

Section 2: Concept and derived item definitions

Victorian Perinatal Data Collection (VPDC) manual

Version 7.0

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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 of this manual

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 An analgesic agent or technique administered to the woman to relieve the pain of labour without causing loss of consciousness.

Antenatal care visit

Definition/guide for use An intentional encounter between a pregnant woman and a midwife or doctor to assess and improve maternal and fetal 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/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. Cannot be used if the woman is induced.

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.

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

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, 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.

Congenital anomalies

Definition/guide for use The following list contains the most common congenital anomalies for reporting in the field 'Congenital anomalies – code'

Q069	All Neural tube defects
Q0002	Anencephaly
Q421	Anorectal atresia and/or stenosis
Q3533	Cleft lip and palate
Q369	Cleft Lip Unilateral
Q359	Cleft palate
Q2510	Coarctation of the aorta
Q650	Congenital Dislocation of Hip -Right -Unilateral
Q619	Cystic Kidney Disease
Q790	Diaphragmatic Hernia
Q019	Encephalocele
Q792	Exomphalos
Q793	Gastroschisis
Q0389	Hydrocephalus
Q234	Hypoplastic Left Heart
Q549	Hypospadias
Q7380	Limb reduction defect
Q02	Microcephaly
Q6230	Obstructive defects of the renal pelvis
Q390	Oesophageal Atresia and/or Stenosis
Q602	Renal agenesis

Q0590	Spina Bifida
Q213	Tetralogy of Fallot
Q2031	Transposition of Great Vessels
Q914	Trisomy 13
Q910	Trisomy 18
Q909	Trisomy 21 - Down Syndrome
Q2100	Ventricular Septal Defect (VSD)

The following conditions do not need to be reported as a congenital anomaly:

- Abnormal palmar creases
- Accessory nipples
- Anal fissure
- Balanced autosomal translocation (unless occurring with structural defects)
- Birth injuries
- Birth marks (smaller than 4cm, not including giant naevus)
- Bowing of legs (unless severe)
- Blocked tear ducts (dacryostenosis)
- Brushfield spots
- Cephalhaematoma
- Cleft gum
- Clicky hips
- Clinodactyly
- Craniotabes (unless severe)
- Dermatoglyphic abnormalities
- Ear abnormalities (minor)
- Epicanthic folds
- Gastro-oesophageal reflux
- Haemangioma (< 4 cm wide)
- Hernia – inguinal, umbilical
- High-arched palate
- Hydrocele
- Hypertelorism
- Imperforate hymen
- Laryngeal stridor
- Laryngomalacia
- Low slung/set ears
- Macroglossia (large tongue)
- Meckel's diverticulum
- Meconium ileus
- Mental retardations (unless occurring with a syndrome/
structural defect)
- Metatarsus varus
- Micrognathia (unless severe)

- Mongolian spots
- Occiput, flat/prominent
- Patent ductus arteriosus (< 37 weeks)
- Philtrum, long/short
- Plagiocephaly
- Pre-auricular sinus
- Prominent forehead
- Protruding tongue
- Ptosis
- Retrognathia (unless severe)
- Rocker-bottom feet (prominent heels)
- Sacral pits, dimples, sinuses
- Short sternum
- Simian creases
- Single umbilical artery/2 vessels in cord
- Skin folds/tags
- Slanting eyes

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.

Geographic indicator

Definition/guide for use	<p>A classification scheme that divides an area into mutually exclusive sub-areas based on geographic location. Some geographic indicators are:</p> <ul style="list-style-type: none">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 regionsElectoratesAccessibility/Remoteness Index of Australia (ARIA)Rural, Remoteness and Metropolitan Area Classification (RRMA)Country.
Context:	<p>To enable 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.</p>

Gestational diabetes

Definition	<p>Gestational diabetes mellitus (GDM) is a carbohydrate intolerance resulting in hyperglycaemia of variable with 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.</p>
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High dependency unit (HDU)

Definition/guide for use	<p>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.</p> <p>High dependency care is delivered in one or more of the following circumstances:</p> <ul style="list-style-type: none">single-organ system monitoring and support, excluding advanced respiratory system supportgeneral 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 patientsstep-down care – for patients who no longer require intensive care, but are not well enough to be returned to a general ward. <p>Hospitals with a designated ICU may have HDU beds located within them.</p>
Related data items (Section 3):	Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother

Hospital

Definition/guide for use	<p>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.</p> <p>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.</p> <p>The definition includes:</p> <ul style="list-style-type: none">public hospitals, denominational hospitals, metropolitan health services, and privately operated (public) hospitals as defined in the <i>Health Services Act 1988</i> (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. <p>Nursing homes and hostels, which are now approved under the <i>Aged Care Act 1997</i>, are excluded from the definition, as are supported residential services registered under the Health Services Act.</p>
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Hospital in the home (HITH)

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

HITH suitability and assessment criteria are documented in the HITH guidelines available at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/hospital-in-the-home>.

Hypertensive disorder during pregnancy

Definition/guide for use 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.

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

Disorders associated with hypertension such as eclampsia are further characterised by symptoms such as and preeclampsia 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).

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

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.

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/guide for use The manner in which labour started in a birth event.
Labour commences 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 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

Migrant status

Definition/guide for use An international migrant (referred to as migrant) is defined as **"any person who changes his or her country of usual residence"** (United Nations 1998).

Migrant is defined as a person who was born overseas whose usual residence is Australia. A person is regarded as a usual resident if they have been (or are expected to be) residing in Australia for a period of 12 months or more. As such, it generally refers to all people, regardless of nationality, citizenship or legal status who usually live in Australia, with the exception of foreign diplomatic personnel and their families. Persons may have permanent resident status or temporary resident status (plan to stay in Australia for 12 months or more).

A person who enters Australia on a temporary basis to work, study or holiday may be referred to as a temporary migrant. The main groups contributing to temporary migration are New Zealand citizens, international students, temporary resident visa holders (including working holiday makers and 457 visa holders), and visitors (including tourists and people on short business trips or visiting family).

Source: Australian Bureau of Statistics

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

Country of birth, Spoken English proficiency, Years in Australia

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.

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.

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

Registered nurse

Definition/guide for use 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/guide for use 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 (fetal death)

Definition/guide for use 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.

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.

Fetus papyraceous and fetus compressus are products of conception recognisable as a deceased fetus. These fetal 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 fetus 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 (fetal dea

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, Reason for transfer – baby, Reason for transfer - mother