Section 2: Concept and derived item definitions

Victorian Perinatal Data Collection (VPDC) manual, version 3.0
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**Derived items**

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Page 3
Introduction

This section lists concept definitions relating to data items collected by the VPDC, and in some cases provides a guide for their use.

Detailed specifications for reporting data to the VPDC are provided as follows:
- Section 3: Data definitions
- Section 4: Business rules
- Section 5: Compilation and submission of this manual
Concept definitions

Augmentation

Definition/guide for use
Methods used to assist the progress of labour.

Spontaneous onset of labour complemented with the use of drugs and/or artificial rupture of membranes (ARM) either by hindwater or forewater rupture.

More than one method of augmentation can be reported.

Related data items (Section 3):
Labour induction/augmentation agent

Birth centre

Definition/guide for use
A facility where women are able to give birth in an environment that:
- is physically separate from a labour ward but has access to emergency medical facilities for both mother and child, if required
- has a home-like atmosphere
- focuses on a model of care (for example, midwifery) that ensures continuity of care/caregiver, a family-centred approach and informed client participation in choices related to the management of care.

Related data items (Section 3):
None specified

Birth weight

Definition/guide for use
The first weight of the fetus or baby obtained after birth. The World Health Organization further defines the following categories:

- extremely low birth weight – less than 1,000 grams (up to and including 999 grams)
- very low birth weight – less than 1,500 grams (up to and including 1,499 grams)
- low birth weight – less than 2,500 grams (up to and including 2,499 grams).

The definitions of low, very low, and extremely low birth weight do not form mutually exclusive categories.

These definitions are all inclusive and therefore overlap. This means, for example, the ‘low’ birth weight range includes ‘very low’ and ‘extremely low’ birth weights, while the ‘very low’ range includes ‘extremely low’ birth weights.
For live births, birth weight should preferably be measured within the first hour of life, before significant postnatal weight loss has occurred. While statistical categories include 500 gram groupings for birth weight, weights should not be recorded in these groupings. The actual weight should be recorded to the degree of accuracy to which it is measured.

**Related data items (Section 3):** Birth weight

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**Campus**

**Definition/guide for use**

A physically distinct site owned or occupied by a health service/hospital where treatment and/or care is regularly provided to patients.

A single-campus hospital provides admitted patient services at one location, offering overnight-stay beds and/or day-stay facilities. Unless designated otherwise by the Department of Health, a multi-campus hospital has two or more locations providing admitted patient services, where:

- locations are separated by land (other than public road) that is not owned, leased or used by that hospital
- they have the same management at the public health service/hospital level
- each campus has overnight stay facilities. A separate location providing day-only services, such as a satellite dialysis unit, is considered to be part of a campus
- are not private homes. Private homes where hospital services are provided are considered to be part of a campus.

As a general principle, reporting should identify activity at each campus. Patient activity must be reported under the campus code at which it occurred. Any multi-campus hospital not currently reporting on this basis, or intending to change from single to multi-campus, or vice versa, should discuss this with the Department of Health.

**Related data items**

None specified
Estimated gestational age

**Definition/guide for use**

The period of development of the fetus from the time of fertilisation until birth, as determined by clinical assessment.

The World Health Organization identifies the following categories:

- **pre-term** – less than 37 completed weeks (259 days) of gestation
- **term** – from 37 completed weeks to less than 42 completed weeks (259 to 293 days) of gestation
- **post-term** – 42 completed weeks (294 days) or more of gestation.

Gestational age is frequently a source of confusion when calculations are based on menstrual dates. When calculating the gestational age from the date of the first day of the last menstrual period and the date of delivery, it should be kept in mind that the first day is day zero and not day one.

Where more than one gestational age is estimated, by date, ultrasound or clinical assessment at birth, record the gestational age by dates if they are reliable. If the dates are not reliable, record the gestational age as determined by clinical assessment. If there was no clinical estimate at birth, record an ultrasound estimate.

**Related data items (Section 3):**

None specified

High dependency unit (HDU)

**Definition/guide for use**

A high dependency unit must be an approved unit capable of providing basic multi-system life support for a period of usually less than 24 hours.

High dependency care is delivered in one or more of the following circumstances:

- single-organ system monitoring and support, excluding advanced respiratory system support
- general observation and monitoring, more detailed observation, and where use of monitoring equipment cannot safely be provided on a general ward. This may include extended post-operative monitoring for high risk patients
- step-down care – for patients who no longer require intensive care, but are not well enough to be returned to a general ward.

Hospitals with a designated ICU may have HDU beds located within them.

**Related data items (Section 3):**

Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother
**Hospital**

**Definition/guide for use**
A healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients.

A hospital may be located at one physical site or may be a multi-campus hospital. For the purposes of these definitions, ‘hospital’ includes satellite units managed and staffed by the hospital, and private homes used for service provision under the Hospital in the Home program.

The definition includes:
- public hospitals, denominational hospitals, metropolitan health services, and privately operated (public) hospitals as defined in the *Health Services Act 1988* (as amended)
- private hospitals and day-procedure centres registered under the Health Services Act. Private hospitals are required to maintain separate registrations for each site.

Nursing homes and hostels, which are now approved under the *Aged Care Act 1997*, are excluded from the definition, as are supported residential services registered under the Health Services Act.

**Related data items (Section 3):**
- None specified

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**Induction**

**Definition/guide for use**
Procedure performed to stimulate and establish labour in a woman who has not started labour spontaneously.

More than one method of induction can be recorded. The use of medications or forewater ARM to initiate labour following pre-labour rupture of the membranes (PROM) is considered an induction (but not an augmentation as augmentation is possible only after labour has started spontaneously). If labour begins spontaneously following PROM, the use of these techniques should be reported as augmentation.

**Related data items (Section 3):**
- Indication for induction – free text
- Indication for induction – ICD-10-AM code

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**Infant death**

**Definition/guide for use**
The death of an infant occurring within one year of birth.

**Related data items (Section 3):**
- Separation status – baby
Intensive care unit (ICU)

**Definition/guide for use**

An intensive care unit (ICU) is a designated hospital ward that is specially staffed and equipped to provide observation, care and treatment to patients with actual or potential life-threatening illnesses, injuries or complications from which recovery is possible. The ICU provides special expertise and facilities for the support of vital functions. It employs the skills of medical, nursing and other staff trained and experienced in the management of these problems.

There are five different levels and types of intensive care associated with perinatal information, details of which are listed below:

- adult intensive care – level 3, level 2, level 1
- neonatal intensive care – level 3
- paediatric intensive care.

As defined, ICUs do not include special care nurseries, coronary care units, HDU, intensive nursing units or step-down units. All levels and types of ICU must be separate and self-contained facilities in hospitals. Additionally, for clinical standards and staffing requirements, they must conform to relevant Australian Council on Healthcare Standards (ACHS) guidelines.

**Neonatal intensive care unit – nature of facility**

A level 3 neonatal ICU must be capable of providing complex, multi-system life support for an indefinite period.

**Care process**

A neonatal ICU must be capable of providing mechanical ventilation and invasive cardiovascular monitoring. These types of services are illustrative of the nature of care provided in a neonatal ICU but are not exhaustive of the possibilities.

**Paediatric intensive care unit – nature of facility**

A paediatric ICU must be a separate and self-contained facility in the hospital, and must be capable of providing complex, multi-system life support for an indefinite period. It must be a tertiary referral centre for children needing intensive care and have extensive backup laboratory and clinical service facilities to support this tertiary role.

**Care process**

A paediatric ICU must be capable of providing mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age. These types of services are illustrative of the nature of care provided in a paediatric ICU but are not exhaustive of the possibilities.
**Labour type**

**Definition/guide for use**
The manner in which labour started in a birth event.

Labour starts at the onset of regular uterine contractions, which act to produce progressive cervical dilatation, and is distinct from spurious labour or PROM. If prostaglandins were given to induce labour and there is no resulting labour until after 48 hours have passed, then code the onset of labour as spontaneous.

**Related data items (Section 3):**
- Labour induction / augmentation agent
- Labour type

**Live birth**

**Definition/guide for use**
The birth of an infant, regardless of maturity or birth weight, who breathes or shows any other sign of life after being born.

**Related data items (Section 3):**
- Birth status
- Parity
- Total number of previous live births

**Neonatal death**

**Definition/guide for use**
The death of a live-born infant, less than 28 days after birth, of any gestation or, if gestation is unknown, weighing at least 400 grams.

**Related data items (Section 3):**
- Parity
- Total number of previous neonatal deaths

**Operative delivery**

**Definition/guide for use**
The birth of an infant either by operative vaginal birth or caesarean section.

Operative vaginal birth refers to a forceps or vacuum-assisted birth. Operative intervention in the second stage of labour may be indicated by conditions of the fetus or the mother. Maternal indication includes inadequate progress in labour, congestive heart failure and cerebral vascular malformations. Caesarean section is the surgical alternative to operative vaginal birth. This may be an elective or emergency procedure.

**Related data items (Section 3):**
None specified
Perineum

**Definition/guide for use**
The region situated between the opening of the bowel behind and of the genital organs in front. During childbirth this area becomes stretched and the vaginal opening may tear or need to be cut to facilitate birth.

**Related data items (Section 3):** None specified

Postpartum haemorrhage

**Definition/guide for use**
Primary: blood loss in excess of 500 ml from the birth canal during the third stage of labour and for 24 hours afterwards secondary – bleeding occurring in the interval from 24 hours after birth until the end of the puerperium (six weeks).

**Related data items (Section 3):** Prophylactic oxytocin in third stage

Pregnancy

**Definition/guide for use**
The period during which a woman carries a developing fetus, normally in the uterus. Pregnancy lasts for approximately 266 days from conception until the baby is born, or 280 days from the first day of the last menstrual period.

**Related data items (Section 3):** None specified

Procedure

**Definition/guide for use**
A clinical intervention that:
- is surgical in nature
- carries a procedural risk
- carries an anaesthetic risk
- requires specialised training or
- requires special facilities or equipment only available in an acute care setting.

**Related data items (Section 3):** Procedure – ACHI code, Procedure – free text

Separation

**Definition/guide for use**
The date on which the baby and/or mother is discharged from the place of birth.

**Related data items (Section 3):** Separation status – baby, Separation status – mother
**Stillbirth (fetal death)**

**Definition/guide for use**
Stillbirth is a fetal death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more birthweight. The death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

**Related data items (Section 3):** Birth status, Parity, Total number of previous stillbirths (fetal deaths)

**Transfer**

**Definition/guide for use**
Transfer refers to patients moving between two different hospitals or hospital campuses where:
- they were assessed or received care and treatment in the first hospital
- it is intended that the patient receives admitted care in the second hospital.

**Related data items (Section 3):** Transfer destination – baby, Transfer destination – mother
Derived items

This section is currently being developed and will be included in the next version of the manual.