

Births in Victoria 2003-2004

Until 1978, the only sources of information on birth outcomes in Victoria were death certificates for babies who died around the time of birth. In 1979, the Commonwealth Government agreed in principle to collect more information about births and malformations. It was decided that the states would be responsible for setting up their own systems, and the Commonwealth would collate the data to create an overall picture.

The Victorian Perinatal Data Collection Unit (VPDCU) creates and maintains a database on perinatal (birth) outcomes and birth defects to improve the health of mothers and babies in Victoria.

Data source

Midwives and some doctors complete a standardised *Perinatal Morbidity Statistics* form for every Victorian birth of 20 weeks gestation, or at least 400g birth weight. This includes both in-hospital and out-of-hospital births. This reporting is mandatory.

Victorian mothers

Selected statistics on Victorian mothers reveal:

- The number of Victorian women aged between 15–44 years who gave birth in 2003–2004 was 58.7 per 1,000, a decrease from 62.8 per 1,000 in 1985.
- Approximately 43 per cent of women were having their first baby in 2003–2004.
- The average age of women having their first baby rose from 25.4 years in 1985 to 29.4 years in 2004.
- The average maternal age has risen from 27.6 years in 1986 to 31 years in 2004.
- The proportion of women having a baby aged 35 years and over has risen to 22.4 per cent, almost tripling in the last twenty years. This varies with country of birth. There is a smaller proportion of older mothers among Middle Eastern-born women and a larger proportion among women from UK, North America, Europe and Asia.
- The overall proportion of babies born to women under 20 years of age has declined slightly from 3.1 per cent in 2002 to 2.8 per cent in 2004. This varies between Health Regions, ranging from approximately 6 per cent in some rural areas to 1.3 per cent in the Eastern Metropolitan Region.
- Almost 25 per cent of women who gave birth in 2003–2004 lived in rural regions, a decline from 28.4 per cent in 1985. Among women aged 15–44 years, the Hume Region had the highest birth rate (61.1 per 1,000) and the Eastern Metropolitan Region has the lowest (53 per 1,000).
- In Victoria, 24 per cent of women giving birth in 2003–2004 were not born in Australia – approximately 10 per cent were born in Asia, 3 per cent in UK and 3 per cent in Europe. The proportion of Australian-born mothers varies with region of residence, ranging from over 90 per cent in all rural regions to 67.5 per cent in the North West Metropolitan Region.

Mother's marital status

Selected statistics reveal:

- The proportion of women giving birth who are married decreased from 89 per cent in 1985 to 73 per cent in 2003–2004.
- Over the 19-year period from 1985 to 2004, there has been an increase in the number of mothers in de facto relationships, from 2 per cent in 1985 to 14 per cent in 2003–2004.
- The proportion of single mothers has risen slightly to 12 per cent in 2003–2004.
- The length of time women spend in hospital after birth (postnatally) has decreased. In 2004, 27 per cent of women stayed in hospital two days or less following birth, compared with 3.8 per cent in 1985.

Private and public patient comparisons

Selected statistics reveal:

- Most women gave birth in hospital (97 per cent in 2003–2004). About 0.3 per cent gave birth at home as planned, 2 per cent in a birth centre within a hospital and 0.4 per cent before arrival at hospital.
- In 2003–2004 just over 63 per cent of women gave birth as public patients in hospital, while 36.2 per cent were private patients.
- More private patients are aged 35 years and over (31 per cent) than public patients (17 per cent).
- Women giving birth as private patients are more likely to be induced (29.7 per cent) or have no labour (21.6 per cent) than women admitted as public patients (25.5 per cent and 13.8 per cent respectively).
- Caesarean (particularly elective), forceps and vacuum delivery rates are higher among private patients.
- Women who were public patients in 2003–2004 spent less time in hospital on average after the birth (3 days), compared with 4.4 days for private patients.

Delivery methods

Selected statistics on delivery methods reveal:

- Caesarean, forceps and vacuum deliveries are generally more frequent in women who are older and first-time mothers.
- In 2004, 57 per cent of women had spontaneous onset of labour (including 19 per cent who had spontaneous onset of labour with artificial stimulation, or 'augmentation').
- The proportion of women having labour induced increased from 22.6 per cent in 1986 to 28.4 per cent in 2001. In 2004, it decreased slightly to 26.5 per cent.
- In 2004, 29.5 per cent of women had babies delivered by caesarean section – 15 per cent were elective procedures and 14 per cent were emergency procedures. The proportion of women having caesarean section has steadily increased since 1985, when 15 per cent of births were caesareans.
- Births without labour (elective caesarean births) have continued to increase from 8.8 per cent in 1986 to 16.9 per cent in 2004. This is the highest level since reporting began in 1982.
- Vacuum extraction was used for 6.9 per cent of births, compared to 0.5 per cent in 1985.
- The use of forceps has decreased from 15.8 per cent in 1985 to 6.2 per cent in 2004.
- Approximately 26 per cent of women who experienced labour had no analgesia, 23 per cent had nitrous oxide only, around 25 per cent had intramuscular opioids (with or without nitrous oxide) and 26 per cent had an epidural.
- The anaesthetic most often used for caesarean birth (with or without labour) was an epidural (in around 92 per cent of cases).
- Women having a caesarean birth generally spent less time in hospital after the birth – 20 per cent stayed six days or more in 2003, compared with 18 per cent in 2004.

Victorian babies

Selected statistics on Victorian babies reveal:

- There were 63,450 births in 2003 and 63,503 births in 2004.
- There were more male babies (51 per cent) than females (49 per cent). The average birth weight of male babies in 2004 was 3,419g, compared to 3,302g for female babies.
- Ninety-nine per cent of babies were live born and survived the neonatal period of 28 days.
- One-third of babies required suction, oxygen or both at birth, while 60 per cent required no method of resuscitation.
- There was been an increase in the proportion of low birth weight babies (less than 2,500g) from 5.5 per cent in 1985 to 6.9 per cent in 2003–2004.
- The proportion of pre-term births (less than 37 weeks) in 2003–2004 was 7.8 per cent, while 1.2 per cent of births were post-term (42 weeks or over).

Multiple births

Selected statistics on Victorian twins and triplets reveal:

- The proportion of twins is increasing. Twins accounted for around 3.5 per cent of births in 2003–2004, compared with 2.3 per cent in 1985. In 2004 there were 1,123 sets of twins, the highest number since the beginning of the VPDCU.
- The number of sets of triplets was highest in 1995 (29 sets) and decreased to 16 sets in 2004.
- Around 28 per cent of twin births were to women 35 years and over, compared with 21.6 per cent of single births.

- Delivery by caesarean section was used for 28.3 per cent of single birth pregnancies and 69.6 per cent of twin pregnancies.
- The proportion of single births that were pre-term (less than 37 weeks) was 6.1 per cent, compared with 51.6 per cent of twins and 100 per cent of triplets.

Indigenous births

It is thought that births to Indigenous women are not adequately reported as such in VPDCU (and other) statistics. According to the information that is available, when compared to non-Indigenous births, differences include maternal age (21 per cent of births are to women younger than 20 years), method of birth (more spontaneous births) and birth weight (15 per cent are less than 2500g).

Where to get help

- Your doctor

Things to remember

- The Victorian Perinatal Data Collection Unit (VPDCU) creates and maintains a database on perinatal outcomes and birth defects to improve the health of mothers and babies in Victoria.

This page has been produced in consultation with, and approved by:

Department of Health - Clinical Council's Unit (Victoria Perinatal Data Collection)

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