

# Health Indicators 2025

## *Snapshot series V: Maternal & infant health*

Metro South Health, Logan, Redland and southern Brisbane LGAs

V1 Date: November 2025



**Queensland**  
Government

**Suggested citation:**

Department of Health, 2025. *Health Indicators 2025: Snapshot series V. Maternal and infant health. Metro South Health, Logan, Redland and Southern Brisbane LGAs*. Brisbane.

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**Health indicators 2025: Snapshot series V. Maternal and infant health**

Published by the State of Queensland (Metro South Health), November 2025



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# Maternal & infant health at a glance

## MSH births: Counts and rates

- 14,367 births in 2024: 25% of all Queensland births
- 2024 birth rate (45 / 1,000 women) similar to Queensland
- Highest count and birth rate in Browns Plains SA3
- 2024 lifetime fertility rate of 1.48 children/woman significantly below population replacement rate of 2.1
- Annual birth rates and lifetime fertility rates trending steadily downwards
- Lowest fertility rates found in inner Brisbane area; highest rates in areas of Logan LGA and Beaudesert

## MSH: Maternal age

- Median maternal age 31 years; 27 years for Indigenous mothers
- In 2022-24, 2% of births to women under 20 years of age; 27% to women 35 years and over

## MSH: Maternal smoking

- 8% of mothers smoked during pregnancy (Qld: 10%)
- 35% of Indigenous mothers smoked during pregnancy (Qld: 39%)
- Maternal smoking rates have fallen since 2006 for both Indigenous and non-Indigenous mothers
- Highest maternal smoking rates in Logan LGA and Beaudesert SA3

## MSH: Maternal obesity & diabetes

- 25% of women who gave birth were obese (Qld: 25%)
- Further 25% were overweight but not obese (Qld: 26%)
- 33% of Indigenous women who gave birth were obese (Qld: 33%)
- Further 23% of were overweight but not obese (Qld: 24%)
- 18% of mothers had gestational diabetes (Qld: 16%)
- 15% of Indigenous mothers with gestational diabetes (Qld: 16%)
- Very strong upward trend in gestational diabetes prevalence

## MSH: Birth weight and pre-term birth

- 6.2% of babies of low birth weight (Qld: 6.7%)
- 10.1% of babies of high birth weight (Qld: 10.5%)
- 3.7% of babies born before 35 weeks gestation (Qld: 4.0%)

## MSH: Antenatal visits

- 76% of mothers attended 8+ antenatal visits (Qld: 82%)
- Lowest attendance rates were in south-western areas of Brisbane LGA
- 66% of Indigenous mothers attended 8+ visits (Qld: 70%)

## Logan LGA births: Counts and rates

- 5,367 births in 2024: 37% of all MSH births
- 7.2% of mothers identified as Indigenous
- 2024 birth rate (58 / 1,000 women) significantly higher than Queensland
- 2024 lifetime fertility rate of 1.93 children/woman significantly higher than Qld rate of 1.50 children/woman
- Annual birth rates and lifetime fertility rates trending steadily downwards

## Logan LGA: Maternal age

- Median maternal age 30 years; 27 years for Indigenous mothers
- In 2022-24, 3% of births to women under 20 years of age; 19% to women 35 years and over

## Logan LGA: Maternal smoking

- 13% of mothers smoked during pregnancy (Qld: 10%)
- 35% of Indigenous mothers smoked during pregnancy (Qld: 39%)
- Maternal smoking rates have fallen since 2006 for both Indigenous and non-Indigenous mothers
- Highest maternal smoking rates (>14%) in Springwood – Kingston and Beenleigh SA3s

## Logan LGA: Maternal obesity & diabetes

- 35% of women who gave birth were obese (Qld: 25%)
- Further 27% were overweight but not obese (Qld: 26%)
- 36% of Indigenous women who gave birth were obese (Qld: 33%)
- Further 23% of were overweight but not obese (Qld: 24%)
- 21% of mothers had gestational diabetes (Qld: 16%)
- 16% of Indigenous mothers with gestational diabetes (Qld: 16%)
- Very strong upward trend in gestational diabetes prevalence

## Logan LGA: Birth weight and pre-term birth

- 6.5% of babies of low birth weight (Qld: 6.7%)
- 11.1% of babies of high birth weight (Qld: 10.5%)
- 4.0% of babies born before 35 weeks gestation (Qld: 4.0%)

## Logan LGA: Antenatal visits

- 77% of mothers attended 8+ antenatal visits (Qld: 82%)
- Lowest attendance rate was in Springwood – Kingston SA3 (72%); highest rate in Jimboomba SA3 (83%)
- 74% of Indigenous mothers attended 8+ visits (Qld: 70%)

### Redland LGA births: Counts and rates

- 1,522 births in 2024: 11% of all MSH births
- 4.3% of mothers identified as Indigenous
- 2024 birth rate (44 / 1,000 women) similar to Queensland
- 2024 lifetime fertility rate of 1.74 children/woman significantly higher than Qld rate of 1.50 children/woman
- Annual birth rates and lifetime fertility rates trending steadily downwards

### Redland LGA: Maternal age

- Median maternal age 31 years; 27 years for Indigenous mothers
- In 2022-24, 2% of births to women under 20 years of age; 25% to women 35 years and over

### Redland LGA: Maternal smoking

- 8% of mothers smoked during pregnancy (Qld: 10%)
- 26% of Indigenous mothers smoked during pregnancy (Qld: 39%)
- Rates have fallen since 2006 for both all and Indigenous mothers

### Redland LGA: Maternal obesity & diabetes

- 27% of women who gave birth were obese (Qld: 25%)
- Further 26% were overweight but not obese (Qld: 26%)
- 28% of Indigenous women who gave birth were obese (Qld: 33%)
- Further 26% of were overweight but not obese (Qld: 24%)
- 17% of mothers with gestational diabetes (Qld: 16%)
- 14% of Indigenous mothers had gestational diabetes (Qld: 16%)
- Very strong upward trend in gestational diabetes prevalence

### Redland LGA: Birth weight and pre-term birth

- 5.4% of babies of low birth weight (Qld: 6.7%)
- 11.7% of babies of high birth weight (Qld: 10.5%)
- 3.4% of babies born before 35 weeks gestation (Qld: 4.0%)

### Redland LGA: Antenatal visits

- 87% of mothers attended 8+ antenatal visits (Qld: 82%)
- 80% of Indigenous mothers attended 8+ visits (Qld: 70%)

### South Brisbane LGA births: Counts and rates

- 7,320 births in 2024; 51% of all MSH births
- 3.2% of mothers identified as Indigenous
- 2024 birth rate (39 / 1,000 women) lower than Queensland
- 2024 lifetime fertility rate of 1.24 children/woman significantly lower than Qld rate of 1.50 children/woman
- Annual birth rates and lifetime fertility rates trending steadily downwards
- Lowest fertility rates found in inner Brisbane area; highest rates in Forest Lake–Oxley & Rocklea–Acacia Ridge SA3s

### South Brisbane LGA: Maternal age

- Median maternal age 33 years; 26 years for Indigenous mothers
- In 2022-24, 1% of births to women under 20 years of age; 33% to women 35 years and over

### South Brisbane LGA: Maternal smoking

- 5% of mothers smoked during pregnancy (Qld: 10%)
- 40% of Indigenous mothers smoked during pregnancy (Qld: 39%)
- Highest maternal smoking rate was in Forest Lake – Oxley SA3 (8%)

### South Brisbane LGA: Maternal obesity & diabetes

- 17% of women who gave birth were obese (Qld: 25%)
- Further 24% were overweight but not obese (Qld: 26%)
- 30% of Indigenous women who gave birth were obese (Qld: 33%)
- Further 23% of were overweight but not obese (Qld: 24%)
- 17% of mothers with gestational diabetes (Qld: 16%)
- 13% of Indigenous mothers had gestational diabetes (Qld: 16%)

### South Brisbane LGA: Birth weight and pre-term birth

- 6.1% of babies of low birth weight (Qld: 6.7%)
- 8.9% of babies of high birth weight (Qld: 10.5%)
- 3.5% of babies born before 35 weeks gestation (Qld: 4.0%)

### South Brisbane LGA: Antenatal visits

- 73% of mothers attended 8+ antenatal visits (Qld: 82%)
- Lowest attendance rates (<70%) were in south-western areas of Brisbane LGA
- 49% of Indigenous mothers attended 8+ visits (Qld: 70%)

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# Introduction

The Metro South Health (MSH) *Health indicators report series* is a compendium report compiled on an approximately biennial basis and covering a wide range of health indicators and population statistics for the residents of the MSH area. The report is produced as a series of snapshot reports each covering specific indicators/topic areas. The aims of the report series are to examine the current and multi-year trends in various aspects of health status of people living in the geographical area covered by MSH.

Data is presented separately for MSH and the sub-regions of Logan and Redland local government areas (LGAs) owing to the substantial differences in population characteristics and therefore potentially the health outcomes of the residents of these areas.

MSH is one of 16 Hospital and Health Services (HHS) in Queensland and serves an estimated population of over 1.3 million people, representing 23 per cent of Queensland's population. The HHS's catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales. A detailed profile of the population of MSH can be found in the Snapshot Series Report<sup>1</sup>.

This sub-report provides an overview of maternal and infant health indicators separately for the residents of MSH, Logan and Redland LGA areas. Data are sourced from the Queensland Health Perinatal Data Collection.

# Metro South Health

## Geographical area

Metro South Health (MSH) is situated in the south-east corner of Queensland, covering 3,856 square kilometres from the Brisbane River in the north to Redland City in the east, and through Logan City and Scenic Rim Regional Council to the border of New South Wales in the south-west.

Under the Australian Statistical Geography Standard (ASGS) 2021 classification MSH is subdivided into 20 Statistical Area 3's (SA3s) and 68 SA2s which broadly represent suburbs or groupings of suburbs. It encompasses the local government areas (LGAs) of Brisbane (south of the Brisbane River only), Logan, Redland and part of Scenic Rim, specifically the Statistical Area Level 2 (SA2) of Beaudesert (Figure 1).

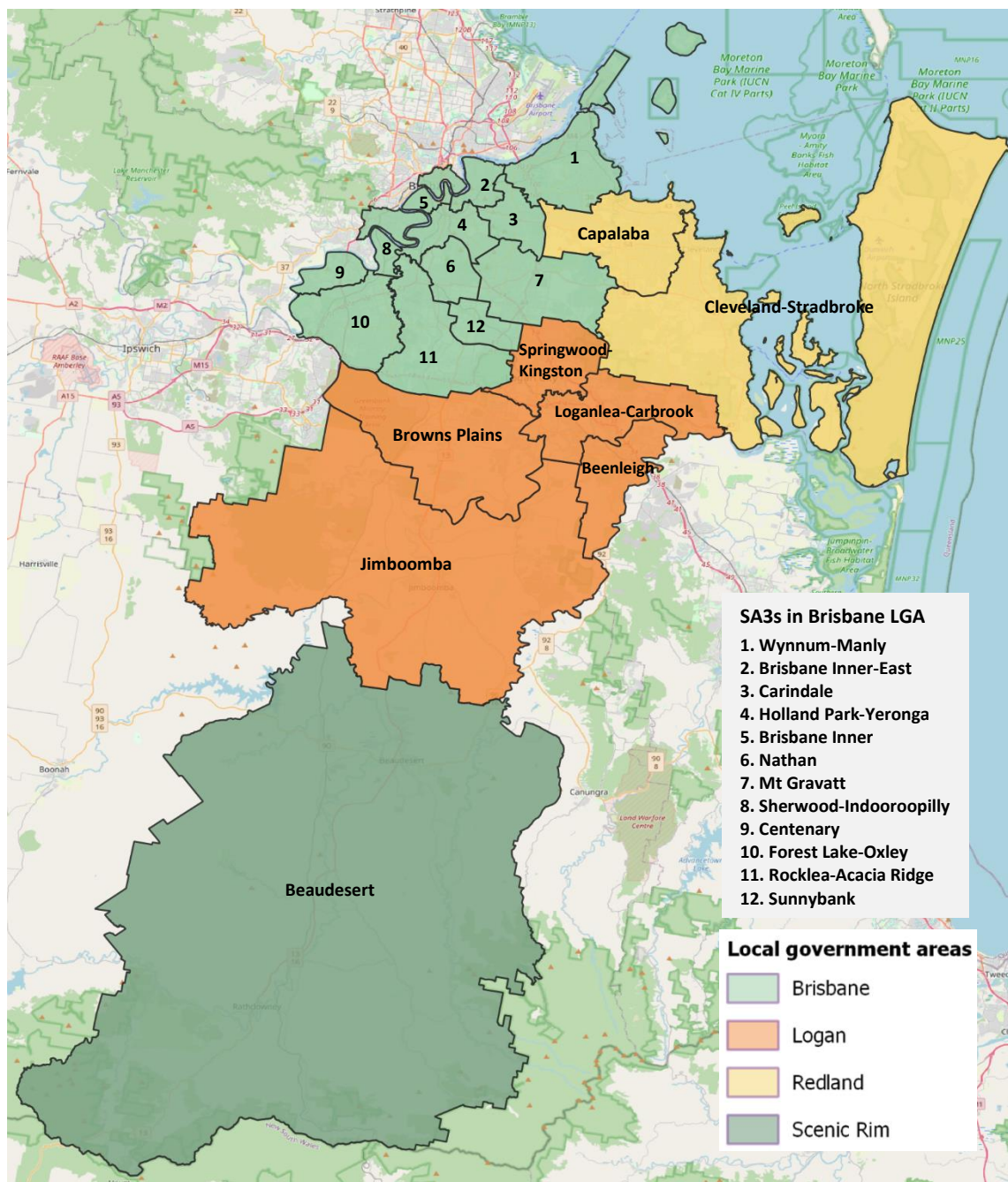


Figure 1: Map of Metro South Health showing local government areas within the MSH boundary and 2021 SA3 boundaries and names

MSH encompasses 20 Statistical Area 3s (SA3s). Five SA3s (Beenleigh, Browns Plains, Jimboomba, Loganlea – Carbrook and Springwood – Kingston) comprise the entirety of the Logan LGA. One SA3 (Beaudesert) is contained within but represents only the central part of the Scenic Rim LGA.

Ten Metro South SA3s (Brisbane Inner-East, Carindale, Centenary, Forest Lake – Oxley, Holland Park – Yeronga, Mt Gravatt, Nathan, Rocklea – Acacia Ridge, Sunnybank and Wynnum – Manly) are contained entirely within Brisbane LGA, south of the Brisbane River. A further two Brisbane LGA SA3s (Brisbane Inner and Sherwood – Indooroopilly) are partly contained within MSH but also include areas across the Brisbane River border with Metro North Hospital and Health Service (MNHHS). Where data are presented in this report for these two SA3s, only the data pertaining to the MSH residents of the SA3 (south of the Brisbane River) are included. This has the effect that the population sizes reported for these part-SA3s are considerably smaller than for other SA3s.

The final two SA3s within MSH (Capalaba and Cleveland – Stradbroke) are largely contained within Redland LGA. Capalaba SA3 includes the SA2 of Gumdale which is within Brisbane LGA.

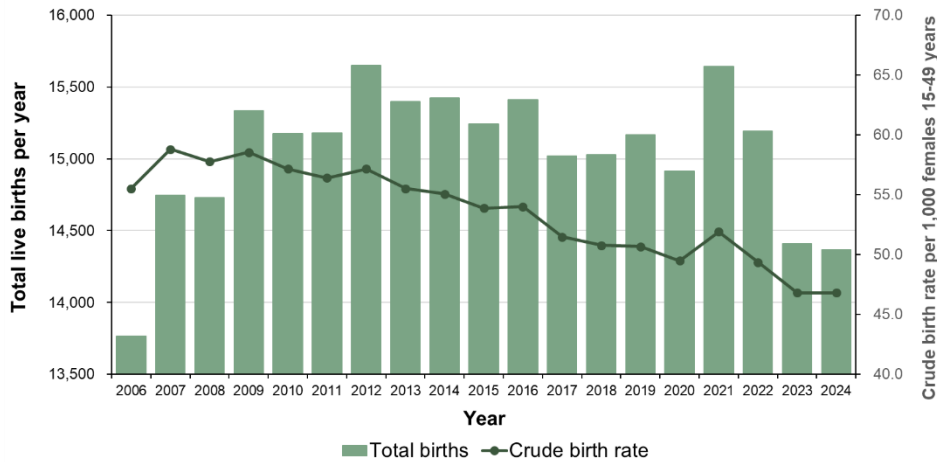
## Births and lifetime fertility

In 2024 there were 14,367 births to 14,149 mothers living in MSH, including 14,250 live births and 117 stillbirths. This represented a crude live birth rate in MSH of 44.8 live births per 1,000 women (15 to 49 years), very similar to the Queensland crude rate of 44.6 live births per 1,000 women. At each year between 2019 and 2023 the annual crude live birth rate in MSH was within 1.0 percentage points of the Queensland rate.

In 2024, Browns Plains statistical area 3 (SA3) had the highest number of female residents aged 15 to 49 years, the highest number of live births (1,774) and the highest crude birth rate (66.3 per 1,000 women). Holland Park – Yeronga SA3 had the second highest number of female residents (15 to 49 years) but one of the lowest crude live birth rates (32.3 per 1,000 women) (Appendix 1: Table 1).

In 2022 to 2024, 4.8% of MSH women who gave birth identified as being Aboriginal and/or Torres Strait Islander. The percentage was highest in the SA3s of Beaudesert (9.6%), Beenleigh (8.5%) and Springwood – Kingston (8.2%). However, the highest number of Aboriginal and/or Torres Strait Islander births was in Browns Plains SA3 (339 births). The SA3s of Centenary and Carindale had the lowest percentages (both <2.0%) of mothers identifying as Aboriginal and/or Torres Strait Islander (Appendix 1: Table 2).

Between 2006 and 2012 total births in MSH increased from around 13,800 to 15,700 per year. However following the peak in 2012, births generally fell with the exception of a peak in 2021 during the COVID-19 pandemic. Over the period from 2007 onwards, crude birth rates fell steadily with the exception of a modest peak in 2021 (Figure 2).



**Figure 2: Total births and crude birth rate per 1,000 females (15 to 49 years), Metro South Health, 2006 to 2024**

Total lifetime fertility refers to the total number of children an average woman can be expected to have over the course of her lifetime. In 2024, the MSH total lifetime fertility rate was 1.48 children per female. This was very similar to the Queensland rate of 1.50 children per female (Table 1). There were no significant differences in lifetime fertility rate between MSH and Queensland between 2020 to 2024 (Table 1).

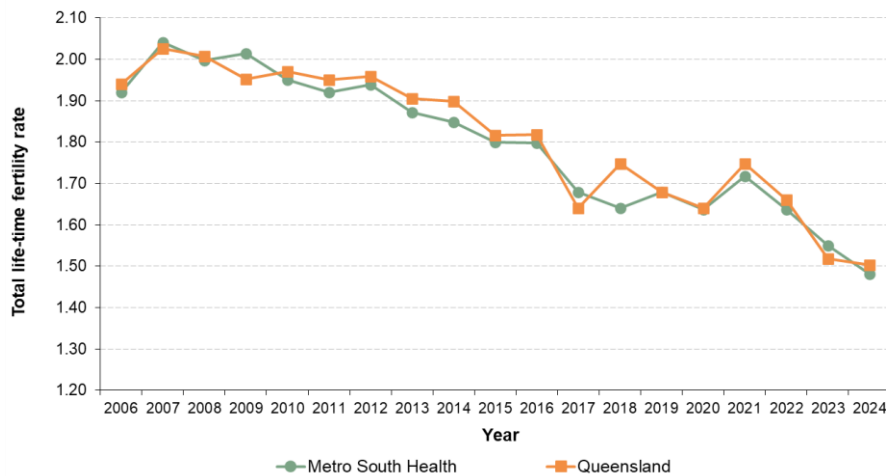
**Table 1: Total lifetime fertility rate per female by year for Metro South Health and Queensland, 2020 to 2024**

Year	Metro South Health Rate (95% CI)	Queensland Rate (95% CI)	Statistically significant difference MSH - QLD*
2020	1.64 (1.61 – 1.66)	1.64 (1.63 – 1.65)	—
2021	1.72 (1.69 – 1.75)	1.75 (1.73 – 1.76)	—
2022	1.64 (1.61 – 1.66)	1.66 (1.65 – 1.67)	—
2023	1.49 (1.46 – 1.51)	1.52 (1.51 – 1.53)	—
2024	1.48 (1.46 – 1.51)	1.50 (1.49 – 1.52)	—

\* ↑ MSH statistically significantly higher than Queensland; ↓ MSH statistically significantly lower than Queensland; — no statistically significant difference between MSH and Queensland

Total fertility rates were significantly higher than the Queensland rate in Beaudesert, Forest Lake – Oxley and Rocklea – Acacia Ridge SA3s and all SA3s within Logan Local Government Area (LGA) except Loganlea – Carbrook (Appendix 1: Table 1). Only three SA3s in MSH (Beaudesert, Browns Plains, Jimboomba) had a total lifetime fertility rate of over 2.0. The lowest lifetime fertility rates (<1.1 children per female) were found in SA3s in the inner Brisbane area, along the Brisbane River (Brisbane Inner, Holland Park – Yeronga, Brisbane Inner-East) (Appendix 1: Table 1).

In-step with crude live birth rates, total lifetime fertility rates also trended downwards in both MSH and Queensland between 2007 and 2023. During this period rates remained well below the 2.1 children per female which is regarded as necessary for population replacement. An unexpected and statistically significant increase in fertility and birth rates was recorded in 2021 during the COVID-19 pandemic (Figure 2; Figure 3).



**Figure 3: Total lifetime fertility rates for Metro South Health and Queensland, 2006 to 2024**

The results of the Families in Australia Survey<sup>2</sup>, conducted in late 2020, indicated that for around one in five women under 40, COVID-19 impacted on their intentions of having children. The most commonly reported impacts included delaying the timing of trying to conceive, delayed access to IVF treatment and planning to have fewer children. The key reasons given for delaying or not having children were related to financial concerns, job insecurity and pandemic-related health risks. The survey found a small proportion of women did report that the pandemic brought forward their plans of having children.

The 2021 increase in birth rate seen in Queensland would seem to be contrary to the results of the Families in Australia Survey. The difference in Queensland may be at least partly attributed to the lower impact of COVID-19 on the general population in 2020/2021 compared with many other states. Queensland was able to stay almost COVID-19-free through these two years, avoiding both the prolonged lockdowns experienced in some other states and some of the more extreme financial, social and health impacts which resulted from them.

It is interesting to note that the 2021 increase in birth rate was temporary with rates falling sharply in the two following years (Figure 3). This is suggestive that the increase was based in women bringing forward their plans to have a child, rather than having an additional child, with no overall increase in births across 2021 to 2023 combined.

## Maternal age

Maternal age is an important risk factor for both obstetric and perinatal outcomes. Babies of both younger (<20 years) and older (35+ years) mothers have an increased risk of pre-term birth, low birth weight and associated complications. Older maternal age also increases the risk of preeclampsia, gestational diabetes, foetal chromosome abnormality and caesarean delivery<sup>3,4</sup>.

The median age of MSH women who gave birth in 2024 was 31 years. This was the same as the Queensland median age. Indigenous MSH mothers in 2024 had a median age of 27 years which was slightly higher than the median for all Queensland Indigenous mothers (26 years).

In 2024, age-specific birth rates were significantly lower in MSH than in Queensland in the 20 to 29 years age group but were significantly higher than Queensland in the 35 years and over groups. Age specific birth rates peaked in the 30 to 34 years age group for both MSH and Queensland mothers (Figure 4).



**Figure 4: Age specific birth rates for Metro South Health and Queensland, 2024**

The percentage of births to younger mothers (29 years of age and under) in MSH (37% of all births) was significantly lower than in Queensland (41% of all live births) in 2024 (Table 2). Correspondingly, the proportion of births to MSH women aged 30 years and over was significantly higher than in Queensland (Table 2).

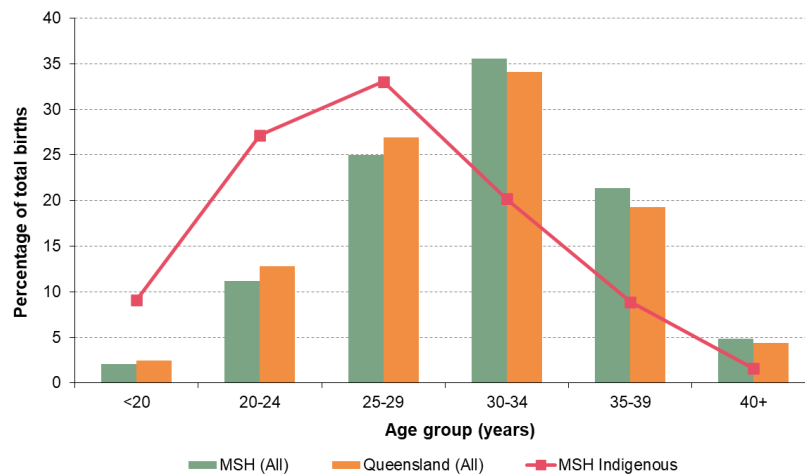
**Table 2: Number and proportion of live births by maternal age group, Metro South Health and Queensland, 2024**

Age group (years)	Metro South Health		Queensland		Relative Risk (95% CI)	Statistically significant difference MSH - QLD*
	Live births	% of live births	Live births	% of live births		
<20	290	2.0	1,393	2.5	0.89 (0.78 – 1.00)	—
20-24	1,554	10.9	6,988	12.3	0.86 (0.82 – 0.91)	↓
25-29	3,472	24.3	15,033	26.4	0.91 (0.88 – 0.94)	↓
30-34	5,127	36.0	19,819	34.8	1.02 (1.00 – 1.05)	—
35-39	3,086	21.7	11,064	19.4	1.09 (1.05 – 1.14)	↑
40-49	721	5.0	2,598	4.6	1.14 (1.05 – 1.23)	↑
<b>Total</b>	<b>14,250</b>	<b>100.0</b>	<b>56,895</b>	<b>100.0</b>		

\* ↑ MSH statistically significantly higher than Queensland; ↓ MSH statistically significantly lower than Queensland; — no statistically significant difference between MSH and Queensland

The SA3s within MSH with the highest proportions of births to older mothers (35 years and over) were those in the inner Brisbane area, along the Brisbane River (Brisbane Inner, Brisbane Inner-East, Sherwood – Indooroopilly) (Appendix 1: Table 3). These were also the SA3s with the lowest fertility rates (Appendix 1: Table 1). Beaudesert SA3 along with the five SA3s of Logan LGA had the highest proportions of births to mothers under 20 years of age (all greater than 2.7%) (Appendix 1: Table 3).

In MSH and all of Queensland between 2021 and 2023 the most common age for a woman to have a baby was 30 to 34 years. By comparison, for MSH Indigenous women, the most common age to have a baby was 25 to 29 years (Figure 5; Table 3).



**Figure 5: Percentage of total births by maternal age and Indigenous status, Metro South Health and Queensland, 2022 to 2024**

In 2022 to 2024, 69% of all births to MSH Indigenous mothers were to women in age groups under 30 years. This was significantly higher than the percentage of births to non-Indigenous MSH women under 30 years of age (37%) over the same three-year period (Table 3).

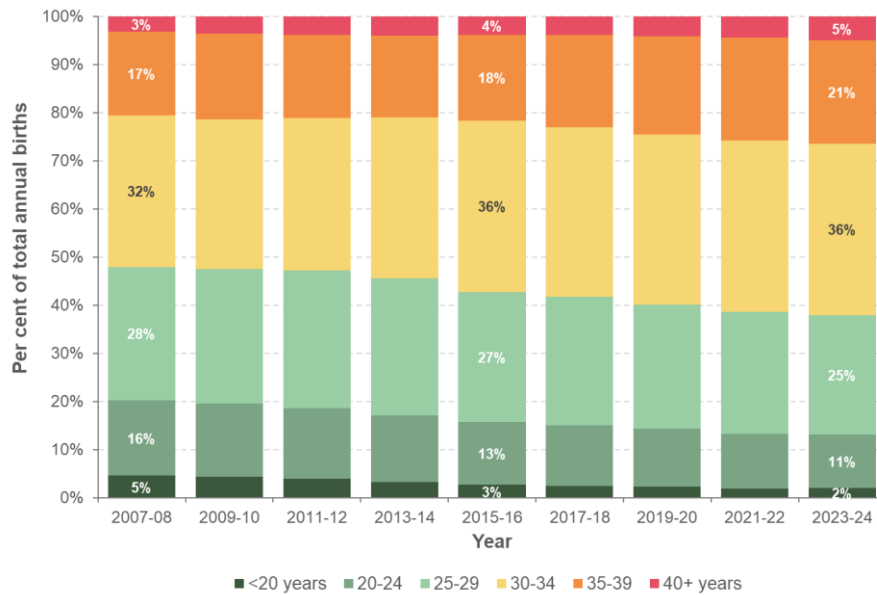
**Table 3: Number and proportion of total births by maternal age group and Indigenous status, MSH, 2022 to 2024**

Age group (years)	MSH Indigenous		MSH non-Indigenous		Relative Risk (95% CI)	Statistically significant difference Indigenous – non-Indigenous births*
	Total births	% of total births	Total births	% of total births		
<20	183	9.1	717	1.7	5.60 (4.79 – 6.54)	↑
20-24	545	27.2	4,376	10.4	2.73 (2.53 – 2.95)	↑
25-29	662	33.0	10,325	24.6	1.41 (1.32 – 1.50)	↑
30-34	405	20.2	15,226	36.3	0.58 (0.53 – 0.64)	↓
35-39	178	8.9	9,221	22.0	0.42 (0.37 – 0.49)	↓
40-49	32	1.6	2,098	5.0	0.33 (0.24 – 0.47)	↓
<b>Total</b>	<b>2,005</b>	<b>100.0</b>	<b>41,963</b>	<b>100.0</b>		

\* ↑ Indigenous births statistically significantly higher than non-Indigenous births; ↓ Indigenous births statistically significantly lower than non-Indigenous births; — no statistically significant difference between Indigenous and non-Indigenous births

Between 2007-08 and 2023-24 the proportion of births to women under 30 years of age fell from 48% to 38%. The greatest fall was in the 20 to 24 years age group which decreased by five percentage points from 16% to 11% of all births. Births to women under 20 years fell by three percentage points from 5% to 2% of all births. (Figure 6).

There was a corresponding increase in the proportion of births to women 30 years and over from 52% to 62%. The greatest increases were in the 30 to 34 and 35 to 39 years age groups (each a four percentage point increase (Figure 6)).



**Figure 6: Biannual proportions of total births by maternal age group, Metro South Health, 2007-08 to 2023-24**

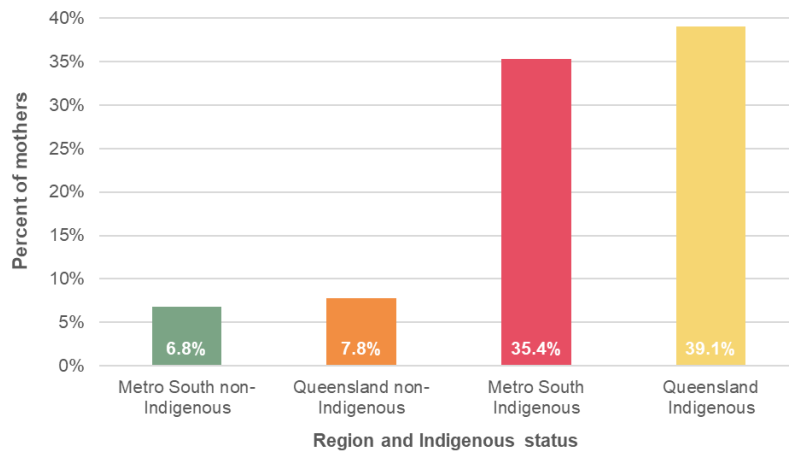
Within the MSH Indigenous community, the proportion of births to mothers aged 30 years or over rose by ten percentage points from 23% in 2012 to 33% in 2024. The increase was primarily in mothers 30 to 34 years old. There was a corresponding decrease in the proportion of births to mothers under 30 years with the greatest proportional decrease in births to teenage mothers which fell six percentage points from 16% in 2012 to 10% in 2024.

## Maternal smoking

Smoking by mothers during pregnancy has been linked with poorer birth outcomes for both mother and baby including an increased risk of pre-term birth, low birth weight, foetal or neonatal death, ectopic pregnancy, placental complications, birth defects, lung function abnormalities and respiratory problems<sup>3,4</sup>. The effects of smoking during pregnancy can persist into infancy and childhood, with associations found with sudden infant death syndrome (SIDS), childhood cancers, high blood pressure, obesity, asthma, lowered cognitive development and psychological problems<sup>3,4</sup>. Stopping smoking during pregnancy is associated with improved health outcomes for infants and quitting within the first 20 weeks of pregnancy may result in birthweight similar to infants of non-smoking mothers<sup>3,4</sup>.

In 2022 to 2024, 8.1% of pregnant women in MSH reported smoking cigarettes for all or part of their pregnancy. This was significantly lower than all of Queensland where 10.4% of pregnant women smoked.

In 2022 to 2024, 35% of Indigenous MSH mothers reported smoking during pregnancy, significantly higher than the non-Indigenous prevalence of smoking in pregnancy in MSH (6.8%). The pattern of high rates of smoking among pregnant Indigenous women was also seen throughout Queensland where the reported prevalence was 39% in 2022 to 2024 (Figure 7).

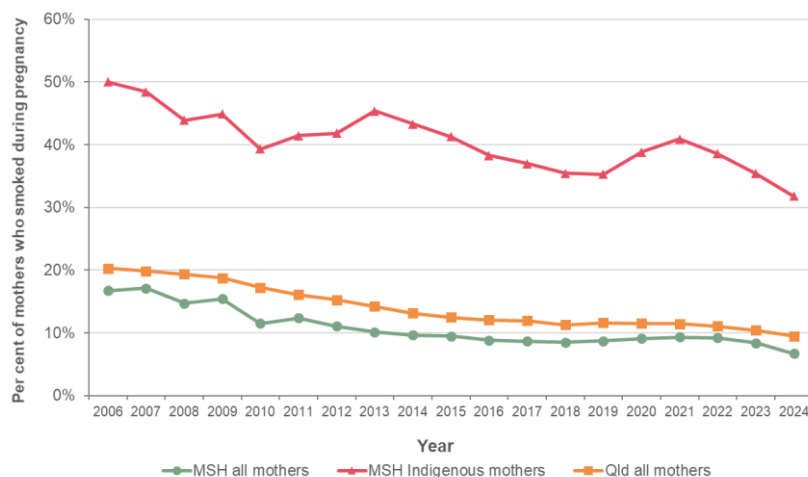


**Figure 7: Percentage of mothers who reported smoking during pregnancy, Metro South Health and Queensland with Indigenous status, 2022 to 2024**

The SA3s within MSH with maternal smoking rates significantly higher than Queensland were all within Logan LGA (Springwood – Kingston, Beenleigh, Browns Plains and Logan – Carbrook) and Beaudesert (Appendix 1: Table 4). Springwood – Kingston, Beenleigh and Beaudesert SA3s all had rates above 14%. The SA3s with the lowest rates were all located in inner Brisbane areas. Brisbane Inner-East, Sherwood – Indooroopilly, Centenary, Carindale and Holland Park – Yeronga SA3s all had rates below 4.0% (Appendix 1: Table 4).

Between 2006 and 2024 reductions in rates of smoking in pregnancy were observed in MSH and Queensland. The rate for all mothers in MSH fell by almost half from 17% in 2006 to 9% in 2015, however between 2015 and 2023 the rate plateaued at between 8% and 9%, however a drop to 6.7% was recorded in 2024 (Figure 8).

Among Indigenous mothers, the rates of smoking in pregnancy also fell, from a peak of 50% in 2006 to 32% in 2024. The rate in Indigenous mothers was more variable with an increase recorded most recently in 2021 during the COVID-19 pandemic (Figure 8).



**Figure 8: Rate of smoking during pregnancy for all mothers and Indigenous mothers, Metro South Health, 2006 to 2024**

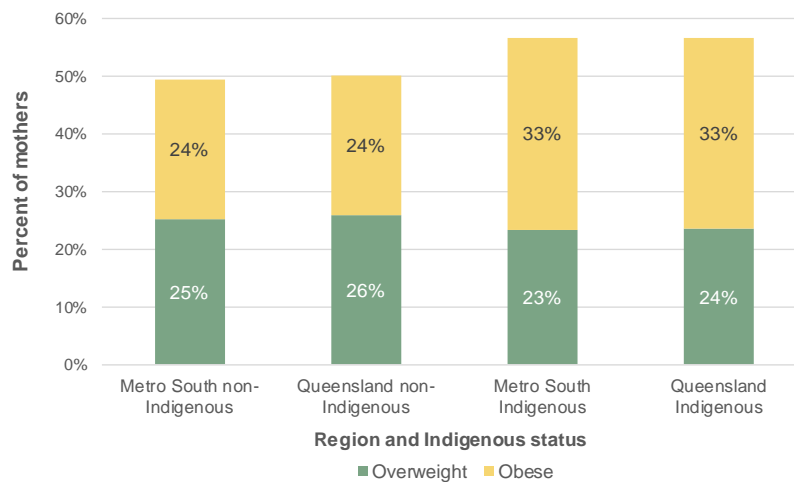
# Maternal obesity

Body mass index (BMI) is a ratio of a person’s height and weight (weight in kilograms divided by the square of height in metres) which is commonly used to define obesity. It does not necessarily reflect how body fat is distributed or indicate the same level of body composition in different individuals. Despite this limitation, BMI serves as a practical and useful measure for identifying overweight and obesity at a population level<sup>5</sup>. A BMI of 25 to 29.9 is defined as overweight in pregnancy and a BMI of 30 or more is defined as obesity in pregnancy.

Obesity in pregnancy contributes to increased risks of illness and death for both mother and baby. Pregnant women who are obese have an increased risk of thromboembolism, gestational diabetes, pre-eclampsia, post-partum haemorrhage and wound infections. They are also more likely to deliver via caesarean section. Babies born to obese mothers have higher rates of congenital abnormality, pre-term birth, stillbirth and neonatal death<sup>6</sup>.

In 2022 to 2024, one quarter (25%) of MSH women who gave birth were obese (as assessed at their first antenatal visit, usually in the first trimester of pregnancy). This is statistically similar to the maternal obesity rate in Queensland (25%) for the same period. A further quarter (25%) of MSH women who gave birth over this period were overweight (Figure 9).

In 2022 to 2024, one-third (33%) of Indigenous MSH mothers were obese during pregnancy, significantly higher than the prevalence of maternal obesity in non-Indigenous MSH mothers (24%). The pattern of high rates of obesity among pregnant Indigenous women was also seen throughout Queensland where the reported prevalence was 33% in 2022 to 2024 (Figure 9). The prevalence of overweight (but not obesity) was broadly similar in Indigenous and non-Indigenous mothers in both MSH and Queensland (Figure 9).



**Figure 9: Percentage of mothers reported as being obese and overweight during pregnancy, Metro South Health and Queensland with Indigenous status, 2022-24**

Maternal obesity rates were significantly higher than the Queensland rate in all five SA3s within Logan LGA, along with the SA3s of Beaudesert and Cleveland – Stradbroke (Appendix 1: Table 5). The SA3s with the lowest rates were all located in inner Brisbane areas. Sherwood – Indooroopilly, Brisbane Inner, Holland Park – Yeronga and Brisbane Inner-East SA3s all had rates below 13% (Appendix 1: Table 5).

# Diabetes in pregnancy

Mothers with pre-existing and gestational diabetes mellitus are at an increased risk of adverse outcomes during pregnancy<sup>7</sup>. Mothers with diabetes and their babies are at increased risk of miscarriage, pre-term birth, pre-term induced labour, caesarean section, hypertension, longer length of stay in hospital, high birth weight, low APGAR score, high level resuscitation and admission to special care<sup>7</sup>. Adverse outcomes are more frequently reported among Indigenous than non-Indigenous mothers and babies<sup>7</sup>.

In the three years 2022 to 2024, the proportion of mothers with gestational diabetes in MSH (18.3%) was significantly higher than the proportion in Queensland (16.4%). The proportion of MSH Indigenous mothers with gestational diabetes (14.6%) was significantly lower than the prevalence in non-Indigenous MSH mothers (18.5%).

Rates of gestational diabetes were significantly higher than Queensland in all SA3s within Logan LGA, along with the Brisbane LGA SA3s of Sunnybank, Forest Lake – Oxley, Rocklea – Acacia Ridge, and Mt Gravatt (Appendix 1: Table 6). The highest rate was in Browns Plains SA3 at 23.2%. The SA3s with rates significantly lower than Queensland were all in Brisbane LGA, along with Beaudesert (Appendix 1: Table 6).

The prevalence of gestational diabetes in all MSH mothers was 3.7 times higher in 2024 (18.3%) than in 2007 (5.0%) (Figure 10). This was a greater increase than that recorded in Queensland where the prevalence in 2024 was 3.1 times higher than in 2007 (Figure 10).

Such substantial increases in prevalence of gestational diabetes indicate a likely increase in prevalence for many adverse pregnancy outcomes, especially if the trend towards increased diabetes prevalence remains sustained over time.

It is important to note that the diagnostic criteria for gestational diabetes were updated internationally in 2010<sup>8</sup>. These changes, which increased the likelihood that a woman would be diagnosed, were implemented incrementally in Australia between approximately 2011 and 2015<sup>8</sup>. The change in diagnostic criteria was responsible for some of the observed increase in prevalence, however the continued increases observed since 2015 indicate that there has been a 'real' and ongoing change in population prevalence.



**Figure 10: Percentage of mothers with gestational diabetes, Metro South Health and Queensland, 2007 to 2024**

The annual numbers of MSH Indigenous mothers with gestational diabetes were too low for single year comparisons to be undertaken. However, between the five-year periods of 2007 to 2011 and 2020 to 2024 there was a 190% increase in Indigenous gestational diabetes in MSH which was higher than the 126% increase reported for Queensland Indigenous mothers over the same period (Table 4).

**Table 4: Number and percentage of mothers with gestational diabetes by Indigenous status, Metro South Health and Queensland, 2020 to 2024 with comparison to 2012 to 2016 and 2007 to 2011**

Region	Indigenous status	Mothers with gestational diabetes			Percentage increase in prevalence 2007-11 to 2020-24	
		2020 – 2024		2012 – 2016		2007 – 2011
		Number	%	%		%
<b>MSH</b>	Indigenous	442	13.9	9.6	4.8	190%
	All persons	12,959	17.6	9.8	5.4	226%
<b>Queensland</b>	Indigenous	3,620	15.6	10.2	6.9	126%
	All persons	46,337	15.8	9.1	5.6	182%

## Birth weight and pre-term birth

Low birth weight is a key indicator of a baby's immediate health and an important determinant of their future health. Babies with low birth weight are at greater risk of illness or death in infancy<sup>4</sup>. Long-term health effects can include poor cognitive development and an increased risk of developing chronic diseases such as diabetes and cardiovascular disease later in life<sup>3</sup>. Children born with very low birthweight are particularly at high risk of developmental difficulties and poor cognitive and motor skills<sup>4</sup>. There is a wide range of risk factors for low birth weight including pre-term birth, maternal age of under 16 or over 40 years, multiple pregnancy, chronic maternal conditions, exposure to indoor air pollution, maternal smoking and drug use and inadequate maternal nutrition<sup>4</sup>.

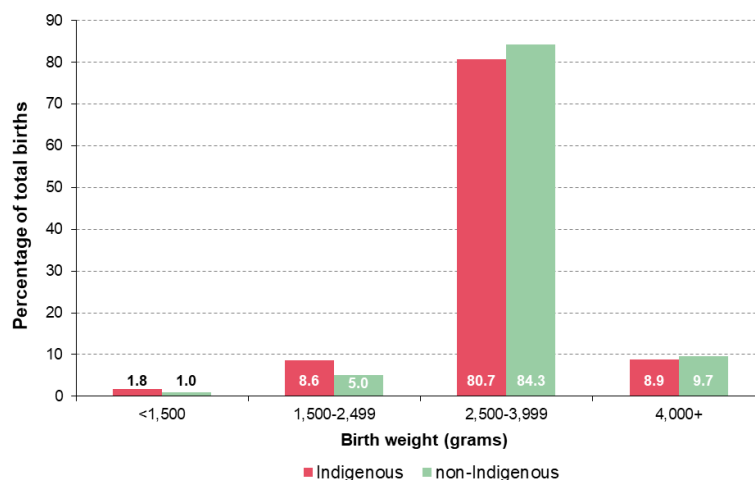
High birthweight is also a matter of concern with evidence indicating higher birth weight was associated with increased likelihood of obesity among children aged nine to 11 years<sup>4</sup>.

The majority of babies (84%) born to MSH mothers in 2022 to 2024 were in the normal birth weight range (2,500-3,999g). Low birth weight (<2,500g) was recorded for 6.2% of babies and high birth weight (4,000+g) for 10.1% of babies (Figure 11). The prevalence of both low and high birth weight in MSH were statistically significantly lower than in Queensland.

Only Springwood – Kingston SA3 had a significantly higher prevalence of low birth weight babies (8.2 %) than Queensland (Appendix 1: Table 7). Beaudesert, Jimboomba and Beenleigh SA3s had a significantly higher prevalence of high birth weight babies than Queensland (Appendix 1: Table 8).

For MSH Indigenous babies, a five-year time period (2020 to 2024) was examined. For this period, the prevalence of low birth weight in Indigenous babies (10.4%) was significantly higher than the prevalence among non-Indigenous MSH babies (5.9%) but significantly lower than in Queensland Indigenous babies (11.7%).

The 2020 to 2024 prevalence of high birth weight among Indigenous babies in MSH (8.9%) was significantly lower than the prevalence among non-Indigenous MSH babies (9.7%) but similar to the prevalence in Queensland Indigenous babies (9.0%).



**Figure 11: Percentage of total births by birth weight and Indigenous status, Metro South Health, 2020 to 2024**

The main cause of low birthweight is pre-term birth. Most pregnancies last 40 weeks and a baby is considered to have been born pre-term if it is born before the 37<sup>th</sup> week of pregnancy. In about half of all pre-term births the cause is unknown, but factors which increase the likelihood of a premature birth include multiple pregnancy, maternal age, maternal smoking, maternal infection and some maternal medical conditions such as pre-eclampsia. Babies born prematurely are likely to need extra care at birth<sup>9</sup>.

In 2022 to 2024, 3.7% of MSH babies were born before 35 weeks gestation, defined as extremely to moderately pre-term. This was slightly but statistically significantly lower than the percentage in Queensland (4.0%). There was very little geographical variation in the percentage of pre-term births throughout MSH (Appendix 1: Table 9).

In the five-year period 2020 to 2024, 5.4% of MSH Indigenous babies were born before 35 weeks gestation which was significantly higher than the percentage of non-Indigenous MSH babies (3.6%) but significantly lower than the percentage of Queensland Indigenous babies (6.7%).

## Antenatal visits

Access to antenatal care is associated with positive health outcomes for mothers and babies. Queensland Health aims to improve the rate of attendance at antenatal visits by Indigenous mothers, closing the gap between Indigenous and non-Indigenous mothers. The key performance indicator in Queensland for Indigenous mothers is attendance at five or more antenatal visits<sup>10</sup>.

Based on mothers who gave birth at 32 weeks gestation or later in 2022 to 2024, just over three-quarters of MSH mothers (76%) attended eight or more antenatal visits over the course of their pregnancy. This was significantly lower than the 82% of Queensland mothers who attended eight or more visits. Indigenous MSH mothers were significantly less likely (66%) to attend eight or more antenatal visits than were non-Indigenous mothers (77%).

The percentage of MSH Indigenous mothers attending five or more antenatal visits steadily increased from 77% in 2007-2010<sup>11</sup> to 83% in 2012-2016<sup>11</sup> and reached 88% in the current period.

Fourteen of the twenty SA3s entirely or partly within MSH had rates of attending eight or more antenatal visits that were significantly lower than the Queensland rate. The SA3s with the lowest attendances were all in Brisbane LGA: Forest Lake – Oxley, Rocklea – Acacia Ridge and Sunnybank SA3s all had attendance below 70%. The highest attendance was in the bayside SA3s of Cleveland – Stradbroke (88%), Capalaba (86%) and Wynnum – Manly (85%) along with Beaudesert (85%) (Appendix 1: Table 10).

## Infant mortality

Infant mortality rate is an important indicator of the general health and well-being of a population and provides insight into the effectiveness of the maternal and perinatal health system<sup>4</sup>. It is defined as the number of deaths in infants (less than one year of age) per 1,000 live births. In Queensland infant mortality rates historically have been higher for Indigenous infants compared with non-Indigenous infants<sup>4,12</sup>.

In MSH, on average there were 62 infant deaths per year in the five years from 2018 to 2022 (including an average of fewer than five Indigenous infant deaths per year). The five-year infant mortality rate in MSH (4.1 deaths per 1,000 live births) was statistically similar to the Queensland rate (4.1 deaths per 1,000 live births) over this period. Owing to the small number of Indigenous infant deaths in the area, rates were not calculated for MSH Indigenous infants. In 2018 to 2022 the Queensland Indigenous infant mortality rate of 8.5 deaths per 1,000 live births was more than double the non-Indigenous rate of 3.7 deaths per 1,000 live births.

## Perinatal mortality

Perinatal mortality rate refers to stillbirths or deaths in the first 28 days of life. On average there were 185 perinatal deaths per year in MSH in the five years from 2020 to 2024.

In this period, the perinatal mortality rate in MSH (12.5 deaths per 1,000 births) was statistically similar to the Queensland rate (12.4 deaths per 1,000 births).

The perinatal mortality rate for Indigenous MSH infants (17.2 deaths per 1,000 live births) between 2020 and 2024 was significantly higher than the rate for non-Indigenous infants (12.3 deaths per 1,000 live births). It is important to note that the rate for Indigenous infants was based on very small numbers (an average of 11 deaths per year) and is therefore not very robust. The Queensland Indigenous perinatal mortality rate over the same period was 20.1 deaths per 1,000 live births, which was significantly higher than the Queensland non-Indigenous rate of 11.7 deaths per 1,000 live births for the same period.

# Logan Local Government Area

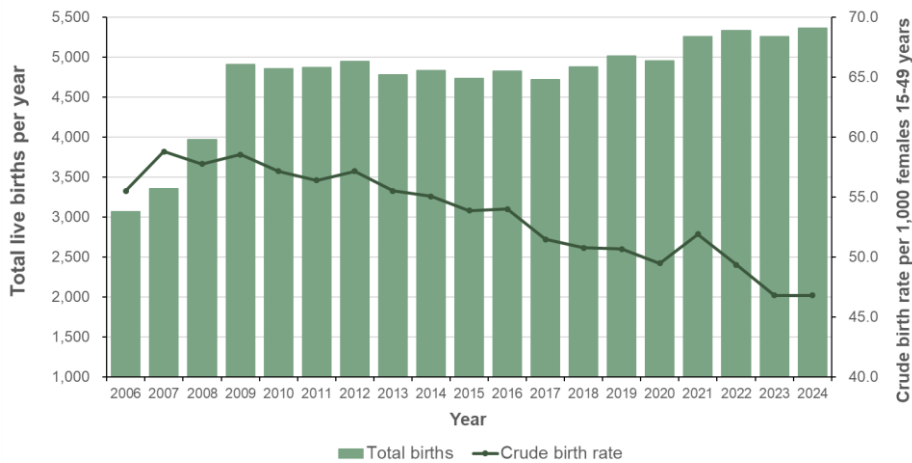
## Births and lifetime fertility

In 2024 there were 5,367 births to 5,305 mothers living in Logan Local Government Area (LGA), including 5,320 live births and 47 stillbirths. This represented a crude live birth rate in Logan LGA of 57.8 live births per 1,000 women (15 to 49 years) which was significantly higher than the Queensland crude rate of 44.6 live births per 1,000 women. At each year between 2020 and 2024 the annual crude birth rate in Logan LGA was significantly higher than the Queensland rate (by between 20 and 30 per cent).

In Logan LGA in 2023, Browns Plains statistical area 3 (SA3) had the highest number of females residents aged 15 to 49 years, the highest number of live births (1,774) and consequently the highest crude live birth rate at 66.3 births per 1,000 women. Crude birth rates were higher than the Queensland rate in all SA3s within Logan LGA (Appendix 1: Table 1).

In 2022 to 2024, 7.2% of Logan LGA women who gave birth identified as being Aboriginal and/or Torres Strait Islander. The percentage was highest in the SA3s of Beenleigh (8.5%) and Springwood – Kingston (8.2%) (Appendix 1: Table 2).

Between 2006 and 2009, total births in Logan LGA increased sharply from around 3,000 to almost 5,000 per year. However from 2009 to 2018, total births remained relatively steady at just below 5,000 per year. After 2018 annual total births increased, reaching over 5,360 in 2024. While births in Logan LGA were increasing, the population of the LGA was increasing at a greater rate. As a result from 2007 onwards, crude birth rates fell consistently with the exception of a modest peak in 2021 (Figure 12).



**Figure 12: Total births and crude birth rate per 1,000 females (15 to 49 years), Logan LGA, 2006 to 2024**

Total lifetime fertility refers to the total number of children an average woman can be expected to have over the course of her lifetime. In 2024, the Logan LGA total lifetime fertility rate was 1.93 children per female. This was significantly higher than the Queensland rate of 1.50 children per female (Table 5). The rate in Logan LGA was significantly higher than the Queensland rate in all years from 2020 to 2024 (Table 5).

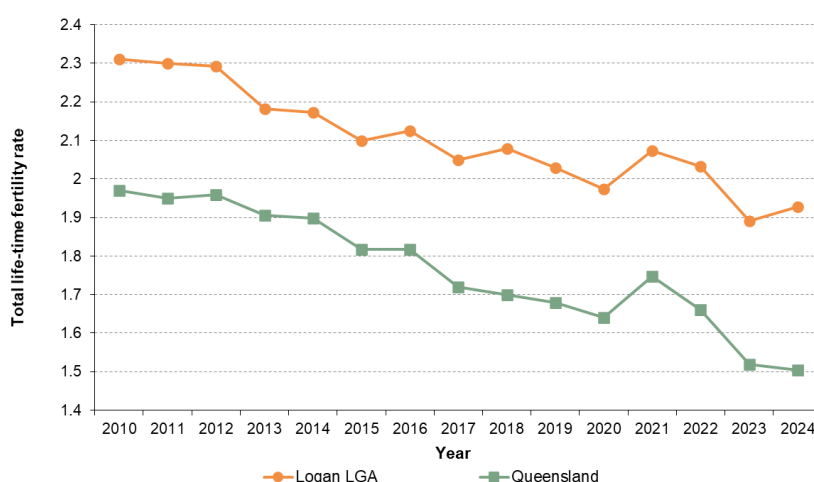
**Table 5: Total lifetime fertility rate per female by year for Logan LGA and Queensland, 2020 to 2024**

Year	Logan LGA Rate (95% CI)	Queensland Rate (95% CI)	Statistically significant difference LGA - QLD*
2020	1.97 (1.92 – 2.03)	1.64 (1.63 – 1.65)	↑
2021	2.07 (2.02 – 2.13)	1.75 (1.73 – 1.76)	↑
2022	2.03 (1.98 – 2.09)	1.66 (1.65 - 1.67)	↑
2023	1.89 (1.84 – 1.94)	1.52 (1.51 - 1.53)	↑
2024	1.93 (1.88 – 1.98)	1.50 (1.49 – 1.52)	↑

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

All SA3s in Logan LGA (with the exception of Loganlea – Carbrook) had lifetime fertility rates significantly higher than the Queensland rate. Browns Plains and Jimboomba SA3s had rates over 2.0 (Appendix 1: Table 1).

In-step with crude birth rates, total lifetime fertility rates trended downwards in both Logan LGA and Queensland between 2010 and 2023. In Logan LGA the rate fell below 2.1 children per female (regarded as necessary for population replacement) in 2017 and remained below that level in the following years. An unexpected increase in fertility and birth rates was recorded in 2021 during the COVID-19 pandemic (Figure 13).



**Figure 13: Total lifetime fertility rates for Logan LGA and Queensland, 2010 to 2024**

The results of the Families in Australia Survey<sup>2</sup>, conducted in late 2020, indicated that for around one in five women under 40, COVID-19 impacted on their intentions of having children. The most commonly reported impacts included delaying the timing of trying to conceive, delayed access to IVF treatment and planning to have fewer children. The key reasons given for delaying or not having children were related to financial concerns, job insecurity and pandemic-related health risks. The survey found a small proportion of women did report that the pandemic brought forward their plans of having children.

The 2021 increase in birth rate seen in Queensland would seem to be contrary to the results of the Families in Australia Survey. The difference in Queensland may be at least partly attributed to the lower impact of COVID-19 on the general population in 2020/2021 compared with many other states. Queensland was able to stay almost COVID-19-free through these two years, avoiding both the prolonged lockdowns experienced in

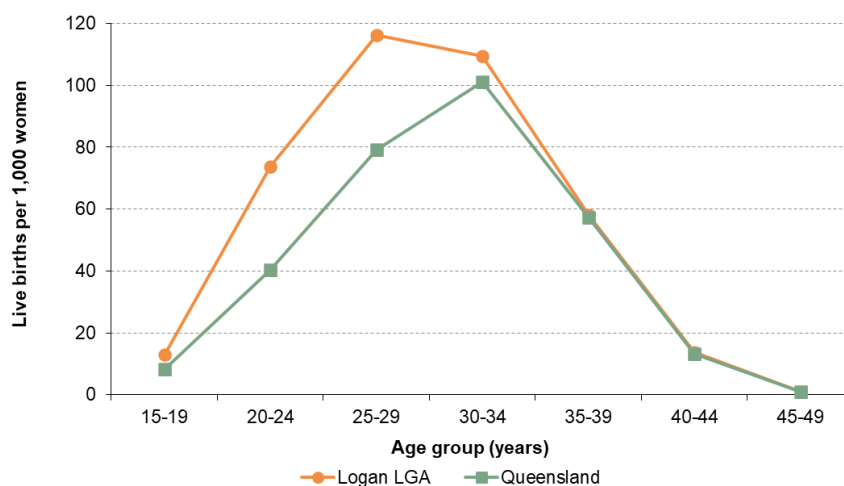
some other states and some of the more extreme financial, social and health impacts which resulted from them.

It is interesting to note that the 2021 increase in birth rate was temporary with rates falling in the two following years (Figure 3). The fall across 2022 and 2023 was less marked in Logan LGA than in Queensland but it still suggests that the temporary increase was based, at least partly, in women bringing forward their plans to have a child, rather than having an additional child.

## Maternal age

The median age of Logan LGA women who gave birth in 2024 was 30 years. This was slightly lower than the median age of all Queensland mothers of 31 years. Indigenous Logan LGA mothers in 2024 had a median age of 27 years which was slightly higher than the median for all Queensland Indigenous mothers (26 years).

In 2024, age-specific birth rates were significantly higher in Logan LGA than in Queensland in all five-year age groups from 15 to 34 years but were statistically similar in older age groups. Age specific birth rates peaked in the 25 to 29 years age group for Logan LGA mothers but older at 30 to 34 years for Queensland mothers (Figure 14).



**Figure 14: Age specific live-birth rates for Logan LGA and Queensland, 2024**

The percentage of births to mothers in all five-year age groups under 35 years were significantly higher than in Queensland (41% of all births) in 2024 (Table 6). Correspondingly, the proportion of births to Logan LGA women aged 30 years and over was significantly lower than in Queensland (Table 6).

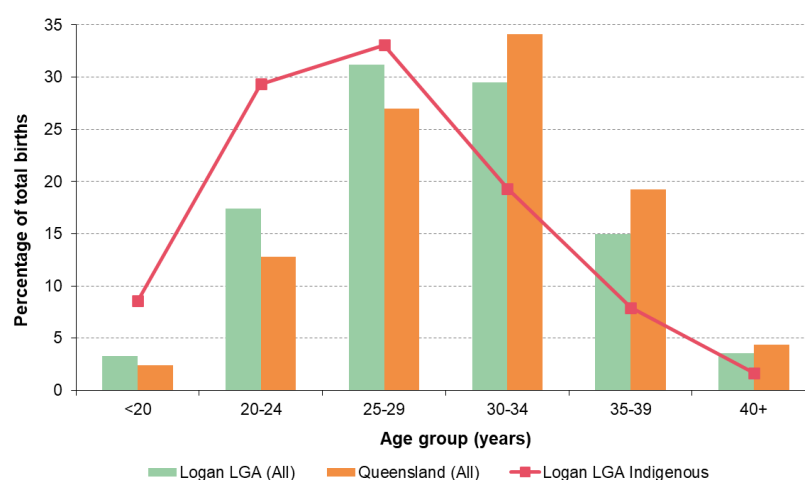
**Table 6: Number and proportion of live births by maternal age group, Logan LGA and Queensland, 2024**

Age group (years)	Logan LGA		Queensland		Relative Risk (95% CI)	Statistically significant difference LGA - QLD*
	Live births	% of live births	Live births	% of live births		
<20	168	3.2	1,393	2.5	1.58 (1.35 – 1.85)	↑
20-24	909	17.1	6,988	12.3	1.82 (1.71 – 1.95)	↑
25-29	1,619	30.4	15,033	26.4	1.47 (1.40 – 1.54)	↑
30-34	1,617	30.4	19,819	34.8	1.08 (1.03 – 1.13)	↑
35-39	820	15.5	11,064	19.4	1.01 (0.95 – 1.09)	—
40-49	187	3.5	2,598	4.6	1.06 (0.92 – 1.23)	—
<b>Total</b>	<b>5,320</b>	<b>100.0</b>	<b>56,895</b>	<b>100.0</b>		

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

In 2024 the SA3s within Logan LGA with the highest proportions of births to very young mothers (under 20 years) were Springwood – Kingston (3.4%) and Browns Plains (3.3%) (Appendix 1: Table 3). Browns Plains SA3 also had the highest lifetime fertility rate (2.1 children per female) and by far the highest crude birth rate (66.3 births per 1,000 women) (Appendix 1: Table 1). Loganlea – Carbrook SA3 had the highest proportion of births to older mothers (35 years and over) in Logan LGA at 22% (Appendix 1: Table 3).

In Logan LGA in 2022 to 2024 the most common age for a woman to have a baby was 25 to 29 years while in Queensland it was 30 to 34 years. The most common age for Logan LGA Indigenous women to have a baby was also 25 to 29 years (Figure 15; Table 7).



**Figure 15: Percentage of total births by maternal age and Indigenous status, Logan LGA and Queensland, 2022 to 2024**

In 2022 to 2024, 71% of all Logan LGA Indigenous births were to mothers aged less than 30 years. This was significantly higher than the percentage of births to non-Indigenous Logan LGA women under 30 years of age (52% of all births) over the same period (Table 7).

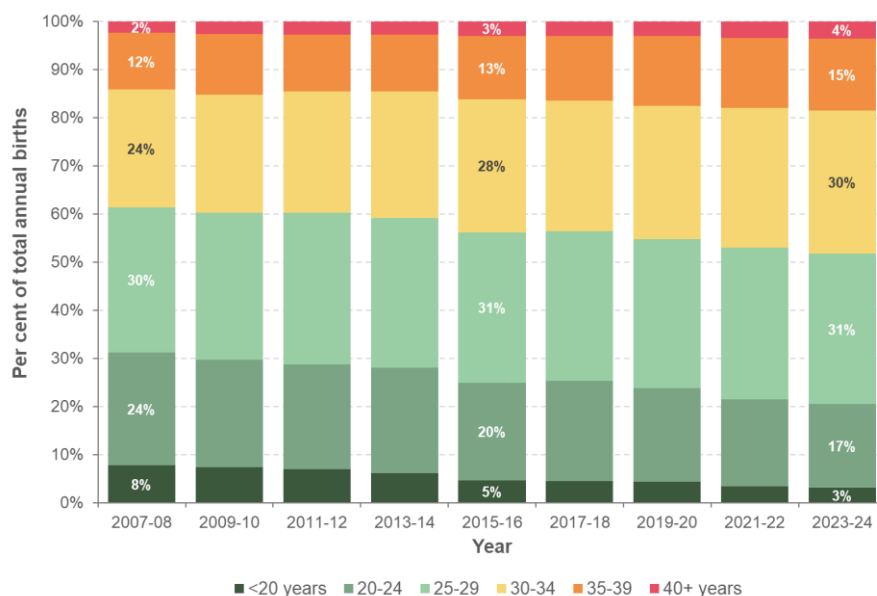
**Table 7: Number and proportion of total births by maternal age group and Indigenous status, Logan LGA, 2022 to 2024**

Age group (years)	Logan LGA Indigenous		Logan LGA non-Indigenous		Relative Risk (95% CI)	Statistically significant difference Indigenous – non-Indigenous births*
	Total births	% of total births	Total births	% of total births		
<20	92	8.6	436	3.0	2.85 (2.29 – 3.54)	↑
20-24	314	29.3	2,470	17.1	1.72 (1.55 – 1.90)	↑
25-29	354	33.1	4,625	32.0	1.03 (0.95 – 1.13)	—
30-34	207	19.3	4,501	31.2	0.62 (0.55 – 0.70)	↓
35+	103	9.6	2,854	19.8	0.50 (0.42 – 0.61)	↓
<b>Total</b>	<b>1,070</b>	<b>100.0</b>	<b>14,886</b>	<b>100.0</b>		

\* ↑ Indigenous births statistically significantly higher than non-Indigenous births; ↓ Indigenous births statistically significantly lower than non-Indigenous births; — no statistically significant difference between Indigenous and non-Indigenous births

Between 2007-08 and 2023-24 the proportion of births to women under 25 years of age in Logan LGA fell from 31% to 20%. Proportionally the greatest decrease was in the under 20 years age group which decreased by more than half from 8% to 3% of all births. (Figure 16).

Over the same period there was a corresponding increase in the proportion of births to women 30 years and over from 39% to 49%. The greatest increase was in the 35 to 39 years age group (five percentage point increase) while the greatest proportional increase was in those 40 years and over which doubled from 2% to 4% of all births (Figure 16).



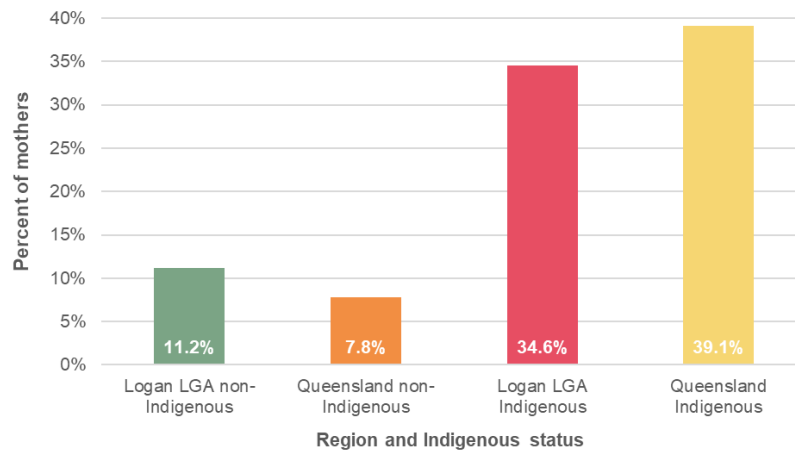
**Figure 16: Biannual proportions of total births by maternal age group, Logan LGA, 2007-08 to 2023-24**

## Maternal smoking

In 2022 to 2024, 13% of pregnant women in Logan LGA reported smoking cigarettes for all or part of their pregnancy. This was significantly higher than all of Queensland where 10% of pregnant women smoked.

In 2022 to 2024, 35% of Indigenous Logan LGA mothers reported smoking during pregnancy, significantly higher than the non-Indigenous mothers' prevalence of smoking in pregnancy in Logan LGA (11%). The

pattern of high rates of smoking among pregnant Indigenous women was also seen throughout Queensland where the reported prevalence was 39% in 2022 to 2024 (Figure 17).

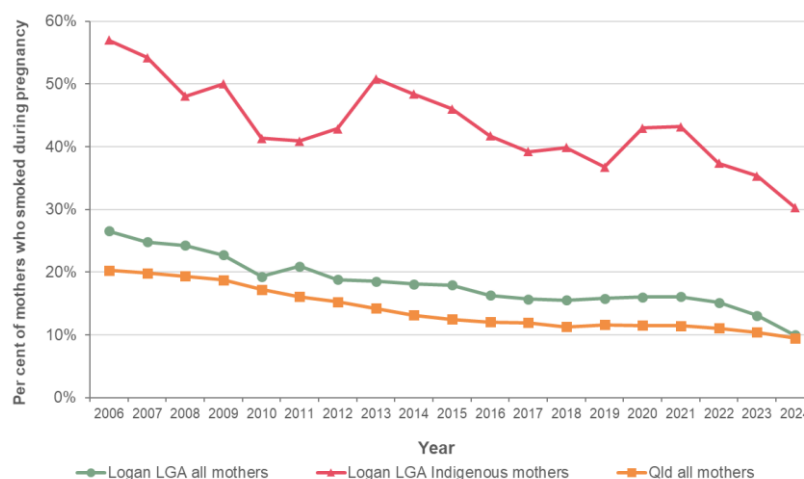


**Figure 17: Percentage of mothers who reported smoking during pregnancy, Logan LGA and Queensland with Indigenous status, 2022 to 2024**

Springwood – Kingston SA3 had the highest maternal smoking rate in Logan LGA (16%) while the lowest was in Jimboomba (8.6%) which was significantly lower than the Queensland rate (10.4%) (Appendix 1: Table 4).

Between 2006 and 2024 reductions in rates of smoking in pregnancy were observed in both Logan LGA and Queensland. The rate for all Logan LGA mothers in fell by almost two-thirds from 27% in 2006 to 10% in 2024 (Figure 18).

Among Logan LGA Indigenous mothers, the rates of smoking in pregnancy were more variable, largely owing to the relatively small numbers of persons involved. Overall they recorded a decrease from a peak of 57% in 2006 to 30% in 2024 (Figure 18). An increase was recorded in 2020-21 during the COVID-19 pandemic however this has been followed by substantial falls in the subsequent years (Figure 18).



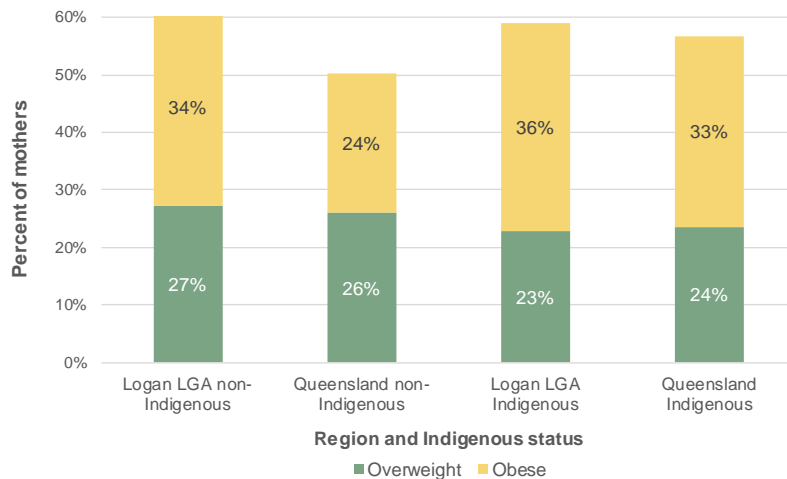
**Figure 18: Rate of smoking during pregnancy for all mothers and Indigenous mothers, Logan LGA, 2006 to 2024**

# Maternal obesity

Body mass index (BMI) is a ratio of a person's height and weight (weight in kilograms divided by the square of height in metres) which is used to define obesity. A BMI of 25 to 29.9 is defined as overweight in pregnancy and a BMI of 30 or more is defined as obesity<sup>5</sup>.

In 2022 to 2024, over one-third (35%) of Logan LGA women who gave birth were obese during pregnancy (as assessed at their first antenatal visit, usually in the first trimester of pregnancy). This was significantly higher than the maternal obesity rate in Queensland (25%) for the same period. A further quarter (27%) of Logan LGA women who gave birth over this period were overweight (Figure 19).

Over the same period, 36% of Indigenous Logan LGA mothers were obese during pregnancy, not significantly different from the prevalence of non-Indigenous maternal obesity in Logan LGA (34%) and significantly lower than the maternal obesity prevalence of Queensland Indigenous mothers. High rates of obesity among pregnant Indigenous women were seen throughout Queensland where the reported prevalence was 33% in 2022 to 2024 (Figure 19). The prevalence of overweight (but not obesity) was slightly lower in Indigenous compared with non-Indigenous mothers in Logan LGA (Figure 19).



**Figure 19: Percentage of mothers reported as being obese and overweight during pregnancy, Logan LGA and Queensland by Indigenous status, 2022-24**

Maternal obesity rates were significantly higher than the Queensland rate in all SA3s within Logan LGA (Appendix 1: Table 5). The SA3s with the highest rates were Browns Plains (36.2%) and Beenleigh (35.1%) (Appendix 1: Table 5).

# Diabetes in pregnancy

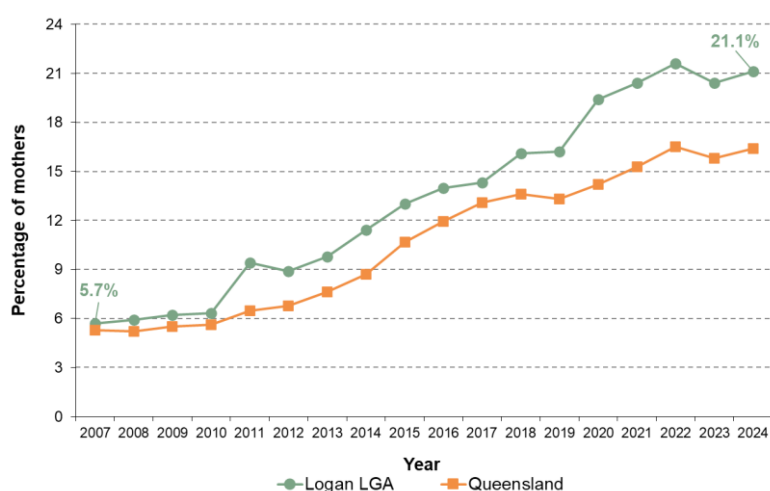
In the three years from 2022 to 2024, the proportion of mothers with gestational diabetes in Logan LGA (21.1%) was significantly higher than the proportion in Queensland (16.4%). The proportion of Logan LGA Indigenous mothers with gestational diabetes (15.9%) was significantly lower than the prevalence in non-Indigenous Logan LGA mothers (21.5%).

Rates of gestational diabetes were significantly higher than the Queensland rate in all SA3s within Logan LGA (Appendix 1: Table 6). The highest rate was in Browns Plains SA3 at 23.2%.

The prevalence of gestational diabetes in all Logan LGA mothers was 3.7 times higher in 2024 (21.1%) than in 2007 (5.7%) (Figure 10). This was a greater increase than was recorded in Queensland where the prevalence in 2023 was 3.1 times higher than in 2007 (Figure 20).

Such substantial increases in prevalence of gestational diabetes indicate a likely increase in prevalence for many adverse pregnancy outcomes, especially if the trend towards increased diabetes prevalence remains sustained over time.

It is important to note that the diagnostic criteria for gestational diabetes were updated internationally in 2010<sup>8</sup>. These changes, which resulted in an increase in the likelihood a woman would be diagnosed, were implemented incrementally in Australia between approximately 2011 and 2015<sup>8</sup>. The change in diagnostic criteria was responsible for some of the observed increase in prevalence, however the continued increases observed since 2015 indicate that there has been a ‘real’ and ongoing change in population prevalence.



**Figure 20: Percentage of mothers with gestational diabetes, Logan LGA and Queensland, 2007 to 2024**

The numbers of Logan LGA Indigenous mothers with gestational diabetes were too low for single year comparisons to be undertaken. However, between the five-year periods of 2007 to 2011 and 2020 to 2024 there was a 125% increase in Indigenous gestational diabetes in Logan LGA which was similar to the 126% increase reported for Queensland Indigenous mothers over the same period (Table 8).

**Table 8: Number and percentage of mothers with gestational diabetes by Indigenous status, Logan LGA and Queensland, 2020 to 2024 with comparison to 2012 to 2016 and 2007 to 2011**

Region	Indigenous status	Mothers with gestational diabetes			Percentage increase in prevalence 2007-11 to 2020-24	
		2020 – 2024		2012 – 2016		
		Number	%	%		
Logan LGA	Indigenous	263	15.5	9.0	6.9	125%
	All persons	5,338	20.7	11.4	6.8	204%
Queensland	Indigenous	3,620	15.6	10.2	6.9	126%
	All persons	46,337	15.8	9.1	5.6	182%

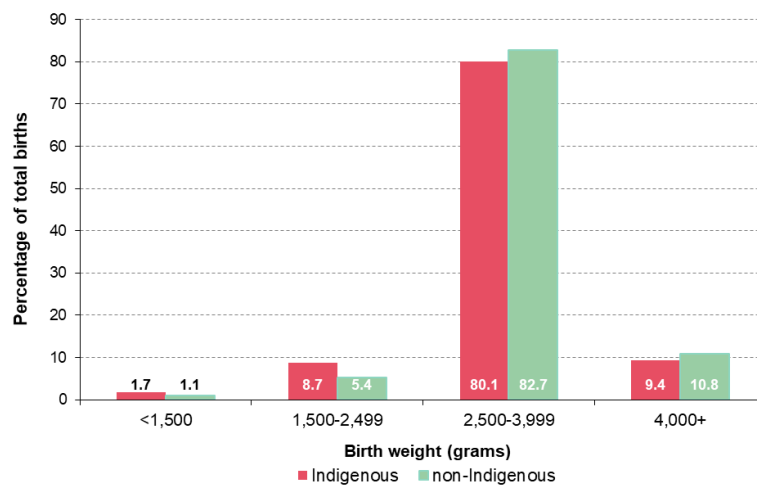
# Birth weight and pre-term birth

The majority of babies (82%) born to Logan LGA mothers in 2022 to 2024 were in the normal birth weight range (2,500-3,999g). Low birth weight (<2,500g) was recorded for 6.5% of babies and high birth weight (4,000+g) for 11% of babies. The prevalences of low birth weight in Logan LGA was statistically similar to Queensland however the prevalence of high birth weight was slightly but statistically significantly higher in Logan LGA than Queensland (10.5%).

In Logan LGA only Springwood – Kingston SA3 had a significantly higher prevalence of low birth weight babies (8.2%) than Queensland (Appendix 1: Table 7). Jimboomba and Beenleigh SA3s had a significantly higher prevalence of high birth weight babies than Queensland (Appendix 1: Table 8).

For Indigenous babies, a five-year time period (2020 to 2024) was examined. For this period, the prevalence of low birth weight in Logan LGA Indigenous babies (10.4%) was significantly higher than the prevalence among non-Indigenous Logan LGA babies (6.5%) and statistically similar to in Queensland Indigenous babies (11.7%) (Figure 21).

The 2020 to 2024 prevalence of high birth weight among Indigenous babies in Logan LGA (9.4%) was statistically similar to the prevalence among non-Indigenous Logan LGA babies (10.8%) and also similar to the prevalence in Queensland Indigenous babies (9.0%) (Figure 21).



**Figure 21: Percentage of total births by birth weight and Indigenous status, Logan LGA, 2020 to 2025**

The main cause of low birthweight is pre-term birth. Most pregnancies last 40 weeks and a baby is considered to have been born pre-term if it is born before the 37<sup>th</sup> week of pregnancy.

In 2022 to 2024, 4.0% of Logan LGA babies were born before 35 weeks gestation, defined as extremely to moderately pre-term. This was the same as the percentage in Queensland (Appendix 1: Table 9).

In the five-year period 2020 to 2024, 5.0% of Logan LGA Indigenous babies were born before 35 weeks gestation. This was significantly higher than the percentage of non-Indigenous Logan LGA babies (3.9%) but significantly lower than the percentage of Queensland Indigenous babies (6.7%).

## Antenatal visits

Based on mothers who gave birth at 32 weeks gestation or later in 2022 to 2024, just over three-quarters of Logan LGA mothers (77%) attended eight or more antenatal visits over the course of their pregnancy. This was significantly lower than the 82% of Queensland mothers who attended eight or more visits. A lower proportion of Indigenous Logan LGA mothers attended eight or more antenatal visits (74%) compared with non-Indigenous mothers (77%) but this difference was not statistically significant.

The percentage of Logan LGA Indigenous mothers attending five or more antenatal visits consistently increased from 77% in 2007-2010<sup>11</sup> to 83% in 2012-2016<sup>11</sup> to 90% in 2022-2024.

Within Logan LGA, the SA3 of Jimboomba had the highest attendance at eight or more antenatal visits (83%) while the lowest was in Springwood – Kingstone SA3 (72%) (Appendix 1: Table 10).

## Infant mortality

In Logan LGA, on average there were 20 infant deaths per year in the five years from 2018 to 2022 (including an average of fewer than five Indigenous infant deaths per year). The five-year infant mortality rate in Logan LGA (4.0 deaths per 1,000 live births) was statistically similar to the Queensland rate (4.1 deaths per 1,000 live births) over this period. Owing to the small number of Indigenous infant deaths in the area, rates were not calculated for Logan LGA Indigenous infants.

## Perinatal mortality

Perinatal mortality rate refers to stillbirths or deaths in the first 28 days of life. On average there were 68 perinatal deaths per year in Logan LGA in the five years from 2020 to 2024. In this period, the perinatal mortality rate in Logan LGA (13.1 deaths per 1,000 births) was statistically similar to the Queensland rate (12.4 deaths per 1,000 births).

In Logan LGA on average there were five perinatal deaths of Indigenous infants per year in 2020 to 2024. The number was too low for reliable perinatal mortality rate to be calculated.

# Redland Local Government Area

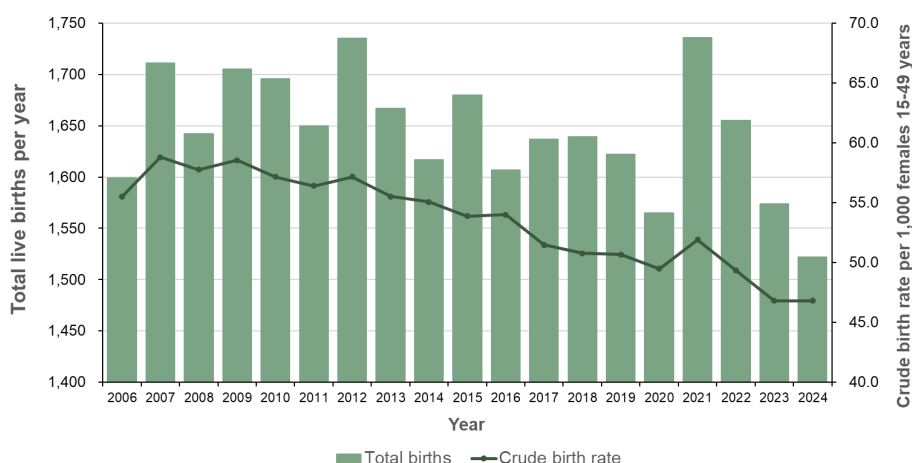
## Births and lifetime fertility

In 2024 there were 1,522 births to 1,488 mothers living in Redland LGA, including 1,512 live births and 10 stillbirths. This represented a crude birth rate in Redland LGA of 44.4 live births per 1,000 women (15 to 49 years), almost the same as the Queensland crude rate of 44.6 live births per 1,000 women.

Cleveland – Stradbroke SA3 had a higher number of females residents aged 15 to 49 years and a higher number of births in 2024 than Capalaba SA3. However, Capalaba SA3 had a slightly higher crude live birth rate. Both SA3s had crude birth rates broadly similar to the Queensland rate (Appendix 1: Table 1).

In 2022 to 2024, 4.3% of Redland LGA women who gave birth identified as being Aboriginal and/or Torres Strait Islander. The percentage was marginally higher in Capalaba SA3 than in Cleveland – Stradbroke SA3 (Appendix 1: Table 2).

Between 2006 and 2012 total births in Redland LGA varied between 1,600 and 1,740 per year. However between 2013 and 2020, a noticeable downward trend occurred. A peak in births occurred in 2021 during the COVID-19 pandemic but this was followed by sharp falls. From 2007 onwards, crude total birth rates fell steadily with the exception of a modest peak in 2021 (Figure 22).



**Figure 22: Total births and crude birth rate per 1,000 females (15 to 49 years), Redland LGA, 2006 to 2024**

Total lifetime fertility refers to the total number of children an average woman can be expected to have over the course of her lifetime. In 2024, the Redland LGA total lifetime fertility rate was 1.74 children per female. This was significantly higher than the Queensland rate of 1.50 children per female (Table 9).

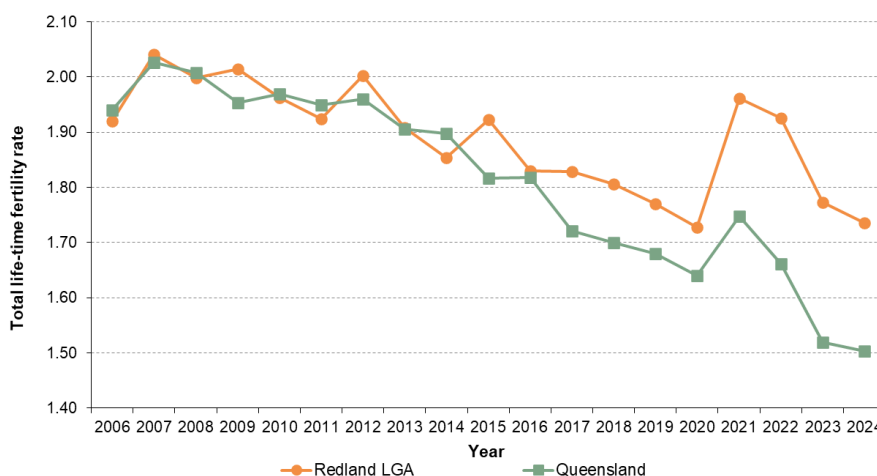
**Table 9: Total lifetime fertility rate per female by year for Redland LGA and Queensland, 2020 to 2024**

Year	Redland LGA Rate (95% CI)	Queensland Rate (95% CI)	Statistically significant difference LGA - QLD*
2020	1.73 (1.64 – 1.81)	1.64 (1.63 – 1.65)	—
2021	1.96 (1.87 – 2.05)	1.75 (1.73 – 1.76)	↑
2022	1.93 (1.83 – 2.02)	1.66 (1.65 - 1.67)	↑
2023	1.77 (1.68 – 1.86)	1.52 (1.51 - 1.53)	↑
2024	1.74 (1.65 – 1.82)	1.50 (1.49 – 1.52)	↑

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

Cleveland – Stradbroke SA3 had a marginally higher 2024 lifetime fertility rate (1.75) than Capalaba SA3 (1.71). Both rates were statistically similar to the Queensland rate (Appendix 1: Table 1).

In-step with crude birth rates, total lifetime fertility rates trended downwards in both Redland LGA and Queensland between 2007 and 2024. During this period rates remained well below the rate of 2.1 children per female which is regarded as necessary for population replacement. Prior to 2017 rates in Redland LGA tended to be very similar to those in Queensland, however from 2017 onwards Redland LGA rates have been higher than Queensland with the difference statistically significant from 2021 onwards (Table 9). An unexpected statistically significant increase in fertility and birth rates was recorded in 2021 during the COVID-19 pandemic (Figure 23).



**Figure 23: Total lifetime fertility rates for Redland LGA and Queensland, 2006 to 2024**

The results of the Families in Australia Survey<sup>2</sup>, conducted in late 2020, indicated that for around one in five women under 40, COVID-19 impacted on their intentions of having children. The most commonly reported impacts included delaying the timing of trying to conceive, delayed access to IVF treatment and planning to have fewer children. The key reasons given for delaying or not having children were related to financial concerns, job insecurity and pandemic-related health risks. The survey found a small proportion of women did report that the pandemic brought forward their plans of having children.

The 2021 increase in birth rate seen in Queensland would seem to be contrary to the results of the Families in Australia Survey. The difference in Queensland may be at least partly attributed to the lower impact of COVID-19 on the general population in 2020/2021 compared with many other states. Queensland was able to stay almost COVID-19-free through these two years, avoiding both the prolonged lockdowns experienced in

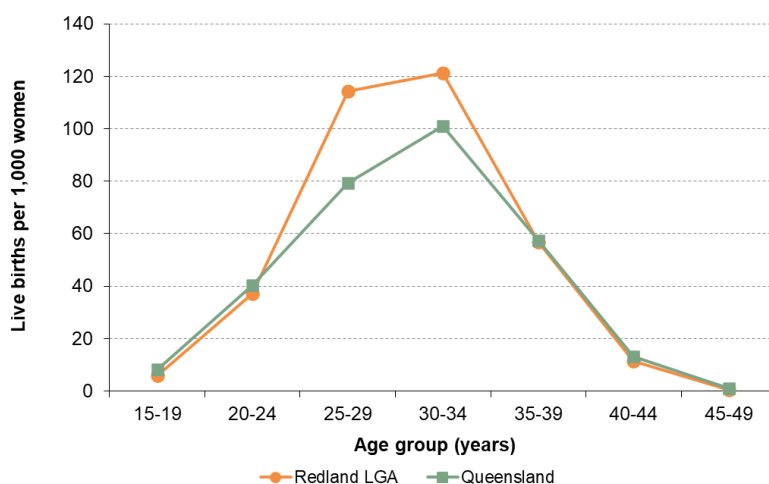
some other states and some of the more extreme financial, social and health impacts which resulted from them.

It is interesting to note that the 2021 increase in birth rate was temporary with rates falling sharply in the two following years (Figure 23). This is suggestive that the increase was based in women bringing forward their plans to have a child, rather than having an additional child.

## Maternal age

The median age of Redland LGA women who gave birth in 2023 was 31 years. This was the same as the median for all Queensland mothers (31 years). Indigenous Redland LGA mothers in 2024 had a median age of 27 years which was higher than the median for all Queensland Indigenous mothers (26 years).

In 2024, age-specific birth rates were slightly but not significantly lower in Redland LGA than in Queensland in the 15 to 24 years age groups but were significantly higher than Queensland in the 25 to 34 years age groups. Age specific live-birth rates peaked in the 30 to 34 years age group for both Redland LGA and Queensland mothers (Figure 24).



**Figure 24: Age specific live-birth rates for Redland LGA and Queensland, 2024**

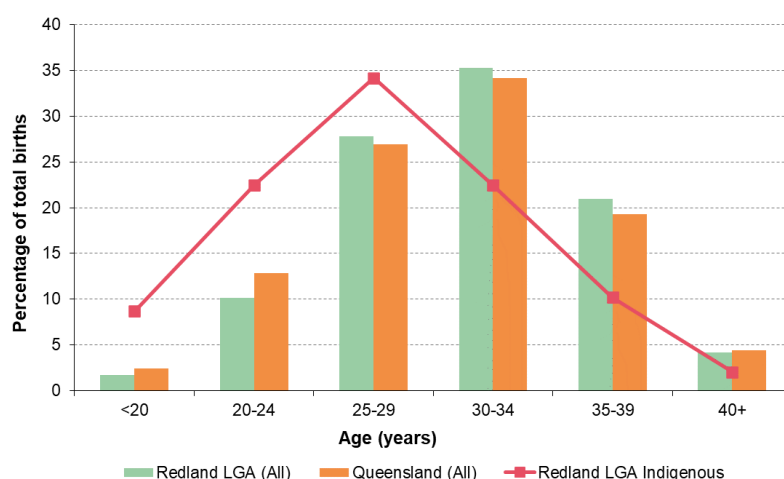
The percentage of births to young mothers (24 years of age and under) in Redland LGA (12% of all births) was significantly lower than in Queensland (15% of all births) in 2024 (Table 10). Correspondingly, the proportion of births to Redland LGA women aged 35 to 39 years was significantly higher than in Queensland (Table 10).

**Table 10: Number and proportion of live births by maternal age group, Redland LGA and Queensland, 2022-24**

Age group (years)	Redland LGA		Queensland		Relative Risk (95% CI)	Statistically significant difference LGA - QLD*
	Live births	% of live births	Live births	% of live births		
<20	81	1.7	4,292	2.4	0.70 (0.56 – 0.87)	↓
20-24	481	10.1	22,584	12.8	0.79 (0.73 – 0.86)	↓
25-29	1,321	27.8	47,511	27.0	1.03 (0.98 – 1.08)	—
30-34	1,677	35.3	60,163	34.1	1.03 (0.99 – 1.08)	—
35-39	994	20.9	33,979	19.3	1.09 (1.03 – 1.15)	↑
40+	197	4.1	7,733	4.4	0.95 (0.82 – 1.09)	—
<b>Total</b>	<b>4,751</b>	<b>100.0</b>	<b>176,262</b>	<b>100.0</b>		

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

In Redland LGA and all of Queensland in 2022 to 2024 the most common age for a woman to have a baby was 30 to 34 years. By comparison, for Redland LGA Indigenous women, the most common age to have a baby was 25 to 29 years (Figure 25; Table 11).



**Figure 25: Percentage of total births by maternal age and Indigenous status, Redland LGA and Queensland, 2022 to 2024**

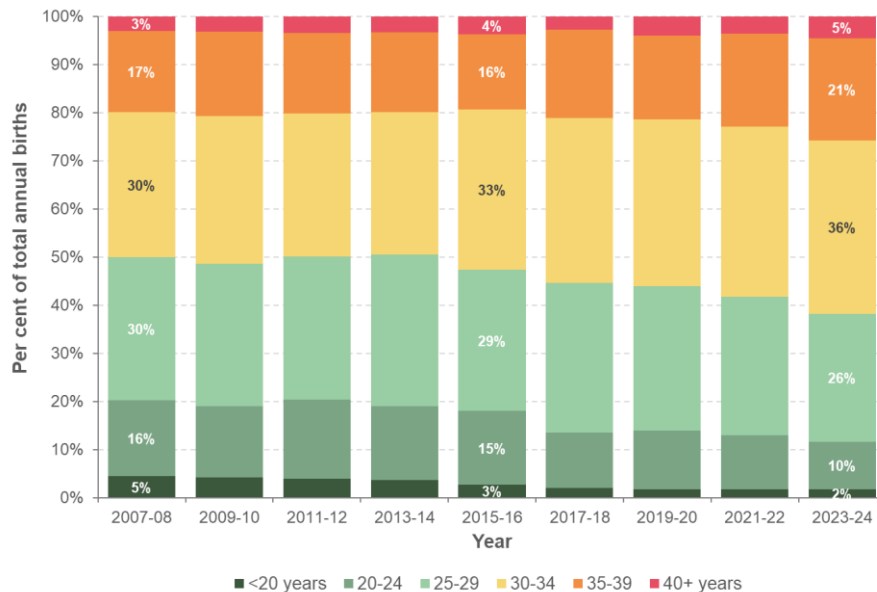
In 2022 to 2024, 65% of all Redland LGA Indigenous births were to mothers aged less than 30 years. This was significantly higher than the percentage of births to non-Indigenous Redland LGA women under 30 years of age (39%) over the same three-year period (Table 11).

**Table 11: Number and proportion of total births by maternal age group and Indigenous status, Redland LGA, 2022 to 2024**

Age group (years)	Redland LGA Indigenous		Redland LGA non-Indigenous		Relative Risk (95% CI)	Statistically significant difference Indigenous – non-Indigenous births*
	Total births	% of total births	Total births	% of total births		
<20	17	8.7	64	1.4	6.17 (3.69 – 10.33)	↑
20-24	44	22.4	437	9.6	2.34 (1.78 – 3.08)	↑
25-29	67	34.2	1,254	27.5	1.24 (1.02 – 1.52)	↑
30-34	44	22.4	1,633	35.9	0.63 (0.48 – 0.81)	↓
35+	24	12.2	1,167	25.6	0.48 (0.33 – 0.70)	↓
<b>Total</b>	<b>196</b>	<b>100.0</b>	<b>4,555</b>	<b>100.0</b>		

\* ↑ Indigenous births statistically significantly higher than non-Indigenous births; ↓ Indigenous births statistically significantly lower than non-Indigenous births; — no statistically significant difference between Indigenous and non-Indigenous births

Between 2007-08 and 2023-24 the proportion of births to women under 25 years of age in Redland LGA fell by almost half from 20% to 12% (Figure 26). There was a corresponding increase in the proportion of births to women 30 years and over from 50% to 62%. The greatest increase was in those 30 to 34 years which rose from 30% to 36% over this period (Figure 26).

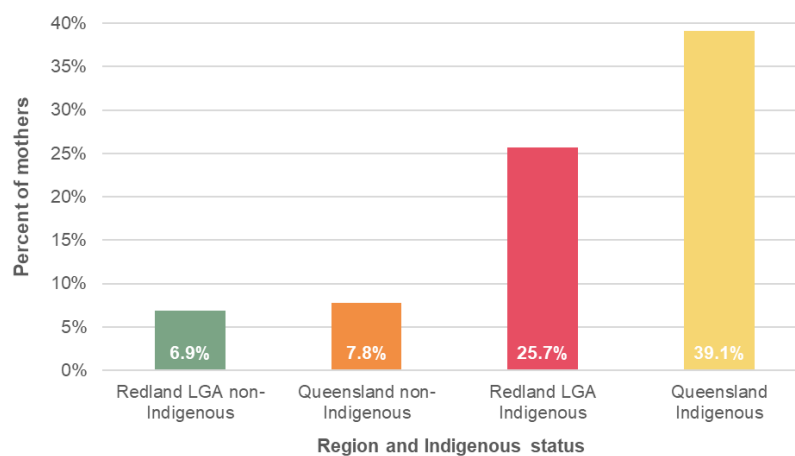


**Figure 26: Biannual proportions of total births by maternal age group, Redland LGA, 2007-08 to 2023-24**

## Maternal smoking

In 2022 to 2024, 7.7% of pregnant women in Redland LGA reported smoking cigarettes for all or part of their pregnancy. This was significantly lower than all of Queensland where 10.4% of pregnant women smoked.

In the same period, 26% of Indigenous Redland LGA mothers reported smoking during pregnancy, significantly higher than the non-Indigenous prevalence of smoking in pregnancy in Redland LGA (6.9%). The pattern of high rates of smoking among pregnant Indigenous women was also seen throughout Queensland where the reported prevalence was 39% in 2022 to 2024 (Figure 27).

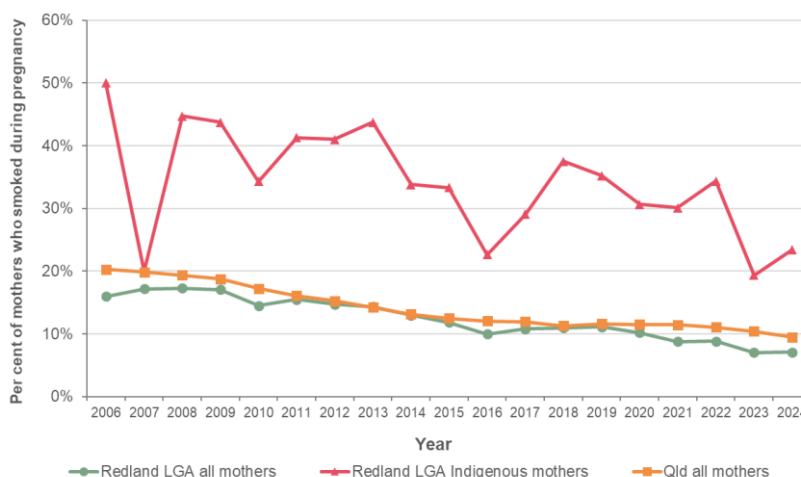


**Figure 27: Percentage of mothers who reported smoking during pregnancy, Redland LGA and Queensland with Indigenous status, 2022 to 2024**

The maternal smoking rates in both SA3s within Redland LGA were significantly lower than the Queensland rate (Appendix 1: Table 4).

Between 2006 and 2024 reductions in rates of smoking in pregnancy were observed in Redland LGA and Queensland. The rate for all mothers in Redland LGA decreased gradually by more than half from 16% in 2006 to 7% in 2024 (Figure 28).

Among Redland LGA Indigenous mothers, the rates of smoking in pregnancy were far more variable, owing to the small numbers of persons involved. Overall they also recorded a decrease from over 40% in the years prior to 2010 to 19% in 2023 (lowest rate recorded in this period) (Figure 28).



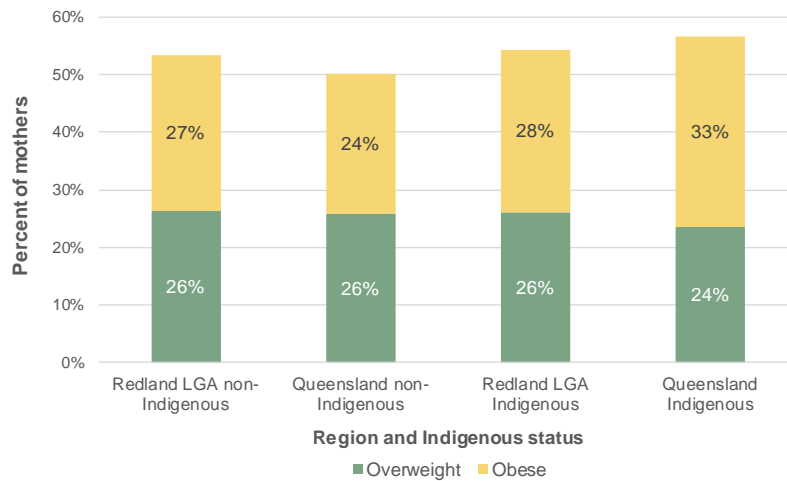
**Figure 28: Rate of smoking during pregnancy for all mothers and Indigenous mothers, Redland LGA, 2006 to 2024**

## Maternal obesity

Body mass index (BMI) is a ratio of a person's height and weight (weight in kilograms divided by the square of height in metres) which is used to define obesity. A BMI of 25 to 29.9 is defined as overweight in pregnancy and a BMI of 30 or more is defined as obesity in pregnancy.

In 2022 to 2024, over one quarter (27%) of Redland LGA women who gave birth were obese in pregnancy (as assessed at their first antenatal visit, usually in the first trimester of pregnancy). This was slightly but significantly higher than the maternal obesity rate in Queensland (25%) for the same period. A further quarter (26%) of Redland LGA women who gave birth over this period were overweight.

In the same period, over one quarter (28%) of Indigenous Redland LGA mothers were obese during pregnancy, similar to the prevalence of non-Indigenous maternal obesity in Redland LGA (27%). This is different from the pattern in all of Queensland where the rate of obesity among pregnant Indigenous women was significantly higher than in all mothers (Figure 29). The prevalence of overweight (but not obesity) was almost the same in Indigenous compared with non-Indigenous mothers in Redland LGA (Figure 29).



**Figure 29: Percentage of mothers reported as being obese and overweight during pregnancy, Redland LGA and Queensland by Indigenous status, 2022-24**

Maternal obesity rates were slightly higher in the Cleveland – Stradbroke SA3 compared with Capalaba SA3. The rate in Cleveland – Stradbroke SA3 was significantly higher than the Queensland rate (Appendix 1: Table 5).

## Diabetes in pregnancy

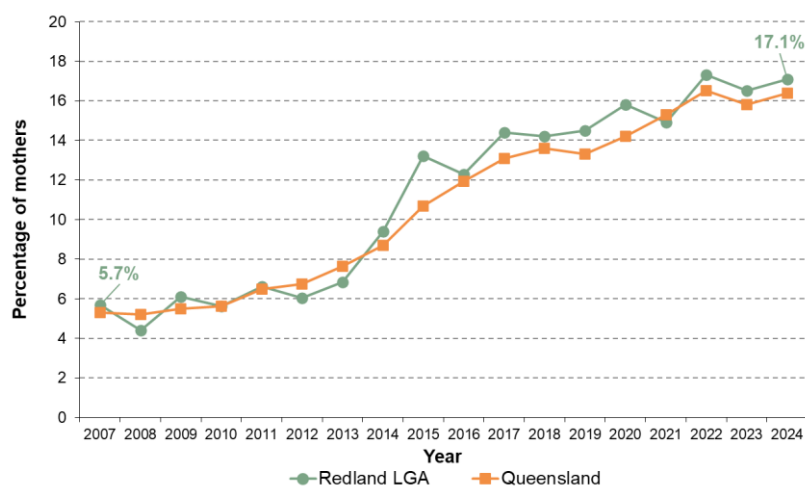
In the three years from 2022 to 2024, the proportion of mothers with gestational diabetes in Redland LGA (17.1%) was statistically similar to the proportion in Queensland (16.4%). The proportion of Redland LGA Indigenous mothers with gestational diabetes (14.1%) was also statistically similar to the prevalence in non-Indigenous Redland LGA mothers (17.2%).

Rates of gestational diabetes were statistically similar to the Queensland rate in both SA3s within Redland LGA (Appendix 1: Table 6). The higher rate was in Capalaba SA3 at 18.2%.

The prevalence of gestational diabetes in all Redland LGA mothers was 3.0 times higher in 2024 (17.1%) than in 2007 (5.7%) (Figure 10). This was a slightly lower increase than that recorded in Queensland where the prevalence in 2024 was 3.1 times higher than in 2007 (Figure 30).

Such substantial increases in prevalence of gestational diabetes indicate a likely increase in prevalence for many adverse pregnancy outcomes, especially if the trend towards increased diabetes prevalence remains sustained over time.

It is important to note that the diagnostic criteria for gestational diabetes were updated internationally in 2010<sup>8</sup>. These changes, which resulted in an increase in the likelihood a woman would be diagnosed, were implemented incrementally in Australia between approximately 2011 and 2015<sup>8</sup>. The change in diagnostic criteria was responsible for some of the observed increase in prevalence, however the continued increases observed since 2015 indicate that there has been a ‘real’ and ongoing change in population prevalence.



**Figure 30: Percentage of mothers with gestational diabetes, Redland LGA and Queensland, 2007 to 2024**

The numbers of Redland LGA Indigenous mothers with gestational diabetes were too low for single year comparisons to be undertaken. However, between the five-year periods of 2007 to 2011 and 2020 to 2024 there was a 211% increase in Indigenous gestational diabetes in MSH which was higher than the 126% increase reported for Queensland Indigenous mothers over the same period (Table 12). Importantly almost all of the increase in prevalence recorded in Redland LGA occurred prior to 2012-2016 (Table 12).

**Table 12: Number and percentage of mothers with gestational diabetes by Indigenous status, Redland LGA and Queensland, 2020 to 2024 with comparison to 2012 to 2016 and 2007 to 2011**

Region	Indigenous status	Mothers with gestational diabetes			Percentage increase in prevalence 2007-11 to 2020-24	
		2020 – 2024		2012 – 2016		2007 – 2011
		Number	%	%		%
Redland LGA	Indigenous	46	13.7	12.0	4.4	211%
	All persons	1,297	16.4	9.5	5.7	188%
Queensland	Indigenous	3,620	15.6	10.2	6.9	126%
	All persons	46,337	15.8	9.1	5.6	182%

## Birth weight and pre-term birth

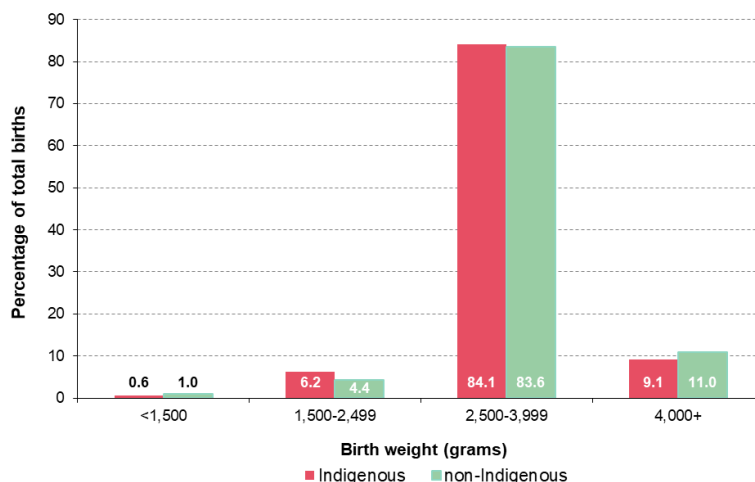
The majority of babies (83%) born to Redland LGA mothers in 2022 to 2024 were in the normal birth weight range (2,500-3,999g). Low birth weight (<2,500g) was recorded for 5.4% of babies and high birth weight (4,000+g) for 11.7% of babies. The prevalence of low birth weight in Redland LGA was statistically significantly lower than in Queensland (6.7%) while the prevalence of high birth weight was significantly higher than Queensland (10.5%).

Cleveland – Stradbroke SA3 had a significantly lower prevalence of low birth weight babies (5.2%) than Queensland while Capalaba SA3 did not vary significantly from Queensland (Appendix 1: Table 7). The prevalence of high birth weight in these two Redland LGA SA3s did not vary significantly from Queensland (Appendix 1: Table 8).

For Indigenous babies, a five-year time period (2020 to 2024) was examined owing to low annual counts. For this period, the prevalence of low birth weight in Redland LGA Indigenous babies (6.8%) was significantly

higher than the prevalence among non-Indigenous Redland LGA babies (5.4%) but significantly lower than Queensland Indigenous babies (11.7%) (Figure 31).

The 2020 to 2024 prevalence of high birth weight among Indigenous babies in Redland LGA (9.1%) was statistically similar to the prevalence among non-Indigenous Redland LGA babies (11.0%) (Figure 31) and also similar to the prevalence in Queensland Indigenous babies (9.0%).



**Figure 31: Percentage of total births by birth weight and Indigenous status, Redland LGA, 2020 to 2024**

The main cause of low birthweight is pre-term birth. Most pregnancies last 40 weeks and a baby is considered to have been born pre-term if it is born before the 37<sup>th</sup> week of pregnancy.

In 2022 to 2024, 3.4% of Redland LGA babies were born before 35 weeks gestation, defined as extremely to moderately pre-term. This was significantly lower than the percentage in Queensland (Appendix 1: Table 9).

## Antenatal visits

Based on mothers who gave birth at 32 weeks gestation or later in 2021 to 2023, 87% of Redland LGA mothers attended eight or more antenatal visits over the course of their pregnancy. This was significantly higher than the 82% of Queensland mothers who attended eight or more visits. Indigenous mothers were significantly less likely (80%) to attend eight or more antenatal visits than were non-Indigenous mothers (87%) in Redland LGA.

The percentage of Redland LGA Indigenous mothers attending five or more antenatal visits consistently increased from 77% in 2007-2010<sup>11</sup> to 83% in 2012-2016<sup>11</sup> to 98% in 2022-2024.

Cleveland – Stradbroke SA3 in Redland LGA had the highest percentage of mothers attending eight or more antenatal visits (87.8%) within the MSH area. Capalaba SA3 was slightly lower at 85.9% (Appendix 1: Table 10).

## Infant mortality

In Redland LGA, on average there were fewer than five infant deaths per year in the five years from 2018 to 2022 (including nil Indigenous infant deaths per year). The five-year infant mortality rate in Redland LGA (2.7 deaths per 1,000 live births) was statistically similar to the Queensland rate (4.1 deaths per 1,000 live births) over this period.

## Perinatal mortality

Perinatal mortality rate refers to stillbirths or deaths in the first 28 days of life. On average there were 19 perinatal deaths per year in Redland LGA in the five years from 2020 to 2024. In this period, the perinatal mortality rate in Redland LGA (11.6 deaths per 1,000 births) was statistically similar to the Queensland rate (12.4 deaths per 1,000 births).

In Redland LGA on average there were fewer than five perinatal deaths of Indigenous infants per year in 2020 to 2024. The number was too low for a reliable perinatal mortality rate to be calculated.

# Southern Brisbane LGA

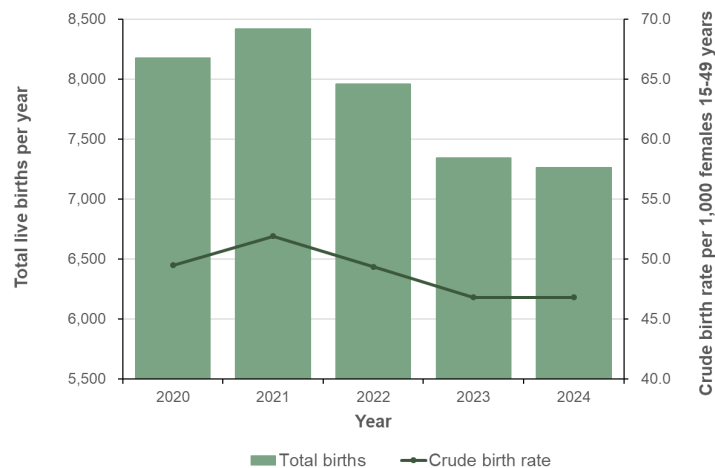
## Births and lifetime fertility

In 2024 there were 7,320 births to 7,201 mothers living in southern Brisbane LGA, including 7,261 live births and 59 stillbirths. This represented a crude live birth rate in southern Brisbane LGA of 38.5 live births per 1,000 women (15 to 49 years), much lower than the Queensland crude rate of 44.6 live births per 1,000 women. At each year between 2020 and 2024 the annual crude live birth rate in southern Brisbane LGA was lower than the Queensland rate.

Forest Lake – Oxley SA3 had the third highest number of females residents aged 15 to 49 years in southern Brisbane LGA and the highest number of live births in 2024 at 1,059. Only Forest Lake – Oxley, Rocklea – Acacia Ridge and Wynnum – Manly SA3s had crude birth rates in excess of the Queensland rate (Appendix 1: Table 1). Holland Park – Yeronga and Mt Gravatt were the SA3s with the highest numbers of female residents aged 15 to 49 years but they both had crude birth rates substantially below the Queensland rate (Appendix 1: Table 1).

In 2022 to 2024, 3.2% of southern Brisbane LGA women who gave birth identified as being Aboriginal and/or Torres Strait Islander. Forest lake – Oxley SA3 had both the highest number of Aboriginal and/or Torres Strait Islander births (210) over this period and the highest percentage of Aboriginal and/or Torres Strait Islander births (6.7%). The SA3s of Centenary and Carindale had the lowest percentages (both <2.0%) of mothers identifying as Aboriginal and/or Torres Strait Islander (Appendix 1: Table 2).

Between 2020 and 2024 total births in southern Brisbane LGA decreased from around 8,150 to 7,260 per year. There was a very minor increase in 2021 during the COVID-19 pandemic, however this was followed by two years of sharp decreases (Figure 32).



**Figure 32: Total births and crude birth rate per 1,000 females (15 to 49 years), southern Brisbane LGA, 2020 to 2024**

Total lifetime fertility refers to the total number of children an average woman can be expected to have over the course of her lifetime. In 2024, the southern Brisbane LGA total lifetime fertility rate was 1.24 children per female. This was significantly lower than to the Queensland rate of 1.50 children per female (Table 13). The

rate in southern Brisbane LGA was consistently significantly lower than Queensland every year between 2020 and 2024 (Table 13).

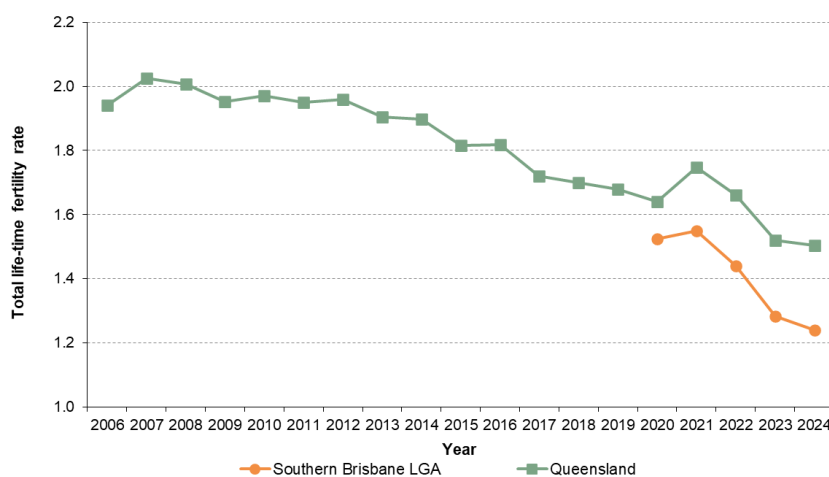
**Table 13: Total lifetime fertility rate per female by year for southern Brisbane LGA and Queensland, 2020 to 2024**

Year	Southern Brisbane LGA Rate (95% CI)	Queensland Rate (95% CI)	Statistically significant difference LGA - QLD*
2020	1.52 (1.49 – 1.56)	1.64 (1.63 – 1.65)	↓
2021	1.55 (1.52 – 1.58)	1.75 (1.73 – 1.76)	↓
2022	1.44 (1.41 – 1.47)	1.66 (1.65 – 1.67)	↓
2023	1.28 (1.25 – 1.31)	1.52 (1.51 – 1.53)	↓
2024	1.24 (1.21 – 1.27)	1.50 (1.49 – 1.52)	↓

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

No SA3s in southern Brisbane LGA had a total lifetime fertility rate of over 2.0. The highest rates were recorded in Forest Lake – Oxley (1.67) and Rocklea – Acacia Ridge (1.63) SA3s which were both significantly higher than the Queensland rate. The lowest lifetime fertility rates (<1.2 children per female) were found in SA3s in the inner Brisbane area, along the Brisbane River (Brisbane Inner, Holland Park – Yeronga, Brisbane Inner-East, Sherwood – Indooroopilly) as well as Sunnybank and Mt Gravatt. These six SA3s all had rates significantly lower than Queensland (Appendix 1: Table 1).

In-step with crude live birth rates, total lifetime fertility rates also trended downwards in Queensland between 2007 and 2023. At time of writing, data for southern Brisbane LGA were only available for 2020 to 2024 during which period rates dropped sharply from 1.5 to just over 1.2 children per female, well below the rate of 2.1 which is regarded as necessary for population replacement. An unexpected and statistically significant increase in fertility and birth rates was recorded in Queensland in 2021 during the COVID-19 pandemic, this increase was less marked in southern Brisbane LGA (Figure 33).



**Figure 33: Total lifetime fertility rates for southern Brisbane LGA (2020 to 2024) and Queensland (2006 to 2024)**

The results of the Families in Australia Survey<sup>2</sup>, conducted in late 2020, indicated that for around one in five women under 40, COVID-19 impacted on their intentions of having children. The most commonly reported impacts included delaying the timing of trying to conceive, delayed access to IVF treatment and planning to have fewer children. The key reasons given for delaying or not having children were related to financial

concerns, job insecurity and pandemic-related health risks. The survey found a small proportion of women did report that the pandemic brought forward their plans of having children.

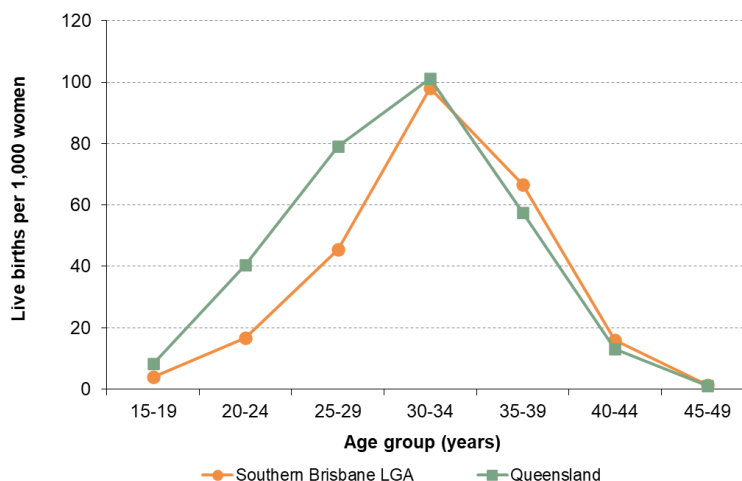
The 2021 increase in birth rate seen in Queensland would seem to be contrary to the results of the Families in Australia Survey. The difference in Queensland may be at least partly attributed to the lower impact of COVID-19 on the general population in 2020/2021 compared with many other states. Queensland was able to stay almost COVID-19-free through these two years, avoiding both the prolonged lockdowns experienced in some other states and some of the more extreme financial, social and health impacts which resulted from them.

It is interesting to note that the 2021 increase in birth rate was temporary with rates falling sharply in the two following years (Figure 3). This is suggestive that the increase was based in women bringing forward their plans to have a child, rather than having an additional child, with a substantial decrease in births from 2021 to 2024.

## Maternal age

The median age of southern Brisbane LGA women who gave birth in 2024 was 33 years. This was higher than the Queensland median age of 31 years. Indigenous southern Brisbane LGA mothers in 2024 had a median age of 26 years which was the same as the median age for all Queensland Indigenous mothers.

In 2024, age-specific birth rates were significantly lower in southern Brisbane LGA than in Queensland in the 20 to 29 years age groups but were significantly higher than Queensland in age groups 35 years and over. Age specific birth rates peaked in the 30 to 35 years age group for both southern Brisbane LGA and Queensland mothers (Figure 34).



**Figure 34: Age specific birth rates for southern Brisbane LGA and Queensland, 2024**

The percentage of births to younger mothers (29 years of age and under) in southern Brisbane LGA (27% of all live births) was significantly lower than in Queensland (41% of all live births) in 2024 (Table 14).

Correspondingly, the proportion of births to southern Brisbane LGA women aged 35 years and over was significantly higher than in Queensland (Table 14).

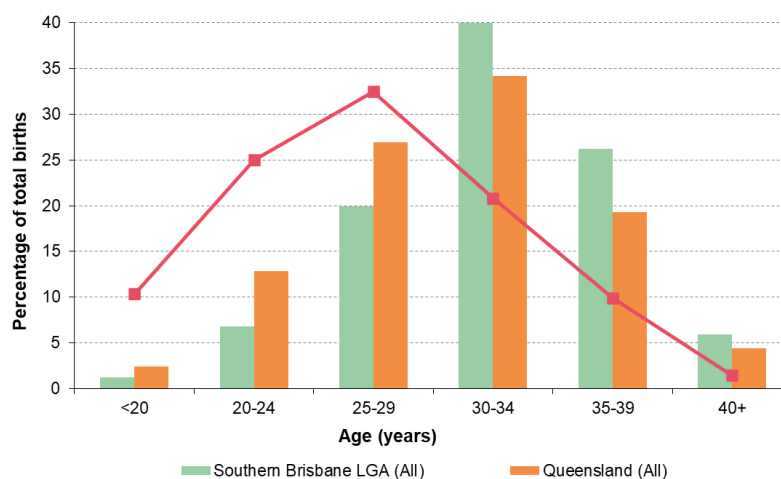
**Table 14: Number and proportion of live births by maternal age group, southern Brisbane LGA and Queensland, 2024**

Age group (years)	Southern Brisbane LGA		Queensland		Relative Risk (95% CI)	Statistically significant difference MSH - QLD*
	Live births	% of live births	Live births	% of live births		
<20	84	1.2	1,393	2.5	0.49 (0.39 – 0.61)	↓
20-24	461	6.4	6,988	12.3	0.41 (0.37 – 0.45)	↓
25-29	1,386	19.1	15,033	26.4	0.58 (0.55 – 0.61)	↓
30-34	2,921	40.2	19,819	34.8	0.97 (0.93 – 1.01)	—
35-39	1,945	26.7	11,064	19.4	1.16 (1.11 – 1.22)	↑
40-49	464	6.4	2,598	4.6	1.21 (1.09 – 1.33)	↑
<b>Total</b>	<b>7,261</b>	<b>100.0</b>	<b>56,895</b>	<b>100.0</b>		

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

The SA3s within MSH with the highest proportions of births to older mothers (35 years and over) were those in the inner Brisbane area, along the Brisbane River (Brisbane Inner, Brisbane Inner-East, Sherwood – Indooroopilly) (Appendix 1: Table 3). These were also the SA3s with the lowest fertility rates (Appendix 1: Table 1). Forest Lake – Oxley SA3 had the highest proportion of births to mothers under 20 years of age in southern Brisbane LGA (2.9%) (Appendix 1: Table 3).

In southern Brisbane LGA and all of Queensland between 2022 and 2024 the most common age for a woman to have a baby was 30 to 34 years. By comparison, for southern Brisbane LGA Indigenous women, the most common age to have a baby was 25 to 29 years (Figure 35; Table 3).



**Figure 35: Percentage of total births by maternal age and Indigenous status, southern Brisbane LGA and Queensland, 2022 to 2024**

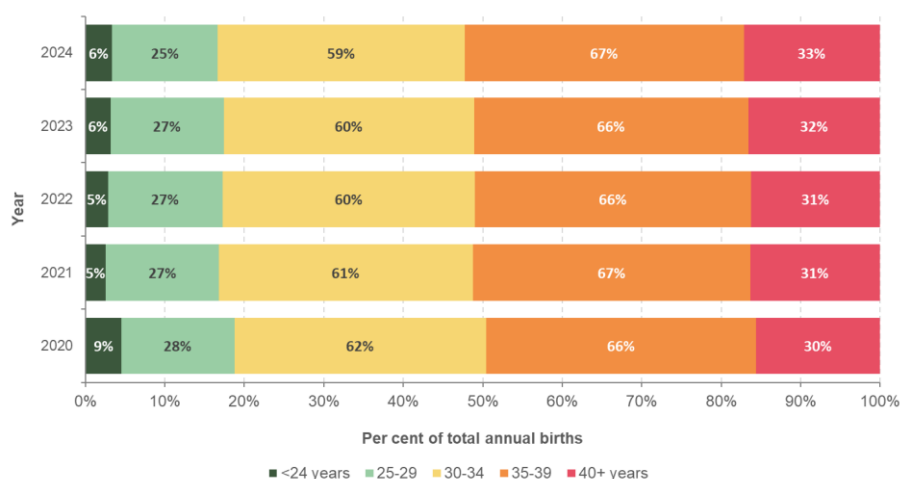
In 2022 to 2024, 68% of all births to southern Brisbane LGA Indigenous mothers were to women in age groups under 30 years. This was significantly higher than the percentage of births to non-Indigenous women under 30 years of age (27% of all births) over the same three-year period (Table 15).

**Table 15: Number and proportion of total births by maternal age group and Indigenous status, southern Brisbane LGA, 2022 to 2024**

Age group (years)	Mother Indigenous		Mother non-Indigenous		Relative Risk (95% CI)	Statistically significant difference Indigenous – non-Indigenous births*
	Total births	% of total births	Total births	% of total births		
<20	72	10.3	206	0.9	11.08 (8.57 – 14.34)	↑
20-24	174	25.0	1,380	6.3	4.00 (3.48 – 4.59)	↑
25-29	226	32.5	4,301	19.5	1.67 (1.49 – 1.86)	↑
30-34	145	20.8	8,956	40.6	0.51 (0.44 – 0.59)	↓
35+	79	11.4	7,230	32.8	0.35 (0.28 – 0.43)	↓
<b>Total</b>	<b>696</b>	<b>100.0</b>	<b>22,073</b>	<b>100.0</b>		

\* ↑ Indigenous births statistically significantly higher than non-Indigenous births; ↓ Indigenous births statistically significantly lower than non-Indigenous births; — no statistically significant difference between Indigenous and All births

Between 2020 and 2024 the proportion of births to women under 30 years of age fell from 37% to 32% in southern Brisbane LGA. A three percentage point fall was also recorded in the proportion aged 30 to 34 years while the proportion of births to mothers 40 years and over increased by three percentage points (Figure 36).

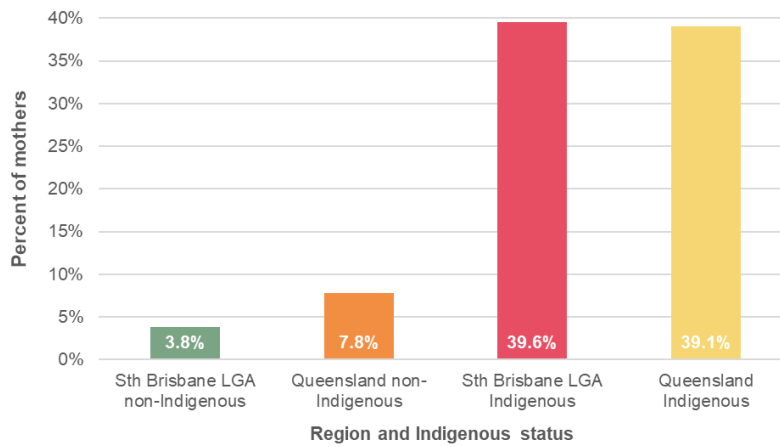


**Figure 36: Annual proportions of total births by maternal age group, southern Brisbane LGA, 2020 to 2024**

## Maternal smoking

In 2022 to 2024, 4.9% of pregnant women in southern Brisbane LGA reported smoking cigarettes for all or part of their pregnancy. This was significantly lower than all of Queensland where 10.4% of pregnant women smoked.

In 2022 to 2024, 40% of Indigenous southern Brisbane LGA mothers reported smoking during pregnancy, significantly higher than the non-Indigenous prevalence of smoking in pregnancy in this LGA (3.8%). The pattern of high rates of smoking among pregnant Indigenous women was also seen throughout Queensland where the reported prevalence was 39% in 2022 to 2024 (Figure 37).



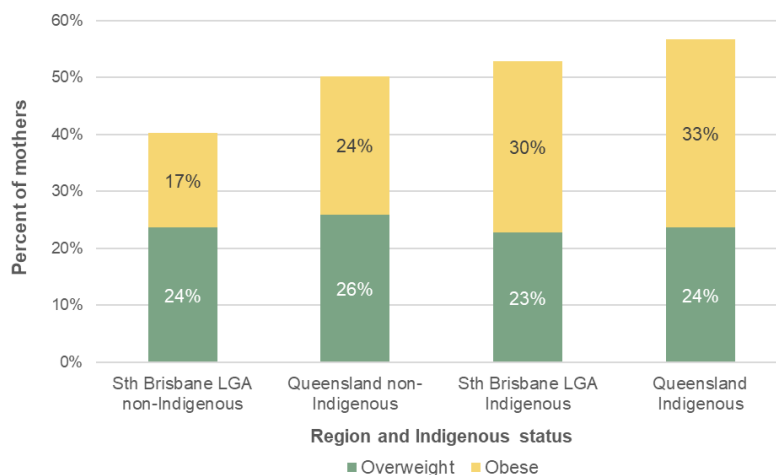
**Figure 37: Percentage of mothers who reported smoking during pregnancy, southern Brisbane LGA and Queensland with Indigenous status, 2022 to 2024**

The maternal smoking rates in all SA3s within southern Brisbane LGA were significantly lower than the Queensland rate (Appendix 1: Table 4). The SA3s with the lowest rates were all located in inner Brisbane areas. Brisbane Inner-East, Sherwood – Indooroopilly and Centenary SA3s all had rates below 3.0% (Appendix 1: Table 4).

## Maternal obesity

In 2022 to 2024, 17% of southern Brisbane LGA women who gave birth were obese (as assessed at their first antenatal visit, usually in the first trimester of pregnancy). This was significantly lower than the maternal obesity rate in Queensland (25%) for the same period. A further quarter (24%) of southern Brisbane women who gave birth over this period were overweight.

In 2022 to 2024, almost one-third (30%) of Indigenous southern Brisbane LGA mothers were obese during pregnancy, significantly higher than the non-Indigenous prevalence of maternal obesity in this area. The pattern of high rates of obesity among pregnant Indigenous women was also seen throughout Queensland where the reported prevalence was 33% in 2022 to 2024 (Figure 38). The prevalence of overweight (but not obesity) was broadly similar in Indigenous and non-Indigenous mothers in both southern Brisbane LGA and Queensland (Figure 38).



**Figure 38: Percentage of mothers reported as being obese and overweight during pregnancy, southern Brisbane LGA and Queensland with Indigenous status, 2022-24**

Maternal obesity rates were significantly lower than the Queensland rate in all but one of the SA3s within southern Brisbane LGA. Forest Lake – Oxley SA3 was the exception and was not significantly different from Queensland (Appendix 1: Table 5). The SA3s with the lowest rates were all located in inner Brisbane areas. Sherwood – Indooroopilly, Brisbane Inner, Holland Park – Yeronga and Brisbane Inner-East SA3s all had rates below 13% (Appendix 1: Table 5).

## Diabetes in pregnancy

In the three years 2022 to 2024, the proportion of mothers with gestational diabetes in southern Brisbane LGA (16.8%) was statistically similar to the proportion in Queensland (16.4%). The proportion of southern Brisbane LGA Indigenous mothers with gestational diabetes (12.6%) was significantly lower than the prevalence in non-Indigenous mothers from the LGA (16.9%).

Rates of gestational diabetes were significantly higher than Queensland in the southern Brisbane LGA SA3s of Sunnybank, Forest Lake – Oxley, Rocklea – Acacia Ridge, and Mt Gravatt (Appendix 1: Table 6). The highest rate was in Sunnybank SA3 at 21.4%. The southern Brisbane LGA SA3s with rates significantly lower than Queensland were Brisbane Inner-East, Holland Park – Yeronga, Carindale, Centenary, Wynnum – Manly and Nathan (Appendix 1: Table 6).

The prevalence of gestational diabetes in all southern Brisbane LGA mothers was three percentage points higher in 2024 (16.8%) than in 2020 (13.8%). This increase was proportionally greater than the increase recorded in Queensland over this period. The numbers of southern Brisbane Indigenous mothers with gestational diabetes were too low for single year comparisons to be undertaken.

Substantial increases in prevalence of gestational diabetes indicate a likely increase in prevalence for many adverse pregnancy outcomes, especially if the trend towards increased diabetes prevalence remains sustained over time.

## Birth weight and pre-term birth

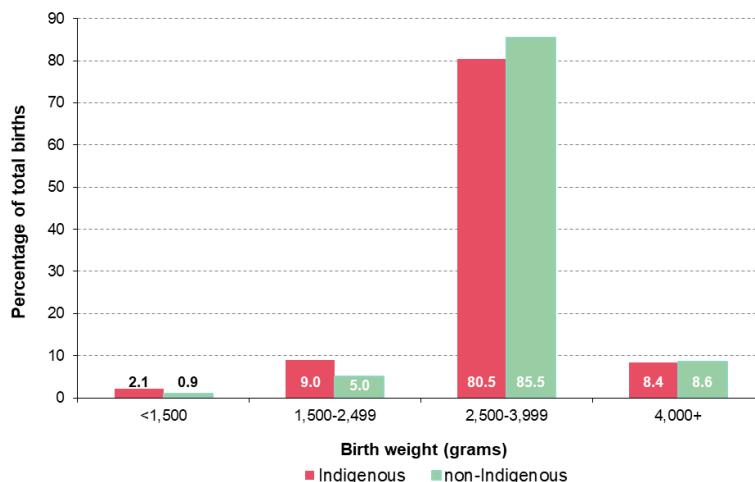
The majority of babies (83%) born to southern Brisbane LGA mothers in 2022 to 2024 were in the normal birth weight range (2,500-3,999g). Low birth weight (<2,500g) was recorded for 6.7% of babies and high birth weight (4,000+g) for 10.5% of babies. The prevalences of both low and high birth weight in southern Brisbane LGA were statistically significantly lower than in Queensland.

No SA3s within southern Brisbane LGA had a significantly higher prevalence of low birth weight babies than Queensland. However, the prevalence of low birth weight was significantly lower than Queensland in Holland Park – Yeronga, Brisbane Inner East, Centenary and Sherwood – Indooroopilly SA3s (Appendix 1: Table 7).

For southern Brisbane LGA Indigenous babies, a five-year time period (2020 to 2024) was examined. For this period, the prevalence of low birth weight in Indigenous babies (11.1%) was significantly higher than the prevalence among non-Indigenous southern Brisbane LGA babies (5.9%) (Figure 11) but statistically similar to the prevalence in Queensland Indigenous babies (11.7%).

No SA3s within southern Brisbane LGA had a significantly higher prevalence of high birth weight babies than Queensland. However, the prevalence of high birth weight was significantly lower than Queensland in Carindale, Brisbane Inner, Rocklea – Acacia Ridge Sunnybank and Mt Gravatt SA3s (Appendix 1: Table 8).

The 2020 to 2024 prevalence of high birth weight among Indigenous babies in southern Brisbane LGA (8.4%) was statistically similar to the prevalence among non-Indigenous southern Brisbane LGA babies (8.6%) (Figure 39) and also similar to the prevalence in Queensland Indigenous babies (9.0%).



**Figure 39: Percentage of total births by birth weight and Indigenous status, southern Brisbane LGA, 2020 to 2024**

The main cause of low birthweight is pre-term birth. Most pregnancies last 40 weeks and a baby is considered to have been born pre-term if it is born before the 37<sup>th</sup> week of pregnancy.

In 2022 to 2024, 3.5% of southern Brisbane LGA babies were born before 35 weeks gestation, defined as extremely to moderately pre-term. This was slightly but statistically significantly lower than the percentage in Queensland (4.0%). The SA3s of Wynnum – Manly, Mt Gravatt and Carindale had rates of pre-term births significantly lower than the Queensland rate (Appendix 1: Table 9).

In the five-year period 2020 to 2024, 6.3% of southern Brisbane LGA Indigenous babies were born before 35 weeks gestation which was significantly higher than the percentage of non-Indigenous southern Brisbane LGA babies (3.4%) but statistically similar to the percentage of Queensland Indigenous babies (6.7%).

## Antenatal visits

Based on mothers who gave birth at 32 weeks gestation or later in 2022 to 2024, just under three-quarters of southern Brisbane LGA mothers (73%) attended eight or more antenatal visits over the course of their pregnancy. This was significantly lower than the 82% of Queensland mothers who attended eight or more visits. Indigenous southern Brisbane LGA mothers were significantly less likely (49%) to attend eight or more antenatal visits than were non-Indigenous mothers (74%).

Eighty-three percent of southern Brisbane LGA Indigenous mothers attended five or more antenatal visits in the current period, compared with 89% in Queensland.

Ten of the twelve SA3s entirely or partly within southern Brisbane LGA had rates of attending eight or more antenatal visits that were significantly lower than the Queensland rate. The SA3s with the lowest attendances were all in southern Brisbane LGA: Forest Lake – Oxley, Rocklea – Acacia Ridge and Sunnybank SA3s all had attendance below 70%. The highest attendance in southern Brisbane LGA was recorded in Wynnum – Manly SA3 (85%) (Appendix 1: Table 10).

## Infant mortality

In southern Brisbane LGA, on average there were 21 infant deaths per year in the three years from 2020 to 2022 (including nil Indigenous infant deaths per year). The five-year infant mortality rate in southern Brisbane LGA (4.4 deaths per 1,000 live births) was statistically similar to the Queensland rate (4.2 deaths per 1,000 live births) over this period.

## Perinatal mortality

Perinatal mortality rate refers to stillbirths or deaths in the first 28 days of life. On average there were 95 perinatal deaths per year in southern Brisbane LGA in the five years from 2020 to 2024. In this period, the perinatal mortality rate in southern Brisbane LGA (12.2 deaths per 1,000 births) was statistically similar to the Queensland rate (12.4 deaths per 1,000 births).

In southern Brisbane LGA on average there were fewer than five perinatal deaths of Indigenous infants per year in 2020 to 2024. The number was too low for a reliable perinatal mortality rate to be calculated.

# Comparison statistics

**Table 16: Comparison of key characteristics, Metro South Health, Logan LGA and Redland LGA**

Characteristic	Year/s	Metro South Health	Logan LGA	Redland LGA	Southern Brisbane LGA	Queensland
Total live births	2024	14,250	5,320	1,512	7,261	56,895
Crude live birth rate/1,000 women	2024	44.8	57.8	44.4	38.5	44.6
Total lifetime fertility rate	2024	1.48	1.93	1.74	1.24	1.50
Median maternal age	2020-24	31 years	30 years	31 years	33 years	31 years
% births to mothers under 20 years	2024	2.0%	3.2%	2.1%	1.2%	2.5%
% births to mothers 35 years and over	2024	26.7%	19.0%	24.5%	33.1%	24.0%
% all mothers: smoked in pregnancy	2022-24	8%	13%	8%	5%	10%
% Indigenous mothers: smoked in pregnancy	2022-24	35%	35%	26%	40%	39%
% all mothers: overweight	2022-24	25%	27%	26%	24%	26%
% all mothers: obese	2022-24	25%	35%	27%	17%	25%
% Indigenous mothers: overweight	2022-24	23%	23%	26%	23%	24%
% Indigenous mothers: obese	2022-24	33%	36%	28%	30%	33%
% all mothers: gestational diabetes	2022-24	18.3%	21.1%	17.1%	16.8%	16.4%
% Indigenous mothers: gestational diabetes	2022-24	14.6%	15.9%	14.1%	12.6%	15.8%
% babies with low birth weight	2022-24	6.2%	6.5%	5.4%	6.1%	6.7%
% babies with high birth weight	2022-24	10.1%	11.1%	11.7%	8.9%	10.5%
% pre-term births (before 35 weeks gestation)	2022-24	3.7%	4.0%	3.4%	3.5%	4.0%
% all mothers: attended 8+ antenatal visits	2022-24	76%	77%	87%	73%	82%
% Indigenous mothers: attended 8+ antenatal visits	2022-24	66%	74%	80%	49%	70%
Infant mortality rate per 1,000 live births	2018-22	4.1	4.0	2.7	4.4	4.1
Perinatal mortality rate per 1,000 live births	2020-24	12.5	13.1	11.6	12.2	12.4

# Appendix 1: Indicators by SA3

Table 1: Crude live birth rates and lifetime fertility rates, Metro South Health by SA3, LGA and Queensland, 2024

Geographic region (SA3/HHS)	Live births	Females aged 15-49 years# (denominator)	Crude live birth rate per 1,000 women 15-49 years#	Lifetime fertility rate per female	Lifetime fertility rate: statistically significant difference from QLD##
Beaudesert	156	2,969	52.5	2.11	↑
Browns Plains	1,774	26,753	66.3	2.10	↑
Jimboomba	1,008	17,507	57.6	2.05	↑
Springwood – Kingston	1,075	19,660	54.7	1.90	↑
Beenleigh	694	11,956	58.0	1.82	↑
Cleveland – Stradbroke	832	19,396	42.9	1.75	—
Capalaba	743	16,374	45.4	1.71	—
Forest Lake – Oxley	1,059	20,496	51.7	1.67	↑
Loganlea – Carbrook	769	16,200	47.5	1.63	—
Rocklea – Acacia Ridge	992	19,468	51.0	1.63	↑
Wynnum – Manly	787	17,409	45.2	1.61	—
Centenary	303	7,404	40.9	1.55	—
Nathan	474	10,940	43.3	1.38	—
Carindale	607	14,338	42.3	1.37	—
Sunnybank	506	13,729	36.9	1.16	↓
Mt Gravatt	772	22,473	34.4	1.15	↓
Sherwood – Indooroopilly*	141	4,928	28.6	1.13	↓
Brisbane Inner-East	455	13,452	33.8	1.07	↓
Holland Park – Yeronga	808	25,047	32.3	1.01	↓
Brisbane Inner*	290	17,332	16.7	0.57	↓
<b>Logan LGA</b>	<b>5,320</b>	<b>92,076</b>	<b>57.8</b>	<b>1.93</b>	<b>↑</b>
<b>Redland LGA</b>	<b>1,512</b>	<b>34,085</b>	<b>44.4</b>	<b>1.74</b>	<b>—</b>
<b>Southern Brisbane LGA</b>	<b>7,261</b>	<b>188,701</b>	<b>38.5</b>	<b>1.24</b>	<b>↓</b>
<b>Metro South</b>	<b>14,250</b>	<b>317,831</b>	<b>44.8</b>	<b>1.48</b>	<b>—</b>
<b>Queensland</b>	<b>56,895</b>	<b>1,275,579</b>	<b>44.6</b>	<b>1.50</b>	<b>.</b>

# Age group 15-49 years used as this is taken as the usual span of female reproductive years.

## ↑ Area statistically significantly higher than Queensland; ↓ Area statistically significantly lower than Queensland; — no statistically significant difference between Area and Queensland.

\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Notes:**

Crude live birth rate per 1,000 females for any single year is the number of live births divided by the estimated resident population of females of standard reproductive age (15-49 years) multiplied by 1,000. This represents the exact number of births that occurred per 1,000 females of reproductive age in the single year concerned.

Total lifetime fertility rate is defined as the total number of children an average woman can be expected to have over the course of her lifetime. A total lifetime fertility rate of 2.1 children per woman is regarded as the rate required for population replacement.

Lifetime fertility rate for any single year is calculated as the sum of age-specific fertility rates (live births age each age of mother per 1,000 females of the estimated resident population of that age) divided by 1,000. This represents the number of children a female would bear in her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life

**Table 2: Total births by Indigenous status, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Total births (including live births and stillbirths)		
	Aboriginal and/or Torres Strait Islander	Non-Aboriginal and/or Torres Strait Islander	Aboriginal and/or Torres Strait Islander births as per cent of total births
Beaudesert	43	448	9.6%
Beenleigh	168	1,975	8.5%
Springwood – Kingston	253	3,079	8.2%
Browns Plains	339	4,726	7.2%
Forest Lake – Oxley	210	3,122	6.7%
Jimboomba	166	2,743	6.1%
Loganlea – Carbrook	144	2,363	6.1%
Capalaba	100	2,255	4.4%
Cleveland – Stradbroke	102	2,481	4.1%
Brisbane Inner*	38	945	4.0%
Nathan	48	1,428	3.4%
Wynnum – Manly	79	2,364	3.3%
Sunnybank	47	1,557	3.0%
Holland Park – Yeronga	60	2,471	2.4%
Mt Gravatt	56	2,388	2.3%
Brisbane Inner-East	33	1,438	2.3%
Rocklea – Acacia Ridge	66	3,011	2.2%
Sherwood – Indooroopilly*	9	453	2.0%
Carindale	30	1,789	1.7%
Centenary	14	927	1.5%
<b>Logan LGA</b>	<b>1,070</b>	<b>14,886</b>	<b>7.2%</b>
<b>Redland LGA</b>	<b>196</b>	<b>4,555</b>	<b>4.3%</b>
<b>Southern Brisbane LGA</b>	<b>696</b>	<b>22,073</b>	<b>3.2%</b>
<b>Metro South</b>	<b>2,005</b>	<b>41,963</b>	<b>4.8%</b>
<b>Queensland</b>	<b>14,442</b>	<b>161,820</b>	<b>8.9%</b>

\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Table3: Total live births by mother's age, Metro South Health by SA3, LGA and Queensland, 2024**

Geographic region (SA3/LGA)	Maternal age group as per cent of total live births					
	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40+ years
Sherwood – Indooroopilly*	0.0%	2.1%	12.0%	41.5%	36.6%	7.7%
Centenary	0.3%	4.3%	13.8%	45.4%	28.3%	7.9%
Carindale	0.4%	3.3%	14.7%	44.9%	30.2%	6.7%
Holland Park – Yeronga	0.4%	4.3%	16.7%	42.9%	29.1%	6.6%
Brisbane Inner-East	0.7%	3.7%	14.3%	38.3%	35.0%	8.0%
Mt Gravatt	0.8%	5.9%	19.0%	42.5%	27.4%	4.5%
Brisbane Inner*	1.0%	4.4%	16.3%	36.1%	31.3%	10.9%
Wynnum – Manly	1.0%	5.8%	18.4%	42.6%	25.7%	6.5%
Rocklea – Acacia Ridge	1.2%	7.2%	22.7%	38.4%	25.5%	6.0%
Nathan	1.5%	4.4%	14.9%	39.4%	32.3%	7.5%
Sunnybank	1.6%	8.4%	25.5%	36.9%	21.2%	6.5%
Cleveland – Stradbroke	1.9%	9.8%	28.4%	35.8%	19.4%	4.7%
Capalaba	2.5%	10.0%	25.5%	36.2%	21.8%	4.0%
Jimboomba	2.8%	16.5%	30.4%	31.8%	14.4%	4.1%
Loganlea – Carbrook	2.9%	15.6%	29.0%	30.5%	17.9%	4.0%
Forest Lake – Oxley	3.1%	12.9%	24.6%	36.1%	18.9%	4.5%
Beenleigh	3.1%	18.0%	33.8%	28.6%	13.4%	3.1%
Browns Plains	3.2%	17.8%	30.8%	30.4%	14.8%	3.0%
Springwood – Kingston	3.4%	16.8%	28.5%	30.2%	17.2%	3.9%
Beaudesert	3.8%	19.1%	32.5%	29.9%	12.1%	2.5%
<b>Logan LGA</b>	<b>3.2%</b>	<b>17.1%</b>	<b>30.4%</b>	<b>30.4%</b>	<b>15.5%</b>	<b>3.5%</b>
<b>Redland LGA</b>	<b>2.1%</b>	<b>10.2%</b>	<b>27.4%</b>	<b>35.8%</b>	<b>20.1%</b>	<b>4.4%</b>
<b>Southern Brisbane LGA</b>	<b>1.2%</b>	<b>6.4%</b>	<b>19.1%</b>	<b>40.2%</b>	<b>26.7%</b>	<b>6.4%</b>
<b>Metro South</b>	<b>2.0%</b>	<b>10.9%</b>	<b>24.3%</b>	<b>36.0%</b>	<b>21.7%</b>	<b>5.0%</b>
<b>Queensland</b>	<b>2.5%</b>	<b>12.3%</b>	<b>26.4%</b>	<b>34.8%</b>	<b>19.4%</b>	<b>4.6%</b>

\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Table 4: Maternal smoking during pregnancy, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number smoked during pregnancy	% smoked during pregnancy	Relative risk of smoking during pregnancy compared with Qld (95% CI)	Significant difference compared with Qld#
Springwood – Kingston	530	16.2%	1.56 (1.44 – 1.69)	↑
Beenleigh	312	14.8%	1.43 (1.29 – 1.58)	↑
Beaudesert	71	14.6%	1.41 (1.14 – 1.75)	↑
Browns Plains	620	12.4%	1.19 (1.11 – 1.29)	↑
Loganlea – Carbrook	296	11.9%	1.15 (1.03 – 1.28)	↑
Jimboomba	248	8.6%	0.83 (0.74 – 0.94)	↓
Forest Lake – Oxley	266	8.1%	0.78 (0.70 – 0.88)	↓
Capalaba	179	7.7%	0.75 (0.65 – 0.86)	↓
Cleveland – Stradbroke	185	7.3%	0.70 (0.61 – 0.81)	↓
Wynnum – Manly	147	6.1%	0.59 (0.51 – 0.69)	↓
Sunnybank	84	5.3%	0.51 (0.42 – 0.63)	↓
Brisbane Inner*	48	4.9%	0.48 (0.36 – 0.63)	↓
Rocklea – Acacia Ridge	145	4.8%	0.46 (0.39 – 0.54)	↓
Mt Gravatt	97	4.0%	0.39 (0.32 – 0.47)	↓
Nathan	58	4.0%	0.38 (0.30 – 0.49)	↓
Holland Park – Yeronga	98	3.9%	0.38 (0.31 – 0.46)	↓
Carindale	64	3.6%	0.34 (0.27 – 0.44)	↓
Centenary	25	2.7%	0.26 (0.18 – 0.38)	↓
Sherwood – Indooroopilly*	12	2.6%	0.25 (0.15 – 0.44)	↓
Brisbane Inner-East	38	2.6%	0.25 (0.19 – 0.35)	↓
<b>Logan LGA</b>	<b>2,006</b>	<b>12.7%</b>	<b>1.23 (1.18 – 1.28)</b>	<b>↑</b>
<b>Redland LGA</b>	<b>357</b>	<b>7.7%</b>	<b>0.74 (0.67 – 0.82)</b>	<b>↓</b>
<b>Southern Brisbane LGA</b>	<b>1,094</b>	<b>4.9%</b>	<b>0.47 (0.44 – 0.50)</b>	<b>↓</b>
<b>Metro South</b>	<b>3,528</b>	<b>8.1%</b>	<b>0.79 (0.76 – 0.81)</b>	<b>↓</b>
<b>Queensland</b>	<b>17,985</b>	<b>10.4%</b>	<b>-</b>	

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# ↑ Area statistically significantly higher than Queensland; ↓ Area statistically significantly lower than Queensland; — no statistically significant difference between Area and Queensland.

**Table 5: Maternal obesity, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number obese during pregnancy	% obese during pregnancy	Relative risk of obesity during pregnancy compared with Qld (95% CI)	Significant difference compared with Qld <sup>#</sup>
Beaudesert	180	37.1%	1.49 (1.32 - 1.67)	↑
Browns Plains	1,818	36.2%	1.45 (1.40 - 1.51)	↑
Beenleigh	742	35.1%	1.41 (1.33 - 1.49)	↑
Jimboomba	991	34.5%	1.38 (1.31 - 1.46)	↑
Springwood – Kingston	1,087	33.2%	1.33 (1.27 - 1.40)	↑
Loganlea – Carbrook	795	32.1%	1.29 (1.21 - 1.36)	↑
Cleveland – Stradbroke	689	27.1%	1.09 (1.02 - 1.16)	↑
Capalaba	616	26.6%	1.07 (1.00 - 1.14)	—
Forest Lake – Oxley	836	25.5%	1.02 (0.96 - 1.08)	—
Wynnum – Manly	515	21.5%	0.86 (0.80 - 0.93)	↓
Rocklea – Acacia Ridge	598	19.7%	0.79 (0.74 - 0.85)	↓
Sunnybank	278	17.6%	0.70 (0.63 - 0.78)	↓
Mt Gravatt	355	14.7%	0.59 (0.53 - 0.65)	↓
Carindale	243	13.5%	0.54 (0.48 - 0.61)	↓
Centenary	124	13.4%	0.54 (0.46 - 0.63)	↓
Nathan	193	13.2%	0.53 (0.47 - 0.61)	↓
Brisbane Inner-East	175	12.1%	0.48 (0.42 - 0.56)	↓
Holland Park – Yeronga	297	11.9%	0.48 (0.43 - 0.53)	↓
Brisbane Inner*	107	11.0%	0.44 (0.37 - 0.53)	↓
Sherwood – Indooroopilly*	46	10.1%	0.40 (0.31 - 0.53)	↓
<b>Logan LGA</b>	<b>5,433</b>	<b>34.5%</b>	<b>1.38 (1.35 - 1.41)</b>	<b>↑</b>
<b>Redland LGA</b>	<b>1,265</b>	<b>27.1%</b>	<b>1.09 (1.04 - 1.14)</b>	<b>↑</b>
<b>Southern Brisbane LGA</b>	<b>3,812</b>	<b>17.0%</b>	<b>0.68 (0.66 - 0.70)</b>	<b>↓</b>
<b>Metro South</b>	<b>10,690</b>	<b>24.7%</b>	<b>0.99 (0.97 - 1.01)</b>	<b>—</b>
<b>Queensland</b>	<b>43,315</b>	<b>24.9%</b>		

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Note: Obese mothers are classified as those with a Body Mass Index (BMI) of 30 or more as assessed at first antenatal visit, usually in first trimester of pregnancy.

**Table 6: Gestational diabetes, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number with gestational diabetes	% with gestational diabetes	Relative risk of gestational diabetes compared with Qld (95% CI)	Significant difference compared with Qld <sup>#</sup>
Browns Plains	1,163	23.2%	1.37 (1.30 - 1.45)	↑
Sunnybank	339	21.4%	1.27 (1.15 - 1.40)	↑
Forest Lake – Oxley	693	21.1%	1.25 (1.17 - 1.34)	↑
Rocklea – Acacia Ridge	634	20.9%	1.24 (1.15 - 1.33)	↑
Springwood – Kingston	680	20.7%	1.23 (1.15 - 1.32)	↑
Beenleigh	436	20.6%	1.22 (1.12 - 1.33)	↑
Loganlea – Carbrook	505	20.4%	1.21 (1.11 - 1.31)	↑
Jimboomba	546	19.0%	1.13 (1.04 - 1.22)	↑
Mt Gravatt	440	18.2%	1.16 (1.06 - 1.26)	↑
Capalaba	420	18.2%	1.08 (0.99 - 1.18)	—
Cleveland – Stradbroke	410	16.1%	0.96 (0.87 - 1.05)	—
Brisbane Inner*	153	15.7%	0.93 (0.81 - 1.08)	—
Nathan	215	14.8%	0.88 (0.77 - 0.99)	↓
Wynnum – Manly	341	14.2%	0.84 (0.76 - 0.93)	↓
Centenary	129	13.9%	0.83 (0.70 - 0.97)	↓
Carindale	245	13.6%	0.81 (0.72 - 0.91)	↓
Sherwood – Indooroopilly*	62	13.6%	0.81 (0.64 - 1.02)	—
Holland Park – Yeronga	321	12.9%	0.76 (0.69 - 0.85)	↓
Beaudesert	61	12.6%	0.75 (0.59 - 0.94)	↓
Brisbane Inner East	159	11.0%	0.65 (0.56 - 0.76)	↓
<b>Logan LGA</b>	<b>3,330</b>	<b>21.1%</b>	<b>1.29 (1.25 - 1.33)</b>	<b>↑</b>
<b>Redland LGA</b>	<b>797</b>	<b>17.1%</b>	<b>1.04 (0.98 - 1.11)</b>	<b>—</b>
<b>Southern Brisbane LGA</b>	<b>3,766</b>	<b>16.8%</b>	<b>1.02 (0.99 - 1.05)</b>	<b>—</b>
<b>Metro South</b>	<b>7,954</b>	<b>18.3%</b>	<b>1.12 (1.09 - 1.14)</b>	<b>↑</b>
<b>Queensland</b>	<b>28,526</b>	<b>16.4%</b>		

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**Table 7: Low birthweight babies, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number low birthweight babies	% low birthweight babies	Relative risk of low birthweight compared with Qld (95% CI)	Significant difference compared with Qld <sup>#</sup>
Springwood – Kingston	270	8.2%	1.23 (1.09 - 1.38)	↑
Brisbane Inner*	73	7.5%	1.13 (0.90 - 1.41)	—
Forest Lake – Oxley	236	7.1%	1.07 (0.95 - 1.21)	—
Sunnybank	113	7.1%	1.07 (0.89 - 1.28)	—
Beaudesert	33	6.7%	1.01 (0.73 - 1.41)	—
Rocklea – Acacia Ridge	204	6.7%	1.00 (0.88 - 1.15)	—
Beenleigh	140	6.6%	0.99 (0.84 - 1.16)	—
Browns Plains	316	6.3%	0.95 (0.85 - 1.05)	—
Wynnum – Manly	150	6.2%	0.93 (0.79 - 1.08)	—
Mt Gravatt	149	6.1%	0.92 (0.79 - 1.08)	—
Loganlea – Carbrook	149	6.0%	0.90 (0.77 - 1.05)	—
Carindale	100	5.5%	0.83 (0.69 - 1.01)	—
Capalaba	128	5.5%	0.82 (0.69 - 0.97)	—
Nathan	80	5.5%	0.82 (0.66 - 1.02)	—
Holland Park – Yeronga	137	5.5%	0.82 (0.70 - 0.96)	↓
Jimboomba	157	5.4%	0.82 (0.70 - 0.95)	↓
Cleveland – Stradbroke	132	5.2%	0.77 (0.65 - 0.91)	↓
Brisbane Inner-East	72	4.9%	0.74 (0.59 - 0.93)	↓
Centenary	45	4.8%	0.72 (0.54 - 0.96)	↓
Sherwood – Indooroopilly*	20	4.4%	0.66 (0.43 - 1.01)	—
<b>Logan LGA</b>	<b>1,032</b>	<b>6.5%</b>	<b>0.98 (0.92 - 1.04)</b>	<b>—</b>
<b>Redland LGA</b>	<b>253</b>	<b>5.4%</b>	<b>0.81 (0.71 - 0.91)</b>	<b>↓</b>
<b>Southern Brisbane LGA</b>	<b>1,386</b>	<b>6.1%</b>	<b>0.92 (0.87 - 0.97)</b>	<b>↓</b>
<b>Metro South</b>	<b>3,134</b>	<b>6.2%</b>	<b>0.93 (0.89 - 0.97)</b>	<b>↓</b>
<b>Queensland</b>	<b>11,651</b>	<b>6.7%</b>		

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Note: Low birthweight is defined as being less than 2,500g.

**Table 8: High birthweight babies, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number high birthweight babies	% high birthweight babies	Relative risk of high birthweight compared with Qld (95% CI)	Significant difference compared with Qld <sup>#</sup>
Beauesert	70	14.3%	1.36 (1.09 - 1.69)	↑
Jimboomba	352	12.2%	1.16 (1.05 - 1.28)	↑
Beenleigh	253	11.9%	1.13 (1.01 - 1.27)	↑
Capalaba	274	11.7%	1.11 (0.99 - 1.24)	—
Cleveland – Stradbroke	291	11.4%	1.08 (0.97 - 1.21)	—
Loganlea – Carbrook	272	11.0%	1.04 (0.93 - 1.17)	—
Browns Plains	546	10.9%	1.03 (0.95 - 1.12)	—
Brisbane Inner-East	154	10.6%	1.00 (0.86 - 1.17)	—
Springwood – Kingston	337	10.2%	0.97 (0.88 - 1.07)	—
Wynnum – Manly	244	10.1%	0.96 (0.85 - 1.08)	—
Forest Lake – Oxley	329	10.0%	0.95 (0.85 - 1.05)	—
Centenary	90	9.7%	0.92 (0.75 - 1.12)	—
Nathan	138	9.4%	0.90 (0.76 - 1.05)	—
Holland Park – Yeronga	234	9.3%	0.89 (0.78 - 1.00)	—
Carindale	158	8.8%	0.83 (0.72 - 0.97)	↓
Sherwood – Indooroopilly*	38	8.4%	0.79 (0.58 - 1.08)	—
Brisbane Inner*	75	7.7%	0.73 (0.59 - 0.91)	↓
Rocklea – Acacia Ridge	235	7.7%	0.73 (0.65 - 0.83)	↓
Sunnybank	119	7.5%	0.71 (0.60 - 0.85)	↓
Mt Gravatt	176	7.3%	0.69 (0.60 - 0.79)	↓
<b>Logan LGA</b>	<b>1,760</b>	<b>11.1%</b>	<b>1.06 (1.01 - 1.11)</b>	<b>↑</b>
<b>Redland LGA</b>	<b>550</b>	<b>11.7%</b>	<b>1.11 (1.02 - 1.20)</b>	<b>↑</b>
<b>Southern Brisbane LGA</b>	<b>2,004</b>	<b>8.9%</b>	<b>0.84 (0.81 - 0.88)</b>	<b>↓</b>
<b>Metro South</b>	<b>4,385</b>	<b>10.1%</b>	<b>0.94 (0.91 - 0.97)</b>	<b>↓</b>
<b>Queensland</b>	<b>18,387</b>	<b>10.5%</b>		

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# ↑ Area statistically significantly higher than Queensland; ↓ Area statistically significantly lower than Queensland; — no statistically significant difference between Area and Queensland.

Note: High birthweight is defined as greater than or equal to 4,000g.

**Table 9: Pre-term births (before 35 weeks gestation: extremely to moderately pre-term), Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number of pre-term babies	% pre-term babies	Relative risk of pre-term birth compared with Qld (95% CI)	Significant difference compared with Qld <sup>#</sup>
Springwood – Kingston	149	4.5%	1.11 (0.95 - 1.30)	—
Beenleigh	89	4.2%	1.03 (0.84 - 1.27)	—
Beaudesert	20	4.1%	1.01 (0.66 - 1.56)	—
Sunnybank	65	4.1%	1.01 (0.79 - 1.28)	—
Rocklea – Acacia Ridge	121	3.9%	0.98 (0.82 - 1.17)	—
Sherwood – Indooroopilly*	18	3.9%	0.97 (0.62 - 1.53)	—
Forest Lake – Oxley	129	3.9%	0.96 (0.81 - 1.14)	—
Browns Plains	196	3.9%	0.96 (0.84 - 1.11)	—
Loganlea – Carbrook	97	3.9%	0.96 (0.79 - 1.17)	—
Brisbane Inner*	38	3.9%	0.96 (0.70 - 1.31)	—
Brisbane Inner-East	54	3.7%	0.91 (0.70 - 1.19)	—
Jimboomba	106	3.6%	0.91 (0.75 - 1.09)	—
Holland Park – Yeronga	90	3.6%	0.88 (0.72 - 1.09)	—
Capalaba	83	3.5%	0.88 (0.71 - 1.08)	—
Cleveland – Stradbroke	86	3.3%	0.83 (0.67 - 1.02)	—
Wynnum – Manly	77	3.2%	0.78 (0.63 - 0.98)	↓
Mt Gravatt	76	3.1%	0.77 (0.62 - 0.97)	↓
Nathan	45	3.0%	0.76 (0.57 - 1.01)	—
Carindale	54	3.0%	0.74 (0.57 - 0.96)	↓
Centenary	27	2.9%	0.71 (0.49 - 1.04)	—
<b>Logan LGA</b>	<b>637</b>	<b>4.0%</b>	<b>0.99 (0.92 - 1.08)</b>	<b>—</b>
<b>Redland LGA</b>	<b>163</b>	<b>3.4%</b>	<b>0.85 (0.73 - 0.99)</b>	<b>↓</b>
<b>Southern Brisbane LGA</b>	<b>800</b>	<b>3.5%</b>	<b>0.87 (0.81 - 0.94)</b>	<b>↓</b>
<b>Metro South</b>	<b>1,620</b>	<b>3.7%</b>	<b>0.92 (0.87 - 0.97)</b>	<b>↓</b>
<b>Queensland</b>	<b>7,084</b>	<b>4.0%</b>		

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Note: A pre-term birth is defined as births with a gestational period of less than 37 weeks, data are shown for pre-35 weeks gestation (extreme to moderate pre-term) owing to data availability at time of report writing.

**Table 10: Mothers attending eight or more antenatal visits during pregnancy, Metro South Health by SA3, LGA and Queensland, 2022-2024**

Geographic region (SA3/LGA)	Number with 8+ antenatal visits	% mothers with 8+ visits	Relative risk of attending 8+ visits compared with Qld (95% CI)	Significant difference compared with Qld <sup>#</sup>
Cleveland – Stradbroke	2,229	87.8%	1.07 (1.05 - 1.09)	↑
Capalaba	1,985	85.9%	1.05 (1.03 - 1.06)	↑
Beaudesert	413	85.2%	1.04 (1.00 - 1.08)	↑
Wynnum – Manly	2,025	84.5%	1.03 (1.01 - 1.05)	↑
Jimboomba	2,377	82.7%	1.01 (0.99 - 1.03)	—
Brisbane Inner East	1,162	80.3%	0.98 (0.95 - 1.00)	—
Loganlea – Carbrook	1,946	78.5%	0.96 (0.94 - 0.98)	↓
Beenleigh	1,637	77.4%	0.94 (0.92 - 0.97)	↓
Carindale	1,388	77.1%	0.94 (0.92 - 0.96)	↓
Centenary	711	76.9%	0.94 (0.90 - 0.97)	↓
Sherwood – Indooroopilly*	346	75.9%	0.92 (0.88 - 0.97)	↓
Browns Plains	3,765	75.0%	0.91 (0.90 - 0.93)	↓
Holland Park – Yeronga	1,864	74.7%	0.91 (0.89 - 0.93)	↓
Mt Gravatt	1,802	74.6%	0.91 (0.89 - 0.93)	↓
Nathan	1,057	72.5%	0.88 (0.86 - 0.91)	↓
Springwood – Kingston	2,353	71.8%	0.88 (0.86 - 0.89)	↓
Brisbane Inner*	693	71.2%	0.87 (0.83 - 0.90)	↓
Rocklea – Acacia Ridge	2,106	69.5%	0.85 (0.83 - 0.87)	↓
Sunnybank	1,085	68.5%	0.84 (0.81 - 0.86)	↓
Forest Lake – Oxley	2,061	62.8%	0.77 (0.75 - 0.79)	↓
<b>Logan LGA</b>	<b>12,078</b>	<b>76.6%</b>	<b>0.93 (0.93 - 0.94)</b>	<b>↓</b>
<b>Redland LGA</b>	<b>4,058</b>	<b>87.0%</b>	<b>1.06 (1.05 - 1.07)</b>	<b>↑</b>
<b>Southern Brisbane LGA</b>	<b>16,462</b>	<b>73.3%</b>	<b>0.89 (0.89 - 0.90)</b>	<b>↓</b>
<b>Metro South</b>	<b>33,012</b>	<b>76.1%</b>	<b>0.93 (0.92 - 0.93)</b>	<b>↓</b>
<b>Queensland</b>	<b>142,460</b>	<b>82.0%</b>		

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# Definitions

**Age specific rate:** A rate reported for a specific age group. Age specific rates are calculated by dividing the number of events (e.g. deaths) occurring in a specific age group by the corresponding population in the same age group.

**Confidence intervals:** Usually expressed as 95% CI, this means we can be 95% confident that the true value of interest lies within the confidence intervals given. We do not usually know what the true value is as we can only estimate it from observations taken from samples. For example, if the mortality rate is 3.1 per 100,000 (95% CI: 2.9-3.2), we can be 95% confident that the true rate will be between 2.9 and 3.2, and our best estimate is 3.1 per 100,000.

**Crude rates:** A crude rate is the number of events (deaths, hospitalisations, newly diagnosed cancer cases) from a specific cause over a specified period of time (usually per year) divided by the total population. For example, a crude hospital separation rate is defined as the number of persons who completed an episode of hospital care within a specified time divided by the total population.

**Crude birth rate:** The crude birth rate is the number of live births registered during the calendar year per 1,000 of the estimated resident population (ERP) of women aged 15 to 49 years, as at 30th June of that year.

**Estimated resident populations (ERPs):** These are the official estimates of the Australian population, which link people to a place of usual residence within Australia. The Australian Bureau of Statistics defines 'usual residence' as the place where each person has lived or intends to live for six months or more from the reference date for data collection.

**Infant mortality rate:** The number of deaths in children younger than one year of age in any calendar year per 1,000 live births in the same year.

**Perinatal mortality:** The number of deaths in babies who die in the perinatal period, expressed as a rate per 1,000 live births. The perinatal period includes the period from birth to the 28th day of life.

**Prevalence:** Prevalence is the proportion of a population that has a disease or condition at a given point in time. It is usually expressed as a percentage where the number of events is the numerator and the population at risk is the denominator. Therefore if 10,000 people have diabetes in a total population at risk of 100,000, then the prevalence of diabetes in that population at that time is 1 in 10, or 10%.

**P value:** By convention, a P value of 0.05 or less is usually considered 'statistically significant'. That is, if the P value is less than 0.05, there is a less than one in 20 chance that the observed difference would have arisen by chance alone. When comparing rates between a Hospital and Health Service area and Queensland, if the P value is <0.01, this is often referred to 'highly significant' because the probability that the observed difference is due to chance alone is less than one in 100.

**Relative risk:** The ratio of the probability of an event occurring (death, disease) among those exposed to a risk factor compared to those not exposed. It is calculated by dividing the incidence rate in the exposed group by the incidence rate in the non-exposed group. A relative risk of 1.0 means there is no difference in risk between the two groups.

**Statistical significance:** A statistical test that provides us with information on whether an observed difference or association is unlikely to be due to chance alone (See P value). If it is unlikely to be due to chance alone it is deemed to be 'statistically significant'. However, it is important to note that statistical significance does not necessarily mean that an observed effect or difference is 'real', because by chance alone one in 20 'significant' findings will be spurious (where  $P=0.05$ ). Also 'statistical significance' does not necessarily mean clinically significant. It is the size of the effect that determines the clinical or public health importance, not the presence of statistical significance alone.

**Total fertility rate:** The total fertility rate (TFR) refers to the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to the relevant age specific fertility rate at each year of their age. This is a more direct measure of the level of fertility than the crude birth rate, since it refers to births per woman.

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