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| Proposals for revisions to the Victorian Perinatal Data Collection (VPDC) for 1 January 2020May 2019 |
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Department of Health

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| Proposals for revisions to the Victorian Perinatal Data Collection (VPDC) for 1 January 2020May 2019 |
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# Executive summary

Each year, the Department of Health and Human Services (DHHS) reviews 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 state and national reporting obligations of both the CCOPMM and the department, 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. The Introduction indicates how feedback can be submitted on any of the proposals outlined in this document.

To be accepted, a proposal to change the VPDC needs 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 email HDSS.Helpdesk@dhhs.vic.gov.au.

The proposed revisions to the VPDC for 1 January 2020 outlined in this document include:

* Add eight new data items:
* Main reason for excessive blood loss following childbirth
* Diabetes mellitus type during pregnancy
* Diabetes mellitus – gestational – diagnosis timing
* Diabetes mellitus – pre-existing – diagnosis timing
* Diabetes mellitus therapy during pregnancy
* Therapeutic hypothermia (cooling)
* Cord complications
* Blood loss accuracy - indicator
* Modify seven existing data items:
* Antenatal corticosteroid exposure
* Setting of Birth – intended
* Setting of Birth – actual
* Congenital anomalies – indicator
* Primary indication for induction – free text
* Primary indication for induction – ICD-10-AM code
* Estimated blood loss (ml)
* Add VPDC-created codes to code sets for four data items:
	+ Indication for induction – ICD-10-AM code
	+ Indications for operative delivery – ICD-10-AM code
	+ Maternal medical conditions – ICD-10-AM code
	+ Procedure – ACHI code
* Amend to 11th edition ICD-10-AM/ACHI codes used in nine data items:
	+ Congenital anomalies – ICD-10-AM code
	+ Events of labour and birth – ICD-10-AM code
	+ Indication for induction – ICD-10-AM code
	+ Indications for operative delivery – ICD-10-AM code
	+ Maternal medical conditions – ICD-10-AM code
	+ Neonatal morbidity – ICD-10-AM code
	+ Obstetric complications – ICD-10-AM code
	+ Postpartum complications – ICD-10-AM code
	+ Procedure – ACHI code
* Remove one class of validation:
* ‘Review Required’
* Amend validations:
* Patients remaining in hospital at date of data extraction
* Clarify reporting guides for two data items:
	+ Date of onset of labour
	+ Time of onset of labour

# Introduction

## The VPDC proposals process

This proposals 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 May 2019. It should not be regarded as a complete list of changes to be made for births on and from 1 January 2020. 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 2020, expected to be published by 28 June 2019.

## Draft status of the document

This document is not a complete specification of proposed changes to the VPDC. The final specifications, to be published at a later date, may contain additions, amendments, and/or removal of information in this document. Although changes to edits, 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 relevant section heading from the VPDC Manual v.7.0, applicable from 1 January 2019, and accessible at <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/consultative-councils/council-obstetric-paediatric-mortality/perinatal-data-collection>.

## Assessment of the impact of proposals

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

This evaluation, and feedback from stakeholders, will be used to determine whether the proposal is accepted for inclusion in the Specifications for revisions to the VPDC for 1 January 2020.

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 using the feedback proforma by **5.00pm Friday 17 May 2019**.

This proposals document and the feedback proforma are available on the VPDC website: <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/consultative-councils/council-obstetric-paediatric-mortality/perinatal-data-collection>

## Evaluation criteria

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

| Category | Considerations |
| --- | --- |
| Scope | The change should be within the scope of the collection. |
| 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 be collected, 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 – Remove ‘Review Required’ validations

|  |  |
| --- | --- |
| It is proposed to | Remove all ‘Review Required’ validations from VPDC submission processing reports. |
| Proposed by | Data Collections Unit, DHHS |
| Implementation date | 1 January 2020 |
| Reason for proposed change | ‘Review Required’ validations refer to a process that is no longer carried out (“review by the CCU HIM”), so these validations are redundant. |
| Details of change | Removal of a class of validations from VPDC submission processing reports |

# Proposal 2 – Change to 11th edition ICD-10-AM /ACHI codes

|  |  |
| --- | --- |
| It is proposed to | Update the diagnosis and procedure codes used for VPDC reporting to the 11thedition of ICD-10-AM (for diagnoses) and ACHI (for procedures). |
| Proposed by | Data Collections Unit, DHHS |
| Implementation date | 1 January 2020 |
| Reason for proposed change | VPDC reporting currently uses the 8th edition of ICD-10-AM/ACHI, which is no longer used for other health service reporting. This proposal would align VPDC with the ICD-10-AM/ACHI edition being implemented for other Australian morbidity data reporting from 1 July 2019, reducing duplication and complexity for health services, eliminating code mapping between editions and any consequent reduced precision/clarity, and simplifying data analysis and comparisons between VPDC data and other contemporary data sets.Moving directly from 8th edition to 11th edition reduces the burden on software vendors and health services of moving incrementally through intervening editions. |
| Details of change | Replace 8th edition ICD-10-AM/ACHI codes with 11th edition in data items: Congenital Anomalies, Events of Labour and Birth, Indication for induction, Indications for operative delivery, Maternal medical conditions, Neonatal morbidity, Obstetric complications, Postpartum complications, and Procedure. Remove VPDC-created codes that have 11th edition ICD-10-AM/ACHI codes (see Appendix 1).Update validations to continue rejecting invalid codes in these data items. An updated ‘VPDC Library File’ (code set) will be made available to software vendors to enable in-house validations to minimise rejections. |

# Proposal 3 – Extend reporting of Antenatal corticosteroid exposure to stillbirths

|  |  |
| --- | --- |
| It is proposed to | Extend requirement to report ‘Antenatal corticosteroid exposure’ to stillbirths, in addition to livebirths |
| Proposed by | Data Collections Unit, DHHS |
| Implementation date | 1 January 2020 |
| Reason for proposed change | ‘Antenatal corticosteroid exposure’ was introduced as a new data element from 2019.The requirement to report the data element for ‘All live birth episodes’ was reflected in a validation, which was triggered if the data element was reported for a stillbirth.This current proposal seeks to extend the reporting requirement for this data element to include all stillbirths, along with all livebirths, from 2020.  |
| Details of change |  |

## Antenatal corticosteroid exposure (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | Administration of any antenatal dose of steroids for the purpose of fetal lung maturation |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | N | Field size | 1  |
|  |
| Location | Episode record | Position | 139 |
|  |
| Permissible values | **Code Descriptor**1 None2 One dose 3 Two doses (one course)4 More than two doses9 Not stated/adequately described |
|  |
| Reporting guide | Report the number of steroid doses given during the pregnancy episode |
|  |
| Reported by | All Victorian hospitals where a ~~live~~ birth has occurred and homebirth practitioners |
|  |
| Reported for | All ~~live~~ birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | The number of steroid doses  |
|  |
| Related business rules (Section 4): | Birth status. Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 2019
2. January 2020
 |
|  |
| Codeset source | DHHS | Collection start date | 2019 |

# Proposal 4 – Remove code for Birthing Centre from Setting of Birth – intended and Setting of Birth – actual data elements

|  |  |
| --- | --- |
| It is proposed to | Remove code 0002 Birth centre from both Setting of Birth – intended and Setting of Birth – actual data elements. |
| Proposed by | Data Collections Unit, DHHS |
| Implementation date | 1 January 2020 |
| Reason for proposed change | There are no longer standalone Birth centres in Victoria, so this code is redundant.Births occurring in ‘birth centres’ within a hospital/health services should be reported against the campus code of the hospital/health service. |
| Details of change |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Setting of birth – actual (Amend) **Specification**

|  |  |
| --- | --- |
| Definition | The actual place where the birth occurred |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | NNNN | Field size | 4 |
|  |
| Location | Episode record | Position | 27 |
| Permissible values | Please refer to the ‘Hospital Code Table available at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files>**Code Descriptor** ~~0002 Birth centre~~ 0003 Home (other) 0005 In transit 0006 Home – Private midwife care 0007 Home – Public homebirth program 0008 Other - specify0009 Not stated / inadequately described |

|  |
| --- |
|  |
| Reporting guide | * ~~Code 0002 Birth centre: reported when a birth occurs at the actual hospital’s birth centre~~
* Code 0003 Home (other): includes a birth not intended to occur at home. Excludes homebirth with a private midwife (use code 0006) and homebirth under the public homebirth program (use code 0007)
* Code 0005 In transit: includes births occurring on the way to the intended place of birth or the car park of a hospital/birthing centre
* Code 0006 Home: private midwife care – reported when a birth is attended by a private midwife practitioner in the mother’s own home or a home environment
* Code 0007 Home: Public homebirth program – reported when a birth is attended by a public midwife in the mother’s home under the Public homebirth program
* Code 0008 Other – specify: Used when birth occurs at any location other than those listed above. May also include a community health centre. Report the location in Setting of birth – actual – other specified description
 |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | None specified  |
|  |
| Related business rules (Section 4): | Mandatory to report data items, Setting of birth – actual and Admitted patient election status – mother valid combinations, Setting of birth – actual and Setting of birth – actual – other specified description conditionally mandatory data item |

**Administration**

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| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | NHDD | Version | 1. January 1982
2. July 2015
3. January 2020
 |
|  |
| Codeset source | NHDD (DHHS modified) | Collection start date | 1982 |

 |
|  |  |
| Setting of birth – intended (Amend)**Specification**

|  |  |
| --- | --- |
| Definition | The intended place of birth |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | NNNN | Field size | 4 |
|  |
| Location | Episode record | Position | 25 |
|  |
| Permissible values | Please refer to the ‘Hospital Code Table available at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files>**Code Descriptor** ~~0002 Birth centre~~ 0003 Home (other) 0006 Home – Private midwife care 0007 Home – Public homebirth program 0008 Other - specify 0009 Not stated / inadequately described |
|  |
| Reporting guide | If unable to provide hospital code, record the hospital name in Setting of Birth – intended – other specified description. Home in the context of this data element means the home of the woman or a relative or a friend. * ~~Code 0002 Birth centre: if the birth was intended at the hospital’s birth centre~~
* Code 0003 Home (other): excludes homebirth with a private midwife (use code 0006) and homebirth under the public homebirth program (use code 0007)
* Code 0008 Other – specify: includes community (health) centres. Record the location in Setting of birth – intended – other specified description
* Code 0009 Not stated / inadequately described: includes unbooked or unplanned
 |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Setting of birth – change of intent, Setting of birth – change of intent – reason, Setting of birth – actual |
|  |
| Related business rules (Section 4): | Setting of birth – actual, Setting of birth – intended, Setting of birth – change of intent and Setting of birth – change of intent – reason conditionally mandatory data items, Setting of birth – intended and Setting of birth – intended – other specified description conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | NHDD | Version | 1. January 1999
2. July 2015
3. January 2020
 |
|  |
| Codeset source | NHDD (DHHS modified) | Collection start date | 1999 |

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|  |  |

# Proposal 5a – Antibiotic administration – baby – Withdrawn

# Proposal 5b – Antibiotic administration – mother – Withdrawn

# Proposal 5c – Antibiotic timing – baby – Withdrawn

# Proposal 5d – Antibiotic timing – mother – Withdrawn

# Proposal 5e – Antibiotic type and dose – baby – Withdrawn

# Proposal 5f – Antibiotic type and dose – mother – Withdrawn

# Proposal 6 – Main reason for excessive blood loss following childbirth

|  |  |
| --- | --- |
| It is proposed to | Add a new data element to the VPDC dataset: Main reason for excessive blood loss following childbirth |
| Proposed by | Judith Lumley Centre, La Trobe University |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Incidence and severity of postpartum haemorrhage (PPH) associated with births in Victoria have increased for many years. Other high resource countries also report high and increasing incidence. Some researchers report uterine atony as the cause of the majority of PPH. Capturing details of the cause of PPH will assist researchers and clinicians to assess the incidence of causes of PPH; investigate associations with other aspects of birth practice, eg method of birth, use of oxytocics in labour, third stage management; compare findings with published research reports nationally and internationally on causes of PPH; and address the causes of PPH to reduce incidence and severity.The proposed new data item would record the main reason for excessive blood loss in the first 24 hours following childbirth.The wording ‘Excessive blood loss’ is proposed rather than ‘500 mL or greater’ or ‘Postpartum haemorrhage (PPH)’, to minimise the potential for midwives recording the existing ‘Estimated blood loss ml’ data item to under-report blood loss to avoid meeting the definition of PPH. |
| Details of change |  |

Main reason for excessive blood loss following childbirth (new)

#### Specification

|  |  |
| --- | --- |
| Definition | Reports the main reason for excessive blood loss in the first 24 hours following childbirth. |
| Representationclass | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | TBD |
| Permissible values | **Code** | **Descriptor** |
|  | 1 | Uterine atony |
|  | 2 | Trauma  |
|  | 3 | Placental insertion abnormality |
|  | 4 | Other |
|  | 9 | Not stated/inadequately described |
| Reporting guide | Report the statement that best describes the main reason for excessive blood loss following childbirth.Code 2 Trauma includes tear/s to labia, perineum, cervix, uterus; episiotomyCode 3 Placental insertion abnormality includes retained placenta; placenta accrete/increta/percreta; other placental abnormalityCode 4 Other reason includes disseminated intravascular coagulation (DIC), haematological disorder; retroperitoneal haemorrhage; accidental injury during CS eg extension of abdominal incision |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes where estimated blood loss of 500 ml or greater is reported |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | Estimated blood loss (ml); Method of birth; Episiotomy – indicator; Prophylactic oxytocin in third stage; Manual removal of placenta; Indications for operative delivery – free text; Indications for operative delivery – ICD-10-AM code; Events of labour and birth – free text; Events of labour and birth – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Perineal/genital laceration – degree/type; Perineal laceration – indicator; Perineal laceration – repair; Episiotomy – indicator; Postpartum complications – free text; Postpartum complications – ICD-10-AM code |
| Related business rules (Section 4): | Mandatory where Estimated blood loss (ml) of 500 or more is reported |

#### Administration

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| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | DHHS | Version | 1 January 2020 |
| Codeset source | DHHS | Collection start date | 2020 |

# Proposal 7 – Patients remaining in hospital – VPDC system validations

|  |  |
| --- | --- |
| It is proposed to | Amend validations to allow reporting of no code for relevant data elements when patient is remaining in (ie Separation Date is blank):(1) Remove the rejection validation requiring valid responses in all data elements related to the mother’s separation when Separation Date – Mother and Separation Status – Mother are both blank; and(2) Remove the rejection validation requiring valid responses in all data elements related to the baby’s separation when Separation Date – Baby and Separation Status – Baby are both blank; and(3) Create a new report to be generated for each health service listing all birth records in the VPDC for that agency that have blank Separation Date – Mother / Baby and blank Separation Status – Mother / Baby. |
| Proposed by | Data Collections Unit, DHHS |
| Implementation date | 1 January 2020 |
| Reason for proposed change | All relevant births must be reported to the VPDC within 30 days of birth, however current VPDC validations require completion of all data fields, including separation details for both mother and baby, resulting in rejected records where mother, baby, or both, remain in hospital when the VPDC data submission is created. Health services cannot resolve these rejections until both mother and baby are discharged, and the relevant details are known.An alternative is that health services report dummy values to prevent the validations, which is undesirable. This proposal will ensure births continue to be reported within the required timeframe while simplifying data submission reports by eliminating rejection validations that health services cannot prevent.An additional VPDC report will be generated for each health service’s data submission, identifying records with incomplete data so these can be updated, using the same Episode identifier, as soon as both mother and baby are discharged. |
| Details of change | Validations amended as described above: details will be included in the Final Specifications for Changes to the VPDC from 1.1.2020.  |
|  |  |

# Proposal 8 – Prenatal screening for aneuploidy – Withdrawn

# Proposal 9 – Artificial reproductive technology – indicator – Withdrawn

# Proposal 10 – Congenital anomalies – indicator

|  |  |
| --- | --- |
| It is proposed to | Amend the code set for this existing VPDC data element |
| Proposed by | The Royal Women’s Hospital & The University of Melbourne |
| Implementation date | 1 January 2020 |
| Reason for proposed change | There is currently no capacity within the VPDC to report whether congenital anomalies are identified antenatally or postnatally. This important distinction would aid in assessing the performance of prenatal screening programs such as aneuploidy screening and routine mid-trimester fetal morphology ultrasound. This change would also align with the Australian Institute of Health and Welfare’s plans to reinstitute a national congenital anomaly surveillance system. Expanding the code set for this data item will enable benchmarking of the performance of screening and diagnosis for congenital anomalies, and for identification of those areas where performance could be improved through changes in policy or training. It would also provide valuable insights into the contemporary outcomes of congenital anomalies when diagnosed antenatally, thereby aiding clinicians and patients in counselling and decision making.  |
| Details of change |  |

## Congenital anomalies – indicator (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | Whether there were any reportable congenital anomalies identified, and if so, whether these were identified antenatally or postnatally or both |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | N | Field size | 1 |
|  |
| Location | Episode record | Position | 107 |
|  |
| Permissible values | **Code Descriptor**~~1 Reportable congenital anomalies identified~~2 Reportable congenital anomalies not identified3 Reportable congenital anomalies identified antenatally 4 Reportable congenital anomalies identified postnatally 5 Reportable congenital anomalies identified both antenatally and postnatally9 Not stated / inadequately described |
|  |
| Reporting guide | Where reportable congenital abnormalities are identified, please select the most appropriate code in the Congenital anomalies – ICD-10-AM code field. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Congenital anomalies – ICD-10-AM code |
|  |
| Related business rules (Section 4): | Congenital anomalies – indicator and Congenital anomalies – ICD-10-AM code conditionally mandatory data item, Mandatory to report data items, Sex – baby and Congenital anomalies – indicator conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19992. January 20093. January 2020 |
|  |
| Codeset source | DHHS | Collection start date | 1999 |

# Proposal 11 – Maternal weight at the 36-week antenatal visit – Withdrawn

# Proposal 12 – Highest level of maternal education – Withdrawn

# Proposal 13 – Primary indication for induction of labour

|  |  |
| --- | --- |
| It is proposed to | Amend the existing VPDC data elements ‘Indication for induction – free text’ and ‘Indication for induction – ICD-10-AM code’ to distinguish between the *main* indication for induction of labour, and any other indication/s |
| Proposed by | CCU, SCV |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Currently more than one indication for induction of labour can be reported, using either the ICD-10-AM code/s field and/or the free text field, but neither is designated to report the ‘main’ indication for induction, as required by the Australian Institute for Health and Welfare (AIHW), so this needs to be approximated using the *first named* indication. This is suboptimal, as it may not represent the most important indication, but rather be the one that appeared highest in a drop-down menu as the midwife enters the data into a birth outcomes software package.To fulfil Victoria’s obligation to report the *primary* indication for induction of labour to AIHW and enable Victoria’s results to be included in national reports. |
| Details of change |  |
|  |  |

## Indication for induction (main reason) – ICD-10-AM code (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | The main ~~primary~~ reason given for an induction of labour |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (X1) |
|  |
| Location | Episode record | Position | 71 |
|  |
| Permissible values | For applicable codes for indication for induction refer to the ICD-10-AM/ACHI (8th edition) available on request, by email to perinatal.data@dhhs.vic.gov.au |
|  |
| Reporting guide | Report where a medical or surgical induction is performed for the purpose of stimulating and establishing labour in a mother who has not started labour spontaneously. A small number of additional codes have been created solely for VPDC reporting: **Code Descriptor**O480 Social induction |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes where an induction was performed |
|  |
| Related concepts (Section 2): | Induction |
|  |
| Related data items (this section): | None specified  |
|  |
| Related business rules (Section 4): | Labour type, Indication for induction (other) – free text and Indication for induction (main reason) – ICD-10-AM code valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19992. January 20093. July 20154. January 2020 |
|  |
| Codeset source | ICD-10-AM eighth edition | Collection start date | 1999 |

## Indication for induction (other) – free text (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | ~~The primary reason~~ Any other reasons given for an induction of labour |
|  |
| Representation class | Text | Data type | String |
|  |
| Format | A(50) | Field size | 50 |
|  |
| Location | Episode record | Position | 70 |
|  |
| Permissible values | Permitted characters: * a–z and A–Z
* special characters (a character which has a visual representation and is neither a letter, number, ideogram; for example, full stops, punctuation marks and mathematical symbols)
* numeric characters
* blank characters

A small number of additional codes have been created solely for VPDC reporting: **Code Descriptor*** O480 Social induction
 |
|  |
| Reporting guide | Report any other indications ~~the indication~~ for induction in this field. ~~when there is no ICD-10-AM code available for selection in the software.~~ |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes where an induction was performed and there is more than one indication for the induction |
|  |
| Related concepts (Section 2): | Induction |
|  |
| Related data items (this section): | Indication for induction (main reason) – ICD-10-AM code |
|  |
| Related business rules (Section 4): | Labour type, Indication for induction (other) – free text and Indication for induction (main reason) – ICD-10-AM code valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19992. January 2020 |
|  |
| Codeset source | Not applicable | Collection start date | 1999 |

# Proposal 14 – Diabetes mellitus status, type, timing of diagnosis, and treatment

|  |  |
| --- | --- |
| It is proposed to | Add four new data elements to the VPDC data set: Diabetes mellitus type during pregnancyDiabetes mellitus – gestational – diagnosis timingDiabetes mellitus – pre-existing – diagnosis timingDiabetes mellitus therapy during pregnancy |
| Proposed by | Mercy Hospital for Women |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Review of 10 years of VPDC data showed that one third of women coded as Type 1 or 2 diabetes were also coded as gestational diabetes, though it is not possible for a woman to have both these diagnoses, suggesting pre-pregnancy diabetes is not being correctly reported. Diabetes can be reported in a several places, including maternal medical conditions, obstetric complications, reason for induction, with the potential for different types of diabetes to be reported in different places. It is proposed to introduce four data item that will assist staff entering data to decide on the type of diabetes, according to timing of diagnosis, to enable more accurate data to be reported.New guidelines have suggested that many women should have a diabetes test performed in early pregnancy, but there is little data on the number of positive diagnoses, or the outcomes of these pregnancies. Improved data on type of diabetes and duration of diabetes will enable better evaluation of outcomes for women with pre-pregnancy diabetes, a very high risk group, and better information on the outcomes for women with gestational diabetes, and early onset GDM, a growing cohort.Additional training should be provided to midwives to better understand the types of diabetes, and the importance of correct coding. This training is required even if the proposed change is not accepted. |
| Details of change |  |

Diabetes mellitus type during pregnancy (new)

#### Specification

|  |  |
| --- | --- |
| Definition | Report whether the mother has diabetes mellitus during this pregnancy, and if so, the type of diabetes mellitus |
| Representationclass | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | TBD |
|  |  |  |
| Permissible values | **Code** | **Descriptor** |
|  | 1 | No diabetes mellitus during this pregnancy |
|  | 2 | Pre-existing Type 1 diabetes mellitus |
|  | 3 | Pre-existing Type 2 diabetes mellitus |
|  | 4 | Gestational diabetes mellitus (GDM) |
|  | 8 | Other type of diabetes mellitus  |
|  | 9 | Not stated / inadequately described |
| Reporting guide | Report the statement that best describes whether the mother has diabetes mellitus, and if so, what type of diabetes mellitusWhere there is a Gestational diabetes mellitus (GDM) and a current history of pre-existing Type 2 diabetes mellitus, report code 3, Pre-existing Type 2 diabetes mellitus.Code 2 Pre-existing Type 1 diabetes mellitus is equivalent to ICD-10-AM code O24.0Code 3 Pre-existing Type 2 diabetes mellitus is equivalent to ICD-10-AM codes O24.12, O24.13, O24.14, O24.19Code 4 Gestational diabetes mellitus (GDM) is equivalent to ICD-10-AM codes O24.42, O24.43, O24.44, O24.49Code 8 Other type of diabetes mellitus is equivalent to ICD-10-AM codes in the range O24.22, O24.23, O24.24, O24.29. In the absence of any further information, report code 8 for patients with ICD-10-AM codes O24.32, O24.33, O24.34, O24.39. Excludes impaired glucose regulation.Code 9 Includes the mother with diabetes mellitus but not sure what type, and those with ICD-10-AM codes O24.92, O24.93, O24.94, O24.99 |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | Diabetes mellitus – pre-existing – diagnosis timing (proposed); Gestational diabetes mellitus – diagnosis timing (proposed); Diabetes mellitus therapy during pregnancy (proposed); Indication for induction – free text; Indication for induction – ICD-10-AM code; Indications for operative delivery – free text; Indications for operative delivery – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications- ICD-10-AM code |
| Related business rules (Section 4): | TBD |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | AIHW | Version | 1. January 2020 |
| Codeset source | AIHW | Collection start date | 2020 |

Diabetes mellitus – gestational – diagnosis timing (new)

#### Specification

|  |  |
| --- | --- |
| Definition | The gestation at which gestational diabetes mellitus was diagnosed during this pregnancy |
| Representationclass | Total | Data type | Number |
| Format | N[N] | Field size | 2 |
| Location | Episode record | Position | TBD |
|  |  |  |
| Permissible values | Range:**Code** | 1 to 43 (inclusive)**Descriptor** |
|  | 99 | Not stated / inadequately described |
| Reporting guide | For mothers diagnosed with gestational diabetes mellitus during the current pregnancy, report the gestation in completed weeks during this pregnancy when the mother was diagnosed with gestational diabetes mellitus. For mothers not diagnosed with diabetes mellitus, or diagnosed with type 1 or type 2 diabetes mellitus either before or during the current pregnancy, or mothers diagnosed with gestational diabetes mellitus only during a previous pregnancy but not the current pregnancy, leave blank. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes where Diabetes mellitus type during pregnancy code 4 Gestational diabetes mellitus (GDM) is reported |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | Diabetes mellitus type during pregnancy (proposed); Diabetes mellitus – pre-existing – diagnosis timing (proposed); Diabetes mellitus therapy during pregnancy (proposed); Indication for induction – free text; Indication for induction – ICD-10-AM code; Indications for operative delivery – free text; Indications for operative delivery – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications- ICD-10-AM code |
| Related business rules (Section 4): | TBD |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | DHHS | Version | 1. January 2020 |
| Codeset source | DHHS | Collection start date | 2020 |

Diabetes mellitus – pre-existing – diagnosis timing (new)

#### Specification

|  |  |
| --- | --- |
| Definition | The year in which pre-existing diabetes mellitus was diagnosed |
| Representationclass | Date | Data type | Number |
| Format | NNNN | Field size | 4 |
| Location | Episode record | Position | TBD |
|  |  |  |
| Permissible values | Range:**Code** | 1940 to current year**Descriptor** |
|  | 9999 | Not stated / inadequately described |
| Reporting guide | For mothers diagnosed with diabetes mellitus before the current pregnancy only, report the year in which the mother was diagnosed with diabetes mellitus. For mothers not diagnosed with diabetes mellitus, or diagnosed with type 1 or type 2 diabetes mellitus during the current pregnancy, or mothers diagnosed with gestational diabetes mellitus only during the current pregnancy, leave blank. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes where Diabetes mellitus type during pregnancy code 2 Pre-existing Type 1 diabetes mellitus or code 3 Pre-existing Type 2 diabetes mellitus is reported |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | Diabetes mellitus – gestational – diagnosis timing; Diabetes mellitus type during pregnancy (proposed); Diabetes mellitus therapy during pregnancy (proposed); Indication for induction – free text; Indication for induction – ICD-10-AM code; Indications for operative delivery – free text; Indications for operative delivery – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications- ICD-10-AM code |
| Related business rules (Section 4): | TBD |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | DHHS | Version | 1. January 2020 |
| Codeset source | DHHS | Collection start date | 2020 |

Diabetes mellitus therapy during pregnancy (new)

#### Specification

|  |  |
| --- | --- |
| Definition | The type/s of diabetes mellitus treatment prescribed during the pregnancy |
| Representationclass | Code | Data type | Number |
| Format | N[NN] | Field size | 3 |
| Location | Episode record | Position | TBD |
|  |  |  |
| Permissible values | **Code** | **Descriptor** |
|  | 1 | Insulin |
|  | 2 | Oral hypoglycaemics  |
|  | 3 | Diet and exercise |
|  | 9 | Not stated / inadequately described |
| Reporting guide | Report all therapies prescribed during the pregnancy, up to 3 codes.Code 1 Insulin: is equivalent to 5th digit 2 (insulin treated) on ICD-10-AM codes in the range O24.1 to O24.9Code 2 Oral hypoglycaemics: includes sulphonylurea, biguanide (eg metformin), alpha-glucosidase inhibitor, thiazolidinedione, meglitinide, combination (eg biguanide and sulphonylurea) or other. This code is equivalent to 5th digit 3 (oral hypoglycaemic therapy) on ICD-10-AM codes in the range O24.1 to O24.9Code 3 Diet and exercise: includes generalised prescribed diet; avoidance of added sugar/simple carbohydrates (CHOs); low joule diet; portion exchange diet and uses glycaemic index and a recommendation for increased exercise. This code is equivalent to 5th digit 4 (other; diet; exercise; lifestyle management) on ICD-10-AM codes in the range O24.1 to O24.9 |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes which report Diabetes mellitus during pregnancy codes 2, 3, 4 or 8. |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | Diabetes mellitus type during pregnancy (proposed); Diabetes mellitus – gestational – diagnosis timing (proposed); Diabetes mellitus – pre-existing – diagnosis timing (proposed); Indication for induction – free text; Indication for induction – ICD-10-AM code; Indications for operative delivery – free text; Indications for operative delivery – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications- ICD-10-AM code |
| Related business rules (Section 4): | TBD |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | AIHW | Version | 1. January 2020 |
| Codeset source | AIHW | Collection start date | 2020 |

# Proposal 15 – Therapeutic hypothermia (cooling)

|  |  |
| --- | --- |
| It is proposed to | Add a new data element to the VPDC data set: Therapeutic hypothermia (cooling) |
| Proposed by | Mercy Hospital for Women |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Therapeutic hypothermia is standard care for moderate/severe hypoxic ischaemic encephalopathy and would be expected to be at similar rates for similar hospitals.This would provide a performance measure for hospitals with outlying rates, and a marker for further investigation of increasing rates.This would likely be recorded for about 50-60 babies a year. NICUs already collect this data for ANZNN so would be relatively easy to match with birth data in VPDC. |
| Details of change |  |

Therapeutic hypothermia (cooling) (new)

#### Specification

|  |  |
| --- | --- |
| Definition | Therapeutic hypothermia (cooling) treatment of baby during the birth episode |
| Representationclass | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | TBD |
| Permissible values | **Code** | **Descriptor**  |
|  | 1 | No therapeutic hypothermia (cooling) |
|  | 2 | Therapeutic hypothermia (cooling) received during birth episode |
|  | 9 | Not stated / inadequately described |
| Reporting guide | Report whether the baby received therapeutic hypothermia (cooling) treatment during the birth episode |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All livebirths |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | TBD |
| Related business rules (Section 4): | TBD |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | DHHS | Version | 1. January 2020 |
| Codeset source | DHHS | Collection start date | 2020 |

# Proposal 16 – Transfer for higher level of neonatal care – Withdrawn

# Proposal 17 – Cord complications

|  |  |
| --- | --- |
| It is proposed to | Add a new data element to the VPDC data set: Cord complications |
| Proposed by | Mercy Hospital for Women |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Introduce a new field which will provide long term information about umbilical cord status as well as abnormalities and complications in Victorian babies.’In 2013 the Coroner recommended that Victorian and Australian Perinatal Data Collections be modified to include information on the status of the umbilical cord, to provide information about umbilical cord status as well as abnormalities and complications in Victorian babies, to inform clinical responses.While this may be reported as a complication of labour and birth, a dedicated data element will improve reporting consistency. |
| Details of change |  |

Cord complications (new)

#### Specification

|  |  |
| --- | --- |
| Definition | Umbilical cord status, including abnormalities and complications |
| Representationclass | Code | Data type | Number |
| Format | N[NNN] | Field size | 4 (x3) |
| Location | Episode record | Position | TBD |
| Permissible values | **Code** | **Descriptor**  |
|  | 1 | No abnormalities or complication relating to umbilical cord |
|  | O691 | Nuchal cord (cord tightly around baby’s neck) |
|  | O692 | True knot |
|  | O690 | Umbilical cord prolapse |
|  | O693 | Short umbilical cord |
|  | O694 | Vasa previa |
|  | O696 | Two vessels in cord [VPDC created code] |
|  | O698 | Other |
|  | 9 | Not stated / inadequately described |
| Reporting guide | Report the umbilical cord status, including abnormalities and complications detected during the birth episodes.Cord loosely around the baby’s neck should be reported as code 1.Report up to 3 codes  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | Birth status; Apgar score at one minute; Apgar score at five minutes; Birth presentation; Congenital anomalies – ICD-10-AM code; Congenital anomalies – indicator; Events of labour and birth – free text; Events of labour and birth – ICD-10-AM code; Fetal monitoring in labour; Fetal monitoring prior to birth – not in labour; Indication for induction (other) – free text; Indication for induction (main reason) – ICD-10-AM code; Indications for operative delivery – free text; Indications for operative delivery – ICD-10-AM code; Neonatal morbidity – free text; Neonatal morbidity – ICD-10-AM code; Procedure – ACHI; Procedure – free text |
| Related business rules (Section 4): | Invalid combination: code 1 or code 9 with any other code;  |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | DHHS | Version | 1. January 2020 |
| Codeset source | DHHS | Collection start date | 2020 |

# Proposal 18 – Assisted reproduction items – Withdrawn

# Proposal 19 – Introduce CQR elements – Withdrawn

# Proposal 20 – Emergency LUSCS in multiparas – Withdrawn

# Proposal 21 – 3rd and 4th degree tears in multiparas – Withdrawn

# Proposal 22 – Gestational age at first antenatal visit – Withdrawn

|  |
| --- |
|  |

# Proposal 23 – Blood loss accuracy – indicator

|  |  |
| --- | --- |
| It is proposed to | Add a new data element: Blood loss accuracy – indicator;Amend existing data element: ~~Estimated~~ Blood loss (ml) |
| Proposed by | CCOPMM |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Postpartum blood loss is reported to the VPDC as an estimated volume. Reporting measured (rather than estimated) blood loss better informs research and interventions to address the increasing rate and severity of postpartum haemorrhage. The new item indicates whether the reported blood loss volume was measured, estimated, or part measured and part estimated, enabling evaluation of its accuracy. It is also proposed to amend the Blood loss (ml) data item’s reporting guide and permissible value range to clarify intention and enable outlier reporting. |
| Details of change |  |

Blood loss accuracy – indicator (new)

#### Specification

|  |  |
| --- | --- |
| Definition | Indicator of the accuracy of blood loss reported in data element Blood loss (ml) |
| Representationclass | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | TBD |
| Permissible values | Code | Descriptor |
|  | 1 | All blood loss measured (ml) |
|  | 2 | All blood loss estimated (ml) |
|  | 3 | Combination of measured and estimated blood loss (ml) |
|  | 9 | Not stated/inadequately described |
| Reporting guide | Report the method used to determine the amount of blood loss (ml) reported in the data element Blood loss (ml) |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes  |
| Related concepts (Section 2): | Not specified |
| Related data items (this section): | ~~Estimated~~ Blood loss (ml) |
| Related business rules (Section 4): | TBD |

#### Administration

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric Paediatric Mortality and Morbidity |
| Definition source | DHHS | Version | 1. January 2020 |
| Codeset source | DHHS | Collection start date | 2020 |

## ~~Estimated~~ Blood loss (ml) (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | ~~An estimate of the~~ The amount of blood lost ~~at the time of~~ after the baby’s birth and in the following 24 hours in millilitres (whether the loss is from the vagina, from an abdominal incision, or retained for example, broad ligament haematoma) |
|  |
| Representation class | Total | Data type | Number |
|  |
| Format | N[NNNN] | Field size | 5 |
|  |
| Location | Episode record | Position | 89 |
|  |
| Permissible values | Range: zero to ~~12000~~ 40000 (inclusive)**Code Descriptor**99999 Not stated / inadequately described |
|  |
| Reporting guide | Report the ~~best estimate of the~~ amount of blood lost in millilitres (ml). ~~This is usually reported to the nearest 50 ml, but may be more accurate than this if desired, for example when there is a very small amount of bleeding.~~ Report only blood loss after the baby’s birth. Include stage 3, eg postpartum haemorrhage. Exclude blood loss during labour, eg abruption, concealed haemorrhage, placenta praevia blood loss. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | ~~None specified~~ Blood loss accuracy – indicator  |
|  |
| Related business rules (Section 4): | Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 20092. January 2020 |
|  |
| Codeset source | DHHS | Collection start date | 2009 |

# Proposal 24 – Iron Infusion

|  |  |
| --- | --- |
| It is proposed to | Add new code for iron infusion to the code set for Procedure – ACHI code |
| Proposed by | CCU, SCV |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Identification of IV iron infusion is necessary to be able to review outcomes for women who have iron infusions in pregnancy.There is no specific ACHI code to identify iron infusions.Currently all IV infusions are captured as 96199-09 Intravenous administration of pharmacological agent, other and unspecified pharmacological agent.It is proposed to create a new ACHI code for VPDC reporting purposes: 96199-10 Intravenous administration of pharmacological agent, iron infusion. This proposed code does not currently exist in the ACHI code set. |
| Details of change |  |

## Procedure – ACHI code (amended)

 **Specification**

|  |  |
| --- | --- |
| Definition | The interventions used for the diagnosis and/or treatment of the mother during her pregnancy, the labour, delivery and the puerperium |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | NNNNNNN | Field size | 7 (x8) |
|  |
| Location | Episode record | Position | 56 |
|  |
| Permissible values | ICD-10-AM library file available on request, please email perinatal.data@dhhs.vic.gov.au**Code Descriptor**1651100 Cervical suture for cervical shortening1321504 ART – Intracytoplasmic sperm injection (ICSI)1321505 ART – Donor Insemination1321506 ART – Other 9619910 IV iron infusion  |
|  |
| Reporting guide | A procedure should only be coded once, regardless of how many times it is performed. Procedures that are reported in other data elements do not need to be reported in this field. These include anaesthesia or analgesia relating to the birth, augmentation or induction, caesarean section, forceps or vacuum extraction, suture/repair of tears, and allied health procedures. The order of codes should be determined using the following hierarchy, in accordance with the ICD-10-AM/ACHI Australian coding standards: * Procedure performed for treatment of the principal diagnosis
* Procedure performed for treatment of an additional diagnosis
* Diagnostic/exploratory procedure related to the principal diagnosis
* Diagnostic/exploratory procedure related to an additional diagnosis.
 |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | Birth episodes where a medical procedure and/or operation are performed |
|  |
| Related concepts (Section 2): | Procedure |
|  |
| Related data items (this section): | Artificial reproductive technology – indicator  |
|  |
| Related business rules (Section 4): | Artificial reproductive technology – indicator conditionally mandatory data items |

|  |
| --- |
|  |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19822. January 20093. July 2015 4. January 20185. January 2020 |
|  |
| Codeset source | ICD-10-AM/ACHI nnnth edition plus CCOPMM additions | Collection start date | 1982 |

# Proposal 25 – Past history of shoulder dystocia

|  |  |
| --- | --- |
| It is proposed to | Add a new code for past history of shoulder dystocia to the code sets for Indication for induction – ICD-10-AM code and Indication for operative delivery – ICD-10-AM code |
| Proposed by | CCU, SCV |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Currently there is no way to specify “past history of shoulder dystocia” as a reason for induction or elective or unplanned caesarean section. Adding a specific code for this will better reflect the reasons for induction and instrumental birth.Currently this is reported as O368 – Maternal care for other specified fetal problems but this is not appropriate to reflect a past history of this condition.A VPDC-created code is proposed: Z87.51 Personal history of complications of pregnancy, childbirth and the puerperium, past history of shoulder dystocia.  |
| Details of change |  |

## Indication for induction (main reason) – ICD-10-AM code (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | The primary reason given for an induction of labour |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (X1) |
|  |
| Location | Episode record | Position | 71 |
|  |
| Permissible values | For applicable codes for indication for induction refer to the ICD-10-AM/ACHI (8th edition) available on request, by email to perinatal.data@dhhs.vic.gov.auA small number of additional codes have been created solely for VPDC reporting: **Code Descriptor**O480 Social inductionZ8751 Past history of shoulder dystocia |
|  |
| Reporting guide | Report where a medical or surgical induction is performed for the purpose of stimulating and establishing labour in a mother who has not started labour spontaneously.  |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes where an induction was performed |
|  |
| Related concepts (Section 2): | Induction |
|  |
| Related data items (this section): | None specified  |
|  |
| Related business rules (Section 4): | Labour type, Indication for induction – free text and Indication for induction – ICD-10-AM code valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19992. January 20093. July 20154. January 2020 |
|  |
| Codeset source | ICD-10-AM eighth edition plus CCOPMM additions | Collection start date | 1999 |

## Indications for operative delivery – ICD-10-AM code

**Specification**

|  |  |
| --- | --- |
| Definition | The reason(s) given for an operative birth |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (x4) |
|  |
| Location | Episode record | Position | 76 |
|  |
| Permissible values | For applicable codes for indication for induction refer to the ICD-10-AM/ACHI (8th edition) available on request, by email to perinatal.data@dhhs.vic.gov.auA small number of additional codes have been created solely for VPDC reporting: **Code Descriptor**Z8751 Past history of shoulder dystocia |
| Reporting guide | Report up to four reasons for operative delivery in order from the most to least influential in making the decision. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes where method of delivery is caesarean section, forceps or vacuum extraction (ventouse) |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Method of birth |
|  |
| Related business rules (Section 4): | Labour type ‘Failed induction’ conditionally mandatory data items, Method of birth, Indications for operative delivery – free text and Indications for operative delivery – ICD-10-AM code valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19822. January 19993. January 20094. July 20155. January 2020 |
|  |
| Codeset source | ICD-10-AM eighth edition plus CCOPMM additions | Collection start date | 1982 |

# Proposal 26 – Past history of third or fourth degree perineal tear

|  |  |
| --- | --- |
| It is proposed to | Add a new code for past history of third or fourth degree perineal tear to the code sets for Indication for induction (main reason) – ICD-10-AM code and Indication for operative delivery – ICD-10-AM code |
| Proposed by | CCU, SCV |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Currently there is no way to specify “past history of third or fourth degree perineal tear” as a reason for induction or planned/unplanned caesarean section. Adding a specific code for this will better reflect the reasons for induction and instrumental birth.Currently this is reported as O368 – Maternal care for other specified fetal problem but this is not appropriate to reflect a past history of this condition.A VPDC-created code is proposed: Z87.52 Personal history of complications of pregnancy, childbirth and the puerperium, past history of third or fourth degree tear. |
| Details of change |  |

## Indication for induction (main reason) – ICD-10-AM code (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | The primary reason given for an induction of labour |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (X1) |
|  |
| Location | Episode record | Position | 71 |
|  |
| Permissible values | For applicable codes for indication for induction refer to the ICD-10-AM/ACHI (8th edition) available on request, by email to perinatal.data@dhhs.vic.gov.auA small number of additional codes have been created solely for VPDC reporting: **Code Descriptor**O480 Social inductionZ8752 Past history of third or fourth degree perineal tear |
|  |
| Reporting guide | Report where a medical or surgical induction is performed for the purpose of stimulating and establishing labour in a mother who has not started labour spontaneously.  |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes where an induction was performed |
|  |
| Related concepts (Section 2): | Induction |
|  |
| Related data items (this section): | None specified  |
|  |
| Related business rules (Section 4): | Labour type, Indication for induction (other) – free text and Indication for induction (main reason) – ICD-10-AM code valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19992. January 20093. July 20154. January 2020 |
|  |
| Codeset source | ICD-10-AM eighth edition plus CCOPMM additions | Collection start date | 1999 |

## Indications for operative delivery – ICD-10-AM code (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | The reason(s) given for an operative birth |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (x4) |
|  |
| Location | Episode record | Position | 76 |
|  |
| Permissible values | For applicable codes for indication for induction refer to the ICD-10-AM/ACHI (8th edition) available on request, by email to perinatal.data@dhhs.vic.gov.auA small number of additional codes have been created solely for VPDC reporting: **Code Descriptor**Z8752 Past history of third or fourth degree perineal tear |
| Reporting guide | Report up to four reasons for operative delivery in order from the most to least influential in making the decision. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes where method of delivery is caesarean section, forceps or vacuum extraction (ventouse) |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Method of birth |
|  |
| Related business rules (Section 4): | Labour type ‘Failed induction’ conditionally mandatory data items, Method of birth, Indications for operative delivery (other) – free text and Indications for operative delivery (main reason) – ICD-10-AM code valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 19822. January 19993. January 20094. July 20155. January 2020 |
|  |
| Codeset source | ICD-10-AM eighth edition plus CCOPMM additions | Collection start date | 1982 |

# Proposal 27 – Past history of bariatric surgery

|  |  |
| --- | --- |
| It is proposed to | Add a new code for past history of bariatric surgery to the code set for Maternal medical conditions – ICD-10-AM code |
| Proposed by | CCU, SCV |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Currently there is no way of identifying those women who have previously had bariatric surgery. This code will add to a more complete understanding of the care needs of this cohort of pregnant women, and any influence of this status on the pregnancy outcome for these women.It is proposed to add a VPDC-created code for this purpose:Z98.84 Bariatric surgery status.  |
| Details of change |  |

## Maternal medical conditions – ICD-10-AM code (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | Pre-existing maternal diseases and conditions that are not directly attributable to pregnancy but may significantly affect care during the current pregnancy and/or pregnancy outcome |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (x12) |
|  |
| Location | Episode record | Position | 50 |
|  |
| Permissible values | ICD-10-AM/ACHI (8th edition) available on request. Please email perinatal.data@dhhs.vic.gov.au**Code Descriptor**O100 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperiumO142 HELLP SyndromeO240 Pre-existing diabetes mellitus, type 1, in pregnancyO2419 Pre-existing diabetes mellitus, type 2, in pregnancy, unspecifiedO2681 Renal disease, pregnancy relatedO993 Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium (psychosocial problems)O994 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperiumZ9884 Bariatric surgery status |
|  |
| Reporting guide | Only record conditions that affected the care or surveillance of this pregnancy. Examples of maternal medical conditions include past history of a hydatidiform mole, rheumatoid arthritis, asthma, deafness, polycystic ovaries and multiple sclerosis. Transient conditions such as depression or UTI that are completely resolved prior to this pregnancy should not be recorded. Do not report past operations such as appendicectomy, knee reconstruction, which do not affect or have not occurred during this pregnancy. When pregnancy-related renal disease, psychosocial problem or disease of the circulatory system (cardiac condition) is reported, also report the specified condition in this field or in the Maternal medical conditions – free text field. Code O993 Psychosocial problems includes mental illness, violent relationships and alcohol or drug misuse. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | Birth episodes where a maternal medical condition is present |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Maternal medical conditions – free text |
|  |
| Related business rules (Section 4): | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother conditionally mandatory data items, Date of admission – mother and Date of birth – baby conditionally mandatory data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | NHDD | Version | 1. January 19822. January 19993. January 20094. July 20155. January 2020 |
|  |
| Codeset source | ICD-10-AM eighth edition | Collection start date | 1982 |

# Proposal 28 – Amend reporting guides for Date and Time of onset of labour

|  |  |
| --- | --- |
| It is proposed to | Amend the reporting guides for existing data fields Date of onset of labour and Time of onset of labour to add more guidance |
| Proposed by | CCU, SCV |
| Implementation date | 1 January 2020 |
| Reason for proposed change | Failure to report a date and time of onset of labour results in rejection validations when a birth involves labour. Providing more guidance on how to report these data items should reduce errors and improve data integrity for research purposes.  |
| Details of change |  |

## Date of onset of labour (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | The date of onset of labour |
|  |
| Representation class | Date | Data type | Date/time |
|  |
| Format | DDMMCCYY | Field size | 8 |
|  |
| Location | Episode record | Position | 61 |
|  |
| Permissible values | A valid calendar date**Code Descriptor**88888888 No labour99999999 Not stated / inadequately described |
|  |
| Reporting guide | Century (CC) can only be reported as 20. Code 88888888 No labour: this code is only reported when the mother has a planned or unplanned caesarean section with no labour.There is little consensus regarding definitions of labour onset. Most definitions include the presence of regular, painful contractions accompanied by effacement and/or dilatation of the cervix. Many women find it difficult to state the time labour started.Where the woman cannot provide a specific time, asking her when she noticed the change that prompted her to seek advice or care (eg backache, a show, SROM, etc), will aid in deciding on the commencement date and time. It will often be necessary to make an ‘educated guess or best estimate’ when given the history (Hanley, G et al. 2016, BMC Pregnancy and Childbirth).Not all midwives would make the same judgement call about the ‘exact’ commencement time and date of labour. Therefore, it is generally accepted as an ‘educated guess’. The above points are intended to assist in determining the date and time of onset of labour. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Date of rupture of membranes, Method of birth |
|  |
| Related business rules (Section 4): | Date and time data item relationships, Labour type ‘Woman in labour’ and associated data items valid combinations, Labour type ‘Woman not in labour’ and associated data items valid combinations, Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 20092. January 2020 |
|  |
| Codeset source | DHHS | Collection start date | 2009 |

## Time of onset of labour (amended)

**Specification**

|  |  |
| --- | --- |
| Definition | The time of onset of labour measured as hours and minutes using a 24-hour clock |
|  |
| Representation class | Time | Data type | Date/time |
|  |
| Format | HHMM | Field size | 4 |
|  |
| Location | Episode record | Position | 62 |
|  |
| Permissible values | A valid time value using a 24-hour clock (not 0000 or 2400)**Code Descriptor**8888 No labour9999 Not stated / inadequately described |
|  |
| Reporting guide | Century (CC) can only be reported as 20. Code 88888888 No labour: this code is only reported when the mother has a planned or unplanned caesarean section with no labour.There is little consensus regarding definitions of labour onset. Most definitions include the presence of regular, painful contractions accompanied by effacement and/or dilatation of the cervix. Many women find it difficult to state the time labour started.Where the woman cannot provide a specific time, asking her when she noticed the change that prompted her to seek advice or care (eg backache, a show, SROM, etc), will aid in deciding on the commencement date and time. It will often be necessary to make an ‘educated guess or best estimate’ when given the history (Hanley, G et al. 2016, BMC Pregnancy and Childbirth).Not all midwives would make the same judgement call about the ‘exact’ commencement time and date of labour. Therefore, it is generally accepted as an ‘educated guess’. The above points are intended to assist in determining the date and time of onset of labour. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All birth episodes |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Method of birth |
|  |
| Related business rules (Section 4): | Date and time data item relationships, Labour type ‘Woman in labour’ and associated data items valid combinations, Labour type ‘Woman not in labour’ and associated data items valid combinations, Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DHHS | Version | 1. January 20092. January 2020 |
|  |
| Codeset source | DHHS | Collection start date | 2009 |

# Appendix 1: Remove redundant VPDC-created codes

|  |  |
| --- | --- |
| It is proposed to | Remove VPCD created codes where 11th edition ICD-10-AM/ACHI includes codes for those conditions/procedures |
| Reason for proposed change | Where the needs of the VPDC collection are not met by the contemporary edition of ICD-10-AM/ACHI, some codes have been created exclusively for use in VPDC reporting (‘VPDC-created codes’).When a code is subsequently assigned within the ICD-10-AM/ACHI classification, it is best practice to adopt that code and retire the VPDC-created code. This improves clarity of reporting and more readily facilitates data comparisons.As it is proposed to move to 11th edition ICD-10-AM/ACHI codes from 1.1.2020, it is also proposed to remove the VPDC-created codes in the table below. Where the 11th edition ICD-10-AM/ACHI code is not exactly the same as the VPDC-created code it replaces, the relevant code maps are listed beneath the following table, to enable comparison with prior years’ data. |
| Details of change |  |

|  |  |  |
| --- | --- | --- |
| VPDC data item: | VPDC-created code | Code description: |
|  |  |  |
| Congenital anomalies | Nil |   |
|   |   |   |
| Events of labour and birth | ~~O660~~ | ~~Shoulder dystocia~~ |
|   | O839 | Water birth |
|   | Z292 | Antibiotic therapy in labour |
|   |   |   |
| Indication for induction | O480 | Social induction |
|   |   |   |
| Indication for operative delivery | Nil |   |
|   |   |   |
| Maternal medical conditions | ~~O100~~ \* | ~~Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium~~ |
|   | ~~O142~~ | ~~HELLP Syndrome~~ |
|   | ~~O240~~ | ~~Pre-existing diabetes mellitus, type 1, in pregnancy~~ |
|   | ~~O2419~~  | ~~Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified~~ |
|   | ~~O2681~~  | ~~Renal disease, pregnancy related~~ |
|   | O993 | Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium (psychosocial problems)Code O993 Psychosocial problems includes mental illness, violent relationships and alcohol or drug misuse. |
|   | ~~O994~~ | ~~Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium~~ |
|  |  |  |
| Neonatal morbidity | Nil |   |
|   |   |   |
| Obstetric complications | ~~O142~~ | ~~HELLP Syndrome~~ |
|   | ~~O149~~ | ~~Pre-eclampsia, unspecified~~ |
|   | ~~O2442~~  | ~~Diabetes mellitus arising at or after 24 weeks’ gestation, insulin treated~~ |
|   | ~~O2444~~  | ~~Diabetes mellitus arising at or after 24 weeks’ gestation, diet controlled~~ |
|   | ~~O365~~ | ~~Suspected fetal growth restriction~~ |
|   | ~~O440~~ | ~~Placenta praevia without haemorrhage~~ |
|   | ~~O441~~ | ~~Placenta praevia with haemorrhage~~ |
|   | ~~O459~~ | ~~Premature separation of placenta (abruptio placentae)~~ |
|   | ~~O468~~ | ~~Other antepartum haemorrhage~~ |
|   | Z223 | Carrier of streptococcus group B (GBS+) |
|   |   |   |
| Postpartum complications | ~~O142~~ | ~~HELLP Syndrome~~ |
|   |   |   |
| Procedure | ~~1651100~~ | ~~Cervical suture for cervical shortening~~ |
|   | ~~1321504~~ # | ~~ART - Intracytoplasmic sperm injection (ICSI)~~ |
|   | 1321505 | ART - Donor Insemination |
|   | ~~1321506~~ ^ | ~~ART - Other~~ |
|   |  |  |

\* O100 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
 - replaced by code O10 in ICD-10-AM 11th edition

# 1321504 ART – Intracytoplasmic sperm injection (ICSI)
 - replaced by code 1325100 Intracytoplasmic sperm injection in ACHI 11th edition

^ 1321506 ART – Other
 - replaced by code 1321503 Other reproductive medicine procedure