Proposals for revisions to the Victorian Perinatal Data Collection (VPDC) for 1 January 2019

March 2018
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Executive summary

Each year, the Department of Health and Human Services (DHHS) review the Victorian Perinatal Data Collection (VPDC) on behalf of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM). This review seeks to ensure that the perinatal data collection supports the CCOPMM and department’s state and national reporting obligations, assists DHHS planning and policy development and incorporates appropriate feedback from data providers on improvements.

This document has been produced to invite comment and stimulate discussion on the proposals outlined below. If you would like to comment on any of the proposals, please see the introduction section on how to do so.

In order to be accepted into the VPDC proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on endorsement by the CCOPMM.

For further information on the revisions process please contact the HDSS Helpdesk on (03) 9096 8595 or HDSS.Helpdesk@dhhs.vic.gov.au.

The proposed revisions to the VPDC for 1 January 2019 include:

- Addition of seven data items:
  - Alcohol use in pregnancy (4 items)
  - Antenatal corticosteroid exposure
  - Chorionicity of multiples
  - Previous preterm birth

- Modification of one data items:
  - Episode identifier
Introduction

The VPDC proposals process

The proposal document is distributed to all Victorian health services known to have maternity services, to patient and clinical management system software vendors known to have Victorian clients and other relevant industry bodies. It outlines proposals for changes to the VPDC as at the time of its release in March 2018. This should not be regarded as a complete list of changes to be made for births from 1 January 2019 (inclusive). Items in this publication are not guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change. Confirmed changes will be published in the document Specifications for Revisions to the VPDC for 1 January 2019, expected to be published by 29 June 2018.

Draft status of the document

This document is not a complete specification of proposed changes to the VPDC. Final Specifications will be published at a later date and may contain additions, amendments, and/or removal of information in this document. Although changes to validations, business rules and file structures have been included here, they cannot be considered complete or final.

Orientation of the 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].

New validations are marked ###

Validations to be changed are marked * when listed as part of a data item or below a validation table.

Anticipated changes are shown under the appropriate manual section headings.

Assessment of the impact of proposals

Each proposal is assessed against a set of principles designed to assess the impact that implementation of the proposal is likely to have on services, the department, software vendors, data users and the functions of CCOPMM. The principles reflect best practice and standard information management principles.

Each proposal will be assessed using the measures listed in the table below. The assessment and the feedback from stakeholders will be used to determine whether the proposal is accepted for inclusion in the final specifications for changes for births from 1 January 2019 (inclusive).

This document is intended to invite comment and stimulate discussion on the proposals outlined. Health services and software vendors should review this document and assess the feasibility of the proposals. Written feedback must be submitted in the feedback proforma by 5.00pm Friday 6 April 2018.


Final specifications for revisions to the VPDC for 1 January 2019 will be published at a later date and may include additions, amendments or removal of information in this document.
## Evaluation criteria

The following criteria are considered when deciding whether to recommend an annual change proposal.

<table>
<thead>
<tr>
<th>Category</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>The change should be within the scope of the collection.</td>
</tr>
</tbody>
</table>
| Collectability         | The data should already be collected by the service.  
                         | There should be value for the service in collecting the data.                                                                             
                         | Collection of the data should align with normal business processes in the service.                                                        
                         | It should be legal for the service to collect the data.                                                                                     |
| Intended Use           | Sufficient business justification must be submitted in the proposal.  
                         | The change must be consistent with departmental policy.                                                                                  
                         | There should not be a limited time-period for use of the data. If there is, other avenues of collection should be investigated to ensure this is the most appropriate. |
| Best Practice          | The collection of the data should comply with relevant standards and policies.                                                                  |
| Implementation         | The proposal must be clearly specified to enable implementation.                                                                               
                         | It should be technically possible for services and DHHS to implement without significant issues.                                              |
| Data Quality           | There should be a person, unit or organisation identified to monitor quality.                                                                  
                         | There should be minimal transformation of data required by services to meet reporting requirements.                                          
                         | Reporting of the data should be mandatory for a specified cohort.                                                                         |
| Consequential impact   | The impact on other data already collected, or proposed to collect must be articulated.                                                        
                         | There should be no adverse effect on the reputation or integrity of the collection.                                                          
                         | Identify any dependencies on other projects or plans.                                                                                      
                         | The impact on time-series data must be quantified.                                                                                         
                         | The impact on reports, extracts or automated processes must be quantified.                                                                |
| Cost and collection burden | All options for the collection of this data should be assessed and the most appropriate method of collection selected.                      |
Proposal 1 - Alcohol use in pregnancy

It is proposed to Add four new data elements to the VPDC dataset:
Maternal alcohol use at less than 20 weeks
Maternal alcohol volume intake at less than 20 weeks
Maternal alcohol use at more than or equal to 20 weeks
Maternal alcohol volume intake at more than or equal to 20 weeks

Proposed by Consultative Councils Unit
Safer Care Victoria

Implementation date 1 January 2019

Reason for proposed change In Australia, no national standardised data exist to be able to monitor trends, develop and evaluate interventions and improve perinatal outcomes on modifiable risk factors, such as alcohol use in pregnancy.

Alcohol use during pregnancy is implicated in a large range of clinical outcomes. Capturing the data will drive effective policy and targeted public health interventions to reduce prenatal alcohol related harm.

It was noted by the Clinical and Data Reference Group (CDRG), asking the question in the first 20 weeks and after 20 weeks was important as this would allow capture of whether there had been a reduction or cessation of drinking.

Details of change Additional four new data elements
Maternal alcohol use at less than 20 weeks (new)

Specification

Definition
A self reported indicator of alcohol frequency intake at any time during the first 20 weeks of her pregnancy

Representation
class
Code   Data type   Number

Format
N       Field size  1

Location
Episode record   Position  135

Permissible values
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</tr>
<tr>
<td>3</td>
<td>2-4 times a month</td>
</tr>
<tr>
<td>4</td>
<td>2-3 times a week</td>
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<td>4 or more times are week</td>
</tr>
<tr>
<td>9</td>
<td>Not stated / inadequately described</td>
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</tbody>
</table>

Reporting guide
Report the statement that best describes maternal alcohol use behaviour before 20 weeks gestation

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):
Not specified

Related data items (this section):
Maternal alcohol volume intake at less than 20 weeks

Related business rules (Section 4):
TBC

Administration

Principal data users
Consultative Council on Obstetric Paediatric Mortality and Morbidity

Definition source
DHHS

Version
1.January 2019

Codeset source
DHHS

Collection start date
2019
Maternal alcohol volume intake at less than 20 weeks (new)

Specification

Definition
A self reported indicator of alcohol volume intake at any time during the first 20 weeks of her pregnancy

Representation

<table>
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Location
Episode record
Position
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Reporting guide
Report the average number of standard drinks consumed per day when drinking

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

Reported for
All birth episodes

Related concepts
Not specified

Related data items
Maternal alcohol use at less than 20 weeks

Related business rules
TBC

Administration

Principal data users
Consultative Council on Obstetric Paediatric Mortality and Morbidity

Definition source
DHHS

Version
1.January 2019

Codeset source
DHHS

Collection start date
2019
## Maternal alcohol use at more than or equal to 20 weeks (new)

### Specification

<table>
<thead>
<tr>
<th>Definition</th>
<th>A self reported indicator of alcohol frequency at more than or equal to 20 weeks</th>
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</thead>
<tbody>
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### Permissible values

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<tr>
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### Reporting guide

Report the statement that best describes maternal alcohol use behaviour at more than or equal to 20 weeks

### 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):

Not specified

### Related data items (this section):

Maternal alcohol volume intake at more than or equal to 20 weeks

### Related business rules (Section 4):

TBC

### Administration

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</table>
Maternal alcohol volume intake at more than or equal to 20 weeks (new)

Specification

Definition: A self reported indicator of alcohol volume intake at more than or equal to 20 weeks

Representation class:

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Format:

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Location:

Episode record Position 138

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<td>10 or more standard drinks</td>
</tr>
<tr>
<td>9</td>
<td>Not stated / inadequately described</td>
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</table>

Reporting guide:

Report the average number of standard drinks consumed per day when drinking.

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):

Not specified

Related data items (this section):

Maternal alcohol use at more than or equal to 20 weeks

Related business rules (Section 4):

TBC

Administration

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

Definition source: DHHS

Version: 1.0

Collection start date: 2019

Codeset source: DHHS

Collection start date: 2019
Proposal 2 – Antenatal corticosteroid exposure

It is proposed to

New data element to the VPDC dataset: Antenatal corticosteroid exposure

Proposed by

Murdoch Children’s Research Institute and University of Melbourne

Implementation date

1 January 2019

Reason for proposed change

The 2015 Australian and New Zealand Antenatal Corticosteroid Clinical Practice Guidelines recommend a single course of ANC in risk of imminent preterm birth. Without population based data on antenatal corticosteroid exposure, we cannot report compliance with the 2015 national guidelines. Reporting Antenatal corticosteroid exposure would align Victorian data with that collected by international perinatal surveillance groups, allowing collaborative research to compare outcomes.

Details of change

Addition of a new data element

Antenatal corticosteroid exposure (new)

Specification

Definition

Administration of a course (two doses) of steroids antenatally

<table>
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<tr>
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<th>Code</th>
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<tbody>
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Permissible values

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<td>Two doses (one course)</td>
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</table>

Reporting guide

TBC

Reported by

TBC

Reported for

TBC

Related concepts (Section 2):

None specified

Related data items (this section):

None specified

Related business rules (Section 4):

None specified
### Administration

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

**Definition source**: DHHS

**Version**: 1. January 2019

**Codeset source**: DHHS

**Collection start date**: 2019
Proposal 3 – Chorionicity of multiples (twins, triplets)

It is proposed to

Add new data element to the VPDC dataset: ‘Chorionicity of multiples (twins, triplets)’

Proposed by

Safer Care Victoria

Implementation date

1 January 2019

Reason for proposed change

Perinatal mortality, gestation at birth, neonatal morbidity, fetal growth restriction and other outcomes can be measured for the different twin types. Identifying the chorionicity can inform care of women at a hospital with the appropriate level of maternal and neonatal capability. It will also enable analysis of perinatal outcomes by chorionicity.

Details of change

Addition of a new data element

Chorionicity of multiples (new)

Specification

Definition

The number of chorionic membranes that surround the fetuses in a multiple pregnancy

<table>
<thead>
<tr>
<th>Representation class</th>
<th>Code</th>
<th>Data type</th>
<th>Number</th>
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<tbody>
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| Location | Episode record | Position | 140 |

Permissible values

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<tr>
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<td>Trichorionic</td>
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<tr>
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</table>

Reporting guide

TBC

Reported by

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

Reported for

All birth episodes with a birth plurality of two or three

Related concepts

None specified

Related data items

Birth plurality

Related business rules

Birth plurality and birth order valid combinations

(Section 2):

(Section 4):
<table>
<thead>
<tr>
<th><strong>Administration</strong></th>
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<td><strong>Version</strong></td>
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<tr>
<td><strong>Collection start date</strong></td>
<td>2019</td>
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</table>
Proposal 4 – Previous preterm birth

It is proposed to Add new data element to the VPDC dataset: ‘Previous preterm birth’

Proposed by Murdoch Children’s Research Institute and University of Melbourne

Implementation Date 1 January 2019

Reason for proposed change Previous preterm birth is a known risk factor for a subsequent birth. The inclusion of this data element would allow development of a risk prediction model to identify women at risk of giving birth preterm in a subsequent pregnancy. By increasing surveillance of ‘at risk’ women, the overall proportion of preterm births in non-tertiary hospitals and associated mortality could be reduced.

Details of change Addition of a new data element

Previous preterm birth (new)

Specification

Definition Has the mother had a preterm birth where the baby was born before 37 weeks? This includes liveborn, neonatal death and stillbirth

Representation class Code Data type String

Format N Field size 1

Location Episode record Position 140

Permissible values

<table>
<thead>
<tr>
<th>Code</th>
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<td>Yes</td>
</tr>
<tr>
<td>9</td>
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</tbody>
</table>

Reporting guide Preterm is defined as any liveborn less than 37 weeks of pregnancy or any stillborn greater than or equal to 20 weeks and less than 37 weeks. This item should be completed if there has been a previous pregnancy.

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

Reported for All birth episodes with a parity of greater than or equal to one.

Related concepts (Section 2): None specified

Related data items (this section): None specified

Related business rules (Section 4): TBC
## Administration

<table>
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<tr>
<td>Collection start date</td>
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</table>
Proposal 5 – Amendment to episode identifier

It is proposed to Implement mandatory reporting of Episode Identifier for all births within the submitting organisation

Proposed by Health Services Data, Digital Health, DHHS

Implementation date 1 January 2019

Reason for proposed change The episode identifier was implemented as an optional field in 2017. It has proven to be an effective way of managing new and updated records. It is proposed that all sites implement the episode identifier to ensure complete and accurate recording of births.

Details of change Amendment to data element

**Episode identifier (amend)**

**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**
Identifier **Data type** String

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

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

**Permissible values**
Permissible 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

**Reported for**
All birth episodes

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

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

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

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