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| Specifications for revisions to the Victorian Perinatal Data Collection (VPDC) for 1 July 2024Includes continuous improvement updates effective immediately for 2023-24 births |
| December 2023 |
| OFFICIAL |

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# Executive Summary

#### Part 1 of this document sets out changes arising from the annual review of the Victorian Perinatal Data Collection (VPDC), which will apply for births on and from 1 July 2024:

**Amendments to existing data definitions** (Section 2, VPDC manual):

* Hospital in the home (HITH)
* Separation

**New data elements** (Section 3, VPDC manual):

* Aneuploidy screening status (new)
* Aneuploidy screening type (new)
* Aneuploidy screening result (new)
* Aneuploidy screening result – high risk condition (new)
* Maternal tobacco smoking in the first 20 weeks of pregnancy (new)
* Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy (new)
* Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy (new)
* Vaping at 20 or more weeks of pregnancy (new)
* Vaping in the first 20 weeks of pregnancy (new)

**Deleted data elements** (Section 3, VPDC manual) which are not to be reported:

* Maternal alcohol volume intake at less than 20 weeks
* Maternal alcohol volume intake at 20 or more weeks
* Maternal smoking at less than 20 weeks

**Amendments to existing data elements** (Section 3, VPDC manual):

* Maternal tobacco smoking after ~~at more than or equal to~~ 20 weeks of pregnancy
* Reason for transfer out – baby
* Reason for transfer out – mother
* Resuscitation method – mechanical
* Separation date – baby
* Separation date – mother
* Separation status – baby
* Separation status – mother
* Transfer destination – baby
* Transfer destination – mother
* Version identifier

**New business rules/validations** (Section 4, VPDC manual):

* Aneuploidy screening – conditionally mandatory data items
* Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy, Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy valid combinations

**Deleted business rules/validations** (Section 4, VPDC manual):

* Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Maternal alcohol volume intake at less than 20 weeks, Maternal alcohol volume intake at 20 weeks or more valid combinations

**Amendments to existing business rules/validations** (Section 4, VPDC manual):

* Date of birth – baby and Version identifier valid combinations [‘Warning’ error]
* Mandatory to report data items
* Separation status – baby, Reason for transfer out – baby and Transfer destination – baby conditionally mandatory data items
* Separation status – mother, Reason for transfer out – mother and Transfer destination – mother conditionally mandatory data items
* Time to established respiration and Resuscitation method – mechanical valid combinations

**Amendments to VPDC submission file structure and internet browser update** (Section 5, VPDC manual)

* Data submission timelines
* Table of Episode record data elements

#### Part 2 of this document sets out changes arising from continuous improvement work on the Victorian Perinatal Data Collection (VPDC). These changes are applicable for 2023-24 births.

These changes are notified here for the information of health services and software vendors, and for transparency: some changes correct documentation errors and are already in the 2023-24 VPDC manual; a few amend business rules in response to feedback from health services. Updates to existing business rules/validations will be implemented shortly for submission file processing and will be applied to all subsequent data submissions for 2023-24 births. Software vendors should note these 2023-24 changes, but there is no need to amend the VPDC extract for submission files for 2023-24. Vendors should however incorporate these 2023-24 changes in updates to health service software to accommodate annual changes effective 1 July 2024.

**Amendments to existing data definition** (Section 2, 2023-24 VPDC manual):

* Congenital anomalies
* Diabetes mellitus

**Amendments to existing data elements** (Section 3, 2023-24 VPDC manual):

* Hypertensive disorder during pregnancy
* Procedure – ACHI code – fetal pillow

**Deleted business rules/validations** (Section 4, 2023-24 VPDC manual):

* Labour type and Analgesia for labour – indicator conditionally mandatory data item
* Scope ‘Stillborn’

**Amendments to existing business rules/validations** (Section 4, 2023-24 VPDC manual):

* Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby, Setting of birth – actual and Hospital code (agency identifier) valid combinations
* Analgesia for labour – indicator and Labour type valid combinations
* Deceased mother conditionally mandatory data items
* Diabetes mellitus during pregnancy – type, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD‑10‑AM code, Indications for induction (other) – ICD-10-AM code, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code, Maternal medical conditions – ICD-10-AM code, Obstetric complications – ICD-10-AM code and Postpartum complications – ICD‑10‑AM code valid combinations
* Estimated gestational age – in scope validation
* Fetal monitoring in labour and Labour type valid combinations
* Fetal monitoring prior to birth – not in labour and Labour type valid combinations
* Hypertensive disorder during pregnancy, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD-10-AM code, Indications for induction (other) – ICD-10-AM code, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code, Maternal medical conditions – ICD-10-AM code, Obstetric complication – ICD-10-AM code, ~~Postpartum complications – ICD-10-AM code valid combinations~~
* Mandatory to report data items
* Method of birth, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code and Indications for operative delivery (other) – free text ~~code~~ valid combinations

# Introduction

#### Annual review of the Victorian Perinatal Data Collection (VPDC) – changes effective 1 July 2024:

Each year the Department of Health (the department) 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 VPDC supports the CCOPMM’s objectives and the department’s planning, policy development and state and national reporting obligations, and incorporates relevant feedback from data providers.

Proposals for changes to the VPDC for 1 July 2024 were invited from stakeholders in July 2023. Those Proposals were reviewed by the CCOPMM, which prioritised proposals to be distributed for feedback from health services, software vendors, and stakeholders in Safer Care Victoria and the department. Feedback was considered by CCOPMM in deciding to alter or withdraw some proposals. Part 1 of this document sets out the changes CCOPMM decided will be made to the VPDC for births on and from 1 July 2024.

All proposals received are listed in this document. Proposals not being implemented are noted on page 15 without further comment.

#### Continuous improvement updates – applicable for 2023-24 births

Through ongoing review of the VPDC, and queries from health services, a number of updates to the VPDC manual have been identified, including some to business rules/validations. These updates are set out in Part 2 of this document, for the information of health services and software vendors. These changes are applicable for 2023-24 births. Updates to existing business rules/validations will be implemented shortly for submission file processing and will be applied to all subsequent data submissions for 2023-24 births. These updates do not alter the submission file structure for 2023-24. Software vendors should incorporate these changes with those to accommodate the 1 July 2024 annual changes.

All revisions set out in this document are final and complete at the date of publication. Any further changes required during the year, for example to reference files such as the postcode locality file, business rules/validations, or supporting documentation, will be advised as they occur.

An updated VPDC manual will be published in early 2024. Until then, the current VPDC manual v11.0 and this document should be referenced for updated business rules for the remainder of
2023-24, and annual changes from 1 July 2024.

Victorian health services must ensure their software can capture all necessary data, create a VPDC submission file in accordance with the revised specifications for 1 July 2024, and ensure reporting capability is achieved to maintain ongoing and timely compliance with reporting timeframes set out in the VPDC manual and comply with the *Public Health and Wellbeing Act 2008* and *Public Health and Wellbeing Regulations 2019*.

Submission of test files in 2024-25 file format is strongly recommended before submitting July 2024 data.

Test files must include the filename extension ‘\_TEST’ and be submitted to the [NonProd MFT](https://prs2np-mft.prod.services/) <https://prs2np-mft.prod.services/> as set out in section 5 of the VPDC manual.

Please contact the HDSS HelpDesk <hdss.helpdesk@health.vic.gov.au> to arrange test file submission prior to July 2024.

## Orientation to symbols and highlighting in this document

New data elements are marked as (new).

Changes to existing entries are highlighted in green.

Redundant values and definitions relating to existing entries are ~~struck through~~.

Comments relating only to the specifications document appear in *[square brackets and italics].*

New business rules (validations) are marked ###.

Data elements/Business rules/validations to be changed are marked \*\*\* when listed as part of a data item or below a business rule table.

Changes appear in this document in two sections:

* Part 1: Annual changes – effective 1 July 2024.
* Part 2: Continuous improvement updates – applicable for 2023-24 births.

In both parts, changes are listed under the relevant VPDC manual section headings, in alphabetical order of data item title.

# Summary of changes for the VPDC

**Table 1 Summary of annual changes to the VPDC for births on and from 1 July 2024** lists the changes arising from the annual review of the VPDC, for births on and from 1 July 2024: these are grouped by change themes. Details of changes are provided in Part 1 of this document, sequenced by the section of the VPDC manual to which they relate. Note that deleted data items are not to be included in submission files.

**Table 2 Summary of continuous improvement updates for the VPDC – applicable for 2023-24 births** lists changes to the VPDC arising from VPDC continuous improvement processes, which are applicable for 2023-24 births. Details of changes are provided in Part 2 of this document, sequenced by the section of the 2023-24 VPDC manual in which they appear.

Table 1. Summary of annual changes to the VPDC for births on and from 1 July 2024

| **New / amend / delete data item / business rule** | **Data item/business rule title (grouped by theme of proposed change)** | **VPDC manual section changed** |
| --- | --- | --- |
| **2** | **3** | **4** | **5** |
|  | ***Hospital in the home (HITH)/Length of stay – suite of changes*** |
| Amend | Hospital in the home (HITH) | X |  |  |  |
| Amend | Separation | X |  |  |  |
| Amend | Reason for transfer out – baby |  | X |  |  |
| Amend | Reason for transfer out – mother |  | X |  |  |
| Amend | Separation date – baby |  | X |  |  |
| Amend | Separation date – mother |  | X |  |  |
| Amend | Separation status – baby |  | X |  |  |
| Amend | Separation status – mother |  | X |  |  |
| Amend | Transfer destination – baby  |  |  | X |  |
| Amend | Transfer destination – mother  |  |  | X |  |
| Amend | Separation status – baby, Reason for transfer out – baby and Transfer destination – baby conditionally mandatory data items |  |  | X |  |
| Amend | Separation status – mother, Reason for transfer out – mother and Transfer destination – mother conditionally mandatory data items |  |  | X |  |
|  | ***Aneuploidy screening – suite of changes*** |  |
| New | Aneuploidy screening status (new) |  | X |  |  |
| New | Aneuploidy screening type (new) |  | X |  |  |
| New | Aneuploidy screening result (new) |  | X |  |  |
| New | Aneuploidy screening result – high risk condition (new) |  | X |  |  |
| New | Aneuploidy screening – conditionally mandatory data items |  |  | X |  |
|  | ***Maternal alcohol intake during pregnancy – suite of changes*** |
| Delete | ~~Maternal alcohol volume intake at less than 20 weeks~~ |  | X |  |  |
| Delete | ~~Maternal alcohol volume intake at 20 or more weeks~~ |  | X |  |  |
| New | Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy (new) |  | X |  |  |
| New | Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy (new) |  | X |  |  |
| Delete | ~~Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Maternal alcohol volume intake at less than 20 weeks, Maternal alcohol volume intake at 20 weeks or more valid combinations~~ |  |  | X |  |
| New | Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 weeks or more, Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy, Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy valid combinations |  |  | X |  |
|  | ***Maternal tobacco smoking during pregnancy – suite of changes*** |
| Delete | ~~Maternal smoking at less than 20 weeks~~ |  | X |  |  |
| New | Maternal tobacco smoking in the first 20 weeks of pregnancy (new) |  | X |  |  |
| Amend | Maternal tobacco smoking after ~~at more than or equal to~~ 20 weeks of pregnancy |  | X |  |  |
|  | ***Vaping during pregnancy – suite of changes*** |
| New | Vaping in the first 20 weeks of pregnancy (new) |  | X |  |  |
| New | Vaping at 20 or more weeks of pregnancy (new) |  | X |  |  |
|  | ***Other annual changes*** |
| Amend | Resuscitation method – mechanical |  | X |  |  |
| Amend | Time to established respiration and Resuscitation method – mechanical valid combinations |  |  | X |  |
| Amend | Version identifier |  | X |  |  |
| Amend | Date of birth – baby and Version identifier valid combinations [‘Warning’ error] |  |  | X |  |
| Amend | Mandatory to report data items |  |  | X |  |
| Amend | Data submission timelines |  |  |  | X |
| Amend | Table of Episode record data elements |  |  |  | X |

## Proposals that are not proceeding for 1 July 2024

The CCOPMM determined that the following proposals will not be implemented:

* **Add new data item**: Dental referral
* **Add new data item**: Electronic cigarette usage frequency in pregnancy
* **Add new data item**: Indication for induction or elective caesarean if birth is less than 39 weeks gestation
* **Add new data item**: Oral health assessment
* **Amend existing data item**: Revise smoking variable – alternative quantity option to accommodate non-cigarette smoking.
* **Amend existing data item**: Revise smoking variable to extend ‘smoking’ to include nicotine use and vaping/e-cigarette use (i.e., remove specificity of “tobacco”)
* **Amend existing data item**: Sex – baby – amend descriptor for code 3 “Indeterminate” to “Another term” to align with AIHW/Meteor/other acute data collections.
* **Amend existing data item**: Time to established respiration – amend data element to include a supplementary code for liveborns that do not establish spontaneous respirations and are not intubated or ventilated.
* **Amend existing concept item**: Antenatal care visit (VPDC manual Section 2 – Concept and derived item definitions) – amend by adding telehealth

## End of financial year reporting – 30/6/2024

Data submissions must include all relevant data elements and code sets valid as at the Date of birth – baby reported in the record:

* Date of birth – baby is **prior to** 1/7/2024 – report all data elements in 2023-24 format
* Date of birth – baby is **on or after** 1/7/2024 – report all data elements in 2024-25 format

A single submission file must contain records of a single format, in which the Version identifier in each episode record is consistent with the Version identifier in the Header record.

This is described under File structure specifications in Section 5 of the VPDC manual, accessible at the [VPDC website](https://www.health.vic.gov.au/publications/victorian-perinatal-data-collection-vpdc-manual-2023-24) < https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection>.

An updated list of all data items in the submission file sequence applicable from 1/7/2024 is included in this specifications document.

Table 2. Summary of continuous improvement updates for the VPDC – applicable for 2023-24 births

| **Amend / delete existing** | **Data item/business rule title** | **VPDC manual section changed** |
| --- | --- | --- |
| **2** | **3** | **4** | **5** |
| Amend | Congenital anomalies | X |  |  |  |
| Amend | Diabetes mellitus | X |  |  |  |
| Amend | Hypertensive disorder during pregnancy |  | X |  |  |
| Amend | Procedure – ACHI code – fetal pillow |  | X |  |  |
| Amend | Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby, Setting of birth – actual and Hospital code (agency identifier) valid combinations |  |  | X |  |
| Amend | Analgesia for labour – indicator and Labour type valid combinations |  |  | X |  |
| Amend | Deceased mother conditionally mandatory data items |  |  | X |  |
| Amend | Diabetes mellitus during pregnancy – type, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD‑10‑AM code, Indications for induction (other) – ICD-10-AM code, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code, Maternal medical conditions – ICD-10-AM code, Obstetric complications – ICD-10-AM code and Postpartum complications – ICD‑10‑AM code valid combinations |  |  | X |  |
| Amend | Estimated gestational age – in scope validation |  |  | X |  |
| Amend | Fetal monitoring in labour and Labour type valid combinations |  |  | X |  |
| Amend | Fetal monitoring prior to birth – not in labour and Labour type valid combinations |  |  | X |  |
| Amend | Hypertensive disorder during pregnancy, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD-10-AM code, Indications for induction (other) – ICD-10-AM code, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code, Maternal medical conditions – ICD-10-AM code, Obstetric complication – ICD-10-AM code, ~~Postpartum complications – ICD-10-AM code valid combinations~~ |  |  | X |  |
| Delete | ~~Labour type and Analgesia for labour – indicator conditionally mandatory data item~~ |  |  | X |  |
| Amend | Mandatory to report data items |  |  | X |  |
| Amend | Method of birth, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code and Indications for operative delivery (other) – free text ~~code~~ valid combinations |  |  | X |  |
| Delete | ~~Scope ‘Stillborn’~~ |  |  | X |  |

# **Part 1: Annual changes to the VPDC for births on and from 1 July 2024**

# Annual changes: Section 2 Concept and derived item definitions

|  |
| --- |
| Hospital in the home (HITH) |
| **Definition/guide for use** | Hospital in the Home (HITH) is the provision of admitted-level care in the patient’s home or other suitable location as a substitute for care in a ward-based setting during a hospital admission.That is, HITH is an alternative to an in-hospital stay. Patients receiving care in HITH are hospital inpatients, and remain under the care of their hospital doctor. Care may be provided by nurses, doctors, or allied health professionals, and additional home supports arranged as required.Patients can be offered care in HITH as an option if the care they need can be delivered safely in their home or other place of residence. Participation is voluntary and is without additional charge to the patient.Place of residence may be permanent or temporary, and includes residential facilities such as nursing homes, hostels or other forms of supported accommodation. Medi-hotels are excluded.Criteria for inclusion as HITH include but are not limited to:* without hospital-in-the-home care being available patients would be accommodated in the hospital;
* the treatment forms all or part of an episode of care for an admitted patient;
* the hospital medical record is maintained for the patient;
* there is adequate provision for crisis care.

The admitted stay might be a combination of ward-based and HITH care or replace care provided in the ward-based setting completely.Public hospitals should provide HITH services in line with the [Victorian HITH guidelines](https://www.health.vic.gov.au/patient-care/hospital-in-the-home) < https://www.health.vic.gov.au/patient-care/hospital-in-the-home > Movement between ward and HITH accommodation is equivalent to moving between wards in a hospital setting, and is reported within the same admitted episode.~~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 the [Hospital in the Home webpage](https://www.health.vic.gov.au/patient-care/hospital-in-the-home) <https://www.health.vic.gov.au/patient-care/hospital-in-the-home> References: AIHW <<https://meteor.aihw.gov.au/content/327308>> , <<https://meteor.aihw.gov.au/content/756062>> ; [VAED manual 2023-24, Section 2](https://www.health.vic.gov.au/publications/victorian-admitted-episodes-dataset-vaed-manual-2023-2024) < https://www.health.vic.gov.au/publications/victorian-admitted-episodes-dataset-vaed-manual-2023-2024>  |
| **Related data items (Section 3):** | \*\*\*Reason for transfer out – baby; \*\*\*Reason for transfer out – mother; \*\*\*Separation status – baby; \*\*\*Separation status – mother; \*\*\*Transfer destination – baby; \*\*\*Transfer destination – mother  |

|  |
| --- |
| 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 (a change of Care Type e.g., from acute to rehabilitation). |
| **Related data items (Section 3):** | \*\*\*Separation date – baby; \*\*\*Separation date – mother; \*\*\*Separation status – baby; \*\*\*Separation status – mother |

# Annual changes: Section 3 Data definitions

## Aneuploidy screening status (new)

**Specification**

|  |  |
| --- | --- |
| Definition | Whether aneuploidy screening was offered to the female during this pregnancy. |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 174 |
| Permissible values | **Code Descriptor**1 Ordered2 Declined3 Not offered9 Not stated / inadequately described |
| Reporting guide | Report whether aneuploidy screening was offered to the female during this pregnancy, and if so, whether it was declined. Report code 1 Ordered or code 2 Declined irrespective of the antenatal care provider that offered the aneuploidy screening (eg General Practitioner prior to referral to hospital for antenatal clinics).Report code 2 Declined only if aneuploidy screening was offered and declined. Only report one code.  |
| 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): | Aneuploidy screening type; Aneuploidy screening result; Aneuploidy screening result – high risk condition |
| Related business rules (Section 4): | ###Aneuploidy screening – conditionally mandatory data item; \*\*\*Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. July 2024 |
| Codeset source | DH | Collection start date | July 2024 |

## Aneuploidy screening type (new)

**Specification**

|  |  |
| --- | --- |
| Definition | Type of aneuploidy screening ordered during this pregnancy |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 175 |
| Permissible values | **Code Descriptor**1 NIPT2 First trimester combined screening3 Second trimester maternal serum screening4 Other aneuploidy screening 9 Not stated / inadequately described |
| Reporting guide | If more than one type of aneuploidy screening was used during this pregnancy, report the first type of screening test used (chronologically).Code 1 NIPTNon-invasive prenatal testing, cell-free DNA based prenatal screeningCode 2 First trimester combined screening Nuchal translucency measurement and maternal serum PaPP-A and bHCG measurementsCode 3 Second trimester maternal serum screeningMaternal serum screening including estriol, HCG, alpha-fetoprotein +/- inhibin A |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | Birth episodes where Aneuploidy screening status was 1 Ordered |

|  |  |
| --- | --- |
| Related concepts (Section 2): | None specified |
| Related data items (this section): | Aneuploidy screening status; Aneuploidy screening result; Aneuploidy screening result – high risk condition |
| Related business rules (Section 4): | ###Aneuploidy screening – conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. July 2024 |
| Codeset source | DH | Collection start date | July 2024 |

## Aneuploidy screening result (new)

**Specification**

|  |  |
| --- | --- |
| Definition | Result of the Aneuploidy screening test conducted during this pregnancy |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 176 |
| Permissible values | **Code Descriptor**1 Low risk2 High risk3 Not reportable / failed NIPT4 Ordered but results unavailable / unknown9 Not stated / inadequately described |
| Reporting guide | Code 3 Not reportable / failed NIPTWhere an NIPT result is “No call”, “No result”, “Failed NIPT” |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | Birth episodes where Aneuploidy screening status was 1 Ordered |

|  |  |
| --- | --- |
| Related concepts (Section 2): | None specified |
| Related data items (this section): | Aneuploidy screening status; Aneuploidy screening type; Aneuploidy screening result – high risk condition |
| Related business rules (Section 4): | ###Aneuploidy screening – conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. July 2024 |
| Codeset source | DH | Collection start date | July 2024 |

## Aneuploidy screening result – high risk condition (new)

**Specification**

|  |  |
| --- | --- |
| Definition | If the result of the Aneuploidy screening conducted during this pregnancy was high risk, report the high risk condition result reported. |
| Representation class | Code | Data type | Number |
| Format | NN[NN] | Field size | 2 (x2) |
| Location | Episode record | Position | 177 |
| Permissible values | **Code Descriptor** 01 Trisomy 21 (Down syndrome)02 Trisomy 18 (Edward syndrome)03 Trisomy 13 (Patau syndrome)04 Turner’s syndrome05 Klinefelter’s syndrome 06 Other male or female chromosome abnormalities, not elsewhere classified 07 Di George’s syndrome(includes ‘22q11.2 deletion syndrome’ on NIPT reports)08 Other trisomies and partial trisomies of the autosomes, not elsewhere classified(includes ‘rare autosomal trisomy’, ‘partial chromosome or segmental duplication’ or ‘triploidy’ on NIPT reports)10 Monosomies and deletions from the autosomes, not elsewhere classified(includes ‘monosomy’, ‘partial chromosome or segmental deletion’, ‘microdeletion syndromes other than Di George syndrome’ in NIPT reports)11 Chromosome abnormalities, unspecified99 Not stated / inadequately described |
| Reporting guide | Up to 2 unique codes can be reported. Some of the VPDC codes for this data item do not list specific terms. Those codes can be used to represent more specific terms which may appear on aneuploidy screening reports. Examples below:

|  |  |  |
| --- | --- | --- |
| **VPDC code** | **Descriptor** | **Common NIPT report terminology** |
| 07 | Di George’s syndrome | 22q11.2 deletion syndrome |
| 08 | Other trisomies and partial trisomies of the autosomes, not elsewhere classified | Rare autosomal trisomy, partial chromosome or segmental duplication, triploidy |
| 10 | Monosomies and deletions from the autosomes, not elsewhere classified | Monosomy, partial chromosome or segmental deletion, microdeletion syndromes other than Di George syndrome |

 |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | Birth episodes where Aneuploidy screening result was 2 High risk |

|  |  |
| --- | --- |
| Related concepts (Section 2): | None specified |
| Related data items (this section): | Aneuploidy screening status; Aneuploidy screening type; Aneuploidy screening result |
| Related business rules (Section 4): | ###Aneuploidy screening – conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. July 2024 |
| Codeset source | DH | Collection start date | July 2024 |

## ~~Maternal alcohol volume intake at less than 20 weeks~~

**~~Specification~~**

|  |  |
| --- | --- |
| ~~Definition~~ | ~~A self-reported indicator of alcohol volume intake at any time during the first 20 weeks of her pregnancy~~ |
| ~~Representation class~~ | ~~Code~~ | ~~Data type~~ | ~~Number~~ |
| ~~Format~~ | ~~N~~ | ~~Field size~~ | ~~1~~ |
| ~~Location~~ | ~~Episode record~~ | ~~Position~~ | ~~136~~ |
| ~~Permissible values~~ | **~~Code Descriptor~~**~~1 1 or 2 standard drinks~~~~2 3 or 4 standard drinks~~~~3 5 or 6 standard drinks~~~~4 7 to 9 standard drinks~~~~5 10 or more standard drinks~~~~9 Not stated / inadequately described~~ |
| ~~Reporting guide~~ | ~~Report the average amount of standard drinks consumed per occasion when drinking~~  |
| ~~Reported by~~ | ~~All Victorian hospitals where a birth has occurred and homebirth practitioners~~ |
| ~~Reported for~~ | ~~All birth episodes who report any alcohol intake in the first 20 weeks of pregnancy~~  |
| ~~Related concepts (Section 2):~~ | ~~None specified~~ |
| ~~Related data items (this section):~~ | ~~Maternal alcohol use at less than 20 weeks~~ |
| ~~Related business rules (Section 4):~~ | ~~Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Maternal alcohol volume intake at less than 20 weeks, Maternal alcohol volume intake at 20 or more weeks valid combinations~~ |

**~~Administration~~**

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

## ~~Maternal alcohol volume intake at 20 or more weeks~~

**~~Specification~~**

|  |  |
| --- | --- |
| ~~Definition~~ | ~~A self-reported indicator of alcohol volume intake at 20 or more weeks of her pregnancy~~ |
| ~~Representation class~~ | ~~Code~~ | ~~Data type~~ | ~~Number~~ |
| ~~Format~~ | ~~N~~ | ~~Field size~~ | ~~1~~ |
| ~~Location~~ | ~~Episode record~~ | ~~Position~~ | ~~138~~ |
| ~~Permissible values~~ | **~~Code Descriptor~~**~~1 1 or 2 standard drinks~~~~2 3 or 4 standard drinks~~~~3 5 or 6 standard drinks~~~~4 7 to 9 standard drinks~~~~5 10 or more standard drinks~~~~9 Not stated / inadequately described~~ |
| ~~Reporting guide~~ | ~~Report the average amount of standard drinks consumed per occasion when drinking~~  |
| ~~Reported by~~ | ~~All Victorian hospitals where a birth has occurred and homebirth practitioners~~ |
| ~~Reported for~~ | ~~All birth episodes who report any alcohol intake at 20 or more weeks’ gestation~~  |
| ~~Related concepts (Section 2):~~ | ~~None specified~~ |
| ~~Related data items (this section):~~ | ~~Maternal alcohol use at 20 or more weeks~~ |
| ~~Related business rules (Section 4):~~ | ~~Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Maternal alcohol volume intake at less than 20 weeks, Maternal alcohol volume intake at 20 or more weeks valid combinations~~ |

**~~Administration~~**

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

## ~~Maternal smoking at less than 20 weeks~~

**~~Specification~~**

|  |  |
| --- | --- |
| ~~Definition~~ | ~~A self-reported indicator of whether a pregnant woman smoked tobacco at any time during the first 20 weeks of her pregnancy.~~ |
| ~~Representation class~~ | ~~Code~~ | ~~Data type~~ | ~~Number~~ |
| ~~Format~~ | ~~N~~ | ~~Field size~~ | ~~1~~ |
| ~~Location~~ | ~~Episode record~~ | ~~Position~~ | ~~31~~ |
| ~~Permissible values~~ | **~~Code Descriptor~~**~~1 No smoking at all before 20 weeks of pregnancy~~~~2 Quit smoking during pregnancy (before 20 weeks)~~~~3 Continued smoking before 20 weeks of pregnancy~~~~9 Not stated / inadequately described~~ |
| ~~Reporting guide~~ | ~~Report the statement that best describes maternal smoking behaviour before 20 weeks’ gestation.~~~~Code 2 Quit smoking during pregnancy (before 20 weeks):~~ ~~Describes the mother who ceased smoking on learning she was pregnant or gave up prior to the 20 week gestation. This does not include mothers who give up smoking prior to falling pregnant.~~ |
| ~~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):~~ | ~~Maternal smoking at more than or equal to 20 weeks~~  |
| ~~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~~ | ~~NHDD (DH modified)~~ | ~~Version~~ | 1. ~~January 2009~~
2. ~~July 2015~~
 |
| ~~Codeset source~~ | ~~DH~~ | ~~Collection start date~~ | ~~2009~~ |

## Maternal tobacco smoking after ~~at more than or equal to~~ 20 weeks of pregnancy

**Specification**

|  |  |
| --- | --- |
| Definition | The self-reported number of cigarettes usually smoked daily by a female ~~pregnant woman~~ after the first 20 weeks of pregnancy until the birth. |
| Representation class | Total | Data type | Number |
| Format | N~~N~~[N] | Field size | 2 |
| Location | Episode record | Position | 32 |
| Permissible values | Range: zero to 97 (inclusive)**Code Descriptor**0 No smoking after 20 weeks of pregnancy98 Occasional smoking (less than one per day)99 Not stated / inadequately described |
| Reporting guide | Record 0 if a female did not smoke tobacco after 20 weeks of pregnancy until the birth.CODE 98 Occasional smoking (less than one per day)Includes females who report that they usually smoked less than one tobacco cigarette per day.Data should be collected after the birth.After 20 weeks is defined as greater than or equal to 20 completed weeks’ gestation (>=20 weeks + 0 days).‘Usually’ is defined as ‘according to established or frequent usage, commonly, ordinarily, as a rule’.If a ~~woman~~ female reports having quit smoking at some point between 20 weeks of pregnancy and the birth, the value recorded should be the number of cigarettes usually smoked daily prior to quitting.If the ~~woman~~ female smokes tobacco, but not cigarettes, estimate the number of cigarettes that would approximate the amount of tobacco used, for example, in a pipe.Do not include vapes or e-cigarettes in the count of cigarettes smoked.  |
| 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): | Maternal tobacco smoking in the first 20 weeks of pregnancy  |
| 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 | ~~NHDD~~ AIHW (DH modified) | Version | 1. January 2009
2. July 2015
3. July 2024
 |
| Codeset source | DH | Collection start date | 2009 |

## Maternal tobacco smoking in the first 20 weeks of pregnancy (new)

**Specification**

|  |  |
| --- | --- |
| Definition | The self-reported number of cigarettes usually smoked daily by a female in the first 20 weeks of pregnancy. |
| Representation class | Total | Data type | Number |
| Format | N[N] | Field size | 2 |
| Location | Episode record | Position | 169 |
| Permissible values | Range: 0 to 97 (inclusive)**Code Descriptor**0 No smoking in first 20 weeks of pregnancy98 Occasional smoking (less than one per day)99 Not stated / inadequately described |
| Reporting guide | Record 0 if a female did not smoke tobacco during the first 20 weeks of pregnancy.CODE 98 Occasional smoking (less than one per day)Includes females who report that they usually smoked less than one tobacco cigarette per day.The first 20 weeks of pregnancy is defined as less than or equal to 19 weeks + 6 days gestation.‘Usually’ is defined as ‘according to established, or frequent usage; commonly, ordinarily; as a rule’. If a female reports having quit smoking at some point during the first 20 weeks of pregnancy, the value recorded should be the number of tobacco cigarettes usually smoked daily prior to quitting.Do not include vapes or e-cigarettes in the count of cigarettes smoked. |
| 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): | Maternal tobacco smoking after 20 weeks of pregnancy |
| 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 | AIHW  | Version | 1. July 2024 |
| Codeset source | AIHW  | Collection start date | July 2024 |

## Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy (new)

**Specification**

|  |  |
| --- | --- |
| Definition | The total number of standard drinks consumed on a typical day when drinking alcohol by a female after 20 weeks of pregnancy until the birth. |
| Representation class | Total | Data type | Number |
| Format | NN | Field size | 2 |
| Location | Episode record | Position | 173 |
| Permissible values | Range: 01 to 97 (inclusive)**Code Descriptor**98 Occasional drinking (less than one per day)99 Not stated / inadequately described |
| Reporting guide | Data should be collected after the birth.Alcohol consumption is usually measured in standard drinks.An Australian standard drink contains 10 grams of alcohol, which is equivalent to 12.5 millilitres of alcohol. The numbers of Australian standard drinks in common containers of various alcoholic beverages is presented in the National Health and Medical Research Council (NHMRC) 2009 guidelines.This estimation is based on the person's description of the type (spirits, beer, wine, other) and number of standard drinks, as defined by the NHMRC, consumed per day. When calculating consumption in standard drinks per day, the total should be reported with part drinks recorded to the next whole standard drink (e.g., report 2.4 standard drinks per day as 03).≥After 20 weeks’ is defined as greater than or equal to 20 completed weeks’ gestation (≥ 20 weeks + 0 days).Report only where data item ‘Maternal alcohol use at 20 weeks or more’ is not Code 1 Never or Code 9 Not stated / inadequately described.Leave blank where data item ‘Maternal alcohol use at 20 weeks or more’ is reported as Code 1 Never or Code 9 Not stated / inadequately described. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes who report any alcohol use at 20 or more weeks’ gestation |

|  |  |
| --- | --- |
| Related concepts (Section 2): | None specified |
| Related data items (this section): | Maternal alcohol use at less than 20 weeks; Maternal alcohol use at 20 or more weeks; Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy |
| Related business rules (Section 4): | ###Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy, Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | AIHW  | Version | 1. July 2024 |
| Codeset source | AIHW  | Collection start date | July 2024 |

## Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy (new)

**Specification**

|  |  |
| --- | --- |
| Definition | The total number of standard drinks consumed on a typical day when drinking alcohol by a female in the first 20 weeks of pregnancy. |
| Representation class | Total | Data type | Number |
| Format | NN | Field size | 2 |
| Location | Episode record | Position | 172 |
| Permissible values | Range: 01 to 97 (inclusive)**Code Descriptor**98 Occasional drinking (less than one per day)99 Not stated / inadequately described |
| Reporting guide | Alcohol consumption is usually measured in standard drinks.An Australian standard drink contains 10 grams of alcohol, which is equivalent to 12.5 millilitres of alcohol. The numbers of Australian standard drinks in common containers of various alcoholic beverages is presented in the National Health and Medical Research Council (NHMRC) 2009 guidelines.This estimation is based on the person's description of the type (spirits, beer, wine, other) and number of standard drinks, as defined by the NHMRC, consumed per day. When calculating consumption in standard drinks per day, the total should be reported with part drinks recorded to the next whole standard drink (e.g., report 2.4 standard drinks per day as 03).The first 20 weeks of pregnancy is defined as less than or equal to 19 weeks + 6 days gestation.Data should be gathered after 20 weeks of pregnancy.Report only where data item ‘Maternal alcohol use at less than 20 weeks’ is not Code 1 Never or Code 9 Not stated / inadequately described.Leave blank where data item ‘Maternal alcohol use at less than 20 weeks’ is reported as Code 1 Never or Code 9 Not stated / inadequately described. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes reporting any alcohol use in the first 20 weeks of pregnancy  |

|  |  |
| --- | --- |
| Related concepts (Section 2): | None specified |
| Related data items (this section): | Maternal alcohol use at less than 20 weeks; Maternal alcohol use at 20 or more weeks; Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy |
| Related business rules (Section 4): | ###Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy, Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | AIHW  | Version | 1. July 2024 |
| Codeset source | AIHW  | Collection start date | July 2024 |

## Reason for transfer out – baby

**Specification**

|  |  |
| --- | --- |
| Definition | Reason ~~why~~ the baby is transferred following separation from the birth hospital campus |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 132 |
| Permissible values | **Code Descriptor** 1. Higher level of care
2. Lower level of care
3. Same level of care
4. ~~HITH~~
 |
| Reporting guide | Code 1 Higher level of care: includes conditions where tertiary neonatal care is more appropriate to the baby’s needs. It also includes transfer where the intended birth hospital doesn’t have the capability level to care for this baby, for example, prematurity, multiple pregnancy, complications at birth.Code 2 Lower level of care: includes babies transferred back to their intended birth hospital following tertiary care, or from a hospital with increased capability to the intended birth hospital.Code 3 Same level of care: includes babies who may have been born at the nearest hospital whilst mother was on holidays or travelling and the baby is now transferred to the intended birth hospital.~~Code 4 HITH: includes babies referred to HITH. Please choose transferred rather than discharged in the baby’s separation status.~~Excludes:- transfer to another ward within the birth hospital- transfer from birth ward to HITH for ongoing admitted care as part of the birth episode- transfer of baby born at home in care of Public Homebirth Midwife where babe leaves home birth location before midwife for transfer to ward setting during birth episode  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All episodes where Separation status – baby is code ~~3~~ 4 Transferred to another hospital |
| Related concepts (Section 2): | \*\*\*Separation; Transfer; \*\*\*Hospital in the Home (HITH) |
| Related data items (this section): | \*\*\*Separation status – baby; \*\*\*Transfer destination – baby |
| Related business rules (Section 4): | \*\*\*Separation status – baby, Reason for transfer out – baby and Transfer destination – baby conditionally mandatory data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. January 20182. July 2024 |
| Codeset source | DH | Collection start date | 2018 |

## Reason for transfer out – mother

**Specification**

|  |  |
| --- | --- |
| Definition | Reason ~~why~~ the mother is transferred following separation from this hospital campus |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 133 |
| Permissible values | **Code Descriptor** 1 Higher level of care2 Lower level of care3 Same level of care~~4 HITH~~ |
| Reporting guide | Code 1 Higher level of care: includes conditions where tertiary maternity care is more appropriate to the mother’s needs. It also includes transfer where the intended birth hospital doesn’t have the capability level to care for this mother, for example, prematurity, multiple pregnancy, complications at birth.Code 2 Lower level of care: includes mothers transferred back to their intended birth hospital following tertiary care, or from a hospital with increased capability to the intended birth hospitalCode 3 Same level of care: includes mothers who may have given birth at the nearest hospital whilst on holidays or travelling and the mother is now transferred to the intended birth hospital.~~Code 4 HITH: includes mothers referred to HITH. Please choose transferred rather than discharged in the mother’s separation status.~~Excludes:- transfer to another ward within the birth hospital- transfer from birth ward to HITH for ongoing admitted care as part of the birth episode- transfer of mother after birth at home in care of Public Homebirth Midwife where mother leaves home birth location before midwife for transfer to ward setting during birth episode |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All episodes where Separation status – mother is code ~~3~~ 4 Transferred to another hospital |
| Related concepts (Section 2): | \*\*\*Separation; Transfer; \*\*\*Hospital in the Home (HITH) |
| Related data items (this section): | Separation status – mother; Transfer destination – mother |
| Related business rules (Section 4): | \*\*\*Separation status – mother, Reason for transfer out – mother and Transfer destination – mother conditionally mandatory data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. January 20182. July 2024 |
| Codeset source | DH | Collection start date | 2018 |

## Resuscitation method – mechanical

**Specification**

|  |  |
| --- | --- |
| Definition | Active measures taken immediately after birth to establish the baby’s independent respiration and heartbeat, or to treat depressed respiratory effort and to correct metabolic disturbances.  |
| Representation class | Code | Data type | String |
| Format | NN | Field size | 2 (x10) |
| Location | Episode record | Position | 105 |
| Permissible values | **Code Descriptor**01 None02 Suction03 Oxygen therapy04 Intermittent positive pressure ventilation (IPPV) ~~respiration bag and mask~~ with air05 ~~Endotracheal~~ intubation ~~and IPPR~~ with air06 External cardiac compressions ~~massage and ventilation~~07 Continuous positive airway pressure (CPAP) ventilation with air14 Intermittent positive pressure ventilation (IPPV) ~~respiration bag and mask~~ with oxygen15 ~~Endotracheal~~ intubation ~~and IPPR~~ with oxygen17 Continuous positive airway pressure (CPAP) ventilation with oxygen88 Other99 Not stated / inadequately described |
| Reporting guide | Report up to ten codes. Do not report any code more than once.If during resuscitation both air and oxygen are given to the baby, report both codes. ~~A combination of up to ten valid types of mechanical resuscitation methods can be used.~~ ~~Code 01 None: includes such strategies as tactile stimulation.~~Code 01 NoneReport when active resuscitation measures were not used or required. Includes airway positioning only, such as jaw thrust or chin lift.Report for stillbirths, or livebirths where resuscitation measures were not used due to palliative direction of care. The following codes may include flow-driven pressure-limited device, such as Neopuff© (an infant T-piece resuscitator):- Code 04 Intermittent positive pressure ventilation (IPPV) with air- Code 07 Continuous positive airway pressure (CPAP) ventilation with air- Code 14 Intermittent positive pressure ventilation (IPPV) with oxygen- Code 17 Continuous positive airway pressure (CPAP) ventilation with oxygen  |
| 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): | Apgar score at one minute; Apgar score at five minutes; Birth status; Neonatal morbidity – free text; Neonatal morbidity – ICD-10-AM code; Resuscitation method – drugs; Time to established respiration |
|  |
| Related business rules (Section 4): | \*\*\*Mandatory to report data items; \*\*\*Time to established respiration and Resuscitation method – mechanical valid combinations |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | ~~NHDD~~ AIHW (DH modified) | Version | 1. January 19822. January 19993. January 20094. July 2024 |
|  |
| Codeset source | ~~NHDD~~ AIHW (DH modified) | Collection start date | 1982 |

## Separation date – baby

**Specification**

|  |  |
| --- | --- |
| Definition | The date on which the baby is separated – i.e., discharged, transferred from the place of birth to another hospital or on which they died |
| Representation class | Date | Data type | Date/time |
| Format | DDMMCCYY | Field size | 8 |
| Location | Episode record | Position | 119 |
| Permissible values | A valid calendar date |
| Reporting guide | The separation date is the date on which admitted care ends following the baby’s birth.The relocation of the baby to another ward within the hospital of birth does not constitute a separation (or transfer). Transfers from a private hospital co-located with~~in~~ a public hospital, to the public hospital for special or intensive care, are considered transfers (and therefore the baby is separated). For babies whose care continues in ~~are transferred to~~ Hospital in the Home (HITH), the separation date is the date the admitted birth episode of care ends, whether that is the date the baby is discharged from the ward or from HITH, or is transferred to another hospital, or dies. Note that HITH is admitted care and does not include domiciliary post-discharge home nursing services. ~~transfer to HITH occurs~~. If a baby transfers from admitted HITH care back to the ward setting without any cessation of admitted care after the baby’s birth, the separation date is the date on which admitted care ends following the baby’s birth.In the case of planned homebirths, occurring at home, the Separation date is the date that the baby's immediate post birth care is completed, and the midwife leaves the place of birth. This date may be different to the baby's date of birth, for example if the birth occurs shortly before midnight.Where a homebirth occurs under the care of a private homebirth midwife, and the baby is transferred to a hospital before the midwife leaves the home birth location, the baby’s separation date is the date of the transfer to that hospital.Where a homebirth occurs under the care of a public homebirth program midwife and the baby is:* transferred to the ward of the public hospital campus conducting the homebirth program, the birth episode continues until the baby is discharged from the ward, or is transferred to another hospital campus, or dies
* transferred to another hospital campus, the separation date is the date of the transfer to that hospital campus.

Do not report a value for stillbirth episodes, leave blank. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All live birth episodes |
| Related concepts (Section 2): | \*\*\*Separation |
| Related data items (this section): | \*\*\*Reason for transfer out – baby; \*\*\*Separation status – baby; Transfer destination – baby  |
| Related business rules (Section 4): | Birth status ‘Live born’ and associated conditionally mandatory data items; Birth status ‘Stillborn’ and associated data items valid combinations; Date and time data item relationships; Date of birth – baby and Separation date – baby conditionally mandatory data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. January 19822. January 20183. July 20224. July 2024 |
| Codeset source | DH | Collection start date | 1982 |

## Separation date – mother

**Specification**

|  |  |
| --- | --- |
| Definition | The date on which the mother is separated - i.e., discharged, transferred from the place of birth to another hospital or died after the birth episode |
| Representation class | Date | Data type | Date/time |
| Format | DDMMCCYY | Field size | 8 |
| Location | Episode record | Position | 118 |
| Permissible values | A valid calendar date**Code Descriptor**99999999 Not stated / inadequately described |
| Reporting guide | The separation date is the date on which admitted care ends following the baby’s birth.The relocation of the mother to another ward within the hospital of birth does not constitute a separation (or transfer). Transfers from a private hospital co-located with a public hospital, to the public hospital for special or intensive care, are considered transfers (and therefore the mother is separated). For mothers whose care continues in ~~are transferred to~~ Hospital in the Home (HITH), the separation date is the date the admitted birth episode of care ends, whether that is the date the mother is discharged from the ward or from HITH, or is transferred to another hospital, or dies. Note that HITH is admitted care and does not include domiciliary post-discharge home nursing services. ~~transfer to HITH occurs~~. If a mother transfers from admitted HITH care back to the ward setting without any cessation of admitted care after the baby’s birth, the separation date is the date on which admitted care ends following the baby’s birth.In the case of planned homebirths, occurring at home, the Separation date is the date that the mother’s immediate post-birth care is completed, and the midwife leaves the place of birth. This date may differ from the baby's date of birth, for example, if the birth occurs shortly before midnight.Where a homebirth occurs under the care of a private homebirth midwife, and the mother is transferred to a hospital before the midwife leaves the home birth location, the mother’s separation date is the date of the transfer to that hospital.Where a homebirth occurs under the care of a public homebirth program midwife and the mother is:* transferred to the ward of the public hospital campus conducting the homebirth program, the birth episode continues until the mother is discharged from the ward, or is transferred to another hospital campus, or dies
* transferred to another hospital campus, the separation date is the date of the transfer to that hospital campus.
 |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related concepts (Section 2): | \*\*\*Separation |
| Related data items (this section): | \*\*\*Reason for transfer out – mother; \*\*\*Separation status – mother; Transfer destination – mother  |
| Related business rules (Section 4): | Date and time data item relationships; \*\*\*Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. January 19822. January 20183. July 2024 |
| Codeset source | DH | Collection start date | 1982 |

## Separation status – baby

**Specification**

|  |  |
| --- | --- |
| Definition | Status at separation of baby (discharge/transfer to another hospital/death) |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 121 |
| Permissible values | **Code Descriptor**1 Discharged2 Died~~3 Transferred~~4 Transferred to another hospital9 Not stated / inadequately described |
| Reporting guide | Do not report a value for stillbirth episodes, leave blank. ~~For babies who are transferred to Hospital in the Home (HITH), the Separation status – baby is code 3 Transferred, the Separation date is the date the transfer to HITH occurs and the Transfer destination – baby should be left blank.~~ Babies remain admitted when admitted-level care is delivered in ward-based settings as well as when receiving Hospital in the Home care. Report the Separation status at the Separation date, which is the date on which admitted services, including HITH, cease. Domiciliary care services are not admitted care and are not included in HITH. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All live birth episodes |
| Related concepts (Section 2): | Infant death; \*\*\*Separation; \*\*\*Hospital in the Home (HITH) |
|  |
| Related data items (this section): | Birth status; Separation date – baby  |
|  |
| Related business rules (Section 4): | Birth status ‘Live born’ and associated conditionally mandatory data items; Birth status ‘Stillborn’ and associated data items valid combinations; \*\*\*Separation status – baby, Reason for transfer out – baby and Transfer destination – baby conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DH | Version | 1. January 1982
2. July 2015
3. January 2018
4. July 2024
 |
|  |
| Codeset source | DH | Collection start date | 1982 |

## Separation status – mother

**Specification**

|  |  |
| --- | --- |
| Definition | Status at separation of mother (discharge/transfer to another hospital/death) |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 120 |
| Permissible values | Code Descriptor1 Discharged2 Died~~3 Transferred~~4 Transferred to another hospital9 Not stated / inadequately described |
| Reporting guide | ~~For mothers who are transferred to Hospital in the Home (HITH), Separation status – mother is code 3 Transferred, the Separation date is the date the transfer to HITH occurs and the Transfer destination – mother should be left blank.~~Mothers remain admitted when admitted-level care is delivered in ward-based settings as well as when receiving Hospital in the Home (HITH) care. Report the Separation status at the Separation date, which is the date on which admitted services, including HITH, cease. Domiciliary care services are not admitted care and are not included in HITH. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related concepts (Section 2): | \*\*\*Separation; \*\*\*Hospital in the Home (HITH) |
|  |
| Related data items (this section): | Separation date - mother  |
|  |
| Related business rules (Section 4): | \*\*\*Mandatory to report data items; \*\*\*Separation status – mother, Reason for transfer out – mother and Transfer destination – mother conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DH | Version | 1. January 1982
2. July 2015
3. January 2018
4. July 2024
 |
|  |
| Codeset source | DH | Collection start date | 1982 |

## Transfer destination – baby

**Specification**

|  |  |
| --- | --- |
| Definition | Identification of the hospital campus to which the baby is transferred following separation from this hospital campus |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | NNNN | Field size | 4 |
|  |
| Location | Episode record | Position | 123 |
|  |
| Permissible values | Please refer to the ‘Campus Code Table’ available at the [HDSS website](https://www.health.vic.gov.au/data-reporting/reference-files) <https://www.health.vic.gov.au/data-reporting/reference-files>**Code Descriptor**9999 Not stated / inadequately described |
|  |
| Reporting guide | For babies transferred to Hospital in the Home (HITH), the transfer destination should be left blank. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All episodes where Separation status – baby is code 4~~3~~ Transferred to another hospital ~~and Reason for transfer out – baby is not code 4 HITH~~ |
|  |
| Related concepts (Section 2): | Transfer |
|  |
| Related data items (this section): | Reason for transfer out – baby; Separation status – baby |
|  |
| Related business rules (Section 4): | \*\*\*Separation status – baby, Reason for transfer out - baby and Transfer destination – baby conditionally mandatory data item |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DH | Version | 1. January 19992. January 20093. July 20154. January 20185. July 2024 |
|  |
| Codeset source | DH | Collection start date | 1999 |

## Transfer destination – mother

**Specification**

|  |  |
| --- | --- |
| Definition | Identification of the hospital campus to which the mother is transferred following separation from the hospital campus where the birth occurred |
|  |
| Representation class | Code | Data type | Number |
|  |
| Format | NNNN | Field size | 4 |
|  |
| Location | Episode record | Position | 122 |
|  |
| Permissible values | Please refer to the ‘Campus Code Table’ available at the [HDSS website](https://www.health.vic.gov.au/data-reporting/reference-files) <https://www.health.vic.gov.au/data-reporting/reference-files>**Code Descriptor**9999 Not stated / inadequately described |
|  |
| Reporting guide | For mothers transferred to Hospital in the Home (HITH), the transfer destination should be left blank. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | All episodes where Separation status – mother is code 4~~3~~ Transferred to another hospital ~~and Reason for transfer out – mother is not code 4 HITH~~ |
|  |
| Related concepts (Section 2): | Transfer |
|  |
| Related data items (this section): | Reason for transfer out – mother; Separation status – mother  |
|  |
| Related business rules (Section 4): | Separation status – mother, Reason for transfer out – mother and Transfer destination – mother – conditionally mandatory data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | DH | Version | 1. January 19992. January 20093. July 20154. January 20185. July 2024 |
|  |
| Codeset source | DH | Collection start date | 1999 |

## Vaping at 20 or more weeks of pregnancy (new)

**Specification**

|  |  |
| --- | --- |
| Definition | Whether the woman used vapes or electronic cigarettes from 20 weeks of pregnancy until the birth, regardless of the type and frequency. |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 171 |
| Permissible values | **Code Descriptor**1 No, did not vape after 20 weeks of pregnancy2 Yes, vaped after 20 weeks of pregnancy9 Not stated/inadequately described |
| Reporting guide | Vape, vaping, electronic cigarettes and e-cigarettes are synonymous and should be included when reporting this data item.After 20 weeks of pregnancy is defined as greater than or equal to 20 weeks + 0 days gestation.To be collected during the birth admission. |
| Reported by | All Victorian hospitals where a birth occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related data items (this section): | None specified |
| 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 | DH | Version | 1. July 2024
 |
| Codeset source | DH | Collection start date | July 2024 |

## Vaping in the first 20 weeks of pregnancy (new)

**Specification**

|  |  |
| --- | --- |
| Definition | Whether the woman used vapes or electronic cigarettes during the first 20 weeks of pregnancy, regardless of the type and frequency. |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 |
| Location | Episode record | Position | 170 |
| Permissible values | **Code Descriptor**1 No, did not vape during the first 20 weeks of pregnancy2 Yes, vaped during the first 20 weeks of pregnancy9 Not stated/inadequately described |
| Reporting guide | Vape, vaping, electronic cigarettes and e-cigarettes are synonymous and should be included when reporting this data item.The first 20 weeks of pregnancy is defined as less than or equal to 19 weeks + 6 days gestation.To ensure consistency of results, this data item should be collected after the first 20 weeks of pregnancy. |
| Reported by | All Victorian hospitals where a birth occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related data items (this section): | None specified |
| 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 | DH | Version | 1. July 2024
 |
| Codeset source | DH | Collection start date | July 2024 |

## Version identifier

**Specification**

|  |  |
| --- | --- |
| Definition | Version of the data collection |
| Representation class | Identifier | Data type | Number |
| Format | NNNN | Field size | 4 |
| Location | Episode record, Header record | Position | 2 |
| Permissible values | **Code**~~2021 (for births in the period 1 July 2021 to 30 June 2022 inclusive)~~2022 (for births in the period 1 July 2022 to 30 June 2023 inclusive)2023 (for births in the period 1 July 2023 to 30 June 2024 inclusive)2024 (for births in the period 1 July 2024 to 30 June 2025 inclusive) |
| Reporting guide | Software-system generated. A VPDC electronic submission file with a missing or invalid Version identifier will be rejected and the submission file will not be processed.The Version identifier in each Episode record in a submission file must be the same as the Version identifier in the Header record of that submission file.All Episode records in a submission file must have the same Version identifier. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | Each VPDC electronic submission file (Header record); Each VPDC electronic birth record (Episode record) |
| Related concepts (Section 2): | None specified |
| Related data items (this section): | None specified  |
| 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 | DH | Version | 1. January 20092. July 20153. January 20174. January 20185. January 20196. January 20207. July 20218. July 20229. July 202310. July 2024 |
| Codeset source | DH | Collection start date | 2009 |

# Annual changes: Section 4 Business rules

## ### Aneuploidy screening – conditionally mandatory data items

|  |  |
| --- | --- |
| **If Aneuploidy screening status is:** | **then the following data items cannot be blank:** |
| 1 Ordered | Aneuploidy screening typeAneuploidy screening result |
| **If Aneuploidy screening result is:** | **then the following data item cannot be blank:** |
| 2 High risk | Aneuploidy screening result – high risk condition |

## Date of birth – baby and Version identifier valid combinations [‘Warning’ error]

|  |  |  |
| --- | --- | --- |
| **Where Version identifier in the Header record is:** | **the Version identifier in the Episode record must be:** | **And Date of birth – baby must be in the range specified for the Version identifier (both dates inclusive):** |
| 2022 | 2022 | 01/07/2022 to 30/06/2023 |
| 2023 | 2023 | 01/07/2023 to 30/06/2024 |
| 2024 | 2024 | 01/07/2024 to 30/06/2025 |

**That is,** all Birth records in a single Submission file must have the same Version identifier as appears in the Header record, **and** each Birth record must report the Version identifier valid for the Date of birth – baby reported in that Birth record.

## Mandatory to report data items

A valid value must be reported for the following data items. The value must not be a code for the descriptor ‘Not stated/Inadequately described’, as available for some of these items.

* Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother
* Admitted patient election status – mother
* Aneuploidy screening status (new)
* Antenatal corticosteroid exposure
* Antenatal mental health risk screening status
* Apgar score at one minute
* Apgar score at five minutes
* Artificial reproductive technology – indicator
* Birth order
* Birth plurality
* Birth presentation
* Birth status
* Birth weight
* Blood loss (ml)
* Blood product transfusion – mother
* Collection identifier
* Congenital anomalies – indicator
* Cord complications
* Country of birth
* COVID vaccination status
* Date of admission – mother
* Date of birth – baby
* Date of birth – mother
* Date of onset of labour
* Date of onset of second stage of labour
* Date of rupture of membranes
* Diabetes mellitus during pregnancy – type
* Discipline of antenatal care provider
* Discipline of lead intra-partum care provider
* Edinburgh Postnatal Depression Scale score
* Episiotomy – indicator
* Episode identifier
* Estimated date of confinement
* Estimated gestational age
* Family violence screening status
* First given name – mother
* Gestational age at first antenatal visit
* Gravidity
* Height – self-reported – mother
* Hepatitis B antenatal screening – mother
* HIV antenatal screening – mother
* Hospital code (agency identifier)
* Hypertensive disorder during pregnancy – type
* Indigenous status – baby
* Indigenous status – mother
* Influenza vaccination status
* Labour type
* Marital status
* Maternal alcohol use at less than 20 weeks
* Maternal alcohol use at 20 or more weeks
* Maternal tobacco smoking in the first 20 weeks of pregnancy (new)
* Maternal tobacco smoking after ~~at more than or equal to~~ 20 weeks of pregnancy (previously labelled Maternal smoking < 20 weeks)
* ~~Maternal smoking ≥ 20 weeks~~
* Maternity model of care – antenatal
* Maternity model of care – at onset of labour or non-labour caesarean section
* Method of birth
* Number of antenatal care visits
* Parity
* Patient identifier – mother
* Perineal laceration – indicator
* Pertussis (whooping cough) vaccination status
* Presence or history of mental health condition – indicator
* Prophylactic oxytocin in third stage
* Residential locality
* Residential postcode
* Residential road name – mother
* Residential road number – mother
* Residential road suffix code – mother
* Residential road type – mother
* Resuscitation method – drugs
* Resuscitation method – mechanical
* Separation date – mother
* Separation status – mother
* Setting of birth – actual
* Setting of birth – intended
* Sex – baby
* Spoken English proficiency
* Surname / family name – mother
* Syphilis antenatal screening – mother
* Time of birth
* Time of onset of labour
* Time of onset of second stage of labour
* Time of rupture of membranes
* Time to established respiration (TER)
* Total number of previous abortions – induced
* Total number of previous abortions – spontaneous
* Total number of previous caesareans
* Total number of previous ectopic pregnancies
* Total number of previous live births
* Total number of previous neonatal deaths
* Total number of previous stillbirths (fetal deaths)
* Total number of previous unknown outcomes of pregnancy
* Transaction type flag
* Vaping in the first 20 weeks of pregnancy (new)
* Vaping at 20 or more weeks of pregnancy (new)
* Version identifier
* Weight – self-reported – mother

## ~~Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Maternal alcohol volume intake at less than 20 weeks, Maternal alcohol volume intake at 20 weeks or more valid combinations~~

|  |  |
| --- | --- |
| **~~Where Maternal alcohol use at less than 20 weeks is:~~** | **~~Maternal alcohol volume intake at less than 20 weeks must be:~~** |
| ~~1 Never~~ | ~~Blank~~ |
| ~~2 Monthly or less~~ **~~or~~**~~3 2-4 times a month~~ **~~or~~**~~4 2-3 times a week~~ **~~or~~**~~5 4 or more times a week~~ | ~~A code from:~~~~1 1 or 2 standard drinks~~~~2 3 or 4 standard drinks~~~~3 5 or 6 standard drinks~~~~4 7 to 9 standard drinks~~~~5 10 or more standard drinks~~~~9 Not stated / inadequately described~~ |

|  |  |
| --- | --- |
| **~~Where Maternal alcohol use at 20 weeks or more is:~~** | **~~Maternal alcohol volume intake at 20 weeks or more must be:~~** |
| ~~1 Never~~ | ~~Blank~~ |
| ~~2 Monthly or less~~ **~~or~~**~~3 2-4 times a month~~ **~~or~~**~~4 2-3 times a week~~ **~~or~~**~~5 4 or more times a week~~ | ~~A code from:~~~~1 1 or 2 standard drinks~~~~2 3 or 4 standard drinks~~~~3 5 or 6 standard drinks~~~~4 7 to 9 standard drinks~~~~5 10 or more standard drinks~~~~9 Not stated / inadequately described~~ |

## ### Maternal alcohol use at less than 20 weeks, Maternal alcohol use at 20 or more weeks, Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy, Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy valid combinations

|  |  |
| --- | --- |
| **If** **Maternal alcohol use at less than 20 weeks is code:** | **then Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy must be:** |
| 2 Monthly or less3 2-4 times a month4 2-3 times a week5 4 or more times a week | A valid code |
| 1 Never 9 Not stated / inadequately described. | Blank |
| **If Maternal alcohol use at 20 or more weeks is code:** | **then Number of standard drinks consumed when drinking alcohol at 20 or more weeks of pregnancy must be:** |
| 2 Monthly or less3 2-4 times a month4 2-3 times a week5 4 or more times a week | A valid code |
| 1 Never 9 Not stated / inadequately described. | Blank |

## Separation status – baby, Reason for transfer out – baby and Transfer destination – baby conditionally mandatory data items

|  |  |
| --- | --- |
| **If Separation status – baby is:** | **then the following items cannot be blank:** |
| ~~3 Transferred~~4 Transferred to another hospital | Reason for transfer out – baby Transfer destination – baby |
| **~~And Reason for transfer out – baby is not:~~** |
| ~~4 HITH~~ |

## Separation status – mother, Reason for transfer out – mother and Transfer destination – mother conditionally mandatory data items

|  |  |
| --- | --- |
| **If Separation status – mother is:** | **then the following items cannot be blank:** |
| ~~3 Transferred~~4 Transferred to another hospital | Reason for transfer out – mother Transfer destination – mother |
| **~~And Reason for transfer out – mother is not:~~** |
| ~~4 HITH~~ |

## Time to established respiration and Resuscitation method – mechanical valid combinations

|  |  |
| --- | --- |
| **If Time to established respiration is:** | **then the Resuscitation method – mechanical must include at least one of the following:** |
| Greater than or equal to five minutes and less than or equal to 30 minutes  | 02 Suction03 Oxygen therapy04 Intermittent positive pressure ventilation (IPPV) ~~respiration bag and mask~~ with air05 ~~Endotracheal~~ intubation ~~and IPPR~~ with air06 External cardiac compressions ~~massage and~~  ~~ventilation~~07 Continuous positive airway pressure (CPAP) ventilation with air14 Intermittent positive pressure ventilation (IPPV) ~~respiration bag and mask~~ with oxygen15 ~~Endotracheal~~ intubation ~~and IPPR~~ with oxygen17 Continuous positive airway pressure (CPAP) ventilation with oxygen |

# Annual changes: Section 5 Compilation and submission

## Data submission timelines

The Public Health and Wellbeing Regulations 2019 require VPDC data to be reported within 30 days of the birth. This includes correction of any rejections caused by non-compliance with business rules/validations.

Where mother and/or baby remain in hospital at the submission deadline, report all data items known at the time of submission, and resubmit the Episode record when the episode ends, and data are complete.

Exceptions to reporting timelines are only permissible when negotiated on a case by case basis.

The minimum frequency for reporting is one submission file to report the births for an entire calendar month. Most health services report births for a shorter period, often weekly.

Births can be reported individually if that suits the health service.

More than one submission file can be lodged in a day.

Health services with high birth counts will benefit from more frequent submissions so the volume of data in each submission file, and the prompt correction of any rejections in that file, is more manageable.

Experience has shown that review, correction and resubmission of errors is easiest close to the clinical event.

The table below sets out the timeframes for reporting a single submission file for each calendar month, and represents the latest date for submission of data for that period:

|  |  |  |
| --- | --- | --- |
| **Date of Birth – baby ~~period~~ (from)** | **Date of Birth – baby ~~period~~ (to)** | **Latest submission date** |
| 01/07/202~~3~~4 | 31/07/202~~3~~4 | 30/08/202~~3~~4 |
| 01/08/202~~3~~4 | 31/08/202~~3~~4 | 30/09/202~~3~~4 |
| 01/09/202~~3~~4 | 30/09/202~~3~~4 | 30/10/202~~3~~4 |
| 01/10/202~~3~~4 | 31/10/202~~3~~4 | 30/11/202~~3~~4 |
| 01/11/202~~3~~4 | 30/11/202~~3~~4 | 30/12/202~~3~~4 |
| 01/12/202~~3~~4 | 31/12/202~~3~~4 | 30/01/202~~4~~5 |
| 01/01/202~~4~~5 | 31/01/202~~4~~5 | 02/03/202~~4~~5 |
| 01/02/202~~4~~5 | 2~~8~~9/02/202~~4~~5 | 30/03/202~~4~~5 |
| 01/03/202~~4~~5 | 31/03/202~~4~~5 | 30/04/202~~4~~5 |
| 01/04/202~~4~~5 | 30/04/202~~4~~5 | 30/05/202~~4~~5 |
| 01/05/202~~4~~5 | 31/05/202~~4~~5 | 30/06/202~~4~~5 |
| 01/06/202~~4~~5 | 30/06/202~~4~~5 | 30/07/202~~4~~5 |

## Table of Episode record data elements

Note: where Data item name listed is ‘Deleted field’, do not include a value in the submission file.

| Position number | Data item name | Data type | Format | Field size |
| --- | --- | --- | --- | --- |
| 1 | Collection identifier | String | AAAA | 4 |
| 2 | Version identifier | Number | NNNN | 4 |
| 3 | Transaction type flag | String | A | 1 |
| 4 | Hospital code (agency identifier) | Number | NNNN | 4 |
| 5 | Patient identifier – mother | String | A(10) | 10 |
| 6 | Patient identifier – baby | String | A(10) | 10 |
| 7 | Date of admission – mother | Date/time | DDMMCCYY | 8 |
| 8 | Surname / family name – mother | String | A(40) | 40 |
| 9 | First given name – mother | String | A(40) | 40 |
| 10 | Middle name – mother | String | A(40) | 40 |
| 11 | Residential locality | String | A(46) | 46 |
| 12 | Residential postcode | Number | NNNN | 4 |
| 13 | Residential road number – mother | String | A(12) | 12 |
| 14 | Residential road name – mother | String | A(45) | 45 |
| 15 | Residential road suffix code – mother | String | AA | 2 |
| 16 | Residential road type – mother | String | AAAA | 4 |
| 17 | Admitted patient election status – mother | Number | N | 1 |
| 18 | Country of birth | Number | NNNN | 4 |
| 19 | Indigenous status – mother | Number | N | 1 |
| 20 | Indigenous status – baby | Number | N | 1 |
| 21 | Marital status | Number | N | 1 |
| 22 | Date of birth – mother | Date/time | DDMMCCYY | 8 |
| 23 | Height – self-reported – mother | Number | NNN | 3 |
| 24 | Weight – self-reported – mother | Number | NN[N] | 3 |
| 25 | Setting of birth – intended | Number | NNNN | 4 |
| 26 | Setting of birth – intended – other specified description | String | A(20) | 20 |
| 27 | Setting of birth, actual | Number | NNNN | 4 |
| 28 | Setting of birth, actual – other specified description | String | A(20) | 20 |
| 29 | Setting of birth – change of intent | Number | N | 1 |
| 30 | Setting of birth – change of intent – reason | Number | N | 1 |
| 31 | ~~Maternal smoking < 20 weeks~~ Deleted field | ~~Number~~ | ~~N~~ | ~~1~~ |
| 32 | Maternal tobacco smoking after ~~at more than or equal to~~ 20 weeks of pregnancy | Number | NN | 2 |
| 33 | Gravidity | Number | N[N] | 2 |
| 34 | Total number of previous live births | Number | NN | 2 |
| 35 | Parity | Number | NN | 2 |
| 36 | Total number of previous stillbirths (fetal deaths) | Number | NN | 2 |
| 37 | Total number of previous neonatal deaths | Number | NN | 2 |
| 38 | Total number of previous abortions – spontaneous | Number | NN | 2 |
| 39 | Total number of previous abortions – induced | Number | NN | 2 |
| 40 | Total number of previous ectopic pregnancies | Number | NN | 2 |
| 41 | Total number of previous unknown outcomes of pregnancy | Number | NN | 2 |
| 42 | Date of completion of last pregnancy | Date/time | {DD}MMCCYY | 6 (8) |
| 43 | Outcome of last pregnancy | Number | N | 1 |
| 44 | Last birth – caesarean section indicator | Number | N | 1 |
| 45 | Total number of previous caesareans | Number | NN | 2 |
| 46 | Plan for VBAC | Number | N | 1 |
| 47 | Estimated date of confinement | Date/time | DDMMCCYY | 8 |
| 48 | Estimated gestational age | Number | NN | 2 |
| 49 | Maternal medical conditions – free text | String | A(300) | 300 |
| 50 | Maternal medical conditions – ICD-10-AM code | String | ANN[NN] | 5 (X12) |
| 51 | Obstetric complications – free text | String | A(300) | 300 |
| 52 | Obstetric complications – ICD-10-AM code | String | ANN[NN] | 5 (x15) |
| 53 | Gestational age at first antenatal visit | Number | N[N] | 2 |
| 54 | Discipline of antenatal care provider | Number | N | 1 |
| 55 | Procedure – free text | String | A(300) | 300 |
| 56 | Procedure – ACHI code | Number | NNNNNNN | 7 (x8) |
| 57 | Deleted field |  |  |  |
| 58 | Deleted field |  |  |  |
| 59 | Deleted field |  |  |  |
| 60 | Artificial reproductive technology – indicator | Number | N | 1 |
| 61 | Date of onset of labour | Date/time | DDMMCCYY | 8 |
| 62 | Time of onset of labour | Date/time | HHMM | 4 |
| 63 | Date of onset of second stage of labour | Date/time | DDMMCCYY | 8 |
| 64 | Time of onset of second stage of labour | Date/time | HHMM | 4 |
| 65 | Date of rupture of membranes | Date/time | DDMMCCYY | 8 |
| 66 | Time of rupture of membranes | Date/time | HHMM | 4 |
| 67 | Labour type | Number | N | 1 (x 4) |
| 68 | Labour induction/augmentation agent | Number | N | 1 (x 5) |
| 69 | Deleted field |  |  |  |
| 70 | Indications for induction (other) – free text | String | A(50) | 50 |
| 71 | Indication for induction (main reason) – ICD-10-AM code | String | ANN[NN] | 5 (X1) |
| 72 | Fetal monitoring in labour | String | NN | 2 (x7) |
| 73 | Birth presentation | Number | N | 1 |
| 74 | Method of birth | Number | NN | 2 |
| 75 | Indications for operative delivery (other) – free text | String | A(300) | 300 |
| 76 | Indication for operative delivery (main reason) – ICD-10-AM code | String | ANN[NN] | 5 (x 1) |
| 77 | Analgesia for labour – indicator | Number | N | 1 |
| 78 | Analgesia for labour – type | Number | N | 1 (x4) |
| 79 | Anaesthesia for operative delivery – indicator | Number | N | 1 |
| 80 | Anaesthesia for operative delivery – type | Number | N | 1 (x4) |
| 81 | Events of labour and birth – free text | String | A(300) | 300 |
| 82 | Events of labour and birth – ICD-10-AM code | String | ANN[NN] | 5 (x9) |
| 83 | Prophylactic oxytocin in third stage | Number | N | 1 |
| 84 | Manual removal of placenta | Number | N | 1 |
| 85 | Perineal laceration – indicator | Number | N | 1 |
| 86 | Perineal / genital laceration – degree/type | Number | N | 1 (x3) |
| 87 | Perineal laceration – repair | Number | N | 1 |
| 88 | Episiotomy – indicator | Number | N | 1 |
| 89 | Blood loss (ml) | Number | N[NNNN] | 5 |
| 90 | Blood product transfusion – mother | Number | N | 1 |
| 91 | Postpartum complications – free text | String | A(300) | 300 |
| 92 | Postpartum complications – ICD-10-AM – code | String | ANN[NN] | 5 (x6) |
| 93 | Discipline of lead intra-partum care provider | Number | N | 1 |
| 94 | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother | Number | N | 1 |
| 95 | Date of birth – baby | Date/time | DDMMCCYY | 8 |
| 96 | Time of birth | Date/time | HHMM | 4 |
| 97 | Sex – baby | Number | N | 1 |
| 98 | Birth plurality | Number | N | 1 |
| 99 | Birth order | Number | N | 1 |
| 100 | Birth status | Number | N | 1 |
| 101 | Birth weight | Number | NN[NN] | 4 |
| 102 | Apgar score at one minute | Number | N[N] | 2 |
| 103 | Apgar score at five minutes | Number | N[N] | 2 |
| 104 | Time to established respiration (TER) | Number | NN | 2 |
| 105 | Resuscitation method – mechanical | String | NN | 2 (x10) |
| 106 | Resuscitation method – drugs | Number | N | 1 (x5) |
| 107 | Congenital anomalies – indicator | Number | N | 1 |
| 108 | Deleted field |  |  |  |
| 109 | Deleted field |  |  |  |
| 110 | Deleted field |  |  |  |
| 111 | Neonatal morbidity – free text | String | A(300) | 300 |
| 112 | Neonatal morbidity – ICD-10-AM code | String | ANN[NN] | 5 (x10) |
| 113 | Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby | Number | N | 1 |
| 114 | Hepatitis B vaccine received | Number | N | 1 |
| 115 | Breastfeeding attempted | Number | N | 1 |
| 116 | Formula given in hospital | Number | N | 1 |
| 117 | Last feed before discharge – baby  | Number | N | 1 |
| 118 | Separation date – mother | Date/time | DDMMCCYY | 8 |
| 119 | Separation date – baby | Date/time | DDMMCCYY | 8 |
| 120 | Separation status – mother | Number | N | 1 |
| 121 | Separation status – baby | Number | N | 1 |
| 122 | Transfer destination – mother | Number | NNNN | 4 |
| 123 | Transfer destination – baby | Number | NNNN | 4 |
| 124 | Number of antenatal care visits | Number | NN | 2 |
| 125 | Influenza vaccination status | Number | N | 1 |
| 126 | Pertussis (whooping cough) vaccination status | Number | N | 1 |
| 127 | Spoken English proficiency | Numeric | N | 1 |
| 128 | Year of arrival in Australia | Number | NNNN | 4 |
| 129 | Head circumference | Number | NN.N | 4 |
| 130 | Episode identifier | String | A (9) | 9 |
| 131 | Fetal monitoring prior to birth – not in labour | String | NN | 2 (x5) |
| 132 | Reason for transfer out – baby | Number | N | 1 |
| 133 | Reason for transfer out – mother | Number | N | 1 |
| 134 | Congenital anomalies – ICD-10-AM code | String | ANN[NN]  | 5 (x9) |
| 135 | Maternal alcohol use at less than 20 weeks | Number | N | 1 |
| 136 | ~~Maternal alcohol volume intake at less than 20 weeks~~ Deleted field | ~~Number~~ | ~~N~~ | ~~1~~ |
| 137 | Maternal alcohol use at 20 or more weeks | Number | N | 1 |
| 138 | ~~Maternal alcohol volume intake at 20 or more weeks~~ Deleted field | ~~Number~~ | ~~N~~ | ~~1~~ |
| 139 | Antenatal corticosteroid exposure | Number | N | 1 |
| 140 | Chorionicity of multiples | Number | N | 1 |
| 141 | Cord complications | String | ANN[NN] | 5 (x3) |
| 142 | Diabetes mellitus during pregnancy – type  | Number | N | 1 |
| 143 | Diabetes mellitus – gestational – diagnosis timing | Number | NN | 2 |
| 144 | Diabetes mellitus – pre-existing – diagnosis timing | Number | NNNN | 4 |
| 145 | Diabetes mellitus therapy during pregnancy | String | N | 1 (x3) |
| 146 | Main reason for excessive blood loss following childbirth | Number | N | 1 |
| 147 | Blood loss assessment - indicator | Number | N | 1 |
| 148 | Category of unplanned caesarean section urgency | Number | N | 1 |
| 149 | Date of decision for unplanned caesarean section | Date/time | DDMMCCYY | 8 |
| 150 | Time of decision for unplanned caesarean section | Date/time | HHMM | 4 |
| 151 | COVID19 vaccination status | Number | N | 1 |
| 152 | COVID19 vaccination during this pregnancy | Number | N | 1 |
| 153 | Gestation at first COVID19 vaccination during this pregnancy | Number | [N]N | 2 |
| 154 | Gestation at second COVID19 vaccination during this pregnancy | Number | [N]N | 2 |
| 155 | Gestation at third COVID19 vaccination during this pregnancy | Number | [N]N | 2 |
| 156 | Antenatal mental health risk screening status | Number | N | 1 |
| 157 | Edinburgh Postnatal Depression Scale score | Number | N[N] | 2 |
| 158 | Presence or history of mental health condition – indicator  | Number | N | 1 |
| 159 | Family violence screening status | Number | N | 1 |
| 160 | Hepatitis B antenatal screening – mother  | Number | N | 1 |
| 161 | HIV antenatal screening – mother  | Number | N | 1 |
| 162 | Syphilis antenatal screening – mother  | Number | N | 1 |
| 163 | Hypertensive disorder during pregnancy | Number | N | 1 (x3) |
| 164 | Maternity model of care – antenatal | Number | NNNNNN | 6 |
| 165 | Maternity model of care – at onset of labour or non-labour caesarean section  | Number | NNNNNN | 6 |
| 166 | Indications for induction (other) – ICD-10-AM code | String | ANN[NN] | 5 (x15) |
| 167 | Indications for operative delivery (other) – ICD-10-AM code  | String | ANN[NN] | 5 (x15) |
| 168 | Administration of Hepatitis B Immunoglobulin (HBIG) – baby | Number | N | 1 |
| 169 | Maternal tobacco smoking in the first 20 weeks of pregnancy | Number | N[N] | 2 |
| 170 | Vaping in the first 20 weeks of pregnancy | Number | N | 1 |
| 171 | Vaping at 20 or more weeks of pregnancy | Number | N | 1  |
| 172 | Number of standard drinks consumed when drinking alcohol in the first 20 weeks of pregnancy | Number | NN | 2 |
| 173 | Number of standard drinks consumed when drinking alcohol at 20 or more weeks | Number | NN | 2 |
| 174 | Aneuploidy screening status  | Number | N | 1 |
| 175 | Aneuploidy screening type | Number | N | 1 |
| 176 | Aneuploidy screening result | Number | N | 1 |
| 177 | Aneuploidy screening result – high risk condition | Number | NN[NN] | 2 (x2) |

# **Part 2: Continuous improvement changes for the VPDC – effective immediately for 2023-24 births**

# Continuous improvement changes: Section 2 Concept and derived item definitions

|  |
| --- |
| Congenital anomalies |
| **Definition/guide for use** | The following list contains the most common congenital anomalies for reporting in the field ‘Congenital anomalies – ICD-10-AM code’:

|  |  |
| --- | --- |
| Q069 | Congenital malformations of spinal cord |
| Q000~~2~~0 | Anencephaly |
| Q421 | Anorectal atresia and/or stenosis |
| Q353~~3~~0 | Cleft soft palate |
| Q369 | Cleft lip  |
| Q359 | Cleft palate |
| Q2510 | Coarctation of the aorta |
| Q650 | Congenital Dislocation of Hip – Unilateral  |
| Q619 | Cystic Kidney Disease |
| Q790 | Diaphragmatic Hernia |
| Q019 | Encephalocele |
| Q792 | Exomphalos |
| Q793 | Gastroschisis |
| Q0389 | Hydrocephalus |
| Q234 | Hypoplastic Left Heart |
| Q549 | Hypospadias |
| Q5642 | Indeterminate sex |
| Q7380 | Limb reduction defect |
| Q02 | Microcephaly |
| Q6230 | Obstructive defects of the renal pelvis and ureter |
| Q390 | Oesophageal Atresia  |
| Q602 | Renal agenesis |
| Q0590 | Spina Bifida |
| Q213 | Tetralogy of Fallot |
| Q2031 | Transposition of Great Vessels |
| Q91~~4~~7 | Trisomy 13 |
| Q91~~0~~3 | Trisomy 18 |
| Q909 | Trisomy 21 - Downs 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 1
* Skin folds/tags
* Slanting eyes
* Small mouth
* Spina bifida occulta (without evidence of spinal lesion)
* Sternomastoid tumour
* Subluxating knee joint
* Talipes (positional)
* Toe anomalies – minor
* Tongue tie
* Torticollis
* Ureteric reflux (ultrasound diagnosed)
* Webbing of 2nd and 3rd toes/fingers
* Wide suture lines

1 Report two vessels in cord in data element ‘Cord complications’ |
| **Related data items (Section 3):** | Congenital anomalies – ICD-10-AM code; Congenital anomalies – indicator; Sex – baby; Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby; Neonatal morbidity – free text; Neonatal morbidity – ICD-10-AM code |

|  |
| --- |
| Diabetes mellitus |
| **Definition/guide for use** | Diabetes is a chronic condition in which the levels of glucose (sugar) in the blood are too high. Blood glucose levels are normally regulated by the hormone insulin, which is made by the pancreas. Diabetes occurs when there is a problem with this hormone and how it works in the body.The main types of diabetes are Type 1 and Type 2. Other varieties include gestational diabetes, diabetes insipidus and pre-diabetes. Gestational diabetes is diabetes that occurs during pregnancy. After the baby is born, the mother’s glucose levels usually return to normal. Women are at greater risk of developing Type 2 diabetes after experiencing gestational diabetes. Pre-diabetes is a condition in which blood glucose levels are higher than normal, although not high enough to cause diabetes. (Source: Better Health Channel)Intermediate hyperglycaemia is not within the scope of diabetes for the purposes of VPDC diabetes reporting.Four data elements report details about diabetes to the VPDC: * Diabetes mellitus during pregnancy – type
* Diabetes mellitus – gestational – diagnosis timing
* Diabetes mellitus – pre-existing – diagnosis timing
* Diabetes mellitus therapy during pregnancy

The following sequence of questions may assist in capturing relevant information.Refer also to the Reporting guides for these data elements in Section 3 of the VPDC manual. |
| **Related data items (Section 3):** | Diabetes mellitus during pregnancy – type; Diabetes mellitus – gestational – diagnosis timing; Diabetes mellitus – pre-existing – diagnosis timing; Diabetes mellitus therapy during pregnancy; Events of labour and birth – free text; Events of labour and birth – ICD-10-AM code; Indication for induction (main reason) – ICD-10-AM code; Indications for induction (other) – free text; Indications for induction (other) – ICD-10-AM code; Indication~~s~~ for operative delivery (main reason) – ICD-10-AM code; Indications for operative delivery (other) – free text; Indications for operative delivery (other) – 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. |



# Continuous improvement changes: Section 3 Data definitions

## Hypertensive disorder during pregnancy

**Specification**

|  |  |
| --- | --- |
| Definition | Whether the woman has a hypertensive disorder during this pregnancy, based on a current or previous diagnosis, and if so, the type of hypertensive disorder |
| Representation class | Code | Data type | Number |
| Format | N | Field size | 1 (x3) |
| Location | Episode record | Position | 163 |
| Permissible values | **Code Descriptor**1 Eclampsia 2 Pre-eclampsia3 Gestational hypertension4 Chronic hypertension7 Hypertension, not further specified8 No hypertensive disorder during this pregnancy9 Not stated stated/inadequately described |
| Reporting guide | Report any hypertensive disorder the woman has had during this pregnancy. Include hypertensive disorders controlled through treatment during this pregnancy.A hypertensive disorder that was identified only in the postpartum period (including immediately postpartum), when no hypertensive disorder was identified during the pregnancy or prior to the birth, should be reported as code 8 No hypertensive disorder during this pregnancy. See also below. Code 1 EclampsiaEclampsia is characterised by grand mal seizures, hypertension, proteinuria, oedema and may progress to coma. Before a seizure, a patient may experience a body temperature of over 40°C, anxiety, epigastric pain, severe headache and blurred vision. Complications of eclampsia may include cerebral haemorrhage, pulmonary oedema, renal failure, abruptio placentae and temporary blindness (NCCH 2000).Code 2 Pre-eclampsiaPre-eclampsia is a multi-system disorder characterised by hypertension and involvement of one or more other organ systems and/or the fetus. Proteinuria is the most commonly recognised additional feature after hypertension but should not be considered mandatory to make the clinical diagnosis.A diagnosis of pre-eclampsia can be made when hypertension arises after 20 weeks gestation and is accompanied by one or more of the following: renal involvement, haematological involvement, liver involvement, neurological involvement, pulmonary oedema, fetal growth restriction, placental abruption.Includes HELLP syndrome (Haemolysis, Elevated Liver Enzymes, Low Platelet count), which is a variant of pre-eclampsia.Code 3 Gestational hypertensionGestational hypertension is characterised by the new onset of hypertension after 20 weeks gestation without any maternal or fetal features of pre-eclampsia, followed by return of blood pressure to normal within 3 months post-partum.Code 4 Chronic hypertensionThis may include essential or secondary hypertension. Essential hypertension is defined by a blood pressure greater than or equal to 140 mmHg systolic and/or greater than or equal to 90 mmHg diastolic confirmed before pregnancy or before 20 completed weeks gestation without a known cause. It may also be diagnosed in females presenting early in pregnancy taking antihypertensive medications where no secondary cause for hypertension has been determined.Important secondary causes of chronic hypertension in pregnancy include:* chronic kidney disease, e.g. glomerulonephritis, reflux nephropathy, and adult polycystic kidney disease
* renal artery stenosis
* systemic disease with renal involvement, e.g. diabetes mellitus or systemic lupus erythematosus
* endocrine disorders, e.g. phaeochromocytoma, Cushing's syndrome and primary hyperaldosteronism
* coarctation of the aorta.

In the absence of any of the above conditions it is likely that a female with high blood pressure in the first half of pregnancy has essential hypertension.For all other values, diagnosis is to be based on Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) Guideline for the Management of Hypertensive Disorders of Pregnancy (Lowe et al. 2014). If the clinician does not have information as to whether the above guidelines have been used, available information about diagnosis of hypertensive disorder is still to be reported.The diagnosis is preferably derived from and substantiated by clinical documentation, which should be reviewed at the time of delivery. However, this information may not be available in which case the patient may self-report to the clinician that they have been diagnosed with a hypertensive disorder.Code 7 Hypertension, not further specifiedReport only when the woman reports hypertension, but no further details are available about the type of hypertensive disorder or whether it arose during this pregnancy.**Up to three (3) codes from the valid code set can be reported:*** for a woman who has preeclampsia superimposed on chronic hypertension, report both Code 2 and Code 4;
* for a woman who develops gestational hypertension which progresses to eclampsia, record both Code 1 and Code 3.

Code 8 No hypertensive disorder during this pregnancyReport if the woman does not have a hypertensive disorder during this pregnancy, including where the woman develops a hypertensive disorder only in the postpartum period.**Codes 3 and 4 are not to be reported together.****Code 7 is not to be reported with code 3 or code 4.****Neither Code 8 nor Code 9 can be reported with any other code.** **Report consistently with ICD-10-AM codes in clinical data fields:**Reporting hypertensive disorders in this ‘Hypertensive disorder during pregnancy’ data item does not preclude also reporting the same condition in one or more of the clinical data fields as an ICD-10-AM code. For example, a woman has an unplanned caesarean due to developing severe pre-eclampsia: report both:code 2 Pre-eclampsia in this Hypertensive disorder during pregnancy field, *and* ICD-10-AM code O141 in the Indication for operative delivery (main reason) – ICD-10-AM code field.When reporting hypertensive disorders in any of the clinical data fields using ICD-10-AM codes, use the following codes to report hypertensive disorders consistently with the disorder(s) reported in this ‘Hypertensive disorder during pregnancy’ field:**Code Hypertensive disorder ICD-10-AM code**1Eclampsia in pregnancyO1501Eclampsia in labourO1511Eclampsia in the puerpiumO1521Eclampsia, unspecified as to time periodO1592 Mild to moderate pre-eclampsia O1402 Severe pre-eclampsia O1412 HELLP syndrome O1422 Pre-eclampsia, unspecified O1493 Gestational/pregnancy-induced hypertension O134 Chronic hypertension (without pre-eclampsia) O104 Pre-existing hypertension in pregnancy, childbirth and  the puerperium O107 Hypertension, not further specified O162 & 4 Pre-eclampsia superimposed on chronic hypertension O111 & 3 Eclampsia in labour following gestational hypertension O13 & O151When reporting any of the above ICD-10-AM codes in any of the clinical data fields\*, the type of hypertensive disorder(s) must be reported consistently with the disorder(s) reported in this ‘Hypertensive disorder during pregnancy’ field, and in any other of the clinical data fields. For example, do not report code O13 (Gestational hypertension) in Obstetric complications and O10 (Chronic hypertension) in Maternal medical conditions. Only combinations consistent with the combinations acceptable in this ‘Hypertensive disorders during pregnancy’ field are acceptable. When code 8 No hypertensive disorder during this pregnancy is reported in this Hypertensive disorder during pregnancy field, none of the ICD-10-AM codes listed above may be reported in any of the clinical data fields\* reported as ICD-10-AM codes.\*The exception is that code 8 No hypertensive disorder during this pregnancy can be reported in this data item, along with a hypertensive disorder code in Postpartum complications – ICD-10-AM code field for women who develop a hypertensive disorder only in the postpartum period, ie no hypertensive disorder during pregnancy or prior to the birth.Valid combinations of codes in this field, and ICD-10-AM codes in clinical data fields, are set out in the business rule ‘Hypertensive disorder during pregnancy, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD-10-AM code, Indications for induction (other) – ICD-10-AM codes,, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM codes, Maternal medical conditions – ICD-10-AM code, Obstetric complications – ICD-10-AM code, ~~Postpartum complications – ICD-10-AM code~~ valid combinations’. |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
| Reported for | All birth episodes |
| Related concepts (Section 2): | Hypertensive disorder during pregnancy |
| Related data items (this section): | Events of labour and birth – ICD-10-AM code; Indication for induction (main reason) – ICD-10-AM code; Indications for induction (other) – ICD-10-AM codes; Indication for operative delivery (main reason) – ICD-10-AM code; Indications for operative delivery (other) – ICD-10-AM codes; Maternal medical conditions – ICD-10-AM code; Obstetric complication – ICD-10-AM code; Postpartum complications – ICD-10-AM code |
| Related business rules (Section 4): | Hypertensive disorder during pregnancy, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD-10-AM code, Indications for induction (other) – ICD-10-AM codes, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM codes, Maternal medical conditions – ICD-10-AM code, Obstetric complication – ICD-10-AM code, ~~Postpartum complications – ICD-10-AM code~~ valid combinations; Mandatory to report data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| Definition source | DH | Version | 1. July 20222. July 2023 |
| Codeset source | AIHW (DH modified) | Collection start date | July 2022 |

## Procedure – ACHI code

**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 | Codes relevant to this data element are listed in the 12th edition ICD‑10‑AM/ ACHI code set, which includes VPDC-created codes. To obtain a copy of this code set, email the HDSS HelpDesk at hdss.helpdesk@health.vic.gov.au.A small number of additional codes have been created solely for VPDC reporting in this data element:**Code Descriptor**1321505 ART – Donor Insemination9047799 Fetal pillow 9619918 IV iron infusion |

[No other change to the entry for this data item.]

*To obtain an updated copy of the 12th edition ICD-10-AM/ACHI code set including VPDC-created codes, please email the HDSS HelpDesk at* *hdss.helpdesk@health.vic.gov.au**.*

# Continuous improvement changes: Section 4 Business rules

## Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby, Setting of birth – actual and Hospital code (agency identifier) valid combinations

|  |
| --- |
| **If admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby is:** |
| 1 Admitted to SCN **or** |
| 2 Admitted to NICU |
| **Hospital code (agency identifier) must be:** | **Setting of birth – actual must be:** |
| A health service from the list below with SCN and/or NICU services | Equal to Hospital code (agency identifier) **or**0003 Home (other) **or**0005 In transit **or**~~0006 Home – Private midwife care~~ **~~or~~**0007 Home – Public home birth program **or**0008 Other – Specify **or**0010 Community, non-medical, freebirth |

Campuses with a SCN and/or NICU

| **Campus Code** | **Campus Name** | **SCN** | **NICU** |
| --- | --- | --- | --- |
| 1660 | Albury Wodonga Health - Wodonga | Yes | No |
| 1590 | Angliss Hospital | Yes | No |
| 3020 | Bacchus Marsh campus of Western Health (formerly Djerriwarrh) | Yes | No |
| 2010 | Ballarat Health Services [Base Campus] | Yes | No |
| 6291 | Bays Hospital, The [Mornington] | Yes | No |
| 1021 | Bendigo Hospital, The | Yes | No |
| 1050 | Box Hill Hospital | Yes | No |
| 6511 | Cabrini Malvern | Yes | No |
| 3660 | Casey Hospital | Yes | No |
| 2060 | Central Gippsland Health Service [Sale] | Yes | No |
| 2111 | Dandenong Campus | Yes | No |
| 6470 | Epworth Freemasons | Yes | No |
| ~~6480~~ | ~~Epworth Geelong~~ | ~~Yes~~ | ~~No~~ |
| 7720 | Frances Perry House  | Yes | No |
| 2220 | Frankston Hospital | Yes | No |
| 1121 | Goulburn Valley Health [Shepparton] | Yes | No |
| 8890 | Jessie McPherson Private Hospital [Clayton] | Yes | No |
| 2440 | Latrobe Regional Health ~~Hospital~~ [Traralgon]  | Yes | No |
| 1160 | Mercy Hospital for Women | Yes | Yes |
| 1320 | Mercy Public Hospitals Inc [Werribee] | Yes | No |
| 8440 | Mitcham Private Hospital | Yes | No |
| 1170 | Monash Medical Centre [Clayton] | Yes | Yes |
| 2320 | New Mildura Base Hospital | Yes | No |
| 1150 | Northeast Health Wangaratta | Yes | No |
| 1280 | Northern Hospital, The [Epping] | Yes | No |
| 7390 | Northpark Private Hospital [Bundoora] | Yes | No |
| 6790 | Peninsula Private Hospital [Frankston] | Yes | No |
| 1230 | Royal Women’s Hospital [Carlton] | Yes | Yes |
| 4330 | Sandringham [Monash Health at Sandringham] | Yes | No |
| 2160 | South West Healthcare [Warrnambool] | Yes | No |
| 6520 | St John of God Ballarat Hospital | Yes | No |
| 6030 | St John of God Bendigo Hospital | Yes | No |
| 6080 | St John of God Berwick Hospital | Yes | No |
| 6550 | St John of God Geelong Hospital | Yes | No |
| 6620 | St Vincent’s Private Hospital Fitzroy | Yes | No |
| 1390 | Sunshine Hospital | Yes | Yes |
| 2050 | University Hospital, Geelong | Yes | No |
| 6600 | Waverley Private Hospital [Mt Waverley] | Yes | No |
| 1580 | West Gippsland Healthcare Group [Warragul] | Yes | No |
| 2170 | Wimmera Base Hospital [Horsham] | Yes | No |

## Analgesia for labour – indicator and Labour type valid combinations

|  |  |
| --- | --- |
| **If Analgesia for labour – indicator is:** | **Labour type must be:** |
| Blank | 5 No labour **or**5 No labour **and** 2 Induced medical **or**5 No labour **and** 3 Induced surgical **or**5 No labour **and** 6 Induced mechanical **or**5 No labour **and** 2 Induced medical **and** 3 Induced surgical **or**5 No labour **and** 2 Induced medical **and** 6 Induced mechanical **or**5 No labour **and** 3 Induced surgical **and** 6 Induced mechanical **or**5 No labour **and** 2 Induced medical **and** 3 Induced surgical **and** 6 Induced mechanical |
| 1 Analgesia administered | 1 Spontaneous **or**2 Induced medical **or**3 Induced surgical **or**6 Induced mechanical **or** 1 Spontaneous **and** 4 Augmented **or**2 Induced medical **and** 3 Induced surgical2 Induced medical **and** 6 Induced mechanical **or**3 Induced surgical **and** 6 Induced mechanical **or**2 Induced medical **and** 3 Induced surgical **and** 6 Induced mechanical |
| 2 Analgesia not administered | 1 Spontaneous **or**2 Induced medical **or**3 Induced surgical **or**6 Induced mechanical **or** 1 Spontaneous **and** 4 Augmented **or**2 Induced medical **and** 3 Induced surgical2 Induced medical **and** 6 Induced mechanical **or**3 Induced surgical **and** 6 Induced mechanical **or**2 Induced medical **and** 3 Induced surgical **and** 6 Induced mechanical |

## Deceased mother conditionally mandatory data items

|  |  |
| --- | --- |
| **A record reporting:** | **Must also report** at least one code or condition in **at least one of the following data elements:** |
| Separation status – mother = 2 Died | Events of labour and birth – free text **or** Events of labour and birth – ICD-10-AM code **or** Indication for induction (main reason) – ICD-10-AM code **or** Indications for induction (other) – free text **or** Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or** Indications for operative delivery (other) – free text **or** Indications for operative delivery (other) – ICD-10-AM code **or**Obstetric complications – free text **or** Obstetric complications – ICD-10-AM code **or** Postpartum complications – free text **or** Postpartum complications – ICD-10-AM code |

##

## Diabetes mellitus during pregnancy – type, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD‑10‑AM code, Indications for induction (other) – ICD-10-AM code, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code, Maternal medical conditions – ICD-10-AM code, Obstetric complications – ICD-10-AM code and Postpartum complications – ICD‑10‑AM code valid combinations

|  |  |  |
| --- | --- | --- |
| **Diabetes mellitus during pregnancy – type** | **May not report any code below:** | **In any of the following data elements:** |
| Code 1 No diabetes mellitus during this pregnancy | O240O2412O2413O2414O2419O2422O2423O2424O2429O2432O2433O2434O2439O2442O2443O2444O2449O2492O2493O2494O2499 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **or**Postpartum complications – ICD‑10‑AM code |

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|  |  |  |
| --- | --- | --- |
| **Diabetes mellitus during pregnancy – type** | **May not report any code below:** | **In any of the following data elements:** |
| Code 2 Pre-existing Type 1 diabetes mellitus | O2412O2413O2414O2419O2422O2423O2424O2429O2432O2433O2434O2439O2442O2443O2444O2449O2452O2453O2454O2459O2492O2493O2494O2499 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **or**Postpartum complications – ICD‑10‑AM code |
| **Diabetes mellitus during pregnancy – type** | **May not report any code below:** | **In any of the following data elements:** |
| Code 3 Pre-existing Type 2 diabetes mellitus | O240O2422O2423O2424O2429O2432O2433O2434O2439O2442O2443O2444O2449O2452O2453O2454O2459O2492O2493O2494O2499 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **or**Postpartum complications – ICD‑10‑AM code |
| **Diabetes mellitus during pregnancy – type** | **May not report any code below:** | **In any of the following data elements:** |
| Code 4 Gestational diabetes mellitus (GDM) | O240O2412O2413O2414O2419O2422O2423O2424O2429O2432O2433O2434O2439O2452O2453O2454O2459O2492O2493O2494O2499 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **or**Postpartum complications – ICD‑10‑AM code |
| **Diabetes mellitus during pregnancy – type** | **May not report any code below:** | **In any of the following data elements:** |
| Code 8 Other type of diabetes mellitus | O240O2412O2413O2414O2419O2442O2443O2444O2449O2452O2453O2454O2459O2492O2493O2494O2499 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **or**Postpartum complications – ICD‑10‑AM code |

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|  |  |  |
| --- | --- | --- |
| **Diabetes mellitus during pregnancy – type** | **May not report any code below:** | **In any of the following data elements:** |
| Code 9 Not stated / inadequately described | O240O2412O2413O2414O2419O2422O2423O2424O2429O2432O2433O2434O2439O2442O2443O2444O2449O2452O2453O2454O2459 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **or**Postpartum complications – ICD‑10‑AM code |

## Estimated gestational age – in scope validation

|  |  |  |
| --- | --- | --- |
| **Birth status** | **Estimated gestational age** | **Validation** |
| 1 Liveborn **or**2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) | Less than 15 completed weeks | Rejection |
| 1 Liveborn | 15 to 19 completed weeks | Warning: confirm Estimated gestational age |
| 2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) | 15 to 19 completed weeks | Rejection if **Plurality** = 1 Singleton**Or**Warning if Plurality is greater ~~other~~ than 1: confirm Estimated gestational age and that at least one other sibling was liveborn |
| 1 Liveborn | 20 to 45 completed weeks | Accepted |
| 1 Liveborn **or**2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) | 46 or more completed weeks | Rejection |
| 2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) | 99 Not stated/ inadequately described | Rejection **Or**Warning if **Birthweight** = or > than 400 grams or more: confirm Estimated gestational age |
| 9 Not stated / inadequately described | Any | Rejection |

## Fetal monitoring in labour and Labour type valid combinations

|  |  |
| --- | --- |
| **If Labour Type is:** | **Fetal monitoring in labour must report:** |
| 1 Spontaneous **or**2 Induced – medical **or**3 Induced – surgical **or**4 Augmented **or**6 Induced – mechanical **without**5 No labour | **Either**: 01 None **or** 99 Not stated/inadequately described **or****At least one, and up to seven** of the following codes, **with no code reported more than once**:02 Intermittent auscultation03 Admission cardiotocography04 Intermittent cardiotocography05 Continuous external cardiotocography06 Internal cardiotocography (scalp electrode)07 Fetal blood sampling88 Other |
| Any value **including**5 No labour | Blank |
| 9 Not stated/inadequately described | Any value **or**Blank |

## Fetal monitoring prior to birth – not in labour and Labour type valid combinations

|  |  |
| --- | --- |
| **If Labour Type is:** | **Fetal monitoring prior to birth – not in labour must be:** |
| 1 Spontaneous **or**2 Induced – medical **or**3 Induced – surgical **or**4 Augmented **or**6 Induced - mechanical**without**5 No labour | Blank |
| Any value **including**5 No labour | **Either**:01 None **or**99 Not stated/inadequately described **or****At least one, and up to five** of the following codes, **with no code reported more than once**:02 Intermittent auscultation03 Admission cardiotocography04 Intermittent cardiotocography05 Continuous external cardiotocography88 Other  |
| 9 Not stated/inadequately described | Any value **or**Blank |

## Hypertensive disorder during pregnancy, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD-10-AM code, Indications for induction (other) – ICD-10-AM code, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code, Maternal medical conditions – ICD-10-AM code, Obstetric complication – ICD-10-AM code~~, Postpartum complications – ICD-10-AM code~~ valid combinations

|  |  |  |
| --- | --- | --- |
| **Hypertensive disorder during pregnancy** | **May not report any code below:** | **In any of the following data elements:** |
| 1 Eclampsia | O12O120O121O122 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indications for induction (other) – ICD-10-AM code **or**Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – ICD-10-AM code **or**Maternal medical conditions – ICD-10-AM code **or**Obstetric complications – ICD‑10‑AM code **~~or~~**~~Postpartum complications – ICD‑10‑AM code~~ |
| 2 Pre-eclampsia | O12O120O121O122 |
| 3 Gestational hypertension | O10O11O12O120O121O122O16 |
| 4 Chronic hypertension | O12O120O121O122O13O16 |
| 7 Hypertension, not further specified | O10O11O12O120O121O122O13 |
| 8 No hypertensive disorder during this pregnancy**Or**9 Not stated/ inadequately described | O10O11O13O14O140O141O142O149O15O150O151O152O159O16 |

[This change allows reporting of hypertensive disorders in the Postpartum complications – ICD-10-AM code (only) along with code 8 No hypertensive disorder during this pregnancy in data item ‘Hypertensive disorder during pregnancy’.]

## ~~Labour type and Analgesia for labour – indicator conditionally mandatory data item~~

|  |  |
| --- | --- |
| **~~If one or more Labour type is:~~** | **~~the following item cannot be blank:~~** |
| ~~1 Spontaneous~~ **~~or~~**~~2 Induced – medical~~ **~~or~~**~~3 Induced – surgical~~ **~~or~~**~~4 Augmented~~ | ~~Analgesia for labour – indicator~~ |

[Business rule removed as it duplicates another business rule.]

## Mandatory to report data items

[A valid value must be reported for the data items listed. The value must not be a code for the descriptor ‘Not stated/Inadequately described’, as available for some of these items.]

Add to listed items:

* Spoken English proficiency

## Method of birth, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – ICD-10-AM code and Indications for operative delivery (other) – free text ~~code~~ valid combinations

|  |  |
| --- | --- |
| **If Method of birth is:** | **~~the Indication for operative delivery must be reported in at least one of the following data items:~~** A valid code **must** be reported in: |
| 1 Forceps **or**4 Planned caesarean – no labour **or**5 Unplanned caesarean – labour **or**6 Planned caesarean – labour **or**7 Unplanned caesarean – no labour **or**8 Vacuum extraction **or**10 Other operative birth | Indication for operative delivery (main reason) – ICD-10-AM code**And**One or more text terms **may** also be reported in:Indications for operative delivery (other) – free text**And**One or more valid codes **may** also be reported in:Indications for operative delivery (other) – ICD-10-AM code |

## ~~Scope ‘Stillborn’~~

|  |  |
| --- | --- |
| **~~If Birth status is:~~** | **~~then Estimated gestational age must be:~~** |
| ~~2 Stillborn (occurring before labour)~~ **~~or~~**~~3 Stillborn (occurring during labour)~~ **~~or~~**~~4 Stillborn (timing of occurrence unknown)~~ | ~~Equal to or greater than 20 weeks~~ |
| **~~If Birth status is:~~** | **~~then Birth weight must be:~~** |
| ~~2 Stillborn (occurring before labour)~~ **~~or~~**~~3 Stillborn (occurring during labour)~~ **~~or~~**~~4 Stillborn (timing of occurrence unknown)~~ | ~~Equal to or greater than 400 grams~~ |
| **~~And Estimated gestational age is:~~** |
| ~~99 Not stated / inadequately described~~ |

[Business rule removed as it duplicates another business rule.]