

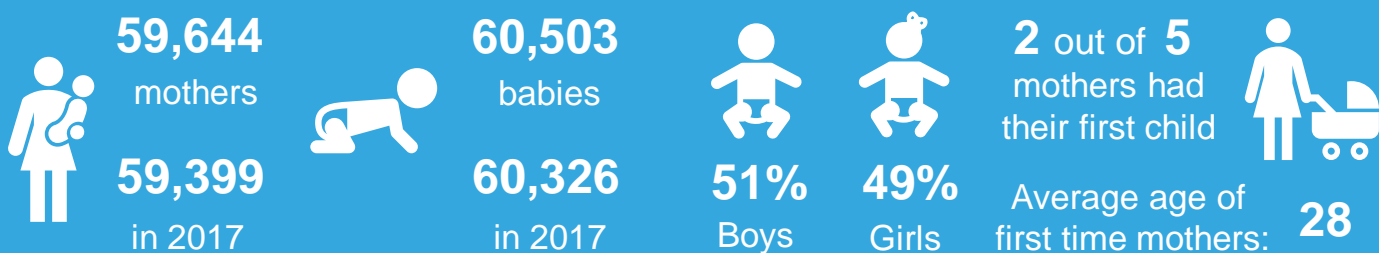
## Executive summary

Each year Queensland Health produces an annual report on Queensland's mothers and babies containing data on demographics, antenatal details, labour, births and perinatal mortality. A selection of key findings from the 2018 Perinatal Data Collection is provided throughout this report. These data provide insights into the needs of Queensland mothers and babies and should be used to inform clinical practice, health policy and service planning.

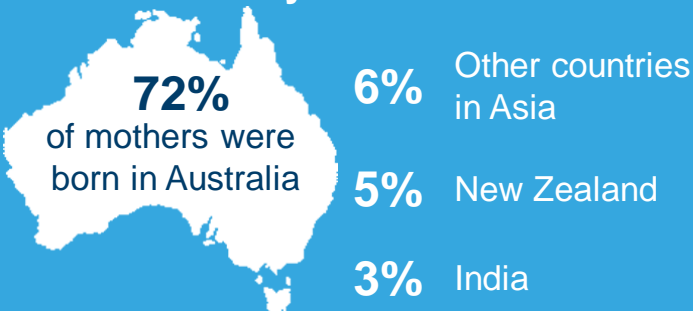
## Mothers and babies

In 2018, **59,644** women in Queensland gave birth to **60,503** babies, a decrease in both the number of mothers who gave birth and babies over the last 5 years (both down **4%** since 2013). The majority of mothers were born in Australia (**72%**) and were aged between 30-34 years (**32%**).

### In 2018:



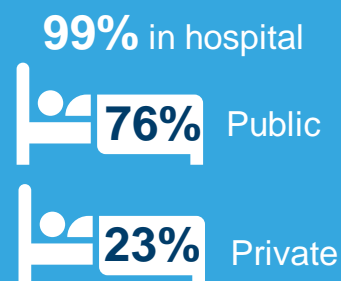
### Mother's country of birth



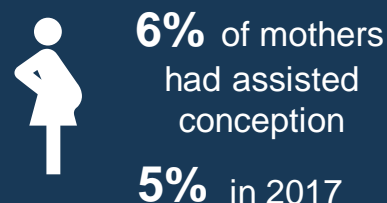
### Aboriginal & Torres Strait Islander status



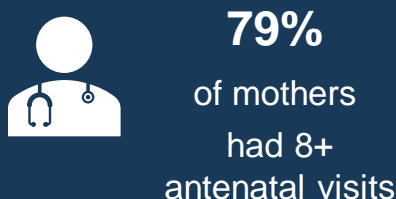
### Place of birth



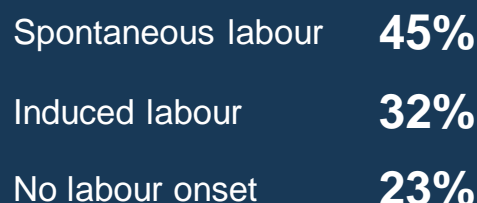
### Assisted conception



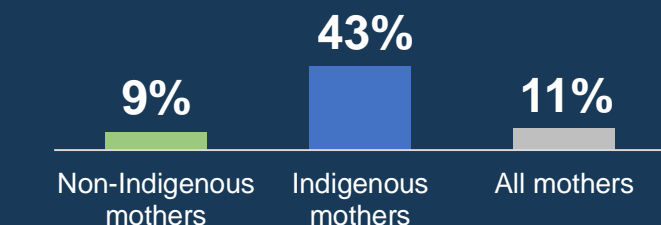
### Antenatal visits



### How labour started



### Mothers who smoked at any time during pregnancy



### Of mothers who smoked, those offered smoking advice

During the first 20 weeks:



# 2018 PERINATAL ANNUAL REPORT

## Executive summary

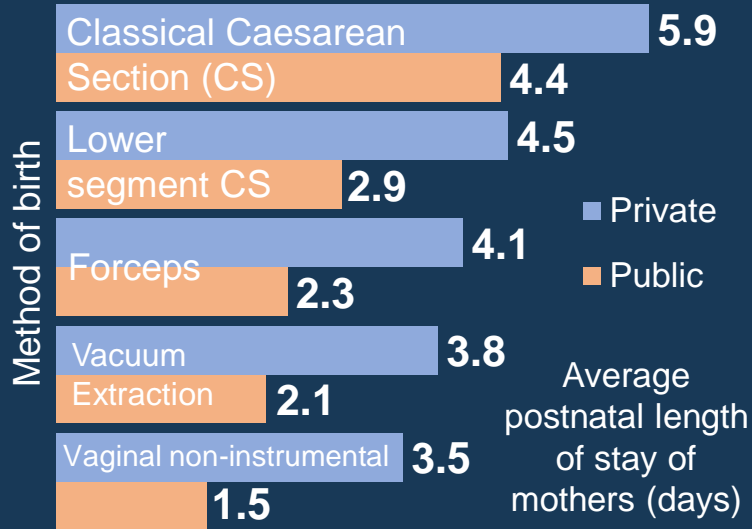
### Method of birth

The most common method of birth for all mothers who gave birth in 2018 was vaginal births (almost **2 in 3** women or **64%**). More than **1 in 3** women (**36%**) underwent a caesarean section, with around **20%** of those having a caesarean section (**1 in 5** women) reporting the most common reason being 'fetal distress and/or meconium liquor'.

Around **32%** of mothers who gave birth in 2018 had their labour induced and **17%** of mothers had their labour augmented (for example: sped up with synthetic hormones, mechanical or artificial rupture of membranes). Of those in labour, the majority of women (**67%**) had at least one form of pain relief administered during labour/birth with the most common being nitrous oxide.

### Mother's length of stay

The average postnatal length of stay for mothers in private facilities (**4** days) was double the average postnatal length of stay for mothers in public facilities (**2** days).



### In 2018:

Babies born at low birthweight <2500g



**7.2%**

**7.5%** in 2017

Babies born to Indigenous mothers were almost **2x** as likely to have low birthweight

### Gestational Age of live births



Preterm (≤36 weeks) **9%**

Term (37-41 weeks) **91%**

Post-term (42+ weeks) **<1%**

The average gestational age varied in relation to birth status (livebirth or stillbirth) and multiple pregnancies. Low birthweight was most common among babies born to mothers who smoked during pregnancy, Indigenous mothers, and multiple births.

### Apgar score

Apgar scores are clinical indicators that determine a liveborn baby's condition shortly after birth. These scores are measured on a 10-point scale for several characteristics, with the higher the score, the better the baby is doing after birth.

#### APGAR SCORE 7 - 10



**91%** within 1 minute

**98%** within 5 minutes

### Resuscitation



**23%** of livebirths had at least one method of resuscitation

### Transfers

**1,443**

Livebirths transferred

**1,482** in 2017



### Perinatal mortality

In 2018:

**8.8**

per 1,000 births

In 2017:

**10.0**

per 1,000 births

Source: Perinatal Data Collection (PDC), Department of Health



**Queensland Government**