1.24 Maternal mortality

Maternal deaths of Aboriginal and Torres Strait Islander women expressed as a rate per 100,000 Indigenous confinements and rate ratio

Data sources


Each state and territory has a review process for maternal deaths. Deaths data are supplied on a request basis to the AIHW National Perinatal Statistics Unit in paper-based and electronic format using the national maternal death data form.

Information identifying Indigenous status has been available since 1970 but only for cases classified as direct maternal deaths. Information identifying Indigenous status for indirect and incidental deaths has been collected only since 1991. It has therefore been possible to calculate the maternal mortality rate for Aboriginal and Torres Strait Islander women since 1991.

Maternal deaths where Indigenous status was unknown have been included in rates with non-Indigenous deaths before the 1997–1999 triennium. All calculations of maternal mortality by Indigenous status from 1997–1999 onwards exclude deaths where Indigenous status is unknown. In 1997–1999, Indigenous status was reported for 77 (89%) of the 87 maternal deaths.

In line with international conventions, the maternal mortality rate is calculated using direct and indirect deaths, excluding incidental deaths. The total number of confinements of at least 20 weeks gestation or 400 grams birthweight is used as the denominator.

Each state and territory has a perinatal collection based on birth notification forms completed by midwives and other staff, using information obtained from mothers and from hospital and other records. These data are provided in electronic format annually to the AIHW National Perinatal Statistics Unit, and are used to calculate the denominator for rates.

The World Health Organization defines a maternal death as ‘the death of a woman while pregnant or within 42 days of the termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes’ (WHO 1992). This definition includes deaths of women from pregnancy, terminations of pregnancy, spontaneous abortion, miscarriage and ectopic pregnancy. However it excludes deaths from assisted reproduction technologies where pregnancy has not occurred.

Direct deaths result from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions or incorrect treatment, or from a chain of events resulting from any of the above. They are complications of the pregnancy itself (for example, eclampsia, amniotic fluid embolism, rupture of the uterus, postpartum haemorrhage).
**Indirect deaths** result from pre-existing diseases or diseases developed during pregnancy which were not due to direct obstetric causes, but which may have been aggravated by the physiological effects of pregnancy (for example, heart disease, diabetes, renal disease).

**Incidental deaths** result from conditions occurring during pregnancy, where the pregnancy is unlikely to have contributed significantly to the death, although it is sometimes possible to postulate a distant association (for example, road accidents, malignancies).

**Late maternal deaths** (defined as the death of a woman from direct or indirect obstetric causes more than 42 days but less than one year after termination of pregnancy) have not been included in the analysis as they have not been routinely collected in Australia until recently.

**Analyses**

**Maternal mortality**

- For the period 2003–2005, there were six maternal deaths of Aboriginal and Torres Strait Islander women, two direct maternal deaths and four indirect maternal deaths. These deaths accounted for 10% of the 60 maternal deaths where Indigenous status was known.


- The maternal mortality rate for Indigenous women was variable over the past five three-year groupings. Although rates were similar for 1991–1993, 1997–1999 and 2003–2005 (between 22 and 24 per 100,000), the rate in 1994–1996 was lower at around 17 per 100,000 confinements and the rate for 2000–2002 was much higher at around 46 per 100,000 confinements (Figure 1.24.1).

<table>
<thead>
<tr>
<th>Years</th>
<th>Direct and indirect deaths</th>
<th>Total Indigenous confinements (a)</th>
<th>Indigenous maternal mortality rate (a)</th>
<th>Non-Indigenous maternal mortality rate (a)(b)</th>
<th>Rate ratio (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991–1993</td>
<td>5</td>
<td>21,539</td>
<td>23.2</td>
<td>5.9</td>
<td>3.9</td>
</tr>
<tr>
<td>1994–1996</td>
<td>4</td>
<td>22,996</td>
<td>17.4</td>
<td>8.3</td>
<td>2.1</td>
</tr>
<tr>
<td>1997–1999</td>
<td>6</td>
<td>25,530</td>
<td>23.5</td>
<td>6.7</td>
<td>3.5</td>
</tr>
<tr>
<td>2000–2002</td>
<td>12</td>
<td>26,128</td>
<td>45.9</td>
<td>8.7</td>
<td>5.3*</td>
</tr>
<tr>
<td>2003–2005</td>
<td>6</td>
<td>27,901</td>
<td>21.5</td>
<td>7.4</td>
<td>2.9</td>
</tr>
</tbody>
</table>

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

(a) Ratio per 100,000 confinements calculated using direct and indirect deaths only.
(c) Maternal mortality rate for Indigenous mothers divided by maternal mortality rate for non-Indigenous mothers.

*Note:* Excludes incidental deaths.


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**Figure 1.24.1: Maternal mortality ratios, by Indigenous status, 1991–1993 to 2003–2005**

- **Notes**
  1. Ratio per 100,000 confinements calculated using direct and indirect deaths only.

### Data quality issues

**National Maternal Deaths Data Collection**

**Maternal deaths**

Note that the small number of Indigenous maternal deaths may be statistically variable and caution must be used in the comparison and interpretation of these statistics.

**Indigenous status question**

All states and territories use a standard form for recording demographic details of maternal deaths. This form contains a data item for recording Indigenous status, however this question is not presented as prescribed by the National Health Data Dictionary.

**Under-identification**

Incomplete recording of Indigenous status leads to under-coverage of Indigenous mothers in this data collection. Between 1997 and 1999, Indigenous status was recorded for 75 (83%) of the 90 maternal deaths during childbirth. This represents a decline in recording of Indigenous status from 92% in 1991–1993 (AIHW: Slaytor et al. 2004). It is hoped that Indigenous identification will improve in the future, so that the proportion of maternal deaths where Indigenous status was not recorded will be reduced.

All jurisdictions are working towards improving the quality of Indigenous status information in their maternal deaths data and their perinatal data collections.

### 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

### References


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