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| **What can the Statistics New Zealand Integrated Data Infrastructure tell us about maternity health inequity in Aotearoa New Zealand?** |
| **Background/Objectives**  Aotearoa New Zealand’s socialised health system offers free maternity care led by midwives. Yet, large maternal health inequities exist with over-representation of Māori and Pacific women in maternal mortality and morbidity statistics; they also rate patient experience poorly. In 2018 maternity data were added to the Statistics New Zealand Integrated Data Infrastructure (IDI), that is linked administrative datasets (e.g. child welfare, justice, housing, health, education).  The Objective is to investigate association of clinical and social determinates of health with maternal and perinatal outcome inequity in Aotearoa New Zealand. And, to critically consider any limitations of the IDI for this purpose.  **Methods**  Variables previously shown to influence maternity and perinatal outcomes were identified through literature review, e.g. late booking. Social determinant variables were selected from World Health Organization Committee for the Social Determinants of Health modelling, including indicators of socio-political context, material circumstances and cultural engagement. Multiple linear regression analysis and stepwise logistic regression modelling are used to investigate association between social determinants and continuous and dichotomous outcome variable respectively. Extended modelling (not yet executed) could take a hierarchical approach, where variables are clustered to test weighting impact on outcome.  **Results**  Initial data queries demonstrated that some ‘promised’ social determinant variables were not available ‘reliably’ or at all. Proxies for cultural engagement were poorly recorded and some were only collected for a limited date range. Also, examining the data through a strong bioethical critical lens it seemed some groups were particularly surveilled as evidenced by the quantity of datapoints in certain sectors. For instance, child welfare data is not whole of population data – if an initial report is made, the family are ‘watched’, generating multiple data points on a subset of families.  **Discussion**  While the regression analysis provides evidence of factors contributing to maternal inequity it essentially confirms associations reported elsewhere. While a powerful data source, some immediate limitations of the IDI are evident. The administrative nature of the datasets reflects the state’s ‘power’ to determine what is measured and factors that may be important to women and their carers and contribute to maternal health inequity are not included.  **Keywords**  Maternal health, Health Equity, linked data, big data |