

Issue 5: 8 March 2011

Attention: VPDC Submission Officers – for Action
VPDC Software suppliers – for Action
Health Information Managers – for Action

The VPDC Bulletin is available in electronic format and can be viewed and downloaded from the CCOPMM website at:

<http://www.health.vic.gov.au/ccopmm/index.htm>

It is important that relevant staff in your organisation read the VPDC Bulletin to stay informed of the latest changes and updates to the VPDC.

To update your contact details or to register as a Secure Data Exchange (SDE) user please complete the online form for the VPDC mailing list:

http://www.health.vic.gov.au/ccopmm/mailling_list.htm

Topics covered in this issue are:

- Submissions update
- VPDC scope
- VPDC data definitions amendments
- VPDC Business rules amendments
- Monthly birth numbers

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Submissions update

5.1 2009 and 2010 submissions

As of 22 February, 2011, CCU has received ETOD submissions from 78 sites for the 2009 Victorian Perinatal Data Collection.

52 sites have also submitted 2010 data and we ask that any sites with outstanding data continue to give these submissions a high priority as we are trying to finalise the 2009 collection.

If you require assistance with any outstanding rejections please email CCU at Perinatal.Data@health.vic.gov.au or call 1300 858 505.

5.2 2011 submissions

CCU is pleased to report that 22 sites have submitted 2011 data and we can start to see the tangible benefits of the implementation of ETOD, particularly in relation to the timeliness of data submissions.

CCU reminds sites that they should concentrate on finalising 2009 data in the first instance, followed by 2010 data, before they begin to submit 2011 data.

VPDC scope

5.3 Data required to be submitted to the VPDC

CCU has received several queries regarding the data required to be submitted to the VPDC. To clarify, the Public Health and Wellbeing Act 2008 allows the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) to collect information on all births in Victoria. The birth form prescribed in the legislation relates only to the episode of birth and not all future sequelae that may arise from a birth following discharge or subsequent episodes.

Therefore the VPDC includes only the information about the mother and baby that is known to have occurred during the birth episode. The birth episode is considered to have ended when the baby is discharged, which may mean transferred. If the baby is transferred to a NICU or SCN the neonatal morbidity that relates to the transfer would be expected to be listed in the birth information and CCU will query with the birth hospital if this information is not provided.

VPDC data element amendments

5.4 Estimated Gestational Age

CCU received a query regarding the triggering of edit E006 Value outside of defined range – Estimated Gestational Age where the Estimated Gestational Age was reported as 18 weeks. In this scenario the baby showed signs of life at birth and is therefore in scope to report to VPDC.

To enable the accurate reporting of Estimated Gestational Age, the minimum value has been lowered to 16 weeks.

Specification

Definition	The number of completed weeks of the period of gestation as measured from the first day of the last normal menstrual period to the date of birth.		
Datatype	Numeric	Form	Integer
Field size	2	Layout	NN
Location	Episode Record		
Birth Report form Element Name	Estimated gestation at birth: (weeks)	Birth Report form Reference Number	86
Reported by	All Victorian Hospitals that have a birth (including Birth Centres) and Homebirth Practitioners		
Reported for	All birth episodes		
Valid values	Minimum 20-16	Maximum 45	
Exceptional values	Where it is not possible to provide a 'clinical' value from the list above, an 'exceptional' value may be provided. Software vendors may choose to provide either the 'Specified Value' or the 'Optional Alternative' as shown below:		
	Specified value	Optional Alternative	Descriptor
	99	UNK	Not stated / inadequately described

Section 3 *Data Definitions*, Estimated Gestational Age will also be amended in the next version of the manual.

Sites can now resubmit any episodes previously rejected with an invalid Estimated Gestational Age.

VPDC business rules amendments

5.5 Labour Type and Labour Induction/Augmentation Agent

CCU received a query regarding an episode where Misoprostol was administered as an augmentation agent. In accordance with the reporting guide of data element Labour Induction/Augmentation Agent, code 2 *Prostaglandins* includes Misoprostol.

Whilst it is acknowledged that it is uncommon to use a Prostaglandin as an augmentation agent, because the scenario has occurred, the Labour Type and Labour Induction/Augmentation Agent business rule for augmented labour (Labour Types 1 *Spontaneous* and 4 *Augmented*) has been amended as follows:

If Labour Type is:	then Labour Induction / Augmentation Agent must be:
1 <i>Spontaneous</i> AND 4 <i>Augmented</i>	1 <i>Oxytocin</i> OR 2 <i>Prostaglandins</i> OR 3 <i>Artificial rupture of membranes (ARM)</i> OR 1 <i>Oxytocin</i> AND 3 <i>ARM</i> OR 9 <i>Not stated / inadequately described</i>

CCU will monitor the use of the combination of data Labour Type 1 and 4 with Labour Induction/Augmentation agent 2 and sites reporting a high frequency of this combination of data will be followed up.

Sites can now resubmit any episodes previously rejected with an invalid combination of Labour Type 1 and 4 with Labour Induction/Augmentation agent 2.

VPDC business rules clarification

5.6 Labour Type, Method of Birth, Date/Time of Onset of Labour, Onset of Second Stage and Rupture of Membranes valid combination

Date and time of rupture of membranes:

Sites that still have episodes outstanding with rejection edit E133 Invalid Combination for Setting of Birth Actual, Labour Type, Method of Birth and Labour-related Date and Times related to unknown date and time of Rupture of Membranes (ROM) are advised to resubmit the episodes for validation.

Once resubmitted, if any episodes still trigger E133 because of unknown date and time of ROM, please email CCU at Perinatal.Data@health.vic.gov.au or call 1300 858 505 for assistance.

Date and time of onset of second stage of labour:

A query has also been received regarding unknown date and time of onset of second stage of labour. Advice from the CCU clinicians indicates that comprehensive clinical questioning of the woman at some point after the birth of her baby will give the experienced midwifery clinician enough information to determine commencement of second stage in most instances.

In the instance of the woman who presents with a baby on view or in arms, a history of events may be elucidated by asking the following questions:

1. Had she had a show or ROM?
2. Had she vomited at all within the hour prior to giving birth or thought she was going to vomit?
3. Had there been any noticeable urge to push?
4. Did she notice if she had bowel pressure prior to having the baby and how long before?
5. Had any family members noticed any change in her behaviour (restless, agitated) prior to having baby?

If none of these questions can be answered then a reasonable assumption would be that the birth occurred within one to two contractions prior to the birth and second stage may be judged to be two and five minutes prior to the birth.

Other information

5.7 Submission of monthly birth numbers

The requirement to report monthly birth number totals has been queried by some sites submitting data electronically to VPDC.

The CCU advises that all sites must continue to submit the total number of births each month via email to perinatal.data@health.vic.gov.au

A monthly reminder is sent to each site by email to the nominated contact for reporting these figures; therefore it is important that the CCU is kept up to date with any changes in contact details from sites.

A recent audit highlighted that some sites do not have an independent source of recording Birth numbers (separate from their electronic databases which may contain data errors) and a large number of discrepancies in the reported figures to CCU were found (manual versus electronic).

It is therefore recommended that sites have their own audit and reconciliation processes in place to identify and rectify discrepancies before reporting information to the VPDC.