Factsheet

Public hospitals (Maternity services) (Chapter 10)

Steering Committee for the Review of Government Service Provision

Under embargo until 1.00am on Thursday, 31 January 2008

For personal use only. Third parties should not be approached until the embargo is lifted.

MATERNITY SERVICES (CHAPTER 10)

- Maternity services are reported on separately within the Public hospitals chapter.
- Maternity services accounted for 9.3 per cent of total acute separations in public hospitals (table 10A.83) and around 10.9 per cent of the total cost of all acute separations in public hospitals in 2005-06 (table 10A.82).

Objectives of maternity services

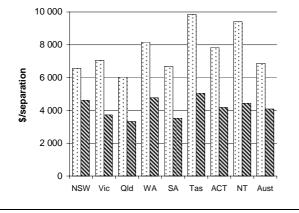
A key objective of government is to provide public hospital services to ensure the population
has access to cost-effective health services, based on clinical need and within clinically
appropriate times, regardless of geographic location. Maternity services represent a significant
component of public hospital services.

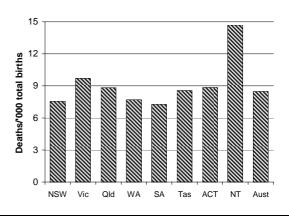
Selection of results

Estimated average cost per separation for selected maternity related AR-DRGs, public hospitals, 2005-06 (p. 10.78)

Perinatal death rate, 2005 (p. 10.84)

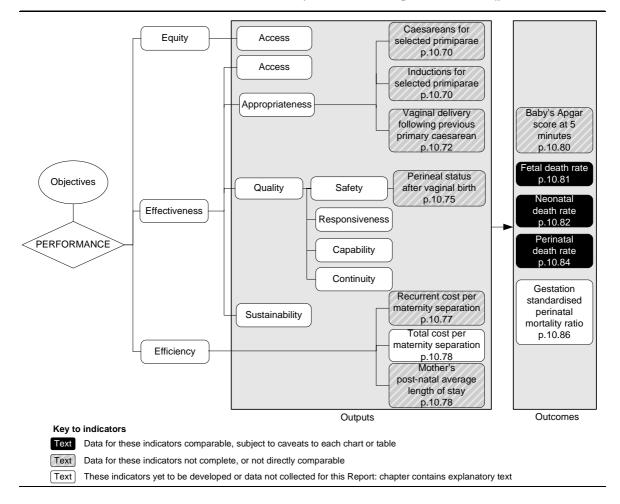






^a Data and caveats for these figures are available electronically on the CD-ROM enclosed with the Report and from the website for the Review of Government Service Provision (http://www.pc.gov.au/gsp/reports/rogs/2008). Data may be subject to revision. The most recent data will be available on the Review website.

Performance indicators for maternity services (figure 10.25, p. 10.69)



Developments in reporting since the 2007 Report

• This year the 'Gestation standardised perinatal mortality ratio' has been identified as an indicator for future development and has replaced the 'Rate of survival to 28 days of very low birthweight babies'. This measure of perinatal mortality is risk-adjusted to enable hospitals with higher proportions of low gestation infants (and therefore a higher likelihood of perinatal mortality) to be validly compared with hospitals with a different casemix (p. 10.68).

[END]

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Please do not approach other parties for comment before Thursday 31 January 2008.

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Tables with an 'A' suffix (eg table 10A.5) are in the attachments on the CD-ROM or on the Review website.