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| Victorian Perinatal Data Collection (VPDC) manual 2022-23  Section 1 Introduction |
| Version 10.0 |
| OFFICIAL |

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# Foreword

The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic) as the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. The Health Act was repealed on 1 January 2010 and replaced by the Public Health and Wellbeing Act2008.

The functions of CCOPMM are outlined in s.46 of the Public Health and Wellbeing Act and include the establishment of a perinatal data collection. The Victorian Perinatal Data Collection (VPDC) was established in 1982 as a population-based surveillance system. The purpose of this collection is to enable analysis of information about the health of mothers and babies to contribute to improvements in their health.

The VPDC collects a range of data for all live births and stillbirths occurring in Victoria. Data reported include obstetric conditions, procedures and outcomes, neonatal morbidity and congenital anomalies.

Information provided to the CCOPMM via the VPDC is privileged from access by any third party, including the courts. However, CCOPMM may, if it determines that it is in the public interest to do so, provide information to entities specified in s.41 of the Public Health and Wellbeing Act.

On behalf of the State of Victoria, the CCOPMM provides a subset of de-identified VPDC data to the Australian Institute of Health and Welfare (AIHW). This release is made under s.41 of the Public Health and Wellbeing Act. In accordance with national data agreements, data provided to the AIHW must comply with the Perinatal National Minimum Data Set (NMDS). While it is the source of Victoria’s contribution to the AIHW, the VPDC contains additional items to enable more detailed analysis on the health of mothers and babies in Victoria.

Data are reported to the VPDC by Victorian hospitals and homebirth practitioners either from the hospital’s computerised patient information system or using the on-line webform for birth reporting. Submission of electronic data to the VPDC must occur using one of two designated secure file transfer portals.

This manual provides comprehensive information for hospitals and agencies regarding the VPDC, including data definitions and reporting requirements for all service types. The manual is available on the department’s [VPDC website](https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection) < https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection>.

# Summary of VPDC manual content

The VPDC manual is divided into five sections. A detailed contents list appears at the beginning of each section. A broad overview of each section is provided below.

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| **Section 1** | **Introduction** |
|  | Overview of the Victorian Perinatal Data Collection (VPDC) and its function, the uses of data collected, contact details, useful references and publications, and a list of acronyms used in this manual. |
| **Section 2** | **Concept and derived item definitions** |
|  | Definitions of concepts and derived items that contribute to the VPDC. |
| **Section 3** | **Data definitions** |
|  | Specifications of data items collected in the VPDC. The data elements are arranged in alphabetical order.  For hospitals with an electronic system, this manual describes the data elements, field lengths, formats and applicable code sets, as they are required to be submitted to the VPDC. Hospital information systems can record data using these, or other, format and/or code sets, but data extracts for submission to the VPDC must be formatted as specified in this section. |
| **Section 4** | **Business rules** |
|  | Business rules that apply to reporting VPDC data. Tabular business rules provide a quick reference to validations involving two or more data items. |
| **Section 5** | **Compilation and submission** |
|  | Specifications for compiling a VPDC submission, including summary statistics and technical specifications.  Guidance is also provided for hospitals submitting data extracts via the managed file transfer (MFT).  **Section 5a** provides guidance for health care providers that do not have information systems with the capacity to report data to the VPDC and which therefore enter and submit data using the Perinatal webform accessible in the HealthCollect portal. |

# Overview of the VPDC

The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act,under the functions of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM). The CCOPMM is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths.

The VPDC was established as a population-based surveillance system to collect and analyse information on, and in relation to, the health of mothers and babies in order to contribute to improvements in their health.

Data collected includes information on obstetric conditions, procedures and outcomes, neonatal morbidity and birth defects relating to births in Victoria. The scope of the collection includes live births and stillbirths. The following definitions of these terms apply for the purposes of VPDC reporting:

* Livebirths: the complete expulsion or extraction from the mother, of a baby, irrespective of the duration of the pregnancy which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
* Stillbirth (occurring before or during labour): a fetal death prior to the complete expulsion or extraction from its mother of a product of conception of at least 20 completed weeks of gestation or at least 400 grams if gestation is unknown. The death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

The majority of VPDC data items, of which there are more than 150, comply with the Perinatal National Minimum Data Set (NMDS), which specifies reporting standards for the perinatal data collections conducted by all states and territories. Data are sent to the Australian Institute of Health and Welfare (AIHW) to produce the annual report on Australia's mothers and babies.

The VPDC is conducted under the auspices of the CCOPMM, which also reviews all perinatal, maternal and child (less than 18 years old) deaths. Information provided to the CCOPMM is privileged from access by any third party, including the courts.

However, CCOPMM may, if it determines that it is in the public interest to do so, provide information to entities specified in s. 41 of the Public Health and Wellbeing Act.

## Functions of CCOPMM

The primary function of the VPDC is to provide data to CCOPMM. The functions of CCOPMM are outlined in s.46 of the Public Health and Wellbeing Act, and include to:

* conduct study, research and analysis into the incidence and causes in Victoria of maternal deaths, stillbirths and the deaths of children, and of obstetric and paediatric morbidity
* collect, study, research and interpret information on and in relation to births in Victoria
* identify and monitor trends in respect of perinatal health including congenital anomalies and disabilities
* provide information for research into the epidemiology of perinatal health including congenital anomalies and disabilities
* establish and maintain a register of congenital anomalies and disabilities
* provide information and strategies to improve obstetric and paediatric care to health service providers
* publish an annual report on the research and activities of CCOPMM
* collect information for the purpose of performing its functions.

## Purpose of the data

The CCOPMM conducts clinical data collections, including the VPDC, to which identified individual-level data are provided by all Victorian public and private hospitals (including registered day procedure centres) and individual health care providers, as required by the Public Health and Wellbeing Act.

The purpose of these data collections is to conduct study and research into the health of mothers and babies in Victoria, to support health service planning and develop government policy with the aim of preventing avoidable deaths and promoting healthy outcomes. The VPDC also supports Victoria’s reporting obligations under the National Health and Hospitals Agreement and the National Health Agreement.

Data is also made available, on application, to researchers wanting to undertake research in areas of maternal and perinatal health[[1]](#footnote-1). The information collected through the VPDC is distributed to health services and practitioners by CCOPMM through a variety of publications, including *Births in Victoria*, hospital profiles and the CCOPMM annual report. The VPDC is also used to inform the planning of health services across Victoria and to meet reporting requirements to the AIHW.

## Notification to the VPDC

It is the responsibility of the hospital where the birth occurs, or the attending health care provider in the case of planned home births, to submit the data to the VPDC, as set out in s.48 of the Public Health and Wellbeing Act. The definition of a birth for this purpose is a birth or stillbirth that is required to be registered under the Births, Deaths and Marriages Registration Act 1996.

The midwife or practitioner attending each birth must supply all the required data to the VPDC either via the VPDC Perinatal webform or the hospital’s electronic system. Due to the detailed nature of the information captured in the VPDC, electronic submission is only permitted via one of two approved secure data transfer portals designated for this purpose.

## Roles and information capture and flow

The information below provides an outline of the sequence of data capture at the hospital and subsequent flow of information to the VPDC.

At the hospital/health care provider:

The capture of information for the VPDC begins at the hospital/health care provider. Data capture can be ongoing through the pregnancy where antenatal care is provided at the birth hospital, but at minimum, commences when the mother is admitted for the birth. Registration, administrative and clinical details are recorded in the health service’s patient information systems. In particular, details about the woman’s pregnancy and birth are usually captured in a specialised perinatal information system from the time of admission for the birth and throughout the birth episode. When the birth episode ends and mother and/or baby leaves the birth hospital, or the homebirth midwife leaves the birth location, the hospital/ health care provider records separation information on the patient information and the perinatal information systems.

Each Victorian hospital/health care provider is responsible for the patient and perinatal information systems used for collection of patient and perinatal data. The hospital/health care provider is also responsible for ensuring data reported to the VPDC accurately reflect the details held in those hospital/health care provider information systems. This responsibility includes ensuring that, where details or codes submitted are derived or mapped from the codes held in those systems, the data submitted accurately reflect the details captured about the patient’s condition and the care provided.

The information required by the VPDC is submitted electronically in an extract generated by the hospital’s information systems consistent with the file structure specifications set out in VPDC manual Section 5 Compilation and submission and submitted via the managed file transfer (MFT) portal.

The hospital/health care provider reporting the data is also responsible for ensuring transmission reports are accessed whenever data are submitted for processing, and any errors identified on those reports are promptly checked, corrected, and those birth records are resubmitted.

At the department:

The information submitted by hospitals/health care providers is transferred to the VPDC database after processing against VPDC data format and code set specifications and business rules, as set out in VPDC manual Section 3 Data definitions and Section 4 Business rules.

All records in which inconsistencies with data format, codes or business rules are found are identified in transmission reports which are returned to the reporting hospital/health care provider via the same secure data transfer mechanism used to submit the data file.

The department conducts a range of data quality checks and refers questions arising from these to the reporting hospital/health care provider for resolution or advice.

## Software selection and minimum features

Hospitals/health care providers must select software that is able to collect all data items required for submission to the VPDC, create a submission file that complies with the required file format detailed in Section 5 Compilation and submission, and be updated to enable compliance as data elements and/or code sets are updated from time to time. At a minimum, software must be able to:

* collect all data items required for the VPDC, as specified in this manual
* provide user-selected values for all coded items – no data items should be transmitted with ‘default’ values
* accurately map any values assigned within the hospital/health care provider software systems to VPDC-designated code values as set out in VPDC manual Section 3 Data definitions
* create a transmission file in the required format
* be supported so that it can be updated when perinatal data collection specifications are modified
* send updated or corrected records
* send deletion records as a function of the software – that is, deletion records do not need to be created manually by the software supplier
* resend header dates (‘data submission identifier’) as a function of the software – that is, without the software supplier’s intervention to ‘roll back’ header dates
* perform at least a minimum level of editing to identify errors prior to producing a transmission file.

# Data quality statement

This is a summary of what the department does to ensure consistent capturing and reporting of data quality across data sets and over time.

## Accuracy

The department publishes the VPDC manual on the [VPDC website](https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection) < https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection> to provide clarity on reporting requirements for health services and information for data users. There are lists of valid codes in the VPDC manual and reference files on the [HDSS website](https://www.health.vic.gov.au/data-reporting/reference-files) < https://www.health.vic.gov.au/data-reporting/reference-files >.

Data submitted by health services are subject to a validation process, checking for valid format and values and compliance with VPDC business rules.

The department performs additional data quality checks for:

* valid value combinations
* logical consistency.

Where anomalies are detected DCU requests that the health service correct the data.

## Validity

The VPDC validation process provides reports for health services to verify the accuracy of data submitted, reconcile data accepted with internal systems, and make appropriate corrections.

## Completeness

The department monitors through regular analyses of the VPDC, sending out compliance emails to health services when a reporting deadline is missed, or records are outstanding.

Weekly reported births summary reports are sent to hospitals to enable confirmation that all births have been reported.

## Coherence

Each year the department reviews the VPDC to ensure the data collection:

* supports the department’s state and national reporting obligations
* supports health service planning
* supports the development of government policy with the aim of preventing avoidable deaths
* assists planning and policy development
* incorporates appropriate feedback from data providers on improvements
* utilises definitions for common data items that are consistent across data collections.

## Interpretability

The VPDC manual provides definitions of concepts, data items, valid code sets, reporting guides and business rules relating to more than one data item.

Changes to the data collection during the year are notified to stakeholders promptly.

The department provides data reporting advice and support to health services via [the HDSS HelpDesk](mailto:hdss.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>.

## Timeliness

Health services must submit data to the VPDC within 30 days from the Date of birth – baby, in accordance with the Public Health and Wellbeing Regulations 2019 (r.12).

At least one submission is required for each calendar month.

The VPDC database is updated each week from the data held in the VPDC production database.

## Accessibility

The department provides a suite of reports that enable health services to verify the data submitted has been received and to facilitate the identification and reporting of unreported births and the correction of erroneous information.

## VPDC update cycle

The VPDC is a legislated data collection; as such, only CCOPMM has the statutory authority to make changes to the items collected. Each year, the DCU, on behalf of CCOPMM, calls for submissions for revisions to the VPDC to take effect from the following 1 July. The CCOPMM may elect to make changes to the VPDC to gather data in response to a change in reporting requirements to the AIHW, to monitor a new policy or research area of interest, or to follow changes to the National Health Data Dictionary. Proposals for changes to the VPDC submitted by external individuals or agencies are provided to the CCOPMM for consideration. Only changes approved by the CCOPMM proceed to implementation.

Implementation

The call for Proposal for Revisions to the VPDC is circulated to stakeholders and interested parties. Proposals received are also distributed to health services, software vendors and other stakeholders inviting comment and feedback on the proposals. The CCOPMM considers all proposals and feedback in determining which changes will be made. The Specifications for Revisions to the VPDC document is released at least six months before the changes take effect, providing full specifications of changes to the data collection.

Health services and reporting agents are responsible for implementing changes in accordance with the Specifications for Revisions and the VPDC Manual. A facility to submit test files for processing in a non-production environment is provided by the department. Details are provided in VPDC manual Section 5: Compilation and submission.

Health services and reporting agents unable to meet revisions by the implementation date are required to contact the department immediately to discuss strategies for managing the situation and to advise the anticipated implementation date. The department will negotiate interim reporting arrangements with health services and reporting agencies on a case-by-case basis.

Updates to reference data, such as postcode/locality reference tables, may occur throughout the year to enable hospitals/agencies to submit accurate data. These updates will be published by the department.

## Accessing VPDC data

The release of identifiable information to any persons not listed in s.41 of the Public Health and Wellbeing Actis only permitted for the purpose of research. It requires the consent of the mother, the health service where the child was born and, where possible, the medical practitioner or midwife present at the birth. Non-identifiable information may be released by the CCOPMM under s.11(2) of the Public Health and Wellbeing Regulations 2019.

Applications for release of de-identified aggregate data must be submitted to CCOPMM, via the VAHI and will be assessed against the mandatory criteria that the data requested is de-identified and statistical in nature, and that the release of the data satisfies current operational and legal considerations, including the Health Privacy Principles (HPPs) contained in the Health Records Act 2001. A public interest assessment will also be undertaken on a case-by-case basis to ensure consideration of all relevant circumstances.

Health services, after sending their information to the CCOPMM, can request access to that information. Health services’ requisition of data is usually to review practices and improve quality; there is a significant public interest in making this information available to them.

Requests for VPDC data are made via the [VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) <https://vahi.freshdesk.com/support/home>.

# VPDC policy on data manipulation

## Manipulation of data extracts

The department does not condone manipulation of any data extracts (for example, with Microsoft Excel, Notepad or any other data manipulation tool) that causes change in data values prior to submission to the department.

Hospitals/health care providers are expected to have contractual arrangements with software vendors to provide software that enables the hospital/health care provider to meet reporting requirements. That is, the vendor’s software should be capable of producing an extract in the format required by the VPDC. Software vendors and hospitals/health care providers should work together to ensure that, where error messages are generated, data can be reviewed and corrected in the hospital’s/health care provider’s relevant operational database, and resubmitted to the VPDC, without the need for secondary data manipulation.

Amending data in the extract, but not in the hospital’s operational database, can misrepresent the hospital’s true position.

There is an audit requirement that data received by the VPDC is an accurate reflection of the hospital’s medicolegal system of record, and that data held in the VPDC can be verified in the hospital’s/health care provider’s information system.

## Responsibilities of the hospital/health care provider

In situations where software does not allow a hospital/health care provider to meet its reporting obligations, the hospital/health care provider should, in the first instance, report the problem to their software vendor. The terms of the contract for support of the software should ensure that these problems are addressed as a priority. In such cases the hospital/health care provider must:

* notify the department in writing via the [HDSS HelpDesk](mailto:hdss.helpdesk@health.vic.gov.au) email <hdss.helpdesk@health.vic.gov.au> of the specific problem, including the affected data items and period of data involved
* specify the plan and timeframe negotiated between the hospital/health care provider and the vendor for the resolution of the problem
* seek exemption from penalties that may be applied for non-compliance with reporting requirements under the Public Health and Wellbeing Act 2008
* notify DCU promptly should resolution be delayed, and provide a revised completion date for submission of data compliant with specifications

The department will maintain a record of such occurrences.

## Responsibilities of the department

The department will provide system specifications, and address requests for assistance, in a timely manner and provide all reasonable support to hospitals/health care providers and software vendors towards resolving VPDC reporting problems.

The department will continue to support the availability of the Perinatal webform for health care providers that do not have a perinatal information system with the capacity to report to the VPDC.

In rare circumstances a hospital/health care provider may request the department’s assistance to address a specific data quality issue. The department will only consider this where:

* it believes that all other avenues have been exhausted
* the hospital/health care provider requests the change in writing, confirming that it has made the change to its own data (or indicating that this is not possible)
* the change accurately reflects the hospital’s medicolegal system of record

The department considers any requests on an individual basis, and that the department intervening at the request of a hospital is an action of last resort, and will be undertaken at the department’s discretion. The department will maintain a register of such occurrences.

# Further information

## Department of Health

[**Aboriginal health website**](https://www.health.vic.gov.au/health-strategies/aboriginal-health)<https://www.health.vic.gov.au/health-strategies/aboriginal-health>

[**Reference files**](https://www.health.vic.gov.au/data-reporting/reference-files) **for selected large code sets** <https://www.health.vic.gov.au/data-reporting/reference-files>

[**Health Records Act**](https://www.health.vic.gov.au/legislation/health-records-act)< https://www.health.vic.gov.au/legislation/health-records-act>provides information about the privacy and confidentiality of health care records, patients’ rights to access their records, and the rules about the use and disposal of those records

[**Victorian hospitals and health services**](https://www.health.vic.gov.au/hospitals-health-services)<https://www.health.vic.gov.au/hospitals-health-services>  
provides links to location and contact details for Victorian health services, and health system information

[**Clinical coding**](https://vahi.vic.gov.au/ourwork/clinical-coding-and-classifications)<https://vahi.vic.gov.au/ourwork/clinical-coding-and-classifications>

## Legislation

**Commonwealth**

[Commonwealth legislation](http://www.comlaw.gov.au/Browse/ByTitle/Acts/Current) <http://www.comlaw.gov.au/Browse/ByTitle/Acts/Current> including of relevance to VPDC data collection:

* National Health Act 1953
* Health Insurance Act 1973
* Privacy Act 1988

**Victoria**

[Victorian Legislation](http://www.legislation.vic.gov.au) <http://www.legislation.vic.gov.au> including of relevance to the VPDC data collection:

* Public Health and Wellbeing Act 2008
* Births, Deaths and Marriages Registration Act 1996
* Public Health and Wellbeing Regulations 2019
* Health Records Act 2001
* Health Services (Private Hospitals and Day Procedure Centre) Regulations 2013
* Health Services Act 1988
* Information Privacy Act 2000

## Other useful websites and publications

[**Australian Classification Exchange**](https://ace.ihpa.gov.au)<https://ace.ihpa.gov.au> at the Independent Hospital Pricing Authority for information on the ICD-10-AM/ACHI classification and clinical classification

**The Australian Institute of Health and Welfare’s** [**Metadata Online Registry**](https://meteor.aihw.gov.au/content/181162)< https://meteor.aihw.gov.au/content/181162> for information about the Perinatal National Minimum Data Set and Perinatal Best Endeavours Data Set, data definitions and reporting requirements

[**Standard Australian Classification of Countries (SACC) 2016**](https://www.abs.gov.au/statistics/classifications/standard-australian-classification-countries-sacc/latest-release) **<**Standard Australian Classification of Countries (SACC), 2016 | Australian Bureau of Statistics (abs.gov.au)>

# Contacts and Questions

For information or queries about the VPDC contact the [HDSS Helpdesk](mailto:hdss.helpdesk@health.vic.gov.au): <HDSS.Helpdesk@health.vic.gov.au>.

# Symbols used in this manual

|  |  |
| --- | --- |
| < | Less than |
| > | Greater than |
| ≤ | Less than or equal to |
| ≥ | Greater than or equal to |
| = | Equal to |

# Acronyms used in this manual

|  |  |
| --- | --- |
| A/N | antenatal |
| ABS | Australian Bureau of Statistics |
| ACHI | The Australian Classification of Health Interventions |
| ACHS | Australian Council on Healthcare Standards |
| ACIR | Australian Childhood Immunisation Register |
| ACT | Australian Capital Territory |
| ARC | Australian Resuscitation Council |
| ARM | artificial rupture of membranes |
| ART | artificial reproductive technology |
| ASCII | American Standard Code for Information Interchange |
| ATSI | Aboriginal and Torres Strait Islander |
| BBA | born before arrival |
| BMI | body mass index |
| BPA | British Paediatric Association |
| CCOPMM | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
| CCU | Consultative Councils Unit |
| CPD | cephalopelvic disproportion |
| CS | caesarean section |
| CSE | combined spinal epidural |
| CTG | cardiotocography |
| DCU | Data Collections Unit |
| DH | Department of Health |
| DOB | date of birth |
| DRAM | diastasis rectus abdominis |
| DTA | deep transverse arrest |
| DVA | Department of Veterans’ Affairs |
| DVT | deep vein thrombosis |
| ETOD | electronic transfer of data |
| FDIU | fetal death in-utero |
| GBS+ | group B streptococcus positive |
| GIFT | gamete intra-fallopian transfer |
| HDSS | Health Data Standards and Systems |
| HDU | High Dependency Unit |
| HELLP | haemolysis, elevated liver enzymes and low platelet count |
| HIE | hypoxic ischaemic encephalopathy |
| HITH | hospital in the home |
| ICD-10-AM | International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian modification |
| ICSI | intracytoplasmic sperm injection |
| ICU | Intensive Care Unit |
| ID | identification |
| IHPA | Independent Hospital Pricing Authority |
| IPPR | intermittent positive pressure respiration |
| IUGR | intrauterine growth retardation |
| IVF | in vitro fertilisation |
| LFT | liver function test |
| LNMP | last normal menstrual period |
| LOS | length of stay |
| MROP | manual removal of placenta |
| NAS | neonatal abstinence syndrome |
| NHDD | National Health Data Dictionary |
| NICU | Neonatal Intensive Care Unit |
| NIPS | National Immunisation Program Schedule |
| NPESU | National Perinatal Epidemiology and Statistics Unit |
| PMSS | Perinatal Morbidity Statistics System |
| PROM | pre-labour rupture of membranes |
| ROM | rupture of membranes |
| SCN | Special care nursery |
| SCV | Safer Care Victoria |
| TENS | transcutaneous electrical nerve stimulation |
| VAHI | Victorian Agency for Health Information |
| VBAC | vaginal birth after caesarian |
| VPDC | Victorian Perinatal Data Collection |

1. Identifying information cannot be provided for research purpose to third parties without the informed consent of the subject of the information (refer to Regulation 11 of Part 3, Public Health and Wellbeing Regulations 2019) [↑](#footnote-ref-1)