Section 2: Concept and Derived Item Definitions

Victorian Perinatal Data Collection (VPDC) Manual, Version 4.0
Concept and Derived Item Definitions

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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
Concept definitions

**Anaesthesia**

**Definition**
A technique used to introduce an agent to produce a state of reduced or absence of sensation to the woman for the operative or instrumental delivery of the baby.

**Analgesia**

**Definition**
A n analgesic agent or technique administered to the woman to relieve the pain of labour without causing loss of consciousness.

**Antenatal care visit**

**Definition**
An intentional encounter between a pregnant woman and a midwife or doctor to assess and improve maternal and foetal well-being throughout pregnancy and prior to labour.

An antenatal care visit may occur in the following clinical settings:
- antenatal outpatients clinic
- specialist outpatient clinic
- general practitioner surgery
- obstetrician private room
- community health centre
- rural and remote health clinic
- independent midwife practice setting including home of pregnant female

**Augmentation**

**Definition**
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**
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, midwife) that ensures
continuity of care/caregiver, a family-centred approach and informed client participation in choices related to the management of care.

**Birth weight**

**Definition**

The first weight of the foetus 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.

**Guide for use**

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

**Campus**

**Definition**

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, 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
- the location is not a private home. Private homes where hospital services are provided are considered to be part of a campus.
Guide for use

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.
Estimated gestational age

**Definition**
The period of development of the foetus 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.

**Guide for use**
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.

Geographic indicator

**Definition**
A classification scheme that divides an area into mutually exclusive sub-areas based on geographic location. Some geographic indicators are:

- Australian Standard Geographical Classification (ASGC, ABS cat no. 1216.0, effective up until 1 July 2011
- Australian Statistical Geography Standard (ASGS, ABS cat. Nos. 1270.0.55.001 to 1270.0.55.005 effective from 1 July 2011
- Administrative regions
- Electorates
- Accessibility/Remoteness Index of Australia (ARIA)
- Rural, Remoteness and Metropolitan Area Classification (RRMA)
- Country.

The geographic indicator
- Enables the analysis of data on a geographical basis.
- Facilitates analysis of service provision in relation to demographic and other characteristics of the population of a geographical area.
## Gestational diabetes mellitus

**Definition**

Gestational diabetes mellitus (GDM) is a carbohydrate intolerance resulting in hyperglycaemia of variable onset or first recognition during pregnancy. The definition applies irrespective of whether or not insulin is used for treatment or the condition persists after pregnancy.

## High dependency unit (HDU)

**Definition**

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**

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.
Hospital in the home (HITH)

Definition
Hospital in the home (HITH) services provide care in the home that would otherwise need to be delivered within a hospital. HITH provides an alternative to admission to a hospital or an opportunity for earlier relocation to the home than would otherwise be possible.

Guide for use
HITH suitability and assessment criteria are documented in the HITH guidelines available on the HITH web site.

Hypertensive disorder during pregnancy

Definition
Hypertensive disorder during pregnancy includes pre-existing hypertensive disorders, hypertension arising in pregnancy and associated disorders such as eclampsia and preeclampsia.

Hypertension in pregnancy is defined as:
- Systolic blood pressure greater than or equal to 140 mmHg and/or
- Diastolic blood pressure greater than or equal to 90 mmHg.

Disorders associated with hypertension such as eclampsia are further characterised by symptoms such as proteinuria, oedema or high body temperature.

This definition of hypertensive disorder in pregnancy from the Society of Obstetric Medicine in Australia and New Zealand (SOMANZ) aligns with the definition of the International Society for the Study of Hypertension in Pregnancy (ISSHP).

Guide for use
Measurements should be confirmed by repeated readings over several hours. Elevations of both systolic and diastolic blood pressures have been associated with adverse foetal outcome and therefore both are important.

Induction

Definition
Procedure performed to stimulate and establish labour in a woman who has not started labour spontaneously.

Guide for use
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.
Infant death

**Definition**
The death of an infant occurring within one year of birth.

**Related data items (Section 3):** Separation status – baby

Intensive care unit (ICU)

**Definition**
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.

**Guide for use**
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.

**Related data items (Section 3):**
- Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother
- Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby

### Labour type

**Definition**

The manner in which labour started in a birth event.

**Guide for use**

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**

A live birth is described by the World Health Organisation to be the complete expulsion or extraction from the mother of a baby irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as, beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.

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

### Neonatal death

**Definition**

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
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 foetus 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.

Perineum

Definition
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.

Postpartum haemorrhage

Definition
Primary: blood loss in excess of 500 ml from the birth canal during the third stage of labour and for 24 hours afterwards
Excludes secondary haemorrhage – 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**
The period during which a woman carries a developing foetus, 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.

**Primary postpartum haemorrhage**

**Definition**
Primary postpartum haemorrhage, a form of obstetric haemorrhage, is excessive bleeding from the genital tract after childbirth, occurring within 24 hours of birth.

**Guide for use**
A blood loss of 500mls is the usual minimum amount for identification of postpartum haemorrhage; however, a woman’s haemodynamic instability is also taken into account, meaning that a smaller blood loss may be significant in a severely compromised woman.

Excludes secondary postpartum haemorrhage is excessive bleeding from the genital tract after childbirth occurring between 24 hours and 6 weeks postpartum.

**Procedure**

**Definition**
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
Registered nurse

Definition
Registered nurses include persons with at least a three year training certificate and nurses holding post graduate qualifications. Registered nurses must be registered with the state/territory registration board. This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, midwife (including pupil midwife), psychiatric nurse, senior nurse, charge nurse (now unit manager) supervisory nurse and nurse educator. This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing.

Separation

Definition
Separation is the process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical.

Formal separation:
The administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.

Statistical separation:
The administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay.

Related data items (Section 3):
Separation status – baby
Separation status – mother

Stillbirth (foetal death)

Definition
A foetal 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 foetus 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.

Guide for use
Termination of pregnancy performed at gestational ages of 20 or more weeks should be included in perinatal collections and should be recorded as stillborn or, in the unlikely event of showing evidence of life, as live births.

Foetus papyraceous and foetus compressus are products of conception recognisable as a deceased foetus. These foetal deaths are likely to have occurred before 20 weeks gestation but should be included as stillbirths in perinatal collections if they are recognisable as a foetus and have been expelled or extracted with
other products of conception at 20 or more weeks gestational age.

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

### Transfer

**Definition**
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