There has been a highly statistically significant change in practice regarding the mode of birth for women with multiple pregnancies. That rise in caesarean section birth in multiple pregnancies was of the order of a 1.7 fold increase in public hospitals and of the order of a 2.7 fold increase in private hospitals (public hospital care caesarean section vs public hospital care non-caesarean section odds ratio 3.36, 95% confidence limits 2.57, 4.40; private hospital care caesarean section vs private hospital care non-caesarean section odds ratio 14.09, 95% confidence limits 8.50, 23.37) (Figure 41, Table 36).

![Incidence of caesarean section for multiple births of babies born in Queensland 1988-2007 by Care Provider (percentage of multiple births) (refer Table 36)](image-url)
1.10 Effect of previous pregnancy on mode of birth:

Mode of vaginal birth was affected by whether or not a woman has previously had one or more pregnancies resulting in a birth, but the incidence of caesarean section was not so affected (Figure 42, Tables 37 and 38). Women who have previously had one or more pregnancies were more likely to have an unassisted vaginal birth by 12 to 16% over the 20 year period when compared with women who have not previously had a pregnancy, and less likely to have an assisted vaginal birth by a similar margin; overall, the incidence of vaginal birth (unassisted and assisted) fell significantly. The rising caesarean section rate in both groups of women was similar.

The decision to undertake a first caesarean section in a woman's reproductive career is crucial to future birth outcomes. Women who had not had a previous caesarean section had a 78-80% likelihood of having an unassisted vaginal birth and 14-16% likelihood of a caesarean section birth. Women who had had one or more previous caesarean sections had a 14-20% likelihood of having an unassisted vaginal birth and 77-84% likelihood of a repeat caesarean section birth.

![Fig 42: Incidence of mode of birth in Queensland 1988-2007 by previous pregnancy (refer Tables 37 and 38)](image-url)
1.11 Effect of previous caesarean section on mode of birth:

Since mid-2000 mode of previous birth data was collected. Women who had not had a previous caesarean section had a 78-80% likelihood of having an unassisted vaginal birth (dropping slightly over the period 2001-2007) and 14-16% likelihood of a caesarean section birth (Figure 43, Tables 39 and 40). In contrast, women who had had one or more previous caesarean sections had a 14-20% likelihood of having an unassisted vaginal birth (dropping over the period 2001-2007) and 77-84% likelihood of a caesarean section birth (rising over this period).

Fig 43: Incidence of mode of birth in Queensland 1988-2007 by previous caesarean sections (refer Tables 39 and 40)
1.12 Indigenous mothers and their babies

Indigenous mothers made up 5.3% of the 1988 to 2007 birthing cohort (51,157 of 964,224) and these women gave birth to 51,722 of the 979,185 babies born in that period. At the beginning of the period there was a significant difference in age distribution, with Indigenous mothers more likely to be less than 20 years of age (<20 Indigenous vs <20 non-Indigenous; odds ratio 5.17, 95% confidence limits 4.60, 5.81). By the end of this 20-year period this age distribution difference had decreased slightly, but was still highly significant (<20 Indigenous vs <20 non-Indigenous; odds ratio 4.68, 95% confidence limits 2.25, 5.15) (Figure 44, Table 41 and 42).

Fig 44: Incidence of maternal age groups in Queensland 1988-2007 by maternal Indigenous status (refer Tables 41 and 42)

Indigenous women were almost exclusively cared for in the public hospital system in Queensland 1988-2007 (Figure 45, Table 43).

Fig 45: Public care of women in Queensland 1988-2007, by Indigenous status (refer Tables 43)
Indigenous women were more likely to give birth at gestations less than 37 weeks (35 weeks Indigenous vs <35 weeks non-Indigenous; odds ratio 1.73, 95% confidence limits 1.68, 1.77) (Figure 46, Tables 44 and 45). The likelihood of preterm birth was statistically significant in the less than 28 week gestation cohort (<28 weeks Indigenous vs <28 weeks non-Indigenous; odds ratio 2.24, 95% confidence limits 2.08, 2.40) and in the 28-36 week cohort (28-36 weeks Indigenous vs 28-36 weeks non-Indigenous; odds ratio 1.64, 95% confidence limits 1.60, 1.69).

Fig 46: Incidence of birth above and below 37 weeks gestation in Queensland 1988-2007 by maternal Indigenous status (refer Tables 44 and 45)

Fig 47: Incidence of birth at 36 weeks gestation or less in Queensland 1988-2007 by maternal Indigenous status (refer Tables 44 and 45)