Specifications for revisions to the Victorian Perinatal Data Collection (VPDC) for 1 January 2017

July 2016
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Introduction

This document is intended to outline the revisions for the VPDC for implementation on 1 January 2017.

The revisions include:

- Five new data items
- Four amendments to existing code sets
- Removal of one business rule

Orientation to this document

- New data items are marked as (new).
- Changes to existing data items are highlighted in green.
- Redundant values and definitions relating to existing items are struck through.
- Comments relating only to the proposal document appear in [square brackets and italics].
Revision 1 - Migrant status

Title of revision Add two new data elements to inform migrant status.

Proposed by Clinical Councils Unit, Acute Programs, DHHS

Implementation date 1 January 2017

Reason for change There is public interest in having items related to migrant status added to the VPDC to enable investigation of their outcomes.

The data will be used to report on outcomes for migrant women.

Details of change Two new data elements:

Spoken English Proficiency

Years in Australia
Section 3
Spoken English Proficiency (new field)

Specification

Definition
A person's self-assessed level of ability to speak English, as represented by a code.

Representation class
<table>
<thead>
<tr>
<th>Code</th>
<th>Data type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>Numeric</td>
</tr>
</tbody>
</table>

Format
N

Field size
1

Location
Episode record

Position
127

Permissible values
<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very well</td>
</tr>
<tr>
<td>2</td>
<td>Well</td>
</tr>
<tr>
<td>3</td>
<td>Not well</td>
</tr>
<tr>
<td>4</td>
<td>Not at all</td>
</tr>
<tr>
<td>9</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

Reporting guide
Each woman should be asked - “How well do you speak English”? Generally this would be a self-reported question, but in some circumstances (particularly where a person does not speak English well) assistance will be required in answering this question. It is important that the person's self-assessed proficiency in spoken English be recorded wherever possible. This metadata item does not purport to be a technical assessment of proficiency but is a self-assessment in the four broad categories outlined above.

Reported by
All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

Reported for
All birth episodes

Related concepts (Section 2):
None specified

Related data items (this section):
Country of Birth

Related business rules (Section 4):
None specified

Validation rules (Section 6)
E002 Conditionally Mandatory Element Missing
E003 Value provided when none expected
E004 Invalid code

Administration
Principal data users
CCOPMM

Definition source
METeOR ID 270203

Version
1. January 2017

Codeset source
NHDD

Collection start date
2017
### Year of arrival in Australia (new field)

**Specification**

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th>The year a person (born outside of Australia) first arrived in Australia, from another country, with the intention of staying in Australia for one year or more</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Representation class</strong></td>
<td>Code</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>NNNN</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Episode record</td>
</tr>
<tr>
<td><strong>Permissible values</strong></td>
<td>Valid year, between 1900 and current year</td>
</tr>
<tr>
<td><strong>Reporting guide</strong></td>
<td>Recommended question: In what year did you/the person first arrive in Australia to live here for one year or more? It is anticipated that for the majority of people their response to the question will be the year of their only arrival in Australia. However, some respondents may have multiple arrivals in Australia. An instruction such as ‘Please indicate the year of first arrival only’ should be included with the question. If mother is born in Australia, leave blank.</td>
</tr>
<tr>
<td><strong>Reported by</strong></td>
<td>All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners</td>
</tr>
<tr>
<td><strong>Reported for</strong></td>
<td>All birth episodes</td>
</tr>
<tr>
<td><strong>Related concepts</strong> (Section 2):</td>
<td>None specified</td>
</tr>
<tr>
<td><strong>Related data items</strong> (this section):</td>
<td>Country of Birth</td>
</tr>
<tr>
<td><strong>Related business rules</strong> (Section 4):</td>
<td>None specified</td>
</tr>
<tr>
<td><strong>Validation rules</strong> (Section 6):</td>
<td>E002 Conditionally Mandatory Element Missing</td>
</tr>
</tbody>
</table>

**Administration**

| **Principal data users** | CCOPMM |
| **Definition source** | METeOR ID 269929 | **Version** | 1. January 2017 |
| **Codeset source** | NHDD | **Collection start date** | 2017 |
# Revision 2 - Head circumference (baby)

<table>
<thead>
<tr>
<th>Title of revision</th>
<th>Add a new data element to record head circumference of newborns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed by</td>
<td>Clinical Councils Unit, Acute Programs, DHHS</td>
</tr>
<tr>
<td>Implementation date</td>
<td>1 January 2017</td>
</tr>
<tr>
<td>Reason for change</td>
<td>To enable the calculation of growth centiles. Coupled with existing data elements, head circumference will assist with determining whether a baby is small for gestational age (SGA) or has experienced intrauterine growth restriction (IUGR). In addition, head circumference measurement enables identification of newborns with microcephaly, either primary or as an association with other pathology, for example Fetal Alcohol Syndrome (FAS).</td>
</tr>
<tr>
<td>Details of change</td>
<td>New data field</td>
</tr>
</tbody>
</table>
Section 3

Head circumference (baby) (new field)

Specification

**Definition**
The measurement of the circumference of the head of the baby

**Representation class**
Total

**Data type**
Numeric

**Format**
NN.N

**Field size**
4

**Location**
Episode record

**Position**
129

**Permissible values**
Range: 01.0 to 99.8 (inclusive)
Code  Descriptor
99.9  Not stated
Blank  Not applicable (for stillbirths)

**Reporting guide**
Head circumference should be measured prior to discharge (or within seven days if not admitted to a hospital, i.e. homebirth). This should be at the same time as the birthweight is measured, to maximise comparability of these two measures in percentile calculations.
Measurement is made in centimetres to one decimal place, e.g. 352 millimetres is expressed as 35.2 centimetres.

In the case of babies born before arrival at the hospital, the head circumference should be taken prior to discharge.

**Reported by**
All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

**Reported for**
Mandatory to report for livebirth episodes
Optional to report for stillbirths (can be left blank)

**Related concepts (Section 2):**
None specified

**Related data items (this section):**
Birth Status

**Related business rules (Section 4):**
None specified

**Validation rules (Section 6):**
E002 Conditionally Mandatory Element Missing
E006 Value outside of defined range
E008 Invalid format

Administration

**Principal data users**
CCOPMM

**Definition source**
METEOR 568380

**Version**
1. January 2017

**Codeset source**
Not applicable

**Collection start date**
2017
### Revision 3- New field: Episode Identifier

<table>
<thead>
<tr>
<th>Title of revision</th>
<th>Add a new field to uniquely identify each birth episode.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed by</td>
<td>Data Collections, Health Information &amp; Reporting branch</td>
</tr>
<tr>
<td>Implementation date</td>
<td>1 January 2017</td>
</tr>
<tr>
<td>Reason for change</td>
<td>When a birth record is sent to VPDC for the second time to update or amend details of the record, there is no definitive way to match the updated record with the original record. This can cause duplicate birth records to be created in VPDC. A manual process at the end of the year is required to rectify these duplicates. An episode identifier will enable the VPDC to definitively identify new and updated records.</td>
</tr>
<tr>
<td>Details of change</td>
<td>New data item</td>
</tr>
</tbody>
</table>

Section 3

Episode Identifier (new)

Specification

**Definition**
An identifier, unique to the birth episode within the submitting organisation.
This field is optional – where completed, it will be used to manage new/updated submitted information.

**Representation class**
<table>
<thead>
<tr>
<th>Identifier</th>
<th>Data type</th>
<th>String</th>
</tr>
</thead>
</table>

**Format**
| A(9) | Field size | 9 |

**Location**
| Episode record | Position | 130 |

**Permissible values**
Permitted characters:
a–z and A–Z
numeric characters

**Reporting guide**
System generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.
If a system is unable to assign unique episode identifiers for all episodes, then report 999999999 for all episodes.

**Reported by**
All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

**Related concepts (Section 2):**
None specified

**Related data items (this section):**
Patient identifier - mother
Patient identifier - baby

**Related business rules (Section 4):**
None specified

**Validation rules (Section 6):**
(new) F005 Duplicate unique key in submission

Administration

**Principal data users**
Not applicable

**Definition source**
DHHS

**Version**
January 2017

**Codeset source**
Not applicable

**Collection start date**
2017
# Revision 4 – Addition of Labour induction/augmentation agent code

<table>
<thead>
<tr>
<th>Title of revision</th>
<th>Add a Labour induction/augmentation agent code for Cervical Ripening – balloon catheter, and clarification of Labour Type codes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed by</td>
<td>Clinical Councils Unit, Department of Health and Human Services</td>
</tr>
<tr>
<td>Implementation date</td>
<td>1 January 2017</td>
</tr>
<tr>
<td>Reason for change</td>
<td>Enhance the completeness of the existing codeset</td>
</tr>
<tr>
<td>Details of change</td>
<td>New code added to codeset, and amendment to reporting guide.</td>
</tr>
</tbody>
</table>
Section 3
Labour induction/augmentation agent

Specification

Definition
Agents used to induce or assist in the progress of labour

Representation class

<table>
<thead>
<tr>
<th>Code</th>
<th>Data type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Field size</td>
<td>1 (x4)</td>
</tr>
</tbody>
</table>

Location
Episode record Position 68

Permissible values

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oxytocin</td>
</tr>
<tr>
<td>2</td>
<td>Prostaglandins</td>
</tr>
<tr>
<td>3</td>
<td>Artificial rupture of membranes (ARM)</td>
</tr>
<tr>
<td>4</td>
<td>Cervical Ripening – balloon catheter</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
</tr>
<tr>
<td>9</td>
<td>Not stated / inadequately described</td>
</tr>
</tbody>
</table>

Reporting guide
Code 2 Prostaglandins: includes misoprostil

Code 4 Cervical Ripening – balloon catheter: Includes all catheter types

Code 8 Other – specify: if code 8 is reported, specify the agent of induction or augmentation in Labour induction/augmentation agent – other specified description

If labour is not induced or augmented do not report a value, leave blank.

Reported by
All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

Reported for
All birth episodes where labour was induced or augmented.

Related concepts (Section 2):
Augmentation, Labour type

Related data items (this section):
Indication for Induction – free text, Indication for induction – ICD-10-AM code

Related business rules (Section 4):
None specified

Validation rules (Section 6):
E004 Invalid Code

Administration

Principal data users
CCOPMM

Definition source
DHHS Version January 1999

Codeset source
METEOR 270037 Collection start date 1999
**Labour type**

**Specification**

**Definition**
The manner in which labour starts in a birth event

**Representation class**

<table>
<thead>
<tr>
<th>Code</th>
<th>Data type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
</tr>
</tbody>
</table>

**Format**
N  
Field size  1 (x3)

**Location**
Episode record  Position  67

**Permissible values**

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>2</td>
<td>Induced - medical</td>
</tr>
<tr>
<td>3</td>
<td>Induced - surgical</td>
</tr>
<tr>
<td>4</td>
<td>Augmented</td>
</tr>
<tr>
<td>5</td>
<td>No labour</td>
</tr>
<tr>
<td>9</td>
<td>Not stated / inadequately described</td>
</tr>
</tbody>
</table>

**Reporting guide**
Labour commences at the onset of regular uterine contractions, which act to produce progressive cervical dilatation, and is distinct from spurious labour or pre-labour rupture of membranes.

If prostaglandins were given to induce labour and there is no resulting labour until after 24 hours, then code the onset of labour as spontaneous.

A combination of up to three valid codes can be reported.

Spontaneous: labour occurs naturally without any intervention.

Induction of labour: a procedure performed for the purpose of initiating and establishing labour, either medically and/or surgically. Medical includes prostaglandins, oxytocins, cervical ripening - balloon catheter or other hormonal derivatives (e.g. cervidal, misoprostyl). Surgical is the artificial rupture of membranes (ARM) either by hindwater or forewater rupture.

Augmentation of labour: spontaneous onset of labour complemented with the use of drugs such as oxytocins, prostaglandins or their derivatives, and/or artificial rupture of membranes (ARM) either by hindwater or forewater rupture. If labour was augmented, select and record both spontaneous and augmented in Labour type. Code 4 Augmented cannot be reported on its own.

No labour: indicates the total absence of labour, as in an elective caesarean or a failed induction. If a failed induction occurred, that is, the mother failed to establish labour, select both the induction type (medical, surgical or both) and no labour.

An induction, medical and/or surgical cannot be recorded with augmentation. If an induction has occurred, record the reason in Indication for induction.

[No change to the remainder of the item]
Revision 5 – New field: Fetal monitoring prior to birth – not in labour

Title of revision
It is proposed to add a new field to capture ‘Fetal monitoring prior to birth, not in labour.’

Proposed by
Clinical Councils Unit, Department of Health and Human Services

Implementation date
1 January 2017

Reason for change
The data element ‘Fetal monitoring in labour’ does not allow capture of information relating to fetal monitoring immediately prior to birth where the women is not in labour, for example caesarean section. This new element will allow the capture of the monitoring prior to birth for women who do not labour.

Details of change
New data field.
Section 3

Fetal monitoring prior to birth – not in labour (new)

Specification

Definition
Methods used to monitor the wellbeing of the fetus prior to birth (for example, prior to a caesarean section), but not in labour

Representation class
Code Data type String

Format NN Field size 2 (x7)

Location Episode record Position 131

Permissible values
Code Descriptor
01 None
02 Intermittent auscultation
03 Admission cardiotocography
04 Intermittent cardiotocography
05 Continuous external cardiotocography
06 Internal cardiotocography (scalp electrode)
07 Fetal blood sampling
88 Other
99 Not stated / inadequately described

Reporting guide
Report this field if Labour Type is 0 – No labour.

More than one method of monitoring can be recorded.

Code 02 Intermittent auscultation: performed by Pinnards or sonicaid
Code 03 Admission cardiotocography: a routine cardiotocography (CTG) of limited duration (e.g. 30 minutes) on admission
Code 04 Intermittent cardiotocography: fetal heart monitoring by CTG (not in labour) on a number of occasions, but not continuously
Code 05 Continuous cardiotocography: fetal heart monitoring by CTG more or less continuously from some point until about the time of birth
Code 07 Fetal blood sampling: includes scalp lactate

Reported by
All Victorian hospitals where a birth has occurred and homebirth practitioners

Reported for
All birth episodes where there was no labour

Related concepts
(Section 2):
None specified

Related data items
(this section):
Labour Type
Fetal monitoring in labour

Related business rules
(Section 4):
None specified

Validation rules
E002 Conditionally Mandatory Element Missing
E003 Value provided when none expected
E004 Invalid Code
### Administration

<table>
<thead>
<tr>
<th>Principal data users</th>
<th>CCOPMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition source</td>
<td>DHHS</td>
</tr>
<tr>
<td>Version</td>
<td>1. January 2017</td>
</tr>
<tr>
<td>Codeset source</td>
<td>DHHS</td>
</tr>
<tr>
<td>Collection start date</td>
<td>2017</td>
</tr>
</tbody>
</table>
Revision 6 – Remove ‘Labour type and Labour induction/augmentation agent’ validation rule

Title of revision
It is proposed to remove the validation rule ‘Labour type and Labour induction/augmentation agent’

Proposed by
Clinical Councils Unit, Department of Health and Human Services

Implementation date
1 January 2017

Reason for change
It is recognised that there are situations that occur where the correct combination is not valid.

Details of change
Remove the data validation ‘Labour type and Labour induction/augmentation agent’
## Section 4 (To be deleted)

### Labour type and Labour induction/augmentation agent: valid combinations

<table>
<thead>
<tr>
<th>If Labour type is:</th>
<th>Labour induction/augmentation agent must be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Spontaneous</td>
<td>blank</td>
</tr>
<tr>
<td>1 Spontaneous and 4 Augmented</td>
<td>1 Oxytocin or 2 Prostaglandins or 3 Artificial rupture of membranes (ARM) or 1 Oxytocin and 3 Artificial rupture of membranes (ARM) or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>2 Induced medical</td>
<td>1 Oxytocin or 2 Prostaglandins or 8 Other – specify or 1 Oxytocin and 2 Prostaglandins or 1 Oxytocin and 8 Other – specify or 2 Prostaglandins and 8 Other – specify or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>2 Induced medical and 3 Induced surgical</td>
<td>1 Oxytocin and 3 Artificial rupture of membranes (ARM) or 1 Oxytocin and 8 Other or 2 Prostaglandins and 3 – Artificial rupture of membranes (ARM) or 2 Prostaglandins and 8 Other or 1 Oxytocin and 2 Prostaglandins and 3 Artificial rupture of membranes (ARM) or 3 Artificial rupture of membranes (ARM) and 8 Other or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>2 Induced medical and 5 No labour</td>
<td>1 Oxytocin or 2 Prostaglandins or 8 Other or 1 Oxytocin and 2 Prostaglandins or 1 Oxytocin and 8 Other or 2 Prostaglandins and 8 Other or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>2 Induced medical and 3 Induced surgical and 5 No labour</td>
<td>1 Oxytocin and 3 Artificial rupture of membranes (ARM) or 1 Oxytocin and 3 Artificial rupture of membranes (ARM) and 8 Other or 2 Prostaglandins and 3 ARM or 1 Oxytocin and 2 Prostaglandins and 3 Artificial</td>
</tr>
<tr>
<td></td>
<td>rupture of membranes (ARM) or 3 Artificial rupture of membranes (ARM) and 8 Other or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3 Induced surgical</td>
<td>3 Artificial rupture of membranes (ARM) or 3 Artificial rupture of membranes (ARM) and 8 Other or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>3 Induced surgical and 5 No labour</td>
<td>3 Artificial rupture of membranes (ARM) or 3 Artificial rupture of membranes (ARM) and 8 Other or 9 Not stated / inadequately described</td>
</tr>
<tr>
<td>5 No labour</td>
<td>Blank</td>
</tr>
</tbody>
</table>
Revision 7 – Amendment to ‘Hepatitis B vaccine received’ codeset

<table>
<thead>
<tr>
<th>Title of revision</th>
<th>Amend the ‘Hepatitis B vaccine received’ codeset to include a new code for vaccines received within the first 24 hours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed by</td>
<td>Clinical Councils Unit, Department of Health and Human Services</td>
</tr>
<tr>
<td>Implementation date</td>
<td>1 January 2017</td>
</tr>
<tr>
<td>Reason for change</td>
<td>It is best practice to administer the Hepatitis B vaccine within the first 24 hours of life. The additional codeset values will allow analysis of the timing of the vaccine to monitor performance against this best practice benchmark.</td>
</tr>
<tr>
<td>Details of change</td>
<td>Remove one codeset value, and replace with two additional codeset values.</td>
</tr>
</tbody>
</table>
Section 3 Data Definitions

Hepatitis B vaccine received

Specification

**Definition**: Whether the baby received an immunisation vaccine for hepatitis B during the birth admission

**Representation class**: Code | Data type | Numeric

**Format**: N | Field size | 1

**Location**: Episode record | Position | 114

**Permissible values**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hepatitis B vaccine received before or at seven days of age</td>
</tr>
<tr>
<td>2</td>
<td>Hepatitis B vaccine received after seven days of age</td>
</tr>
<tr>
<td>3</td>
<td>Hepatitis B vaccine not received</td>
</tr>
<tr>
<td>4</td>
<td>Not stated / inadequately described</td>
</tr>
<tr>
<td>5</td>
<td>Hepatitis B vaccine received between 24 hours and 7 days of age</td>
</tr>
</tbody>
</table>

**Reporting guide**: Report the administration of a dose of paediatric hepatitis B vaccine. Do not report immunoglobulin. Do not report a value for stillbirth episodes, leave blank.

**Reported by**: All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

**Reported for**: All livebirth episodes

**Related concepts (Section 2)**: None specified

**Related data items (this section)**: Birth status

**Related business rules (Section 4)**: None specified

**Validation rules (Section 6)**: E002 Conditionally Mandatory Element Missing

E003 Value provided when none expected

E004 Invalid Code

**Administration**

**Principal data users**: CCOPMM

**Definition source**: DHHS

**Version**: 1. January 2009

**2. January 2017**

**Codeset source**: DHHS

**Collection start date**: 2009
Revision 8 – Amendment to ‘Birth Status’ codeset

<table>
<thead>
<tr>
<th>Title of revision</th>
<th>Amend the ‘Birth Status’ codeset to include a new code for stillborns where it is not known when the fetus died.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed by</td>
<td>Clinical Councils Unit, Department of Health and Human Services</td>
</tr>
<tr>
<td>Implementation date</td>
<td>1 January 2017</td>
</tr>
<tr>
<td>Reason for change</td>
<td>Occasionally the timing of the death of a stillbirth is unknown. There is not an adequate code value for recording the stillbirth death in these instances.</td>
</tr>
<tr>
<td>Details of change</td>
<td>Addition of one code.</td>
</tr>
</tbody>
</table>
Section 3 Data Definitions

Birth status

Specification

<table>
<thead>
<tr>
<th>Definition</th>
<th>Condition of the baby at birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representation class</td>
<td>Code</td>
</tr>
<tr>
<td>Format</td>
<td>N</td>
</tr>
<tr>
<td>Location</td>
<td>Episode record</td>
</tr>
<tr>
<td>Permissible values</td>
<td>Code</td>
</tr>
<tr>
<td>1</td>
<td>Liveborn</td>
</tr>
<tr>
<td>2</td>
<td>Stillborn (occurring before labour)</td>
</tr>
<tr>
<td>3</td>
<td>Stillborn (occurring during labour)</td>
</tr>
<tr>
<td>4</td>
<td>Stillborn (timing of occurrence unknown)</td>
</tr>
<tr>
<td>9</td>
<td>Not stated / inadequately described</td>
</tr>
</tbody>
</table>

Reporting guide

Code 1 Liveborn: CCOPMM defines liveborn as the birth of an infant, regardless of maturity or birth weight, who breathes or shows any other signs of life after being born.

Code 2 Stillborn (occurring before labour), code 3 Stillborn (occurring during labour) and code 4 Stillborn (timing of occurrence unknown): CCOPMM defines a stillbirth as the birth of an infant of at least 20 weeks’ gestation or if gestation is unknown, weighing at least 400 grams, which shows no signs of life after birth.

Reported by

All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

Reported for

All birth episodes

Related concepts (Section 2):
Livebirth, Stillbirth (fetal death)

Related data items (this section):
Apgar score at one minute, Apgar score at five minutes

Related business rules (Section 4):
None Specified

Administration

Principal data users
Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Definition source NHDD
2. January 2017

Codeset source METEOR 269949
Collection start date 1982
Revision 9 – Amendment to ‘Version identifier’ codeset

Version identifier

**Specification**

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th>Version of the data collection</th>
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<tr>
<td><strong>Representation class</strong></td>
<td>Identifier</td>
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<tr>
<td><strong>Format</strong></td>
<td>NNNN</td>
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<tr>
<td><strong>Location</strong></td>
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<td><strong>Permissible values</strong></td>
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<td></td>
<td>2009</td>
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<td></td>
<td>2015</td>
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</table>

**Reporting guide**
Software-system generated. A VPDC electronic submission file with a missing or invalid Version identifier will be rejected and the submission file will not be processed.

**Reported by**
All Victorian hospitals where a birth has occurred (including birth centres) and homebirth practitioners

**Reported for**
Each VPDC electronic submission file

**Related concepts**
None specified

**Related data items**
None specified

**Related business rules**
None specified

**Validation rules**
E001 Mandatory element missing
E004 Invalid code
F003 Invalid file name

**Administration**

**Principal data users**
Consultative Council on Obstetric and Paediatric Mortality and Morbidity

**Definition source**
DHHS

**Version source**
1. January 2009
2. July 2015
3. January 2017

**Codeset source**
DHHS

**Collection start date**
2009