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| Victorian Perinatal Data Collection (VPDC) manual 2022-23Section 4 Business Rules |
| Version 10.0 |
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# Introduction

This section provides information about business rules that involve two or more data items.

Data item attributes, as defined in Section 3: Data definitions, are used to validate all data.

If a data item is defined as mandatory, the data must be reported.

# Business rules

## Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother conditionally mandatory data items

|  |  |
| --- | --- |
| **If admission to high dependency unit (HDU) / intensive care unit (ICU) – mother is:** | **Values must be reported in at least one of the following data items:** |
| 1 Admitted to high dependency unit / intensive care unit | Events of labour and birth – free textEvents of labour and birth – ICD-10-AM codeMaternal medical conditions – free textMaternal medical conditions – ICD-10-AM code Obstetric complications – free textObstetric complications – ICD-10-AM codePostpartum complications – free textPostpartum complications – ICD-10-AM code |

## Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby conditionally mandatory data items

|  |  |
| --- | --- |
| **If admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby is:** | **Values must be reported in at least one of the following data items:** |
| 1 Admitted to special care nursery **or**2 Admitted to neonatal intensive care unit | Congenital anomalies – ICD-10-AM codeNeonatal morbidity – free textNeonatal morbidity – ICD-10-AM code |

## 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 |

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 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 |
| 1232 | Sandringham & District Memorial Hospital (Women’s 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 |

## Anaesthesia for operative delivery – indicator and Anaesthesia for operative delivery – type valid combinations

|  |  |
| --- | --- |
| **When anaesthesia for operative delivery – indicator is:** | **Anaesthesia for operative delivery – type must be:** |
| Blank | Blank |
| 1 Anaesthesia administered | 2 Local anaesthetic to perineum **or**3 Pudendal block **or**4 Epidural or caudal block **or**5 Spinal block **or**6 General anaesthetic **or**7 Combined spinal-epidural block **or**8 Other anaesthesia |
| 2 Anaesthesia not administered | Blank |
| **When anaesthesia for operative delivery – indicator is:** | **Anaesthesia for operative delivery – type must not report:** |
| 1 Anaesthesia administered | 4 Epidural or caudal block **and** 5 Spinal block **with** 7 Combined spinal-epidural block |

## Anaesthesia for operative delivery – indicator and Method of birth valid combinations

|  |  |
| --- | --- |
| **When anaesthesia for operative delivery – indicator is:** | **Method of birth must be:** |
| Blank | 3 Vaginal birth – non-instrumental  |
| 1 Anaesthesia administered | 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 |
| 2 Anaesthesia not administered | 1 Forceps **or**8 Vacuum extraction |

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

|  |  |
| --- | --- |
| **If Analgesia for labour – indicator is:** | **Analgesia for labour – type must be:** |
| Blank | Blank  |
| 1 Analgesia administered | 2 Nitrous oxide **or**3 Systemic opioids **or**4 Epidural or caudal block **or**5 Spinal block **or**7 Combined spinal-epidural block **or**8 Other analgesia |
| 2 Analgesia not administered | Blank |
| **If Analgesia for labour – indicator is:** | **Analgesia for labour – type must not report:** |
| 1 Analgesia administered | 4 Epidural or caudal block **and** 5 Spinal block **with** 7 Combined spinal-epidural block |

## 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** 2 Induced medical **and** 3 Induced surgical |
| 1 Analgesia administered | 1 Spontaneous **or**2 Induced medical **or**3 Induced surgical **or**1 Spontaneous **and** 4 Augmented **or**2 Induced medical **and** 3 Induced surgical |
| 2 Analgesia not administered | 1 Spontaneous **or**2 Induced medical **or**3 Induced surgical **or**1 Spontaneous **and** 4 Augmented **or**2 Induced medical **and** 3 Induced surgical |

## Artificial reproductive technology – indicator conditionally mandatory data items

|  |  |
| --- | --- |
| **If Artificial reproductive technology – indicator is:** | **an artificial reproductive technology procedure must be reported in at least one of the following data items:** |
| 1 Artificial reproductive technology was used to assist this pregnancy | Procedure – ACHI code **or**Procedure – free text |

Valid 12th edition ACHI codes and descriptors for reporting an artificial reproductive technology in the data item Procedure – ACHI code or Procedure – free text include:

|  |  |
| --- | --- |
| **12th edition ACHI code** | **Descriptor** |
| 1320000  | Assisted reproductive technologies to induce superovulation |
| 1320300  | Ovulation monitoring services for artificial insemination |
| 1320600  | Assisted reproductive technologies to induce oocyte growth and development |
| 1320900  | Planning and management for assisted reproductive technologies |
| 1321200  | Transvaginal oocyte retrieval |
| 1321201  | Transabdominal oocyte retrieval |
| 1321500  | Gamete intra-fallopian transfer (GIFT) |
| 1321501  | Embryo transfer to uterus |
| 1321502  | Embryo transfer to fallopian tube |
| 1321503  | Other reproductive medicine procedure |
| 1325100  | Intracytoplasmic sperm injection (ICSI) |
| 1321505  | Donor insemination [VPDC-created ACHI code] |

##

## Birth plurality and Birth order valid combinations

|  |  |
| --- | --- |
| **If Birth plurality is:** | **Birth order must be:** |
| 1 Singleton | 1 Singleton or first of a multiple birth |
| 2 Twins | 1 Singleton or first of a multiple birth **or**2 Second of a multiple birth |
| 3 Triplets | 1 Singleton or first of a multiple birth **or**2 Second of a multiple birth **or**3 Third of a multiple birth |
| 4 Quadruplets | 1 Singleton or first of a multiple birth **or**2 Second of a multiple birth **or**3 Third of a multiple birth **or**4 Fourth of a multiple birth |
| 5 Quintuplets | 1 Singleton or first of a multiple birth **or**2 Second of a multiple birth **or**3 Third of a multiple birth **or**4 Fourth of a multiple birth **or**5 Fifth of a multiple birth |
| 6 Sextuplets | 1 Singleton or first of a multiple birth **or**2 Second of a multiple birth **or**3 Third of a multiple birth **or**4 Fourth of a multiple birth **or**5 Fifth of a multiple birth **or**6 Sixth of a multiple birth |
| 8 Other | 1 Singleton or first of a multiple birth **or**2 Second of a multiple birth **or**3 Third of a multiple birth **or**4 Fourth of a multiple birth **or**5 Fifth of a multiple birth **or**6 Sixth of a multiple birth **or**8 Other |

## Birth plurality and Chorionicity of multiples valid combinations

|  |  |
| --- | --- |
| **If Birth plurality is:** | **Chorionicity of multiples must be:** |
| 1 Singleton | Blank |
| 2 Twins | 1 Monochorionic **or**2 Dichorionic  |
| 3 Triplets | 1 Monochorionic **or**2 Dichorionic **or**3 Trichorionic |
| 4 Quadruplets **or**5 Quintuplets **or**6 Sextuplets **or**8 Other | Blank |

## Birth presentation conditionally mandatory data items

|  |  |
| --- | --- |
| **If Birth presentation is:** | **the Birth presentation must be reported in at least one of the following data items:** |
| 8 Other – specify | Events of labour and birth – free text **or**Events of labour and birth – ICD-10-AM code |

Valid 12th edition ICD-10-AM codes and descriptors for reporting a birth presentation in the Events of labour and birth – ICD-10-AM code data element include:

|  |  |
| --- | --- |
| **12th edition ICD-10-AM code** | **Descriptor** |
| O322 | Maternal care for transverse and oblique lie |
| O648 | Labour and delivery affected by other malposition and malpresentation |

## Birth status, Breastfeeding attempted and Last feed before discharge taken exclusively from the breast valid combinations

This business rule only applies when birth status is reported as **code 1 – Live born**.

|  |  |
| --- | --- |
| **If Breastfeeding attempted is:** | **Last feed before discharge taken exclusively from the breast must be:** |
| 1 Attempted to breastfeed / express breast milk | 1 Last feed before discharge taken exclusively from breast **or** 2 Last feed before discharge not taken exclusively from breast |
| 2 Did not attempt to breastfeed / express breast milk | 2 Last feed before discharge not taken exclusively from breast |

## Birth status ‘Live born’ and associated conditionally mandatory data items

|  |  |
| --- | --- |
| **If Birth status is:** | **then the following elements cannot be blank:** |
| 1 Live born | Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – BabyAntenatal corticosteroid exposureBreastfeeding attemptedFormula given in hospitalHead circumference - babyHepatitis B vaccine receivedLast feed before discharge taken exclusively from the breastSeparation date – babySeparation status – baby |

## Birth status ‘Stillborn’ and associated data items valid combinations

|  |
| --- |
| **If the birth status is:** |
| 2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) |
| **the data elements listed below must be:** |
| **Data element:**Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – babyApgar score at one minuteApgar score at five minutesBreastfeeding attemptedFormula given in hospitalHepatitis B vaccine receivedLast feed before discharge taken exclusively from the breastSeparation date – babySeparation status – babyTime to established respiration (TER) | **Value:**Blank0000Blank Blank Blank Blank Blank Blank00 |

## Blood loss assessment – indicator, Episiotomy – indicator, Indication for operative delivery (main reason) – ICD-10-AM code, Indications for operative delivery (other) – free text, Method of birth, Perineal/genital laceration – degree/type, Perineal laceration – indicator conditional reporting

**Blood loss assessment – indicator may not be reported as code 9 with**:

|  |  |
| --- | --- |
| **the following codes** | **in the following data elements** |
| 1 Incision of the perineum and vagina made | Episiotomy – indicator |
| Any entry  | Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – free text  |
| 4 Planned caesarean – no labour **or**5 Unplanned caesarean – labour **or**6 Planned caesarean – labour **or**7 Unplanned caesarean – no labour **or**10 Other operative birth | Method of birth |
| 2 Second degree laceration/tear **or**3 Third degree laceration/tear **or**4 Fourth degree laceration/tear **or**5 Labial/clitoral laceration/tear **or**6 Vaginal wall laceration/tear **or**7 Cervical laceration/tear **or**8 Other perineal laceration, rupture or tear | Perineal/genital laceration – degree/type |
| 1 Laceration/tear of the perineum following birth | Perineal laceration – indicator |

## Blood loss (ml), Blood loss assessment – indicator and Main reason for excessive blood loss valid combinations

|  |  |  |
| --- | --- | --- |
| **Where Blood loss (ml) is reported as:** | **Blood loss assessment – indicator must be:** | **And Main reason for excessive blood loss must be:** |
| 0 (zero) | Blank | Blank |
| Between 1 and 499  | 1 Measured **or**2 Estimated **or**3 Combination of measured  and estimated | Blank |
| Between 500 and 40000 (both inclusive) | 1 Measured **or**2 Estimated **or**3 Combination of measured  and estimated | 1 Uterine atony **or**2 Trauma **or**3 Placental insertion abnormality **or**4 Coagulopathy or haematological  disorder **or**5 Other |
| 99999 | 9 Not stated / inadequately described | 9 Not stated / inadequately described |

## Category of unplanned caesarean section urgency, Date of decision for unplanned caesarean section and Time of decision for unplanned caesarean section

|  |  |  |
| --- | --- | --- |
| **If Category of unplanned caesarean section urgency is:** | **Date of decision for unplanned caesarean section must be:** | **Time of decision for unplanned caesarean section must be:** |
| 1 Category 1 **or** 2 Category 2 **or** 3 Category 3 **or** 4 Category 4 **or**9 Not stated / inadequately described | DDMMCCYY | HHMM |
| blank | blank | blank |

## Congenital anomalies – indicator and Congenital anomalies – ICD‑10‑AM code conditionally mandatory data item

|  |  |
| --- | --- |
| **If Congenital anomalies – indicator is:** | **then the following item cannot be blank:** |
| 3 Reportable congenital anomalies identified antenatally **or**4 Reportable congenital anomalies identified postnatally **or**5 Reportable congenital anomalies identified both antenatally and postnatally | Congenital anomalies – ICD-10-AM code |

## Cord complications valid combinations

|  |  |
| --- | --- |
| **Cord complications code** | **Must not be reported with Cord complications code** |
| 1 No abnormalities or complications relating to umbilical cord | O691 Nuchal cord (cord tightly around baby’s neck) **or**O692 True knot **or**O690 Umbilical cord prolapse **or**O693 Short umbilical cord **or**O694 Vasa previa **or**Q2701 Two vessels in cord **or**O698 Other **or**9 Not stated / inadequately described |
| 9 Not stated / inadequately described | 1 No abnormalities or complications relating to umbilical cord **or**O691 Nuchal cord (cord tightly around baby’s neck) **or**O692 True knot **or**O690 Umbilical cord prolapse **or**O693 Short umbilical cord **or**O694 Vasa previa **or**Q2701 Two vessels in cord **or**O698 Other |

## Country of birth and Year of arrival in Australia conditionally mandatory data items

|  |  |
| --- | --- |
| **Where Country of birth is not reported as one of the following codes:** | **A valid value must be reported in Year of arrival in Australia** |
| 1100 Australia (includes External Territories, nfd) **or**1101 Australia **or**1102 Norfolk Island **or**1199 Australian External Territories, nec | In format NNNNand in the range 1960 to current year**or**9998 Not intending to stay in Australia for one year or more |
| **Where Country of birth is reported as one of the following codes:** | **Year of arrival in Australia must be:**  |
| 1100 Australia (includes External Territories, nfd) **or**1101 Australia **or**1102 Norfolk Island **or**1199 Australian External Territories, nec | Blank |

## COVID19 vaccination status, COVID19 vaccination during this pregnancy, Gestation at first COVID19 vaccination during this pregnancy, Gestation at second COVID19 vaccination during this pregnancy, Gestation at third COVID19 vaccination during this pregnancy valid combinations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If COVID19 vaccination status is:** | **and COVID19 vaccination during this pregnancy is:** | **then Gestation at first COVID19 vaccination during this pregnancy must be:** | **and Gestation at second COVID19 vaccination during this pregnancy must be:** | **and Gestation at third COVID19 vaccination during this pregnancy must be:** |
| 1 Yes  | 1 Yes | 01 to 45 inclusive **or**88 Unknown gestation | 01 to 45 inclusive **or**77 No second dose received during this pregnancy **or**88 Unknown gestation  | 01 to 45 inclusive **or**77 No third dose received during this pregnancy **or**88 Unknown gestation |
| 1 Yes | 2 No | Blank | Blank | Blank |
| 1 Yes  | 7 Declined to answer | Blank | Blank | Blank |
| 1 Yes  | 9 Not stated / inadequately described | 99 Not stated / inadequately described | 99 Not stated / inadequately described | 99 Not stated / inadequately described |
| 2 No | Blank | Blank | Blank | Blank |
| 7 Declined to answer | Blank | Blank | Blank | Blank |
| 9 Not stated/ inadequately described | 9 Not stated / inadequately described | 99 Not stated / inadequately described | 99 Not stated / inadequately described | 99 Not stated / inadequately described |

## Date and time data item relationships

Where a valid date\* and/or time\* is reported in the data elements listed in columns 1 and 3 below, validations check the data reflect logical sequence as indicated in the Relationship column:

|  |  |  |
| --- | --- | --- |
| **Data item 1:** | **Relation-ship:** | **Data item 2:** |
| Date and time of birth – baby  | ≥ | Date and time of onset of Labour |
| Date and time of birth – baby  | ≥ | Date and time of onset of second stage of labour |
| Date and time of birth – baby  | ≥ | Date and time of rupture of membranes |
| Date and time of birth – baby  | ≥ | Date and time of decision for unplanned caesarean section |
| Date and time of onset of labour  | < | Date and time of onset of second stage of labour |
| Date of admission – mother | > | Date of birth – mother |
| Date of birth – mother | < | Date of onset of labour |
| Date of birth – mother | < | Date of onset of second stage of labour |
| Date of birth – mother | < | Date of rupture of membranes |
| Date of birth – mother | < | Date of birth – baby |
| Date of birth – mother | < | Date of decision for unplanned caesarean section |
| Date of completion of last pregnancy | < | Date of onset of labour |
| Date of completion of last pregnancy | < | Date of onset of second stage of labour |
| Date of completion of last pregnancy | < | Date of rupture of membranes |
| Date of completion of last pregnancy | < | Date of admission – mother |
| Date of completion of last pregnancy | < | Date of birth – baby |
| Date of completion of last pregnancy | > | Date of birth – mother |
| Date of completion of last pregnancy | < | Date of decision for unplanned caesarean section |
| Estimated date of confinement | > | Date of birth – mother |
| Estimated date of confinement | > | Date of completion of last pregnancy |
| Separation date – baby | > | Date of birth – mother |
| Separation date – baby | > | Date of completion of last pregnancy |
| Separation date – baby | ≥ | Date of onset of labour |
| Separation date – baby | ≥ | Date of onset of second stage of labour |
| Separation date – baby | ≥ | Date of rupture of membranes |
| Separation date – baby | ≥ | Date of admission – mother |
| Separation date – baby | ≥ | Date of Birth – baby |
| Separation date – baby | ≥ | Date of decision for unplanned caesarean section |
| Separation date – mother | > | Date of Birth – mother |
| Separation date – mother | > | Date of completion of last pregnancy |
| Separation date – mother | ≥ | Date of onset of labour  |
| Separation date – mother | ≥ | Date of onset of second stage of labour |
| Separation date – mother | ≥ | Date of rupture of membranes |
| Separation date – mother | ≥ | Date of admission – mother |
| Separation date – mother | ≥ | Date of birth – baby |
| Separation date – mother | ≥ | Date of decision for unplanned caesarean section |

\*Date other than 99999999 or 88888888 or 77777777 or 999999 or 99CCYY;
\*Time other than 9999 or 8888 or 7777

## Date of admission – mother and Date of birth – baby conditionally mandatory data items

|  |  |  |
| --- | --- | --- |
| **Where:** | **is:** | **Data item:** |
| Date of admission – mother | greater than four days prior | Date of birth – baby |

**Then data must be reported in at least one of the following fields**:

* Maternal medical conditions – free text
* Maternal medical conditions – ICD-10-AM code
* Obstetric complications – free text
* Obstetric complications – ICD-10-AM code

## Date of birth – baby, Date of admission – mother and Setting of birth – actual valid combinations

|  |  |  |
| --- | --- | --- |
| **Date of birth – baby must be:** | **Date of admission – mother:** | **Where Setting of birth – actual is:** |
| Equal to or after |  | The same Hospital code as the Hospital code (agency identifier) reported in this birth record |

## Date of birth – baby and Separation date – baby conditionally mandatory data items

|  |  |  |
| --- | --- | --- |
| **Data item:** | **Rule:** | **Data item:** |
| Separation date – baby | greater than 28 days after | Date of birth – baby |

**Then Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby must be:**

* code 1 Admitted to special care nursery **or**
* code 2 Admitted to neonatal intensive care unit

**and data must be reported in at least one of:**

* Congenital anomalies – ICD-10-AM code
* Neonatal morbidity – free text
* Neonatal morbidity – ICD-10-AM code

## 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):** |
| 2020 | 2020 | 1.1.2020 to 30.6.2021 |
| 2021 | 2021 | 1.7.2021 to 30.6.2022 |
| 2022 | 2022 | 1.7.2022 to 30.6.2023 |

**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.

## Date of completion of last pregnancy, Date of birth – baby and Estimated gestation valid combinations [Warning error]

|  |  |  |
| --- | --- | --- |
| **Where Date of completion of last pregnancy is reported in format:** | **And Date of birth – baby has CCYY:** | **Then:** |
| 99CCYY | equal to or 1 year later than CCYY in Date of completion of last pregnancy | A warning error will be generated: please seek more accurate value of MM for Date of completion of last pregnancy |
| MMCCYY | equal to or 1 year later than CCYY in Date of completion of last pregnancy | The value of DD in Date of completion of last pregnancy will be assumed to be 16 for the purposes of this validation only\* |
| \*MMCCYY **or** DDMMCCYY | equal to or 1 year later than CCYY in Date of completion of last pregnancy | Date of birth – baby minus Date of completion of last pregnancy must be greater than ((the sum of Estimated gestational age + 6) multiplied by 7): if fails, record rejected [Warning error generated in 2022-23] |
| 99CCYY **or** MMCCYY **or** DDMMCCYY | CCYY that is 2 or more years later than CCYY in Date of completion of last pregnancy | Accept reported value of Date of completion of last pregnancy |

## Deceased baby conditionally mandatory data items

|  |  |
| --- | --- |
| **A record reporting:** | **Must also report:** |
| Separation status – baby = 2 Died | At least one code or condition in **at least one of**:Congenital anomalies – ICD-10-AM code **or** Neonatal morbidity – free text **or** Neonatal morbidity – ICD-10-AM code |

## Deceased mother conditionally mandatory data items

|  |  |
| --- | --- |
| **A record reporting:** | **Must also report:** |
| Separation status – mother = 2 Died | At least one code or condition in **at least one of:** 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** Indication for operative delivery (main reason) – ICD-10-AM code **or** Indications for operative delivery (other) – free text **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, Diabetes mellitus – gestational – diagnosis timing, Diabetes mellitus – pre-existing – diagnosis timing and Diabetes mellitus therapy during pregnancy valid combinations

|  |  |  |  |
| --- | --- | --- | --- |
| **Diabetes mellitus during pregnancy – type** | **Diabetes mellitus – gestational -diagnosis timing** | **Diabetes mellitus – pre-existing – diagnosis timing** | **Diabetes mellitus therapy during pregnancy** |
| Code 1 | Blank | Blank | Blank |
| Code 4 | Value in range 1 to 43 inclusive **or**99 | Blank | At least one code in range 2, 3 or 4 **or**Code 9 only |
| Code 2 | Blank | Value in range 1960 to current year **or**9999 | Blank |
| Code 3 or 8 | Blank | Value in range 1960 to current year **or**9999 | At least one code in range 2, 3 or 4 **or**Code 9 only |
| Code 9 | Blank | Value in range 1960 to current year **or**9999 | At least one code in range 2, 3 or 4 **or**Code 9 only |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Diabetes mellitus – gestational -diagnosis timing** | **Diabetes mellitus during pregnancy – type** | **Diabetes mellitus – pre-existing – diagnosis timing** | **Diabetes mellitus therapy during pregnancy** |
| Value in range 1 to 43 inclusive **or**99 | Code 4 | Blank | At least one code in range 2, 3 or 4 **or**Code 9 only |
| Blank | Code 3 or 8 | Value in range 1960 to current year **or**9999 | At least one code in range 2, 3 or 4 **or**Code 9 only |
| Blank | Code 2 | Value in range 1960 to current year **or**9999 | Blank |
| Blank | Code 1 | Blank | Blank |
| Blank | Code 9 | Value in range 1960 to current year **or**9999 | At least one code in range 2, 3 or 4 **or**Code 9 only |
| **Diabetes mellitus – pre-existing – diagnosis timing** | **Diabetes mellitus – gestational -diagnosis timing** | **Diabetes mellitus during pregnancy – type** | **Diabetes mellitus therapy during pregnancy** |
| Value in range 1960 to current year **or**9999 | Blank | Code 3 or 8 | At least one code in range 2, 3 or 4 **or**Code 9 only |
| Value in range 1960 to current year **or**9999 | Blank | Code 2 | Blank |
| Blank | Blank | Code 1 | Blank |
| Blank | Value in range 1 to 43 inclusive **or**99 | Code 4 | At least one code in range 2, 3 or 4 **or**Code 9 only |
| Value in range 1960 to current year **or**9999 | Blank | Code 9 | At least one code in range 2, 3 or 4 **or**Code 9 only |
| **Diabetes mellitus therapy during pregnancy** | **Diabetes mellitus – gestational -diagnosis timing** | **Diabetes mellitus – pre-existing – diagnosis timing** | **Diabetes mellitus during pregnancy - type** |
| Blank | Blank | Blank | Code 1 |
| Blank | Blank | Value in range 1960 to current year **or**9999 | Code 2 |
| Code 2 and/or 3 and/or 4 **or**Code 9 only | Value in range 1 to 43 inclusive **or**99 | Blank | Code 4 |
| Code 2 and/or 3 and/or 4 **or**Code 9 only | Blank | Value in range 1960 to current year **or**9999 | Code 3 or 8 |
| Code 2 and/or 3 and/or 4 **or**Code 9 only | Blank | Value in range 1960 to current year **or**9999 | Code 9 |

## Diabetes mellitus during pregnancy – type, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD‑10‑AM code, Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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 therapy during pregnancy valid combinations

|  |  |  |
| --- | --- | --- |
| **Diabetes mellitus therapy during pregnancy** | **May not report any code below:** | **In any of the following data elements:** |
| 9 Not stated / inadequately described | 2 Insulin **or** 3 Oral hypoglycaemics **or**4 Diet and exercise | Diabetes mellitus therapy during pregnancy |
| 2 Insulin **or** 3 Oral hypoglycaemics **or**4 Diet and exercise | 9 Not stated / inadequately described | Diabetes mellitus therapy during pregnancy |

## Discipline of antenatal care provider and Number of antenatal care visits valid combinations

|  |  |
| --- | --- |
| **If Discipline of antenatal care provider is:** | **Number of antenatal care visits must be:** |
| 1 Obstetrician **or** 2 Midwife **or** 3 General practitioner **or** 8 Other | Equal to or greater than 01 |
| 4 No antenatal care provider | 00 |

## Episiotomy – indicator and Method of birth valid combinations

|  |  |
| --- | --- |
| **If Episiotomy – indicator is:** | **Method of birth must be:** |
| 1 Incision of the perineum and vagina made | 1 Forceps **or**3 Vaginal birth – non-instrumental **or**5 Unplanned caesarean – labour **or**8 Vacuum extraction **or**10 Other operative birth |

## Episiotomy – indicator, Perineal laceration – indicator and Perineal laceration – repair valid combinations

|  |  |
| --- | --- |
| **If Episiotomy – indicator is:** | **Perineal laceration – repair must be:** |
| 1 Incision of the perineum and vagina made | 1 Repair of perineum undertaken |
| **and** **Perineal laceration – indicator** **is**: |
| 1 Laceration/tear of the perineum following birth |

## Estimated gestational age conditionally mandatory data items for Birth status code 1 Liveborn

**When Birth status reported as code 1 Liveborn:**

|  |  |
| --- | --- |
| **and Estimated gestational age is:** | **values must be reported in at least one of the following data items:** |
| Between 16 and 36 | Neonatal morbidity – free text Neonatal morbidity – ICD-10-AM code |

## Estimated gestational age and Gestational age at first antenatal visit valid combinations

|  |  |
| --- | --- |
| **If Gestational age at first antenatal visit is:** | **Estimated gestational age must be:** |
| Between 02 and 45 | Greater than (or equal to) gestational age at first antenatal visit |

## Estimated gestational age, Gestation at first COVID19 vaccination during this pregnancy, Gestation at second COVID19 vaccination during this pregnancy and Gestation at third COVID19 vaccination during this pregnancy valid combinations

| **Where Gestation at first COVID19 vaccination during this pregnancy is:** | **Then Gestation at second COVID19 vaccination during this pregnancy must be:** | **And Gestation at third COVID19 vaccination during this pregnancy must be:** | **And Estimated gestational age must be:** |
| --- | --- | --- | --- |
| In the range 01 to 45 inclusive | a number in the valid range that is greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy  | a number in the valid range that is greater than or equal to the value in Gestation at second COVID19 vaccination during this pregnancy | a number greater than or equal to the value in Gestation at third COVID19 vaccination during this pregnancy  |
| In the range 01 to 45 inclusive | a number in the valid range that is greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy  | 77 No third dose received during this pregnancy | a number greater than or equal to the value in Gestation at second COVID19 vaccination during this pregnancy  |
| In the range 01 to 45 inclusive | 77 No second dose received during this pregnancy | 77 No third dose received during this pregnancy | a number greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Where Gestation at first COVID19 vaccination during this pregnancy is:** | **Then Gestation at second COVID19 vaccination during this pregnancy must be:** | **And Gestation at third COVID19 vaccination during this pregnancy must be:** | **And Estimated gestational age must be:** |
| In the range 01 to 45 inclusive | 88 Unknown gestation | a number in the valid range that is greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy | a number greater than or equal to the value in Gestation at third COVID19 vaccination during this pregnancy |
| In the range 01 to 45 inclusive | a number in the valid range that is greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy | 88 Unknown gestation | a number greater than or equal to the value in Gestation at second COVID19 vaccination during this pregnancy |
| In the range 01 to 45 inclusive | 88 Unknown gestation | 88 Unknown gestation | a number greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy |
| In the range 01 to 45 inclusive | 88 Unknown gestation | 77 No third dose received during this pregnancy | a number greater than or equal to the value in Gestation at first COVID19 vaccination during this pregnancy  |
| 88 Unknown gestation | In the range 01 to 45 inclusive | a number in the valid range that is greater than or equal to the value in Gestation at second COVID19 vaccination during this pregnancy | a number greater than or equal to the value in Gestation at third COVID19 vaccination during this pregnancy |
| 88 Unknown gestation | In the range 01 to 45 inclusive | 88 Unknown gestation | a number greater than or equal to the value in Gestation at second COVID19 vaccination during this pregnancy |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Where Gestation at first COVID19 vaccination during this pregnancy is:** | **Then Gestation at second COVID19 vaccination during this pregnancy must be:** | **And Gestation at third COVID19 vaccination during this pregnancy must be:** | **And Estimated gestational age must be:** |
| 88 Unknown gestation | In the range 01 to 45 inclusive | 77 No third dose received during this pregnancy | a number greater than or equal to the value in Gestation at second COVID19 vaccination during this pregnancy |
| 88 Unknown gestation | 88 Unknown gestation | In the range 01 to 45 inclusive | a number greater than or equal to the value in Gestation at third COVID19 vaccination during this pregnancy |
| 88 Unknown gestation | 88 Unknown gestation | 88 Unknown gestation | a number in the valid range |
| 88 Unknown gestation | 88 Unknown gestation | 77 No third dose received during this pregnancy | a number in the valid range |
| 88 Unknown gestation | 77 No second dose received during this pregnancy | 77 No third dose received during this pregnancy | a number in the valid range |

## 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**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**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 |

## Gestational age at first antenatal visit and Number of antenatal care visits valid combinations

|  |  |
| --- | --- |
| **If Gestational age at first antenatal visit is:** | **Number of antenatal care visits must be:** |
| Between 02 and 45 (inclusive) | Equal to or greater than 01 |
| 88 No antenatal care | 00 |

## Gravidity and Parity valid combinations

|  |  |  |
| --- | --- | --- |
| **Data item:** | **rule:** | **Gravidity:** |
| Parity | must be less than | Gravidity |

## Gravidity and related data items

|  |
| --- |
| **Gravidity must be less than or equal to the sum of:** |
| Total number of previous abortions – inducedTotal number of previous abortions – spontaneousTotal number of previous ectopic pregnanciesTotal number of previous live birthsTotal number of previous stillbirths (fetal deaths)Total number of previous unknown outcomes of pregnancyPlus one (for example, the current pregnancy) |

## Gravidity ‘Multigravida’ conditionally mandatory data items

|  |  |
| --- | --- |
| **If Gravidity is:** | **the following items cannot be blank:** |
| Greater than one | Date of completion of last pregnancyOutcome of last pregnancy |

## Gravidity ‘Primigravida’ and associated data items valid combinations

|  |
| --- |
| **If Gravidity is** 01**:** |
| **the following data items:** | **must be reported as:** |
| ParityTotal number of previous abortions – inducedTotal number of previous abortions – spontaneousTotal number of previous caesareansTotal number of previous ectopic pregnanciesTotal number of previous live birthsTotal number of previous neonatal deathsTotal number of previous stillbirths (fetal deaths)Total number of previous unknown outcomes of pregnancyDate of completion of last pregnancyOutcome of last pregnancy | 000000000000000000Blank Blank |

## Hypertensive disorder during pregnancy, Events of labour and birth – ICD-10-AM code, Indication for induction (main reason) – ICD-10-AM code, Indication for operative delivery (main reason) – 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**Indication for operative delivery (main reason) – 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 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indication for operative delivery (main reason) – 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 |
| 3 Gestational hypertension | O10O11O12O120O121O122O16 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indication~~s~~ for operative delivery (main reason) – 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 |
| 4 Chronic hypertension | O12O120O121O122O13O16 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indication~~s~~ for operative delivery (main reason) – 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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|  |  |  |
| --- | --- | --- |
| **Hypertensive disorder during pregnancy** | **May not report any code below:** | **In any of the following data elements:** |
| 7 Hypertension, not further specified | O10O11O12O120O121O122O13 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indication~~s~~ for operative delivery (main reason) – 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 |
| 8 No hypertensive disorder during this pregnancy**Or**9 Not stated/ inadequately described | O10O11O13O14O140O141O142O149O15O150O151O152O159O16 | Events of labour and birth – ICD-10-AM code **or**Indication for induction (main reason) – ICD-10-AM code **or**Indication~~s~~ for operative delivery (main reason) – 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 |

## Indication for induction (main reason) – ICD-10-AM code and Indications for induction (other) – free text valid combinations

|  |  |
| --- | --- |
| **Where an entry is reported for Indications for induction (other) – free text** | **then there must be a valid code reported in Indication for induction (main reason) – ICD‑10‑AM code** |
| **If there is no Indication for induction (main reason) – ICD-10-AM code reported** | **then there may be no entry reported for Indications for induction (other) – free text** |

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

|  |  |
| --- | --- |
| **Where an entry is reported for Indications for operative delivery (other) – free text** | **then there must be a valid code reported in Indication for operative delivery (main reason) – ICD‑10‑AM code** |
| **If there is no Indication for opeative delivery (main reason) – ICD-10-AM code reported** | **then there may be no entry reported for Indications for induction (other) – free text** |

## Labour induction/augmentation agent and Labour induction/ augmentation agent – other specified description conditionally mandatory data item

|  |  |
| --- | --- |
| **If Labour induction/augmentation agent is:** | **the following item cannot be blank:** |
| 8 Other – specify | Labour induction/augmentation agent – other specified description |

## 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 |

## Labour type and Labour induction/augmentation agent valid combinations

|  |  |
| --- | --- |
| **When Labour type is:** | **Labour induction/augmentation agent:** |
| 2 Induced – medical **or**3 Induced – surgical **or**4 Augmented | Cannot be blank |

## Labour type ‘Failed induction’ conditionally mandatory data items

|  |  |
| --- | --- |
| **If Labour type is:** | **Failed induction must be reported by submitting the following ICD-10-AM code/s in at least one of the following data items:** |
| 2 Induced medical **and** 5 No labour | Code O610 Failed medical induction of labour – in Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – free text |
| 3 Induced surgical **and** 5 No labour | Code O611 Failed surgical induction of labour – in Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – free text |
| 2 Induced medical **and** 3 Induced surgical **and** 5 No labour | Code O610 Failed medical induction of labour **and** Code O611 Failed surgical induction of labour **or** Code O612 Failed medical and surgical induction of labour – in Indication for operative delivery (main reason) – ICD-10-AM code **or**Indications for operative delivery (other) – free text |

## Labour type, Indication for induction (main reason) – ICD-10-AM code and Indications for induction (other) – free text valid combinations

|  |  |
| --- | --- |
| **If Labour type is:** |  |
| 2 Induced medical **or**3 Induced surgical **or**2 Induced medical **and** 3 Induced surgical | A valid code must be reported in Indication for induction (main reason) – ICD-10-AM code.An entry may also be reported for Indications for induction (other) – free text, if appropriate. |

## Labour type ‘Woman in labour’ and associated data items valid combinations

|  |  |
| --- | --- |
| **If Labour type is:** | **and Method of birth is:** |
| 1 Spontaneous **or** 2 Induced medical **or** 3 Induced surgical **or** 1 Spontaneous **and** 4 Augmented **or** 2 Induced medical **and** 3 Induced surgical | 1 Forceps **or** 3 Vaginal birth – non-instrumental **or**8 Vacuum extraction |
| **the following data items:** | **must report:** |
| Category of unplanned caesarean section urgencyDate of decision for unplanned caesarean sectionDate of onset of labourDate of onset of second stage of labourDate of rupture of membranesFetal monitoring prior to birth – not in labourTime of decision for unplanned caesarean sectionTime of onset of labourTime of onset of second stage of labourTime of rupture of membranes | BlankBlankDDMMCCYYDDMMCCYYDDMMCCYY **or** 77777777BlankBlankHHMM or 7777HHMMHHMM **or** 7777 |

|  |  |
| --- | --- |
| **If labour type is:** | **and Method of birth is:** |
| 1 Spontaneous **or** 2 Induced medical **or** 3 Induced surgical **or** 1 Spontaneous **and** 4 Augmented **or** 2 Induced medical **and** 3 Induced surgical | 6 Planned caesarean – labour |
| **the following data items:** | **must report:** |
| Category of unplanned caesarean section urgencyDate of decision for unplanned caesarean sectionDate of onset of labourDate of onset of second stage of labourDate of rupture of membranesFetal monitoring prior to birth – not in labourTime of decision for unplanned caesarean sectionTime of onset of labourTime of onset of second stage of labourTime of rupture of membranes | BlankBlankDDMMCCYYDDMMCCYY **or** 88888888DDMMCCYY **or** 77777777 **or** 88888888BlankBlankHHMM or 7777HHMM **or** 8888HHMM **or** 7777 or 8888 |

|  |  |
| --- | --- |
| **If labour type is:** | **and Method of birth is:** |
| 1 Spontaneous **or** 2 Induced medical **or** 3 Induced surgical **or** 1 Spontaneous **and** 4 Augmented **or** 2 Induced medical **and** 3 Induced surgical | 5 Unplanned caesarean – labour |
| **the following data items:** | **must report:** |
| Category of unplanned caesarean section urgencyDate of decision for unplanned caesarean sectionDate of onset of labourDate of onset of second stage of labourDate of rupture of membranesFetal monitoring prior to birth – not in labourTime of decision for unplanned caesarean sectionTime of onset of labourTime of onset of second stage of labourTime of rupture of membranes | 1 **or** 2 **or** 3 **or** 9DDMMCCYYDDMMCCYYDDMMCCYY **or** 88888888DDMMCCYY **or** 77777777 **or** 88888888BlankHHMMHHMM or 7777HHMM **or** 8888HHMM **or** 7777 or 8888 |

## Labour type ‘Woman not in labour’ and associated data items valid combinations

|  |  |
| --- | --- |
| **If Labour type is:** | **and Method of birth is:** |
| 5 No labour **or** 2 Induced medical **and** 5 No labour **or** 3 Induced surgical **and** 5 No labour **or** 2 Induced medical **and** 3 Induced surgical **and** 5 No labour | 4 Planned caesarean – no labour **or** 10 Other operative birth |
| **the following data items:** | **must report:** |
| Category of unplanned caesarean section urgencyDate of decision for unplanned caesarean sectionDate of onset of labourDate of onset of second stage of labourDate of rupture of membranesFetal monitoring in labourTime of decision for unplanned caesarean sectionTime of onset of labourTime of onset of second stage of labourTime of rupture of membranes | BlankBlank8888888888888888DDMMYYYY **or** 77777777 **or** 88888888BlankBlank88888888HHMM **or** 7777 **or** 8888 |

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|  |  |
| --- | --- |
| **If Labour type is:** | **and Method of birth is:** |
| 5 No labour **or** 2 Induced medical **and** 5 No labour **or** 3 Induced surgical **and** 5 No labour **or** 2 Induced medical **and** 3 Induced surgical **and** 5 No labour | 7 Unplanned caesarean – no labour  |
| **the following data items:** | **must report:** |
| Category of unplanned caesarean section urgencyDate of decision for unplanned caesarean sectionDate of onset of labourDate of onset of second stage of labourDate of rupture of membranesFetal monitoring in labourTime of decision for unplanned caesarean sectionTime of onset of labourTime of onset of second stage of labourTime of rupture of membranes | 1 **or** 2 **or** 3 **or** 9DDMMCCYY8888888888888888DDMMYYYY **or** 77777777 **or** 88888888BlankHHMM88888888HHMM **or** 7777 **or** 8888 |

## 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
* 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 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
* 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
* Version identifier
* Weight – self-reported – mother

## Manual removal of placenta and Method of birth conditionally mandatory data items

|  |  |
| --- | --- |
| **If Manual removal of placenta is:** | **then Method of birth must be:** |
| Blank | 4 Planned caesarean – no labour **or**5 Unplanned caesarean – labour **or** 6 Planned caesarean – labour **or**7 Unplanned caesarean – no labour |
| 1 Placenta manually removed **or**2 Placenta not manually removed **or**9 Not stated / inadequately described | 1 Forceps **or**3 Vaginal birth – non-instrumental **or**8 Vacuum extraction **or**9 Not stated / inadequately described **or**10 Other operative birth |

## 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 drinks2 3 or 4 standard drinks3 5 or 6 standard drinks4 7 to 9 standard drinks5 10 or more standard drinks9 Not stated / inadequately described |

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|  |  |
| --- | --- |
| **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 drinks2 3 or 4 standard drinks3 5 or 6 standard drinks4 7 to 9 standard drinks5 10 or more standard drinks9 Not stated / inadequately described |

## Maternity model of care – antenatal, Maternity model of care – at onset of labour or non-labour caesarean section and Number of antenatal care visits valid combinations

|  |  |  |
| --- | --- | --- |
| **Where Maternity model of care – antenatal is reported as:** | **Maternity model of care – at onset of labour or non-labour caesarean section must be:** | **And Number of antenatal care visits must be:** |
| NNNNNN (a valid Maternity model of care code) **or**999994 Planned homebirth with care from a registered private homebirth midwife **or**988888 Majority of antenatal care at a health service interstate **or**988899 Majority of antenatal care at a health service in another country | NNNNNN (a valid Maternity model of care code) **or**999994 Planned homebirth with care from a registered private homebirth midwife **or**988888 Majority of antenatal care at a health service interstate **or**988899 Majority of antenatal care at a health service in another country | Greater than 0 |
| 999997 No antenatal care | 999997 No antenatal care | 0 |
| 999999 Not stated/ inadequately described | 999999 Not stated/ inadequately described | 99 Not stated/ inadequately described |

## Maternity model of care code is invalid

The code submitted in Maternity model of care – antenatal and/or Maternity model of care – at onset of labour or non-labour caesarean section is not valid, ie is not one of the supplementary codes listed in Section 3 of the VPDC manual, nor is it a code listed on the MaCCS website as being valid in the past year (Warning error).

## Method of birth and Anaesthesia for operative delivery – indicator conditionally mandatory data item

|  |  |
| --- | --- |
| **If Method of birth is:** | **then the following item cannot be blank:** |
| 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 | Anaesthesia for operative delivery – indicator |

## Method of birth and Labour type valid combinations

|  |  |
| --- | --- |
| **If Method of birth is:** | **Labour type must be:** |
| 1 Forceps **or**3 Vaginal birth – non-instrumental **or**5 Unplanned caesarean – labour **or**6 Planned caesarean – labour **or**8 Vacuum extraction | 1 Spontaneous **or**2 Induced medical **or**3 Induced surgical **or**1 Spontaneous **and** 4 Augmented **or**2 Induced medical **and** 3 Induced surgical |
| 4 Planned caesarean – no labour **or**7 Unplanned caesarean – no labour | 5 No labour **or**2 Induced medical **and** 5 No labour **or** 3 Induced surgical **and** 5 No labour **or** 2 Induced medical **and** 3 Induced surgical  **and** 5 No labour |
| 10 Other operative birth | 1 Spontaneous **or**2 Induced medical **or**3 Induced surgical **or**1 Spontaneous **and** 4 Augmented **or**2 Induced medical **and** 3 Induced surgical **or** 5 No labour **or**2 Induced medical **and** 5 No labour **or** 3 Induced surgical **and** 5 No labour **or** 2 Induced medical **and** 3 Induced surgical  **and** 5 No labour |

## Method of birth and Manual removal of placenta conditionally mandatory data item

|  |  |
| --- | --- |
| **If Method of birth is:** | **then the following item cannot be blank:** |
| 1 Forceps **or**3 Vaginal birth – non-instrumental **or**8 Vacuum extraction | Manual removal of placenta |

## Method of birth, Indication for operative delivery (main reason) – ICD-10-AM 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:** |
| 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 codeIndications for operative delivery (other) – free text |

## Method of birth and Setting of birth – actual valid combinations

|  |  |
| --- | --- |
| **If Method of birth is:** | **then Setting of birth – actual must not be:** |
| 4 Planned caesarean – no labour **or**5 Unplanned caesarean – labour **or**6 Planned caesarean – labour **or**7 Unplanned caesarean – no labour **or**10 Other operative birth | 0003 Home (other) **or**0005 In transit **or**0006 Home – Private midwife care **or**0007 Home – Public homebirth program **or**0008 Other – specify **or**0009 Not stated / inadequately described |

## Outcome of last pregnancy and associated data item valid combinations

|  |  |
| --- | --- |
| **If Outcome of last pregnancy is:** | **then the value for the following data items must be greater than 00:** |
| 1 Live birth | Total number of previous live births |
| 2 Spontaneous abortion | Total number of previous abortions – spontaneous |
| 3 Not stated / inadequately described | Total number of previous unknown outcomes of pregnancy |
| 4 Stillbirth | Total number of previous stillbirths (fetal deaths) |
| 5 Induced abortion | Total number of previous abortions – induced |
| 6 Neonatal death | Total number of previous neonatal deaths |
| 7 Ectopic pregnancy | Total number of previous ectopic pregnancies |

## Outcome of last pregnancy and Last birth – caesarean section indicator conditionally mandatory data items

|  |  |
| --- | --- |
| **If Outcome of last pregnancy is:** | **then the following item cannot be blank:** |
| 1 Live birth **or**4 Stillbirth **or**6 Neonatal death | Last birth – caesarean section indicator |

## Parity and associated data items valid combinations

|  |  |
| --- | --- |
| **If Parity is:** | **then the following item cannot be blank:** |
| Greater than 00 | Date of completion of last pregnancy |
| **and Outcome of last pregnancy must be:** |
| 1 Live birth **or**4 Stillbirth **or**6 Neonatal death |

## Parity and related data items

|  |
| --- |
| **Parity must be less than or equal to the sum of:** |
| Total number of previous live birthsTotal number of previous neonatal deathsTotal number of previous stillbirths (fetal deaths) |

## Patient identifier – baby not reported

|  |  |  |
| --- | --- | --- |
| **Where Birth status is:** | **And Patient identifier – baby**  | **Then** |
| 1 Live born | Not reported (is blank) | A Warning error message will be returned: Please report Patient identifier – baby for live births |
| 2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) | Reported **or** Not reported (is blank) | Reporting of Patient identifier – baby is not required for stillborns, so whether Patient identifier – baby is reported or not, the entry will be deemed correct |
| 9 Not stated/ inadequately described | Reported **or** Not reported (is blank) | A Rejection error message will be returned: Please report a Birth status code that indicates the baby’s birth outcome [due to Birth status being reported as code 9 Not stated/inadequately described] |

## Perineal laceration – indicator and Method of birth valid combinations

|  |  |
| --- | --- |
| **If Perineal laceration – indicator is:** | **Method of birth must be:** |
| 1 Laceration/tear of the perineum following birth | 1 Forceps **or**3 Vaginal birth – non-instrumental **or**5 Unplanned caesarean – labour **or**8 Vacuum extraction **or**10 Other operative birth |

## Perineal laceration – indicator and Perineal/genital laceration – degree/type valid combinations

When Perineal laceration indicator is **code 1 – Laceration/tear of the perineum following birth**, at least one code must be reported in **Perineal/genital Laceration – degree/type**. This can be either a **single code from the following list**:

|  |
| --- |
| **Single codes:** |
| 1 first degree laceration/tear |
| 2 second degree laceration/tear |
| 3 third degree laceration/tear |
| 4 fourth degree laceration/tear |

**or up to three (3) codes from the following combinations of two, or three, codes:**

|  |
| --- |
| **Two-code combinations:** |
| 1 First degree laceration/tear | * 5 Labial/clitoral laceration/tear
 |
| 1 First degree laceration/tear | * 6 Vaginal wall laceration/tear
 |
| 1 First degree laceration/tear | * 7 Cervical laceration/tear
 |
| 1 First degree laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 1 First degree laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 2 Second degree laceration/tear | * 5 Labial/clitoral laceration/tear
 |
| 2 Second degree laceration/tear | * 6 Vaginal wall laceration/tear
 |
| 2 Second degree laceration/tear | * 7 Cervical laceration/tear
 |
| 2 Second degree laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 2 Second degree laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 3 Third degree laceration/tear | * 5 Labial/clitoral laceration/tear
 |
| 3 Third degree laceration/tear | * 6 Vaginal wall laceration/tear
 |
| 3 Third degree laceration/tear | * 7 Cervical laceration/tear
 |
| 3 Third degree laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 3 Third degree laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 4 Fourth degree laceration/tear | * 5 Labial/clitoral laceration/tear
 |
| 4 Fourth degree laceration/tear | * 6 Vaginal wall laceration/tear
 |
| 4 Fourth degree laceration/tear | * 7 Cervical laceration/tear
 |
| 4 Fourth degree laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 4 Fourth degree laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |

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|  |
| --- |
| **Two-code combinations (continued):** |
| 5 Labial/clitoral laceration/tear | * 6 Vaginal wall laceration/tear
 |
| 5 Labial/clitoral laceration/tear | * 7 Cervical laceration/tear
 |
| 5 Labial/clitoral laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 5 Labial/clitoral laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 6 Vaginal wall laceration/tear | * 7 Cervical laceration/tear
 |
| 6 Vaginal wall laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 6 Vaginal wall laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 7 Cervical laceration/tear | * 8 Other perineal laceration, rupture or tear
 |
| 7 Cervical laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 8 Other perineal laceration, rupture or tear | * 0 Laceration, rupture or tear of other genital tract location
 |

|  |
| --- |
| **Three-code combinations:** |
| 1 First degree laceration/ tear | * 5 Labial/clitoral laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 1 First degree laceration/ tear | * 6 Vaginal wall laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 1 First degree laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 1 First degree laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 2 Second degree laceration/ tear | * 5 Labial/clitoral laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 2 Second degree laceration/ tear | * 6 Vaginal wall laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 2 Second degree laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 2 Second degree laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |

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|  |
| --- |
| **Three-code combinations (continued):** |
| 3 Third degree laceration/ tear | * 5 Labial/clitoral laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 3 Third degree laceration/ tear | * 6 Vaginal wall laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 3 Third degree laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 3 Third degree laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 4 Fourth degree laceration/ tear | * 5 Labial/clitoral laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 4 Fourth degree laceration/ tear | * 6 Vaginal wall laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 4 Fourth degree laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 4 Fourth degree laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 5 Labial/clitoral laceration/ tear | * 6 Vaginal wall laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 5 Labial/clitoral laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 5 Labial/clitoral laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 6 Vaginal wall laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 6 Vaginal wall laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 7 Cervical laceration/ tear | * 8 Other perineal laceration, rupture or tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |

When Perineal laceration indicator is **code 2 No laceration/tear of the perineum following birth,** valid **Perineal/genital laceration – degree/type** **codes** and combinations of up to three (3) codes are:

|  |
| --- |
| **Single codes:** |
| blank |
| 5 Labial/clitoral laceration/tear |
| 6 Vaginal wall laceration/tear |
| 7 Cervical laceration/tear |
| 0 Laceration, rupture or tear of other genital tract location |

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|  |
| --- |
| **Two-code combinations:** |
| 5 Labial/clitoral laceration/tear | * 6 Vaginal wall laceration/tear
 |
| 5 Labial/clitoral laceration/tear | * 7 Cervical laceration/tear
 |
| 5 Labial/clitoral laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 6 Vaginal wall laceration/tear | * 7 Cervical laceration/tear
 |
| 6 Vaginal wall laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| 7 Cervical laceration/tear | * 0 Laceration, rupture or tear of other genital tract location
 |
| **Three-code combinations:** |
| 5 Labial/clitoral laceration/ tear | * 6 Vaginal wall laceration/ tear
 | * 7 Cervical laceration/tear
 |
| 5 Labial/clitoral laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |
| 6 Vaginal wall laceration/ tear | * 7 Cervical laceration/ tear
 | * 0 Laceration, rupture or tear of other genital tract location
 |

## Perineal laceration – indicator and Perineal laceration – repair conditionally mandatory data items

|  |  |
| --- | --- |
| **If Perineal laceration – indicator is:** | **then the following item cannot be blank:** |
| 1 Laceration/tear of the perineum following birth | Perineal laceration – repair |

## Residential locality and Residential postcode valid combinations

The reported postcode and locality combination is checked against the reference file to ensure they are a valid combination.

**Example:** ‘Melbourne’ is a valid Residential locality and ‘3050’ is a valid Residential postcode, but together they are an invalid Residential postcode and Residential locality combination. Valid postcode combinations for the locality ‘Melbourne’ are: ‘3000’, ‘3002’, ‘3003’, ‘3004’, ‘3051’, ‘3205’ and ‘3207’.

Valid locality combinations for the postcode ‘3002’ are: ‘E Melbourne’, ‘E. Melbourne’, ‘East Melbourne’, ‘Jolimont’, ‘Melbourne’, ‘Melbourne East’, ‘Parliament House, Melbourne’ and ‘Sinclair’.

## 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 |

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

|  |  |
| --- | --- |
| **If Separation status – baby is:** | **then the following item cannot be blank:** |
| 3 Transferred | 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 item

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

## Setting of birth – actual and Admitted patient election status – mother valid combinations

|  |  |
| --- | --- |
| **If Setting of birth – actual is:** | **Admitted patient election status – mother must be:** |
| 0007 Home – public homebirth program | 1 Public |
| 0006 Home – private midwife care | 2 Private |

## Setting of birth – actual and Setting of birth – actual – other specified description conditionally mandatory data item

|  |  |
| --- | --- |
| **If Setting of birth – actual is:** | **then the following item cannot be blank:** |
| 0008 Other – specify | Setting of birth – actual – other specified description |

## Setting of birth – actual, Setting of birth – intended, Setting of birth – change of intent and Setting of birth – change of intent – reason conditionally mandatory data items

|  |  |
| --- | --- |
| **If Setting of birth – intended is:** | **then the following items cannot be blank:** |
| not equal to Setting of birth – actual | Setting of birth – change of intentSetting of birth – change of intent – reason |

## Setting of birth – intended and Setting of birth – intended – other specified description conditionally mandatory data item

|  |  |
| --- | --- |
| **If Setting of birth – intended is:** | **then the following item cannot be blank:** |
| 0008 Other – specify | Setting of birth – intended – other specified description |

## Sex – baby and Congenital anomalies – indicator conditionally mandatory data item

|  |  |
| --- | --- |
| **If Sex – baby is:** | **Congenital anomalies – indicator must be:** |
| 3 Indeterminate | 3 Congenital anomalies identified antenatally **or**4 Congenital anomalies identified postnatally **or**5 Congenital anomalies identified both antenatally and postnatally |

## 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 Suction **or**03 Oxygen therapy **or**04 Intermittent positive pressure respiration (IPPR) bag and mask with air **or**14 IPPR bag and mask with oxygen **or**05 Endotracheal intubation and IPPR with air **or**15 Endotracheal intubation and IPPR with oxygen **or**06 External cardiac massage and ventilation **or**07 Continuous positive airway pressure with air **or**17 Continuous positive airway pressure with oxygen |

## Total number of previous caesareans and Plan for VBAC conditionally mandatory data item

|  |  |
| --- | --- |
| **If Total number of previous caesareans is:** | **then the following item cannot be blank:** |
| Greater than 00 | Plan for VBAC |

## Transaction Type Flag processing against prior data held, not held or deactivated

|  |  |  |  |
| --- | --- | --- | --- |
| **TTF in this record** | **Prior record in VPDC?**  | **Prior record’s TTF & (current Status)** | **Will this record be rejected?** |
| C | No | Not applicable | No |
| C | Yes | C or N or U or R (Active) | No |
| C | Yes | X (Deactivated) | Yes |
| N | No | Not applicable | No |
| N | Yes | C or N or U or R (Active) | No |
| N | Yes | X (Deactivated) | Yes |
| U | No | Not applicable | No |
| U | Yes | C or N or U or R (Active) | No |
| U | Yes | X (Deactivated) | Yes |
| X | No | Not applicable | Yes |
| X | Yes | C or N or U or R (Active) | No |
| X | Yes | X (Deactivated) | No |
| R | No | Not applicable | Yes |
| R | Yes | C or N or U or R (Active) | No |
| R | Yes | X (Deactivated) | No |