



Victorian Perinatal News Bulletin

No. 7 October 2009

Welcome to the seventh edition of the Victorian Perinatal News Bulletin. This bulletin has been designed to keep you up to date with information from the Victorian Perinatal Data Collection (VPDC). "Unit" has been dropped from the title as part of an ongoing review of the VPDC. The Clinical Councils Unit provides CCOPMM with support to administer the collection.

Electronic copies of our bulletins can also be found on our website:

www.health.vic.gov.au/perinatal

Also visit our website for more information about the collection, for copies of the Birth Report User Manual and to access recent publications.

Diana Stubbs
Liaison midwife
VPDC

Staff News – Clinical Councils' Unit (VPDC & VBDR)

Diana Stubbs has been appointed to a fulltime role as the Liaison Midwife in VPDC

Anne- Maree Szauer (Manager) has taken Maternity Leave due to the early arrival of her baby - Ava Grace. Dean Ward has been appointed Manager in her absence.

Trudi Simpson, Sara Scalzo (HIMs) and Jane Halliday (Epidemiologist) have left to take up new endeavours and we wish them well.

Carla Read (HIM), Anna Cooper (Data Manager), Giulietta Luzzi (Project Support) and Gemma Wills (Project Officer) are welcomed to VPDC in their new roles.

Amanda Robertson (Project Officer) has returned from leave.

The User Manual.

Any changes to the User Manual will be available from the website and you will be notified of any changes to the manual via email.

The manual also provides clear definitions for commonly used terms especially those that often cause confusion. There are examples and scenarios provided to make things crystal clear.

If you have any suggestions for the manual to make it more user friendly please contact Diana Stubbs, Liaison Midwife.

State-wide Communication Strategy

This strategy is ongoing, informing midwives and stakeholders about the changes involving the electronic transfer of data (ETOD).

Six hospitals are involved as test sites in the pilot period from September to late 2009. Uploading of live data is currently in the testing phase and is progressing well.

This will be followed by the introduction of the ETOD for all hospitals who have an electronic system. This is planned for December 2009.

The Clinical Councils' Unit will be holding further ETOD updates to assist sites using the electronic upload facility. A forum will take place in March/April 2010 and information regarding venue, dates and times will be forwarded to sites in December. There will also be a clinical component to the day with speakers discussing different aspects of some of the new data items.

If there are particular aspects that you would like more information on please forward your request to us at perinatal.data@dhs.vic.gov.au so that we can include it in the information session.

Missing Data Items on the Manual Birth Report

There are approximately 40 new or amended data items on the birth report and on most occasions they are completed satisfactorily.

The common data items that are consistently missed are:

- **Ultrasounds** – we require data on any U/S's associated with MSST, morphology scans and any growth anomaly scans including AFI screening.
- **B/F** – the three fields require Y/N answers
- **Weight and height** - are the self reported status of the mother at conception or early in the first trimester.

IN THE PRIVATE SETTING – there is some under-reporting of:

- Indigenous status of mother and baby
- Only one A/N Care Provider can be nominated
- Was formula given in hospital?
- Was the last feed taken exclusively from the breast?
- Estimated gestational age at the first visit – may be self reported by the mother



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State-wide validation

Thankyou to the hospitals who have promptly responded to the request for monthly birth totals.

If you have not responded to our request, it would be greatly appreciated if you could do so soon or contact us if there are any problems.

Publications

Births in Victoria 2005-2006 is available on the website

Birth Defects in Vic 2005 -2006 is available on the website

CCOPMM annual report for the year 2006 is available on the website

You can find copies of all our reports including this newsletter at:

www.health.vic.gov.au/perinatal

Clinical Discussion

There is occasional confusion regarding the understanding of the terminology around induction and augmentation.

Augmentation occurs when spontaneous labour has commenced and dilatation is progressing. Any procedure or management that is undertaken during this labour is defined as "augmentation". ie ARM or Syntocinon infusion to progress a slowing labour or to assist in rotating the presenting part in second stage.

Induction is the management of a labour that has not established. This may be post-dates, spurious labour – not dilating. Essentially no DILATATION is occurring.

When a woman has been induced with prostin gel and ARM to establish a labour, but does not require Syntocinon infusion until second stage; this late component is considered part of the induction. Prostin gel and Syntocinon infusion at any stage of an induced labour should not be referred to as augmentation.

One of the common presentation confusions is Compound Presentation

This description refers to **more than one presenting part. This does not include hand beside the face.**

A compound presentation would be the hand appearing before the vertex.

Compound presentation describes the situation where there is an associated **PROLAPSE** of hand and/or foot in a cephalic presentation or hand(s) in a breech presentation.

Ref: Obstetrics and the Newborn third edition N.A.Beisher, E.V. Makay, P.B.Colditz, p451 & 452.1986

Neonatal Morbidity – under reported in the private setting.

When a baby is admitted to SCN e.g **prematurity**; then the associated morbidity may include:

- hypothermia
- hypoglycaemia
- tachypnoea
- dusky episodes
- and/or jaundice with phototherapy.

If a baby has been admitted to SCN for BSL's then describe this morbidity as "baby of a pre-existing or gestational diabetic".

Occasionally baby is admitted for observation and this description "observation only" is adequate in describing the associated morbidity.

If your site is requiring further educational support in understanding what the VPDC requirements are, in relation to each of the data items please do not hesitate to make contact to organise a session.

Feedback

The following email address, perinatal.data@dhs.vic.gov.au, is for you to communicate with us, whether it is for perinatal information, comments or concerns. We would appreciate your feedback on this bulletin. The next bulletin is scheduled for February 2010

Education and support

If you are requiring education or support relating to the Birth Report in 2010 please contact Diana (details below). We are interested to hear what type of support and education you think would be helpful in 2010.

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