



# Maternity Services Performance Indicators Business Rules for 2007-08



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# Performance Indicator MAT-1: Selected Outcomes for Standard Primiparae

1. Induction of Labour
2. Caesarean Section
3. Perineal Tear

## Background and Purpose of Indicator

A “cascade” effect of intervention has been described, particularly with nulliparous women, which starts with induction of labour and electronic fetal monitoring, and progresses through augmentation, epidural anaesthesia and increased risk of operative vaginal delivery or Caesarean section. By reducing the number of nulliparous women who have induced labour, the number of women undergoing unnecessary operative birth and other interventions will be reduced.

Use of the standard primiparae (rather than all women giving birth) as the basis for internal hospital comparison of maternity care controls for substantial difference in casemix (pre-risk adjustment), and increases the validity of these comparisons.

This indicator aims to determine how a particular hospital's outcomes for standard primiparae compare to the overall rates for standard primiparae in Victorian hospitals.

The standard primipara is, by definition, a low risk parturient and intervention rates should be low and consistent across all hospitals in this population. While there is no ‘gold standard’, if an institution were shown to have unusually high rates of interventions for this population, this would require exploration and justification. By reducing unnecessary obstetric intervention in this population, the overall rates of obstetric intervention will fall.

## Definition of key data elements

<b>Standard primiparae</b>	20–34 years of age, giving birth for the first time, who is free of obstetric and specific medical complications and pregnant with a singleton pregnancy at term (37–41 completed weeks gestation), with a non-small for gestational age (greater than tenth percentile) infant and a cephalic presentation.
<b>Third-degree tear</b>	Tear of the perineum into the anal sphincter, which does not extend to the rectal mucosa.
<b>Fourth-degree tear</b>	Tear of the perineum into the anal sphincter, which extends to the rectal mucosa.
<b>Exclusions</b>	All women who do not fit definition of standard primiparae.
<b>Limitations</b>	There may be subgroups within this population who, despite this risk adjustment, still may be at increased risk of intervention. This may need to be taken into account in comparisons.

## Calculation Formula

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### a. Induction of labour:

**Numerator** No. of standard primiparae undergoing induction of labour

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**Denominator** No. of standard primiparae who give birth

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### b. Caesarian Section:

**Numerator** No. of standard primiparae undergoing caesarean section

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**Denominator** No. of standard primiparae who give birth

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### c. Perineal tear:

**Numerator** No. of standard primiparae who sustain a 3<sup>rd</sup> or 4<sup>th</sup> degree tear

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**Denominator** No. of standard primiparae who give birth vaginally

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## Data Collection and Collation

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<b>Data Source/ General information</b>	While the Department will access data directly from the Perinatal Data Collection Unit, health services are encouraged to use the proforma for analysis and recommendations. This can then be submitted to the Department.
<b>Submission date</b>	No submission of data required but analysis and recommendations encouraged. This would be most appropriately done in the time between receipt of the annual Hospital Profile from the Perinatal Data Collection Unit in July or August 2008 and publication in the Victorian Maternity Services Performance Indicator report in late 2008.
<b>Proforma</b>	The report proforma is also available at <a href="http://www.health.vic.gov.au/maternitycare/">http://www.health.vic.gov.au/maternitycare/</a> as an attachment to this document.
<b>Method of submission</b>	Submit any comments on analysis and recommendations by email, post or fax to:
<b>Mailing address</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000. Tel: (03) 9096 1328
<b>Fax</b>	(03) 9096 9205
<b>Email submission</b>	pimats@dhs.vic.gov.au

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# Performance Indicator MAT-2: Transfers / Admissions to Special Care Nurseries (SCN) or Intensive Care Units (NICU) for Reasons Other than Birth Defect

## Background and Purpose of Indicator

Inborn term infants without birth defects are not normally expected to be admitted to a SCN or NICU. This indicator will highlight inappropriate use of resources, and assess whether the admission of term infants for reasons other than birth defects is principally due to unavoidable factors. In addition, because the admission of a term infant to SCN or NICU is an indicator of concern for both the process and the outcome of care, each case deserves review, and this indicator will serve as a reminder of the importance of review.

The indicator focuses on unplanned admission of term infants (without a birth defect), resulting from adverse events occurring in labour, or in the immediate neonatal period, who require the facilities of a SCN or NICU. These would include term infants with:

- Low five-minute Apgar scores
- Infants with birth trauma
- Infants with early seizures/neonatal encephalopathy
- Intra-uterine growth retardation (IUGR)
- Sepsis

For those institutions identified as having high rates of such admissions or transfers, practice improvements are required.

As this indicator will capture data for quality of care and appropriateness of SCN admission, significant variations will require further analysis. Comparison of rates for this indicator when the number of births is small (as in most Level 1 units) will need to be made with caution.

## Definition of key data elements

<b>Major birth defects</b>	Includes birth defects as listed in table 26, page 12–17 of Riley, M. & Halliday, J (2000), <i>Birth Defects in Victoria 1983–1998</i> , Perinatal Data Collection Unit, Victorian Department of Human Services, Melbourne (excluding items 7525, 75260/3–5, 75261, 75262, 75430, 7545–7).
<b>Inborn term infants</b>	Includes infants born at the reporting hospital, at gestational age of 37 weeks or greater.
<b>Exclusions</b>	Infant born at another hospital.
<b>Target</b>	Although no target is applicable for this indicator, the anticipated admission rate is approximately 3%.

## Calculation Formula

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### *Level 3 Hospitals*

<b>Numerator</b>	The number of inborn term infants admitted to its SCN or NICU, for reasons other than management of birth defects.
<b>Denominator</b>	No. of inborn term infants without major birth defects.

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### *Level 2 Hospitals*

<b>Numerator</b>	The number of inborn term infants admitted to its SCN, or transferred to a NICU for reasons other than management of birth defects
<b>Denominator</b>	No. of inborn term infants without major birth defects.

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### *Level 1 Hospitals*

<b>Numerator</b>	The number of inborn term infants transferred to a SCN or NICU for reasons other than management of birth defects.
<b>Denominator</b>	No. of inborn term infants without major birth defects.

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## Data Collection and Collation

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<b>Data Source/ General information</b>	The Department of Human Services, through the Victorian Admitted Episode Dataset (VAED) will access the data. No additional data is required. Hospitals are requested to review high rates as they occur and comment on the reasons behind any higher than average rates for this indicator.
<b>Submission date &amp; method</b>	<b>No submission required</b>
<b>Proforma</b>	The report proforma is also available at <a href="http://www.health.vic.gov.au/maternitycare/">http://www.health.vic.gov.au/maternitycare/</a> as an attachment to this document.
<b>Mailing address</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000 (03) 9096 1328
<b>Fax</b>	(03) 9096 9205
<b>Email submission</b>	pimats@dhs.vic.gov.au

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# Performance Indicator MAT-3: The Rate of Administration of Antenatal Corticosteroids to Women Delivered or Transferred Prior to 34 Weeks Gestation

## Background and Purpose of Indicator

The purpose of this indicator is to identify the proportion of women who give birth prior to 34 weeks gestation who receive a course of corticosteroids. In Victoria, a Level 1 or 2 maternity service should give the first dose of corticosteroids to women at risk of pre-term birth, prior to transfer to a Level 3 hospital. A Level 3 hospital would ensure women at risk of pre-term birth receive a completed course of corticosteroids. However, it is recognised that some women will give birth prior to completion of the course of steroids, and the numerator takes account such cases.

The administration of a single course of corticosteroids (two doses, 24 hours apart) to women at risk of birth prior to 34 weeks has been shown to improve neonatal outcome significantly. There is Level 1 evidence that such treatment helps to mature the baby's lung and prevent death. There are also demonstrated protective effects on other systems, such as reducing necrotising enterocolitis and intraventricular haemorrhage.

### **Key Question**

Are women who give birth prior to 34 weeks gestation receiving an antenatal course of corticosteroids?

### **Anticipated benefit**

There will be an increase in the proportion of women who give birth prior to 34 weeks gestation who have received a completed course of corticosteroids, thus improving neonatal outcome.

## Definition of key data elements

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<b>Corticosteroids</b>	<ul style="list-style-type: none"><li>• Betamethasone</li><li>• Dexamethasone</li></ul>
<b>Exclusions</b>	<ul style="list-style-type: none"><li>• Women with contraindications to corticosteroid therapy</li><li>• Stillbirth</li><li>• Gestation at birth less than 25 weeks</li><li>• Gestation at birth 34 weeks or more.</li></ul>
<b>Limitations</b>	This indicator increases hospitals' data collection burden, because medication charts will need to be reviewed. However, the monitoring is justified because this is a robust proxy for evidence based perinatal care.

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## Calculation Formula

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### *Level 3 Hospitals*

<b>Numerator</b>	The number of women who give birth or are transferred to another level 3, between 25 and 34 weeks gestation who have received an initial dose of corticosteroid (excluding transfers in).
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<b>Denominator</b>	The total number of women who give birth or are transferred to another level 3, between 25 and 34 weeks' gestation (excluding transfers in).
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### *Level 2 Hospitals*

<b>Numerator</b>	No. of women who give birth between 25 and 34 weeks gestation or are transferred to a Level 3 hospital prior to 34 weeks gestation and have received an initial dose of corticosteroid
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<b>Denominator</b>	The total number of women who give birth between 25 and 34 weeks gestation or are transferred to a Level 3 hospital prior to 34 weeks gestation.
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### *Level 1 Hospitals*

<b>Numerator</b>	Number of women who are transferred to a level 2 or 3 hospital prior to 34 weeks gestation who have received an initial dose of corticosteroid.
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<b>Denominator</b>	The total number of women who are transferred to a Level 2 or 3 hospital prior to 34 weeks gestation.
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## Data Collection and Collation

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<b>Data Collection and Collation General information</b>	Hospitals are to identify infants born between 25 and 34 weeks gestation and audit relevant medication charts for corticosteroids administration. Data is to be reported using the templates provided in the attached proforma document.
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<b>Submission date</b>	<b>Annual reports are to be sent by 29 August 2008 for the reporting period July 2007- June 2008.</b>
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<b>Proforma</b>	The report proforma is also available at <a href="http://www.health.vic.gov.au/maternitycare/">http://www.health.vic.gov.au/maternitycare/</a> as an attachment to this document.
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<b>Method of submission</b>	Submit reports by email, post or fax.
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<b>Mailing address</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000 (03) 9096 1328
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<b>Fax</b>	(03) 9096 9205
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<b>Email submission</b>	pimats@dhs.vic.gov.au
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# Performance Indicator MAT-4: The Rate of Vaginal Birth Amongst Women in the Birth Immediately Following a Primary Caesarean Section (VBAC)

## Background and Purpose of Indicator

This performance indicator measures the extent to which:

- VBAC is offered to eligible women
- Such women are managed appropriately
- There are facilities for urgent Caesarean section or laparotomy
- Women and staff are educated about VBAC.

The purpose of this indicator is to identify the proportion of women with a history of a primary Caesarean section who are offered VBAC and who achieve a term vaginal birth. This reflects appropriate management of these women.

*Maternity consumers, clinical and administrative managers are the users of this indicator.*

### Key Question

Do maternity hospitals provide appropriate care for women with a previous primary Caesarean section?

### Anticipated benefit

To increase the proportion of women offered a vaginal birth after Caesarean section (VBAC) at term, and to increase the proportion who achieve a safe vaginal birth. An added benefit will be lower levels of maternal morbidity and a fall in Caesarean sections for this indication.

*This will encourage hospitals to establish protocols for facilitating an informed decision regarding a plan for VBAC, formally record that decision, and set up data recording mechanisms for VBAC.*

## Definition of key data elements

<b>Planned vaginal birth after a previous Caesarean section</b>	Includes women who have a recorded intention for vaginal birth after a previous primary Caesarean birth, with single cephalic presentation at term.
<b>Vaginal birth</b>	Includes women who have a spontaneous cephalic birth or forceps birth or ventouse birth at gestational age of 37 weeks or greater.
<b>Vaginal birth after a previous Caesarean section (VBAC)</b>	Women who have a spontaneous cephalic birth or forceps birth or ventouse birth following a previous primary Caesarean birth, and having no intervening pregnancies of 20 weeks gestation or greater.
<b>Limitations</b>	Plan for VBAC is not always recorded. The PDCU does not record whether a woman has a plan for a vaginal birth but does record if a woman has laboured. Therefore, all women who were recorded as having laboured, excluding those who were recorded as going on to have an elective caesarean section are selected as having a

	plan for vaginal birth.
<b>Exclusions</b>	Breech presentation

## Calculation Formula

### *VBAC – Planned*

<b>Numerator</b>	The number of women (para 1 and at term with a singleton pregnancy) whose previous birth was a Caesarean section who enter labour at term with a plan for a vaginal birth
<b>Denominator</b>	The total number of women (para 1 and at term with a singleton pregnancy) whose previous birth was a Caesarean section

### *VBAC - Achieved*

<b>Numerator</b>	The number of women (para 1 and at term with a singleton pregnancy) whose previous birth was a Caesarean section who enter labour with a plan for vaginal birth and who achieve vaginal birth
<b>Denominator</b>	The total number of women (para 1 and at term with a singleton pregnancy) whose previous birth was a Caesarean section who enter labour with a plan for vaginal birth

## Data Collection and Collation

<b>Data Collection/General Information</b>	Hospitals are requested to review the data and comment on the reasons behind any lower than average rates for this indicator. While the Department will access data directly from the Perinatal Data Collection Unit, health services are encouraged to use the proforma for analysis and recommendations and this can then be submitted to the Department.
<b>Submission Date</b>	No submission of data required but analysis and recommendations encouraged once annual Hospital Profile received from the Perinatal Data Collection Unit. This would be most appropriately done in the time between receipt of the Hospital Profile in July or August 2008 and publication in the Victorian Maternity Services Performance Indicator report in late 2008.
<b>Proforma</b>	The report proforma is also available at <a href="http://www.health.vic.gov.au/maternitycare/">http://www.health.vic.gov.au/maternitycare/</a> as an attachment to this document.
<b>Submit any comments on analysis and recommendations reports by email, post or fax.</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000 (03) 9096 1328
<b>Fax</b>	Fax: (03) 9096 9205
<b>Email submission</b>	pimats@dhs.vic.gov.au



# Performance Indicator MAT-5: Gestation Standardised Perinatal Mortality Ratio

## Background and Purpose of Indicator

Care promoting the healthy survival of newborn babies is one of the primary objectives of a maternity service. The standardisation is a risk-adjusted calculation, enabling hospitals with higher proportions of low gestation infants (and therefore higher likelihood of perinatal mortality) to be validly compared with hospitals with a different casemix.

The purpose of collecting this indicator is to provide assurance that mortality rates are within a safe range, and to identify high performing and poorly performing services. Pooling the data over five years adds stability to the data and reduces the risk of over-interpretation of chance fluctuations.

The indicator also takes into account the integrated system of care across Victoria. Crude (unadjusted) perinatal mortality rates do not take into account the regionalisation of perinatal care, in which hospitals provide care for women and babies where appropriate services are available, and transfer of those who require a more intensive service.

This indicator will enable identification of those hospitals where:

- Care meets the statewide reference standard
- More detailed evaluation is indicated because of a consistently raised SPMR.

(Gestation standardised perinatal mortality ratio = GSPMR).

### Key Questions

Does the perinatal care provided in this hospital result in optimal survival of infants?

How does this hospital compare with the State public hospital average, with respect to perinatal mortality, adjusted for gestation?

### Definition of key data elements

<b>Live birth</b>	The complete expulsion or extraction from its mother of a baby of at least 20 weeks gestation or, if gestation is unknown, weighing at least 400g who, after being born, breathes or shows any evidence of life, such as a heartbeat.
<b>Stillbirth</b>	The complete expulsion or extraction from its mother of a baby of at least 20 weeks' gestation or, if gestation is unknown, weighing at least 400g, who did not, at any time after birth, breathe or show any evidence of life, such as a heartbeat.
<b>Neonatal death</b>	A death occurring within 28 days of birth in a baby of at least 20 weeks gestation or, if gestation is unknown, weighing at least 400g. (Definitions from the National Perinatal Statistics Unit.)
<b>Perinatal death</b>	A still birth or a death occurring within 28 days of birth in a live-born baby of at least 20 weeks gestation (or, if gestation is unknown, weighing at least 400 grams.)

<b>Exclusions</b>	<p>Births and perinatal deaths to women transferred to another hospital for care.</p> <p>All terminations of pregnancy and deaths due to congenital malformations.</p> <p>Infants weighing less than 500 grams and less than 22 weeks gestation.</p>
<b>Target</b>	Although no target or 'gold standard' is applicable for this indicator, the GSPMR is valid for comparing the hospital's performance with similar institutions, and with the State at large.

### Calculation Formula

<b>Numerator</b>	<i>The number of perinatal deaths in the hospital</i>
<b>Denominator</b>	<i>Denominator calculated by PDCU, and includes risk adjustment.</i>

### Data Collection and Collation

<b>Data Collection /General Information</b>	The Perinatal Data Collection Unit (PDCU) currently calculates a five-year gestation adjusted SPMR to all hospitals having five or more observed or expected perinatal deaths in the year of analysis and provides this in the Hospital Profile. Hospitals are requested to review the data and comment on the reasons behind any higher than average rates for this indicator. The Department will access data directly from the Perinatal Data Collection Unit for this indicator.
<b>Submission Date</b>	No submission of data required but analysis and recommendations encouraged once the annual Hospital Profiles are received from the Perinatal Data Collection Unit. This would be most appropriately done in the time between receipt of the Hospital Profile in July or August 2008 and publication in the Victorian Maternity Services Performance Indicator report in late 2008.
<b>Proforma</b>	The report proforma is also available at <a href="http://www.health.vic.gov.au/maternitycare/">http://www.health.vic.gov.au/maternitycare/</a> as an attachment to this document.
<b>Method of Submission</b>	Reports are to be sent by fax or post to:
<b>Mailing Address</b>	<p>Vickie Veitch          Senior Program Advisor          Maternity Services Program          Metropolitan Health and Aged Care Services          Department of Human Services          50 Lonsdale St          Melbourne 3000          (03) 9096 13238</p>
<b>Fax</b>	Fax: (03) 9096 9205
<b>Email submission</b>	<a href="mailto:pimats@dhs.vic.gov.au">pimats@dhs.vic.gov.au</a>

# Performance Indicator MAT-6: Referral to Postnatal Domiciliary Care

## Background and Purpose of Indicator

The purpose of this indicator is to assess the proportion of women referred to postnatal domiciliary care.

All hospitals are required to offer all women postnatal domiciliary visits. The offer of one or more postnatal domiciliary visits by a midwife, depending on need, has been a clearly established requirement of all Victorian maternity services over the past four years.

## Definition of Key Terms

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<b>Exclusions</b>	The denominator excludes women who are transferred to another hospital rather than discharged to their home.
<b>Targets</b>	Targets have been set in recognition that not all women will accept the offer of a visit. <ul style="list-style-type: none"><li>• Metro hospitals: 90%</li><li>• Rural/regional Health Services: 80%</li></ul>

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## Calculation Formula

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<b>Numerator</b>	Number of women giving birth referred to postnatal domiciliary care or Hospital-In-The-Home
<b>Denominator</b>	Number of women giving birth excluding women transferred to another hospital

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## Data Collection and Collation

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<b>Data Collection/General Information</b>	<p>Data is provided to the Department of Human Services via the Victorian Admitted Episodes Dataset (VAED).</p> <p>To be counted as a delivery, each record must meet each of the following criteria:</p> <ol style="list-style-type: none"><li>1. A diagnosis code commencing with 'O' (for Obstetric) must appear within the string of ICD-10-AM diagnosis codes.</li><li>2. Birth indicator derived from Z37. Outcome of delivery on mother's record must be present.</li><li>3. Where w8vicdrg (WIES8 2000-2001 Victorian Cost Weights) NOT in<ul style="list-style-type: none"><li>▪ O03Z Ectopic Pregnancy</li></ul></li></ol>
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- O04Z Postpartum post-abortion with operating room procedure
  - O40Z Abortion with D&C, aspiration curette/hysterectomy
  - O62Z Threatened abortion
  - O63Z Abortion; no D&C, aspiration curette/hysterectomy
  - O64Z False labour
  - O65Z Other antenatal admission with severe complicating diagnosis
  - O65B Other Antenatal with moderate/no complicating diagnosis.

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**Submission Date** The Department will access data through the Victorian Admitted Episode Dataset (VAED). No additional data is required to be submitted.

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# Performance Indicator MAT-7: Proportion of women offered appropriate interventions in relation to smoking

## Background and Purpose of Indicator

Smoking during pregnancy is probably the most preventable cause of unfavourable reproductive outcomes amongst women in the Western world. Level 1 evidence indicates that smoking cessation programs during pregnancy have a beneficial impact on birthweight.

The antenatal phase is an ideal opportunity for smoking cessation or reduction education programs, which might involve both hospital and community-based providers.

This indicator assesses the performance of maternity care in providing smoking cessation advice, assistance and follow-up during routine antenatal care. In fact, it aims to reduce the rate of smoking amongst pregnant women, and improve outcomes for their babies. There is evidence that advice to quit smoking by a clinician increases abstinence rates, on average by three per cent (US Department of Health and Human Services, 2000). However 25% of pregnant women have already quit before the first antenatal visit.

Systematic reviews and studies on interventions have concluded that the use of multiple strategies, alongside a cognitive-behavioural approach, enhances the impact of a smoking cessation and reduction intervention. A cognitive-behavioural approach focuses on restructuring the person's beliefs about their smoking and about their ability to quit, while emphasising the development and implementation of appropriate coping strategies. Coping strategies may be cognitive (telling yourself that you can quit smoking if you want to) or behavioural (replacing smoking with other activities).

About one-quarter of women who smoked prior to pregnancy say that they have quit by their first antenatal visit. One-fifth of 'spontaneous quitters' are still actively smoking, but about one-third of these will quit by late pregnancy. Among the spontaneous quitters, one-fifth will start smoking again by late pregnancy. Spontaneous quitters are therefore likely to benefit from advice and support to stay quit.

## Definition of key data elements

<b>Smokers</b>	Self-declared smokers, who have smoked at least part of one cigarette in the week prior to the first antenatal visit.
<b>Spontaneous quitters</b>	Women who indicate that they have been smokers but say at the time of their first antenatal appointment that they have given up smoking because of their pregnancy.
<b>First Hospital antenatal appointment</b>	First antenatal visit or booking visit at the hospital
<b>Exclusions</b>	Women presenting for their first visit after 20 weeks gestation. Women who give birth at another hospital.
<b>Target</b>	No agreed target.

<b>Limitations</b>	Identification of all spontaneous quitters may be inconsistent. Clinicians need to be able to ascertain that all continuing smokers are identified.
<b>The Five Step Intervention</b>	The five steps <b>Ask/ Assess/ Advise/ Assist/ Ask again</b> is detailed in the template for analysis and reporting in the appendix.

## Calculation Formula

Hospitals are to perform the calculation according to their size, as defined by the number of confinements per year. There are three size categories and **the population sample** (denominator for Stage 1) varies for each category as follows:

### The population sample:

#### **Hospitals with 100 or less birthing women per year:**

- All women who gave birth at the hospital within the last nine months and had their first antenatal visit at the hospital prior to 20 weeks.

#### **Hospitals with 101-600 birthing women per year:**

- Every 4<sup>th</sup> woman (or random 25 % of women) who gave birth at the hospital within the last nine months and had her first antenatal visit at the hospital prior to 20 weeks.

#### **Hospitals with more than 600 birthing women per year: (Perform the calculation for the two sample months August and February separately)**

- All women who gave birth at the hospital during the one-month sample period and had their first antenatal visit at the hospital prior to 20 weeks.

## Stage 1: Ask/Assess/Advise/Assist

	From the population sample, the number of women who were:
<b>Numerator</b>	1. Asked about smoking status 2. Assessed as to motivation to quit 3. Offered advice and assistance at the first hospital antenatal appointment
<b>Denominator</b>	<b>The population sample (given above as per hospital size)</b>

## Stage 2: Ask again

<b>Numerator</b>	From Stage 1, the number of women identified as smokers or spontaneous quitters at their first antenatal appointment who were asked again about smoking status by 20 weeks gestation
<b>Denominator</b>	From Stage 1, the number of women identified as smokers or spontaneous quitters at their first hospital antenatal appointment who attended an antenatal visit again by 20 weeks gestation (either hospital or community)

## Data Collection and Collation

### **Data Collection/General information**

Hospitals will need to have a system capable of recording smoking assessments and advice at the first antenatal visit or booking visit at the hospital and at any subsequent antenatal appointment prior to 20 weeks gestation. This may require collaboration with community-based providers, including shared documentation.

For clarification:

Hospitals are not required to provide data from shared care/GP visits prior to 20 weeks. However, where this is occurring, hospitals are encouraged to report this data through collaboration with GPs/shared care providers.

The following steps are required to retrieve data:

1. Identify the **total population** who had their first antenatal visit or booking visit at the hospital prior to 20 weeks gestation and have given birth at the hospital within the last six months.
2. Identify the **population sample**: as described per hospital size.
3. Audit hospital antenatal medical record of those women in the population sample:
  - For evidence that clinicians have completed Steps 1,2,3 and 4 according to the Three Centres Consensus Guidelines on Antenatal Care
  - Of the women who have had Steps 1,2 3 and 4 completed at the first visit, note those women identified as smokers (see definition), including spontaneous quitters (see definition above).
  - For evidence that women identified as smokers (including spontaneous quitters) at the first antenatal or booking visit who were reassessed regarding smoking status at least once prior to 20 weeks.

<b>Submission date</b>	<b>Annual reports are to be sent by 29 August 2008 for the reporting period July 2007-June 2008.</b>
<b>Proforma</b>	The report proforma is available at <a href="http://www.health.vic.gov.au/maternitycare/">http://www.health.vic.gov.au/maternitycare/</a> and examples are in the Appendix.
<b>Method of submission</b>	Submit reports by email, post or fax.
<b>Mailing Address</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000 (03) 9096 1328
<b>Fax</b>	Fax: (03) 9096 9205
<b>Email submission</b>	pimats@dhs.vic.gov.au

# Performance Indicator MAT-8: Provision of appropriate breastfeeding support & advice

## Background and Purpose of Indicator

This indicator supports care practices for women who wish to breastfeed their baby, to ensure:

- Breastfeeding initiation is enhanced.
- Breastfeeding advice and support is in line with the WHO Ten steps. (The WHO Ten Steps are detailed in the template for reporting in the Appendix.)
- Babies separated from their mother (due to illness or prematurity) receive breast milk.

The internationally accepted *World Health Organisation (WHO) Ten steps to Successful Breastfeeding* provide the framework for this indicator, which requires an organisational assessment. The implementation of this indicator does not require hospitals to become accredited as Baby Friendly Hospitals, nor does it equate with accreditation.

This indicator provides a means of monitoring ongoing compliance with WHO Ten Steps for Baby Friendly accredited hospitals. Alternatively it can be used as an opportunity to assess readiness for accreditation.

## Definition of key data elements

<b>Assessment and documentation</b>	In line with WHO accreditation governed and coordinated by the Australian College of Midwives Incorporated (ACMI). Hospitals conduct annual self-assessment using BFHI Self-Assessment Tool.
<b>The WHO Ten steps</b>	Are detailed in the template for analysis and reporting in the appendix.
<b>Target</b>	Although there is no target for this indicator, 10/10 is considered best practice.
<b>Exclusions</b>	Nil

## Calculation Formula

<b>Numerator</b>	The number of WHO Ten Steps achieved at time of assessment
<b>Denominator</b>	WHO 10 Steps

## Data Collection and Collation

<b>Data Collection General Information</b>	As part of the analysis of indicator results, the organisation must try to determine factors preventing the implementation of the WHO Ten Steps to Successful Breastfeeding. Each hospital is required to report annually on this indicator using the BFHI self-assessment tool.
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**Hospitals with more than 100 births per annum** conduct an annual self assessment including:

Patient Record audit = 1 month (preferably selected retrospectively and randomly)

Interview for all postnatal women = 2 week period

Interview of staff rostered = 2 week period

**Hospitals with less than 100 births per annum** conduct an annual self assessment including:

Patient Record audit = minimum of 4 non-consecutive months (to obtain a minimum of 10 patient records)

Interview of postnatal women = minimum 10

Interview of staff = 30% of total employed

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<b>Proforma</b>	Annual self- assessment using BFHI Self-Assessment Tool.
<b>Method of Submission</b>	Completion of the annual self-assessment will require monthly data review.
<b>Submission Date</b>	<b>Annual reports are to be sent by 29 August 2008 for the reporting period July 2007-June 2008. Reports are to be sent by email, fax or post.</b>
<b>Mailing Address</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000 (03) 9096 1328
<b>Fax</b>	Fax: (03) 9096 9205
<b>Email submission</b>	pimats@dhs.vic.gov.au

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# Performance Indicator MAT-9: The Proportion of Women who receive timely Hospital Antenatal Clinical Services

## Background and Purpose of Indicator

Several studies have examined antenatal care and client satisfaction, and have identified waiting times as a critical component.

The purpose of this indicator is to measure the proportion of women who wait more than 30 minutes at a hospital antenatal clinic from the time of their appointment to the time attended by the clinician. It is a measure of organisational efficiency, and a key component of patient satisfaction. Administrative and clinical managers and consumers are the users of the indicator results. This is a process indicator as a proxy for customer service.

### Key Question

Does the hospital provide antenatal care in a timely and efficient way?

## Definition of key data elements

<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Non-hospital attendances (for example women attending shared care practitioners).</li> <li>• Women who arrive later than their appointment time. This figure should be reported and monitored.</li> </ul>
<b>Limitations</b>	Not all facilities have computerised booking systems. Some hospitals may need to institute manual audits.

## Calculation Formula

<b>Numerator</b>	For the period of one month, the number of women waiting more than 30 minutes from hospital antenatal appointment time to time clinician consultation begins (excluding late comers)
<b>Denominator</b>	For the period of one month, the number of women presenting for hospital antenatal appointment (excluding late comers)

## Data Collection and Collation

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<b>Data Collection/ General information</b>	<p>The source of the data for this indicator is the outpatient booking system. Data is to be collected for all clinics providing antenatal care.</p> <p>Data is to be collected for two sample months (August 2007 and February 2008 separately.) The data for the two separate months should not be combined. While data is only required to be reported annually, it should be reviewed on a six monthly basis soon after the specified one-month sample periods of August 2007 and February 2008.</p>
<b>Submission Date</b>	<b>Annual reports are to be sent by 29 August 2008 for the reporting period July 2007-June 2008.</b>
<b>Proforma</b>	Data is to be reported using the templates included in the appendix of this document by email, fax or post.
<b>Mailing Address</b>	Vickie Veitch Senior Program Advisor Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 50 Lonsdale St Melbourne 3000 (03) 9096 1328
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# Performance Indicator MAT-10: The Proportion of Women from a non-English speaking background (NESB) without proficiency in English, who receive appropriate interpreter services

## Background and Purpose of Indicator

The purpose of this indicator is to identify the percentage of women using maternity services who require interpreter services, and who are able to access them.

The indicator supports an assessment of informed decision making and equity in access to services. Women from a non-English speaking background require adequate information to ensure informed decision making from a medical, legal and ethical perspective. The literature recommends that women be offered the use of accredited interpreters, rather than relying on family or other staff.

The number of women who fail to receive accredited interpreting services when they are needed can be reduced. Women who are not proficient in English must receive accurate and appropriate information.

## Definition of key data elements

<b>Accredited interpreter Services</b>	This includes interpreters employed by the hospital, or accessed by the hospital through telephone services or interpreting service agency
<b>Hospital antenatal appointment</b>	Includes both the antenatal booking appointment/visit and any antenatal appointment where there is a consultation with doctor/midwife.
<b>Exclusions</b>	Nil
<b>Limitations</b>	Hospitals do not currently have ready access to data through linking proficiency in English and the receipt of accredited interpreter services

## Calculation Formula

*To Assess interpreter requirements*

<b>Numerator</b>	For the period of one month, the number of women presenting for hospital antenatal appointment, who have had interpreter requirements assessed
<b>Denominator</b>	For the period of one month, the number of women presenting for hospital antenatal appointment.

*Provision of accredited interpreter services*

<b>Numerator</b>	For the period of one month, the number of women presenting for hospital antenatal appointment identified as requiring an interpreter who receive accredited interpreter services
<b>Denominator</b>	For the period of one month, the number of women presenting for hospital antenatal appointment, identified as requiring accredited interpreter services

## Data Collection and Collation

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### Data Collection/ General Information

Assessing interpreter requirements:  
It is essential that information regarding interpreter requirements is accurate. The most effective way of assessing interpreter requirements is through self-determination. Different approaches are recommended to work out interpreter requirements, depending on whether the woman registering makes the first hospital contact, or a friend or relative does so on her behalf.

A three step process is required:

- **Step One - Advise** that although a friend or relative may accompany the woman to hospital, including appointments, it is essential that non-English speaking women are provided with accredited/professional interpreter services.
- **Step Two - Ask** all women prior to the first appointment at the hospital, including telephone registration about their interpreter needs.
- **Step Three - Ask again** at the completion of the antenatal booking visit, and at each subsequent appointment.

For data to be accurate they must include:

- Accurate identification that interpreter services are required.
- The incidence or proportion of women using interpreter services.
- When an interpreter was booked or requested.
- When an interpreter was booked, but the service was not provided.

It might be difficult to capture use of telephone services or the Interpreting Service Agency.

The collection and recording of information relevant to this indicator varies from hospital to hospital.

Data may be accessed through linking data from sources including the patient registration database, outpatient booking systems, individual hospital interpreter services databases and interpreting service or agency records.

Incorporating the Process for Assessing Interpreter Requirements as a mandatory field on the patient registration database will enable accurate retrieval of data for this indicator.

The first Calculation Formula will require linkages between the hospital antenatal appointment data, patient unit record number and assessment of interpreter requirements. The second

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	<p>Calculation Formula will require linkages between the hospital antenatal appointment data, patient unit record number, assessment of interpreter requirements and the use of accredited interpreter services.</p> <p>Data is to be collected and reviewed for a one month period in every six months, being August 2006 and February 2007. Data for the two separate months is not to be combined.</p>
<b>Proforma</b>	Data is to be reported using the templates included in the appendix of this document.
<b>Submission Date</b>	<p>While data is only required to be reported annually, it should be reviewed on a six monthly basis soon after the specified one-month sample periods of August 2007 and February 2008.</p> <p><b>Annual reports are to be sent by 29 August 2008 for the reporting period July 2007- June 2008.</b></p>
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