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## Antenatal Screening in Queensland 1 July 2007 to 30 June 2010: Maternal characteristics

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Antenatal screening technology is increasingly utilised for routine monitoring of pregnancies in Queensland. Significant investment into implementing this technology in Queensland facilities has been made in recent years. This StatBite describes the coverage of antenatal screening of Queensland resident mothers, and their demographic characteristics, who gave birth in the three years from 1 July 2007 to 30 June 2010.

Data was drawn from the Queensland Perinatal Data Collection (QPDC). Information on whether an ultrasound scan (of any type) was performed during pregnancy, and the number of scans performed, has been collected in the QPDC for many years. However, information on three specific ultrasound scan types was first introduced into the QPDC in July 2007, namely nuchal translucency, morphological and assessment of chorionicity scans.

A nuchal translucency scan is generally offered to pregnant women between 11-14 weeks gestation to determine if the pregnancy is at higher risk of chromosomal anomalies, particularly Down Syndrome (Trisomy 21), but also Trisomy 13 and 18. A morphology scan is usually performed at approximately 19-20 weeks gestation to assess the development of the baby with good views of limbs and internal organs achievable at this stage, and to exclude any obvious problems with the pregnancy. A chorionicity scan is used to distinguish

between twins that share a placenta and those who have separate ones, so that twins at a higher risk of complications can be monitored more closely.

It is noted that collection of ultrasound scan information may vary, particularly between public and private sector. In the public sector, mothers generally have these scans organised and completed by a general practitioner and/or the hospital providing antenatal care. As a result, the data is likely to appear in the mother's chart and can be recorded accurately by the midwife on the QPDC data collection form. Private sector facilities are generally dependent on information provided by an obstetrician or self reported by the mother, therefore accuracy of scan information may be inconsistent.

Table 1 provides a summary of the proportion of mothers who had received an antenatal scan during pregnancy. An ultrasound (of any type) is consistently being performed on nearly all Table 1: Proportion (%) of mothers who had a selected antenatal scan performed during pregnancy,
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Queensiana, 2007/2000 to 2005/2010				
Antenatal scan type	2007/	2008/	2009/	
	2008	2009	2010	
Ultrasound (any)	99.4	99.4	99.5	
Nuchal Translucency				
Singleton	45.2	53.1	57.7	
Multiple	58.7	63.2	70.1	
Morphology				
Singleton	85.7	92.2	96.0	
Multiple	82.2	90.3	96.0	
Assessment of	45.3	52.2	64.0	
chorion (multiple				
only)*				

\*a very small number of chorion scans were performed on singleton pregnancies, but these cases were verified as high risk pregnancies for which the scans were warranted.

Source: Queensland Perinatal Data Collection, Queensland Health (extracted June 2011; 2010 data was preliminary at the time of extraction)

pregnancies. The nuchal translucency scan has been increasingly performed during pregnancy, with the proportion increasing from 45.2% to 57.7% of mothers with singleton pregnancies between 2007/2008 to 2009/2010, and 58.7% to 70.1% of mothers with multiple pregnancies being screened over the same period. The morphology scan has been performed on the majority of pregnancies (up to 96.0% in 2009/2010). The proportion of mothers scanned for an assessment of the chorion (in multiple pregnancies) also increased from 45.3% in 2007/2008 to 64.0% in 2009/2010.

The demographic characteristics are described in Table 2. Most notable differences appear in very remote category (Table 2a) with only 18.9% of mothers receiving a nuchal translucency scan over the three year period compared to around half of mothers in all other areas. This is consistent with only 18.1% of Indigenous mothers receiving a nuchal translucency scan compared to 54.3% of non-Indigenous mothers (Table 2d). The proportion of nuchal translucency scans performed also increased with increasing socioeconomic advantaged categories (Table 2b), as well as increasing age (Table 2c).

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Table 2: Counts and proportion (%) of mothers who had a selected antenatal scan performed during pregnancy, Queensland, 2007/2008 to 2009/2010

(a) by remoteness\* category

Antenatal scan type	Very remote	Remote	Outer Regional	Inner	Major city
				regional	
Ultrasound (any)	2,811	3,391	33,179	45,823	94,168
	(97.7)	(98.8)	(99.2)	(99.5)	(99.6)
Nuchal Translucency	543	1,810	14,526	20,959	56,423
	(18.9)	(52.7)	(43.4)	(45.5)	(59.7)
Morphology	2,516	3,155	31,044	43,768	84,173
	(87.5)	(91.9)	(92.8)	(95.1)	(89.0)
Assessment of chorion	18	23	231	392	961
(multiple only)*	(56.3)	(53.5)	(49.6)	(53.2)	(55.0)
Total	2,876	3,432	33,447	46,037	94,573

(b) by socioeconomic advantage/disadvantage<sup>x</sup> category

Antenatal scan type	Most disadvantaged	Quintile2	Quintile3	Quintile4	Most advantaged
Ultrasound (any)	37,211	37,562	35,587	37,073	31,939
	(99.0)	(99.4)	(99.5)	(99.6)	(99.7)
Nuchal Translucency	12,360	16,313	19,901	23,048	22,639
	(32.9)	(43.2)	(55.7)	(61.9)	(70.7)
Morphology	34,541	35,332	33,299	33,580	27,904
	(91.9)	(93.5)	(93.1)	(90.2)	(87.1)
Assessment of chorion	285	345	325	331	339
(multiple only) <sup>*</sup>	(54.4)	(57.1)	(55.2)	(52.2)	(50.3)
Total	37,571	37,792	35,754	37,221	32,027

(c) by agegroup

Antenatal scan type	<20 years	20-24	25-29	30-34	35+
Ultrasound (any)	9,935	31,180	50,628	52,312	35,317
	(99.0)	(99.2)	(99.5)	(99.6)	(99.5)
Nuchal Translucency	2,165	10,191	25,037	32,366	24,504
	(21.6)	(32.4)	(49.2)	(61.6)	(69.0)
Morphology	9,241	28,990	46,743	47,640	32,042
	(92.1)	(92.2)	(91.9)	(90.7)	(90.3)
Assessment of chorion	34	168	415	539	469
(multiple only) <sup>*</sup>	(48.6)	(52.8)	(54.3)	(54.8)	(52.8)
Total	10,039	31,428	50,861	52,545	35,492

(d) by Indigenous status

Antenatal scan type	Indigenous	Non-Indigenous / not stated
Ultrasound (any)	9,624	169,748
	(97.1)	(99.6)
Nuchal Translucency	1,791	92,470
	(18.1)	(54.3)
Morphology	8,564	156,092
	(86.4)	(91.6)
Assessment of chorion	49	1,576
(multiple only) <sup>*</sup>	(41.2)	(54.2)
Total	9,909	170,456

<sup>\*</sup>Remoteness measure: ARIA+ of usual place of residence

Source: Queensland Perinatal Data Collection, Queensland Health (extracted June 2011; 2010 data was preliminary at the time of extraction)

 $<sup>^{\</sup>Upsilon}$  socioeconomic measure: SEIFA Index of Relative Socio-economic Advantage and Disadvantage

<sup>\*</sup> a very small number of chorion scans were performed on singleton pregnancies, but these cases were verified as high risk pregnancies for which the scans were warranted.