



CATEGORY: SAFETY & QUALITY STATEMENT

Maternal and perinatal data collection

Objectives: To provide advice on maternal and perinatal data collection.

Target audience: All health practitioners providing maternity care, and patients. In addition, this may provide useful information for those responsible for planning the delivery of maternity services.

Background: This statement was first developed by Women's Health Committee in July 2010 to provide advice on maternal and perinatal data collection and most recently reviewed in July

3. *Model of Care*

Data should include:

- Intended model of care (i.e. prior to the development of any complications);
 - Model of care at birth;
 - Duration before birth of transfer of model of care.

4. *Place of Birth*

Data must include:

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- Place of birth;

Duration before birth of transfer of place of birth.

3.3 How should reporting and analysis be undertaken?

Collection of data alone does not improve outcomes. Timely and relevant reporting and analysis of maternal and perinatal data should lead to recommendations for improvements in care, based on that data.

When comparisons are made between models of care or places of birth, it is important to take steps to ensure that, for the purposes of comparison, each subset had an equivalent obstetric risk profile.

Reporting and analysis of maternal and perinatal data should be contemporaneous, with agreed time frames that allow early assessment of any changes to maternity service delivery.

Reporting must be transparent and available to service providers, relevant authorities and the public.

Reporting should be

3.2 How can the experience of women be incorporated in maternity and perinatal data collection? Pregnant women are active partners in their maternity care, and there is a growing recognition of the importance of consumer voices in health service planning, delivery and evaluation. “Partnering with consumers” is now an integral part of the National Safety and Quality Health Service (NSQHS) Standards. The Victorian Healthcare Experience Survey is an example of how women’s experiences of care can be incorporated into perinatal services performance indicators. (<https://www.bettersafecare.vic.gov.au/publications/pspi-2018-19>)

Recommendation 4	Grade
RANZCOG supports the inclusion of consumer-reported outcomes into routine maternity data collection. (consensus based recommendation)	Consensus-based recommendation

Australia's Mothers and Babies reports <https://www.aihw.gov.au/reports-statistics/population-groups/mothers-babies/reports>

New Zealand Ministry of Health, New Zealand Maternity Clinical Indicators - series

[https://w tHHitps:/al](https://www.tHHiitps:/al)

Appendices

Appendix A Women's Health Committee Membership

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in July 2010 and was reviewed most recently in May 2021. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
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Appendix C Full Disclaimer

Purpose

This Guideline has been developed to provide general advice to practitioners about women's health issues concerning maternal and perinatal data collection and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any person. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual person with a need for of maternal and perinatal data collection and the particular circumstances of each case

Quality of information

The information available in the maternal and perinatal data collection is intended as a guide and provided for information purposes only. The information is based on the Australian context using the