'Brien P & Magee L. 2020. Change in the Incidence of Stillbirth and Preterm Delivery During the COVID-19 Pandemic. *JAMA*. 324(7):705–706. DOI:10.1001/jama.2020.12746

Kumari V, Mehta K & Choudhary R. 2020. COVID-19 outbreak and decreased hospitalisation of pregnant women in labour. The Lancet Global Health 8(9):E1116-E1117. DOI: 10.1016/S2214-109X(20)30319-3

Philip RK, Purtill H, Reidy E. Daly M, Imcha M, McGrath D, O'Connell NH & Dunne CP. In press. Reduction in preterm births during the COVID-19 lockdown in Ireland: a natural experiment allowing analysis of data from the prior two decades. BMJ Global Health. DOI:10.1101/2020.06.03.20121442

RANZCOG (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists). 2020. A message for pregnant women and their families. Melbourne: RANZCOG. Viewed 20 November 2020

RCOG (Royal College of Obstetricians and Gynaecologists). 2020. Coronavirus (COVID-19) infection in pregnancy. Information for healthcare professionals. United Kingdom. Version 12: Published 14 October 2020.

UNICEF, WHO, World Bank Group & United Nations. 2020. A neglected Tragedy: The global burden of stillbirths. Published October 2020.

Last updated 24/02/2021 v25.0

Did access to antenatal care change during the COVID-19 pandemic?

Given the importance of antenatal care for the health and wellbeing of both the mother and child, and its role in the identification of high risk pregnancies, there is a possibility that changes in use of antenatal care could have adverse effects on outcomes for mothers and babies.

This report seeks to explore the potential impact of the COVID-19 pandemic in Australia on use of antenatal care, using the most recently available MBS data. The report provides preliminary analysis of changing service usage from January 2020 through to September 2020 with comparisons to 2018 and 2019. It focusses specifically on antenatal services claimed on the MBS, defined as:

- Professional antenatal attendance by a medical practitioner;
- Planning and management of a pregnancy, by a medical practitioner, where the pregnancy has progressed beyond 28 weeks' gestation and the service includes a mental health assessment (payable once per pregnancy); or
- Antenatal service provided by a nurse, midwife or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner; or
- Professional antenatal attendance performed by a participating midwife.

These services will be referred to collectively as antenatal care throughout the report. This report also looks at diagnostic imaging (ultrasound) services that relate to the management of pregnancy.

The impact of any changes in antenatal care service use on *outcomes* for mothers and babies is not available from MBS data. This will be explored in the future through analysis of data from the National Perinatal Data Collection in the Australia's Mothers and Babies publications.

Limitations

This report includes data on antenatal care services eligible for Medicare Benefits rebates only. As such, this report does not include antenatal services provided within public hospitals to public patients or services that qualify for benefits under the Department of Veterans' Affairs National Treatment account. We acknowledge that antenatal care provided through public hospital services, not covered in this report, contributes significantly to antenatal care provided in Australia. This means data in this report is considered preliminary. However, these limitations also apply to 2018 and 2019 data and therefore these years are provided as baselines to identify changes in use of antenatal care services eligible for Medicare Benefits rebates. Please see Technical Notes for a list of MBS items included in this analysis.

This data presents the number of *claims* for antenatal care processed by Services Australia. Data does not reflect the number of individuals who received the service, nor number of sessions of care an individual received.

Month/quarter relates to the date the claim was processed by Services Australia, not the date care was provided. Further analysis, when other data is available, will be required to ensure that differences are true changes in service usage. More definitions and details on limitations are included in the Technical Notes.

Change in total antenatal services

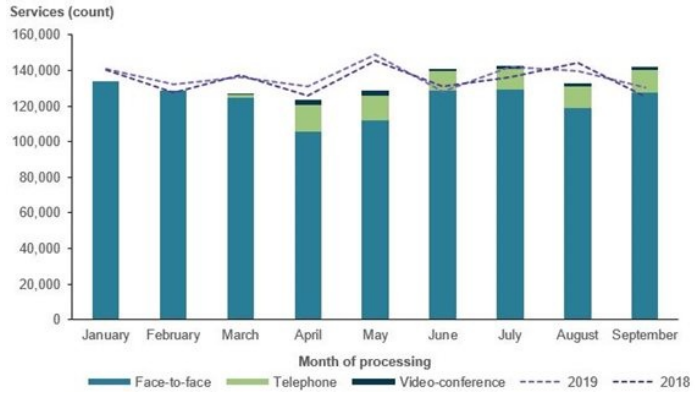
During the period January to September 2020 over 1.2 million services for antenatal care were processed nationally. Trends in the number of antenatal services processed were similar in 2018 and 2019 (Figure 2). As such, commentary in this report has focussed on comparisons between 2020 and 2019:

- There were around 120,000 fewer face-to-face antenatal services compared with the same period in 2019.
- The decrease in face-to-face services was mostly offset by telehealth services (added in March 2020), that contributed around 91,000 antenatal services from March to September 2020.
- Overall, there was a slight decrease of almost 29,000 antenatal services (a 2.3% reduction) during the first 3 quarters of 2020 compared with the same period in 2019.

In March 2020, the total number of antenatal care services processed dropped by 9,119 (6.7%) compared to March 2019, in line with the introduction of COVID-19 restrictions around the country. April 2020 displayed a similar trend, where services processed were 5.4% less than the previous year. The largest drop was observed in May. Around 20,000 fewer services were processed in May 2020 compared to May 2019, a decrease of nearly 14% (Figure 2). However, in June 2020 the number of services processed was higher than in June 2019, and in July number of services processed was very similar for 2020 and 2019.

While the number of services processed recovered in June and July, it dropped again in August, likely reflecting another spike in cases in Australia at that time (DoH 2020).

Figure 2: Antenatal care services, by method of delivery and month of processing, Australia, 2020



Notes:

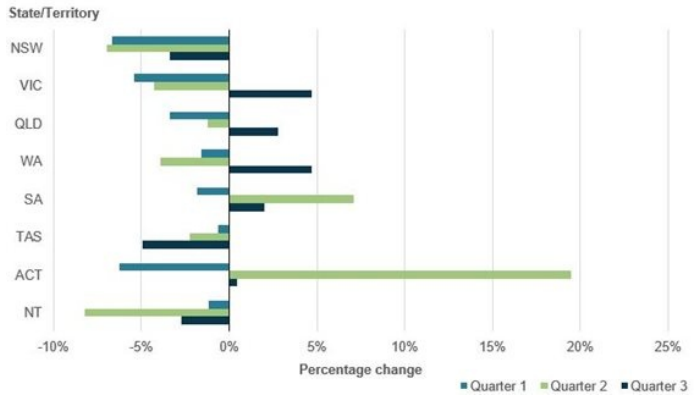
1. Month is determined by the date the service was processed by Services Australia, not the date the service was rendered. Monthly figures may vary due to the varying number of processing days in a month, which depends on the number of days in the month, public holidays, overtime worked, and events such as school holidays that may impact staffing. Additionally, processing may have been impacted by COVID-19.
2. Refer to Technical Notes for list of MBS items included in this analysis.

Chart: Australian Institute of Health and Welfare

Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

In the period January to September 2020, New South Wales (NSW) experienced the largest reduction in antenatal care services processed, a drop of more than 23,000 services (81% of the national reduction). This is a 5.7% decrease compared with the same period in 2019. Figure 3 shows that during the second quarter of 2020, Northern Territory (NT), NSW and Victoria had the largest proportional drop in antenatal services processed compared with second quarter of 2019 (8.2%, 6.9% and 4.3% respectively). Conversely, for the ACT there was a large increase (20%) in antenatal services processed during quarter 2 compared to 2019. South Australia also experienced an increase in quarter 2 compared to 2019.

Figure 3: Quarterly percentage change in antenatal services processed during 2020 from 2019, by state/territory



Notes:

1. Quarter is determined by the date the service was processed by Services Australia, not the date the service was rendered. Quarterly figures may vary due to the varying number of processing days in a month/quarter, which depends on the number of days in the month/quarter, public holidays, overtime worked, and events such as school holidays that may impact staffing. Additionally, processing may have been impacted by COVID-19.
2. Refer to Technical Notes for list of MBS items included in this analysis.
3. State/Territory is determined according to the address (at time of claiming) of the individual to whom the service was rendered.

Chart: Australian Institute of Health and Welfare

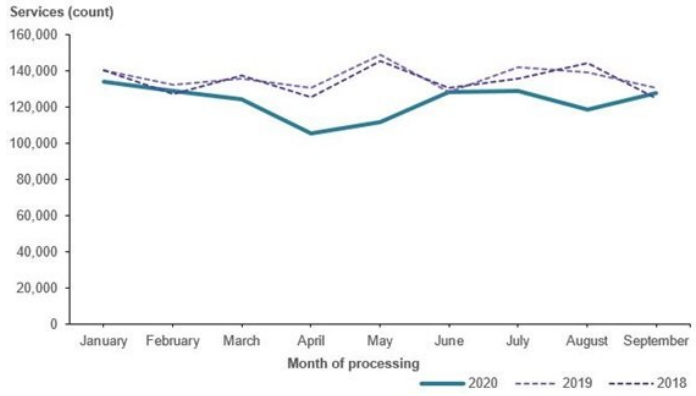
Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

Face-to-face services

Nationally, there were around 120,000 fewer face-to-face antenatal care service claims processed during January to September 2020, compared with the same period in 2019. This is a 10% decrease for 2020 compared to the previous year.

Generally, the national trend for face-to-face services was similar to the trends described for total antenatal services, as face-to-face services made up the majority (around 92%) of antenatal services processed during January to September. The number of face-to-face antenatal care services processed decreased most noticeably from March to April (Figure 4). In April 2020 nearly 106,000 services for face-to-face antenatal care were processed, 19% fewer than April 2019. In May 2020, 112,000 antenatal care services were processed, 25% fewer than May 2019.

Figure 4: Face-to-face antenatal services, by month of processing, Australia 2018 – 2020



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2. Refer to Technical Notes for list of MBS items included in this analysis.

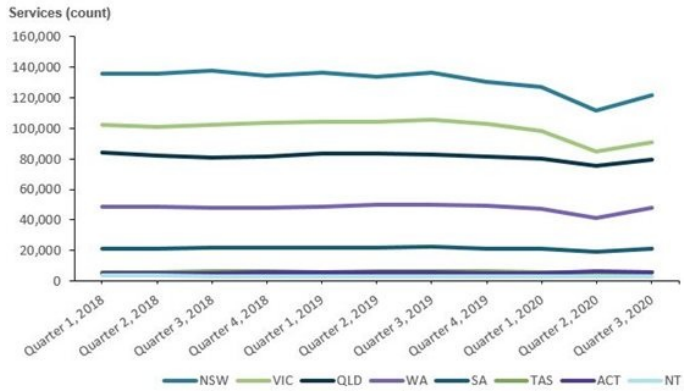
Chart: Australian Institute of Health and Welfare

Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

What happened in the states and territories?

Most states and territories experienced a decrease in face-to-face services in quarter 2 of 2020 (Figure 5). Victoria and NSW had the highest incidence of COVID-19 in Australia during 2020 (DoH 2020) and correspondingly recorded the largest reductions in services for face-to-face antenatal care (Figure 5). Victoria had the largest decrease (13%) in face-to-face antenatal care services processed during January to September 2020 when compared with the same period in 2019. NSW also had an 11% drop in face-to-face services in 2020 compared to the same period the previous year. For the Australian Capital Territory (ACT) antenatal care services processed remained similar to previous years, with a 1% difference when compared with the same period in 2019.

Figure 5: Face-to-face antenatal services, by state/territory and quarter of processing, 2018-2020



Notes:

1. Quarterly figures may vary due to the varying number of processing days in a quarter, which depends on the number of days in the month/quarter, public holidays, overtime worked, and events such as school holidays that may impact staffing. Additionally, processing may have been impacted by COVID-19.
2. Refer to Technical Notes for list of MBS items included in this analysis.
3. State/Territory is determined according to the address (at time of claiming) of the individual to whom the service was rendered.

Chart: Australian Institute of Health and Welfare

Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

The rise of telehealth

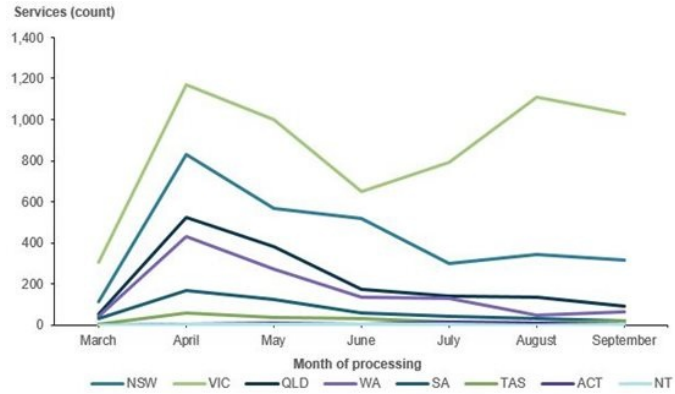
In response to the COVID-19 pandemic, the Australian Government added temporary telehealth items to the MBS in March 2020 (DoH 2020b). These items cover antenatal attendances and services provided by video-conference or telephone. Telehealth services can improve accessibility in certain situations. There are some limitations to telehealth. Health providers need to ensure that the provision of services occurs safely, in accordance with relevant professional standards, and are satisfied that it is clinically appropriate to provide the telehealth service to the patient (DoH 2020b; RANZCOG 2020; RANZCOG 2020b). In the United Kingdom, virtual appointments are suggested only when no antenatal physical examination is required, or there are no additional risk factors (RCOG 2020).

From March until September 2020, around 1 in 10 antenatal care services processed were delivered via telehealth (either by telephone or video-conference).

The peak uptake for telehealth antenatal care services was in April and May 2020 (17,987 and 16,525 respectively). During these months, telehealth services made up 15% and 13% respectively of total antenatal care services processed. For most states and territories, these numbers declined after May (Figures 6 and 7).

However, in Victoria the use of telehealth services rose again after June, reaching the highest peak in August. This coincides with a second wave of COVID-19 and increased restrictions in Victoria during this time. For the month of August, 1 in 5 antenatal care services processed for Victoria were telehealth services (7,173 services).

Figure 6: Video-conference antenatal services by state/territory and month of processing, 2020



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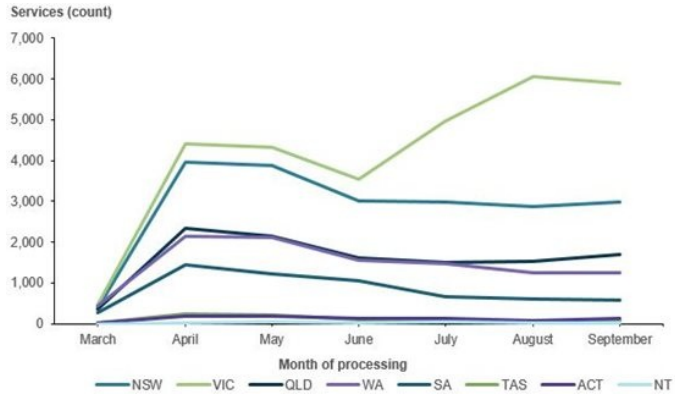
2. Refer to Technical Notes for list of MBS items included in this analysis.
3. State/Territory is determined according to the address (at time of claiming) of the individual to whom the service was rendered.
4. Temporary telehealth items were added to the MBS on 13 March 2020, therefore no data is available prior to March.
5. The scale is different for Figures 6 and 7, therefore they are not directly comparable to each other.

Chart: Australian Institute of Health and Welfare

Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

Figure 7: Telephone antenatal services by state/territory and month of processing, 2020



Notes:

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5. The scale is different for Figures 6 and 7, therefore they are not directly comparable to each other.

Chart: Australian Institute of Health and Welfare

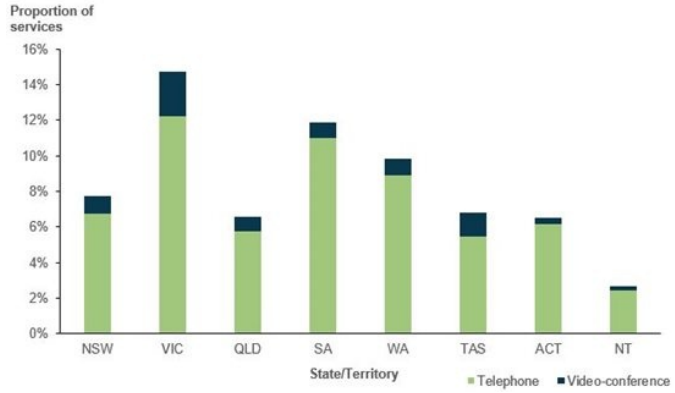
Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

During the period March to September 2020, telehealth services were most common in Victoria, comprising nearly 15% of antenatal care services processed during this period. South Australia had the second highest proportion, with around 12% of antenatal services claimed as telehealth (Figure 8).

Use of antenatal telehealth services was least common in the Northern Territory, where less than 3% of antenatal services processed for March to September were telehealth services.

Across the country, telephone consults were more common than video-conference, comprising 86% of antenatal telehealth services.

Figure 8: Proportion of antenatal services processed as telehealth, by state/territory, March to September 2020



Notes:

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2. State/Territory is determined according to the address (at time of claiming) of the individual to whom the service was rendered.
3. Temporary telehealth items were added to the MBS on 13 March 2020, therefore no data is available prior to March.

Chart: Australian Institute of Health and Welfare

Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

References

DoH (Australian Government Department of Health). 2020. Coronavirus (COVID-19) current situation and case numbers. Canberra: DoH. Viewed 22 December 2020.

DoH (Australian Government Department of Health). 2020b. COVID-19 Temporary MBS Telehealth Services. Canberra: DoH. Viewed 23 November 2020.

RANZCOG (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists). 2020. Advice to obstetricians and gynaecologists, GP obstetricians. 14 March 2020. Melbourne: RANZCOG. Viewed 15 January 2021.

RANZCOG (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists). 2020b. Updated advice for the care of pregnant women. 5 June 2020. Melbourne: RANZCOG. Viewed 15 January 2021.

RCOG (Royal College of Obstetricians and Gynaecologists). 2020. Coronavirus (COVID-19) infection in pregnancy. Information for healthcare professionals. United Kingdom. Version 12 : Published 14 October 2020.

Last updated 24/02/2021 v57.0

Ultrasounds

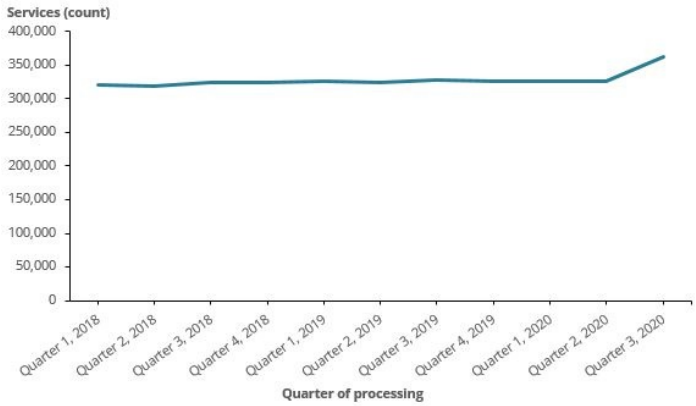
Ultrasounds are diagnostic imaging techniques using high-frequency sound waves to capture live images of inside the body. Ultrasounds assist with obstetric and gynaecological clinical assessments to determine the location and viability of a pregnancy and number of foetuses. Ultrasounds also assist to measure the baby, estimate gestational age and help identify any structural anomalies (DoH 2019).

The AIHW conducted analysis for this report using diagnostic imaging MBS items 55700 (i.e. pelvis or abdomen scan related to pregnancy at less than 12 weeks' gestation) through to 55774 (i.e. pelvis or abdomen scan related to pregnancy after 22 weeks' gestation), excluding 55736 and 55739, used in the management of pregnancies. The number of services was aggregated to report a total of all included items.

The number of pregnancy-related ultrasound claims processed remained steady for quarter 1 2018 through to quarter 2 2020, with a noticeable increase in quarter 3 2020. In quarter 3 2020, a total of 362,480 claims for pregnancy related ultrasound were processed (Figure 9). This is 11% higher than the average for the January 2018 to September 2020 period.

Reasons for this increase are yet to be investigated. The increase could reflect some health care providers increasing monitoring in response to potential consequences of COVID-19 infections or service disruptions (RANZCOG 2020; RCOG 2020).

Figure 9: Pregnancy related ultrasound services, by quarter of processing, Australia, 2018-2020



Notes:

1. Quarterly figures may vary due to the varying number of processing days in a quarter, which depends on the number of days in the month/quarter, public holidays, overtime worked, and events such as school holidays that may impact staffing. Additionally, processing may have been impacted by COVID-19.
2. Refer to Technical Notes for a full list of diagnostic imaging MBS items included in this analysis.

Chart: Australian Institute of Health and Welfare

Source: AIHW analysis of Medicare Benefits Schedule item reports. Sourced on 12 January 2021.

References

DoH (Australian Government Department of Health). 2019. Clinical Practice Guidelines: Pregnancy Care. Canberra: DoH. Viewed 20 November 2020

RANZCOG (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists). 2020. A message for pregnant women and their families. Melbourne: RANZCOG. Viewed 20 November 2020

RCOG (Royal College of Obstetricians and Gynaecologists). 2020. Coronavirus (COVID-19) infection in pregnancy. Information for healthcare professionals. United Kingdom. Version 12: Published 14 October 2020.

Technical notes

This report presents MBS data from published Medicare Item Reports made available online by Services Australia. The data describe the number of services provided, not the number of individuals who received a service.

Month/quarter is determined by the date the service was processed by Services Australia, not the date the service was provided. Monthly figures may vary due to the varying number of processing days in a month, which depends on the number of days in the month, public holidays, overtime worked etc. Other events impacting staffing, such as school holidays, or responding to the COVID-19 pandemic, can also impact the number of services processed in a month.

State/Territory is determined according to the address (at the time of claiming) of the patient to whom the service was rendered.

Limitations

In Australia, the planning and delivery of antenatal care services is mostly managed by state and territory governments. Antenatal care services are delivered through a combination of public hospital services, general practitioner, public and private obstetrician and midwifery services. As such, the way antenatal care services are accessed by women will vary between the states and territories and should be considered when making any comparisons using state/territory level data.

The figures in this report include only antenatal care services that are performed by a registered provider, for services that qualify for Medicare Benefit and for which a claim has been processed by Services Australia. They do not include services provided by hospital doctors to public patients in public hospitals or services that qualify for benefit under the Department of Veterans' Affairs National Treatment Account.

As such, antenatal care provided as a public outpatient service at a public hospital is not included in this report (unless the service has been privatised) because it is not claimed on the MBS. We acknowledge that antenatal care provided through public hospital services contributes significantly to antenatal care provided in Australia.

Additionally, it is in the remit of general practitioners and other providers to deliver antenatal care. However, without specific 'antenatal' items or data as to the reason for the appointment, it is not possible to include these services as antenatal care.

The above limitations also apply to 2018 and 2019 data and therefore these years are provided as baselines. This report should be considered as indicative of trends in service usage in Australia during the COVID-19 pandemic.

Timeliness and completeness of data

This report uses timely data to enable comparisons of trends in antenatal care services over 2020, to explore the potential impact of the COVID-19 pandemic. Data was sourced from publicly available Medicare item reports on 12 January 2021.

When considering this report, it is important to remember the MBS data could be updated over time to reflect amendments. This means data in this report is considered preliminary.

Comparability of data

Antenatal care data in this report is not comparable to antenatal care data published in other AIHW maternal and perinatal data publications where data on antenatal care is sourced differently.

More comprehensive data on the impacts of the COVID-19 pandemic on mothers and babies will be explored in future data from the National Perinatal Data Collection in the Australia's Mothers and Babies publications.

MBS items related to antenatal care used in this analysis

Several routine antenatal care items were aggregated in this report to present total antenatal care services. These routine antenatal care MBS items include:

Antenatal Service provided by a Nurse, Midwife or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner provided at or from a regional, rural or remote area.

Items 16400, 91850 and 91855 cannot be claimed in conjunction with another antenatal attendance item for the same patient, on the same day by the same practitioner and can only be claimed 10 times per pregnancy in total.

- 16400 – Face-to-face
- 91850 – Telehealth (video-conference)
- 91855 – Telehealth (telephone - when video-conference not available)

Antenatal Attendance (medical practitioner)

- 16500 – Face-to-face
- 91853 – Telehealth (video-conference)

- 91858 – Telehealth (telephone - when video-conference not available)

Planning and management of a pregnancy, by a medical practitioner, if the pregnancy has progressed beyond 28 weeks' gestation and the service includes a mental health assessment of the patient (including screening for drug and alcohol use and domestic violence). Claimable once per pregnancy.

- 16590 – claimable where the medical practitioner is intending to undertake the birth for a privately admitted patient (and item 16591 does not apply to the same pregnancy)
- 16591 – claimable where the medical practitioner is providing shared antenatal care and is not intending to undertake the birth (and item 16590 does not apply to the same pregnancy)

Antenatal Professional Attendance by a participating midwife

- 82100 – Initial antenatal attendance by professional midwife. Payable once per pregnancy. No telehealth items were added for this attendance
- 82105 – Face-to-face short antenatal attendance
- 91211 – Telehealth (video-conference) short antenatal attendance
- 91218 – Telehealth (telephone) short antenatal attendance
- 82110 – Face-to-face long antenatal attendance
- 91212 – Telehealth (video-conference) long antenatal attendance
- 91219 – Telehealth (telephone) long antenatal attendance

Please note: additional MBS items 91211, 91212, 91218, 91219, 91850, 91853, 91855 and 91858 were developed in response to the need to provide ongoing antenatal care during the COVID-19 pandemic. These are temporary items and were introduced on 13 March, 2020.

Diagnostic imaging for pregnancy includes item numbers: 55700, 55701, 55702, 55703, 55704, 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 55716, 55717, 55718, 55719, 55720, 55721, 55722, 55723, 55724, 55725, 55726, 55727, 55729, 55730, 55735, 55737, 55759, 55760, 55762, 55763, 55764, 55765, 55766, 55767, 55768, 55769, 55770, 55771, 55772, 55773, 55774.

There are also several MBS items which can be rendered during the antenatal period which may relate to specific conditions or procedures but which have not been included in this report as they are very specific for a small population of pregnancies. For example:

- 16406 – Antenatal professional attendance, by an obstetrician or general practitioner, as part of a single course of treatment when the patient is referred by a participating midwife. Payable only once for a pregnancy
- 16509 – Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of - each professional attendance that is not a routine antenatal attendance

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Last updated 24/02/2021 v21.0

Data

Data tables: Antenatal care during COVID-19, 2020
Download Data tables: Antenatal care during COVID-19, 2020. Format: XLSX 283Kb XLSX 283Kb

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