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| Victorian Perinatal Data Collection (VPDC) manual 2025-26  Section 2 Concept and derived item definitions |
| Version 13.0 |
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# Introduction

This section lists concept definitions relating to data items collected by the Victorian Perinatal Data Collection (VPDC), and in some cases provides a guide for their use.

Detailed specifications for reporting data to the VPDC are provided in the following sections of the VPDC manual:

* Section 3: Data definitions
* Section 4: Business rules
* Section 5: Compilation and submission
* Section 5a: Perinatal Webform and HealthCollect

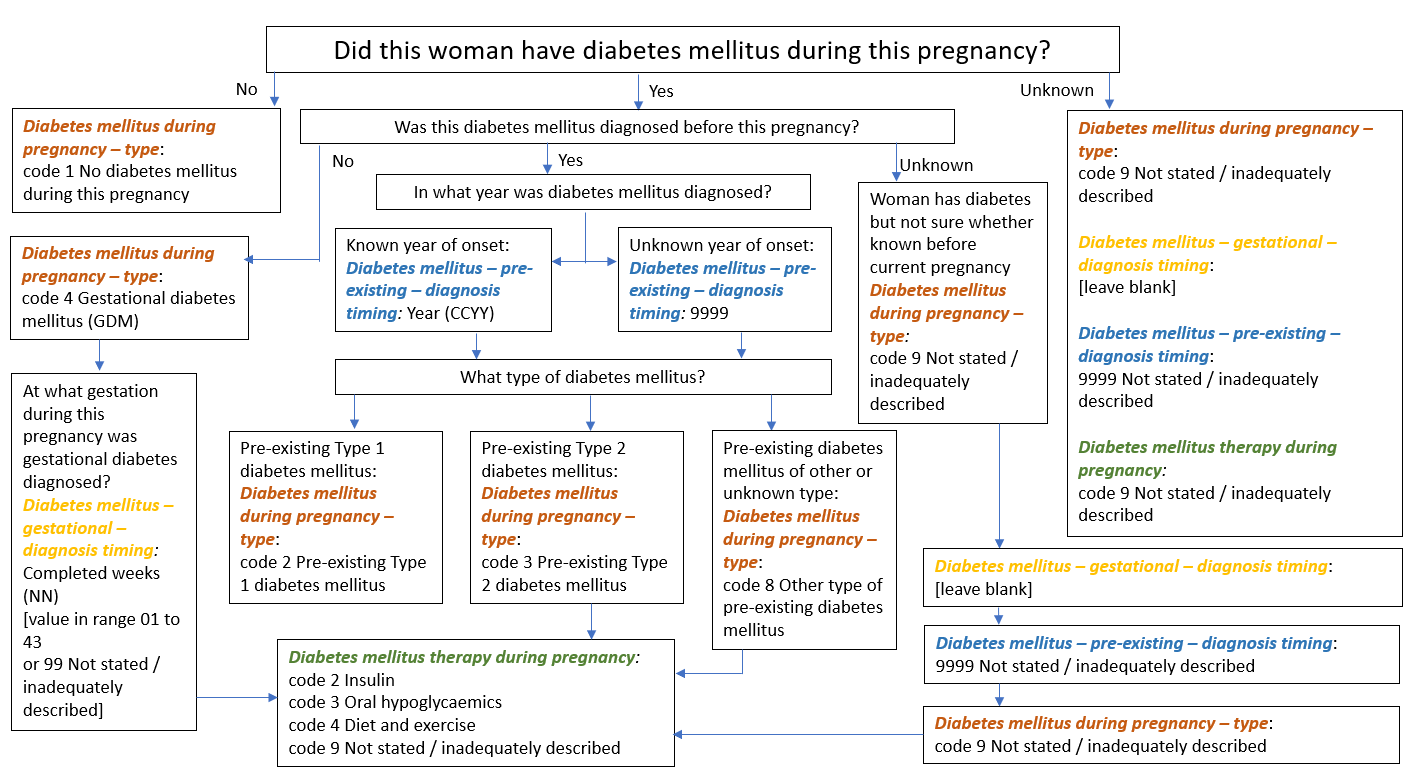
# Concept and derived item definitions

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| Anaesthesia | |
| **Definition/guide for use** | A technique used to introduce an agent to produce a state of reduced or absence of sensation to the woman for the operative or instrumental delivery of the baby. |
| **Related data items (Section 3):** | Anaesthesia for operative delivery – indicator; Anaesthesia for operative delivery – type |
| Analgesia | |
| **Definition/guide for use** | An analgesic agent or technique administered to the woman to relieve the pain of labour without causing loss of consciousness. |
| **Related data items (Section 3):** | Analgesia for labour – indicator; Analgesia for labour – type |
| Antenatal care visit | |
| **Definition/guide for use** | An intentional encounter between a pregnant woman and a midwife or doctor to assess and improve maternal and fetal well-being throughout pregnancy and prior to labour.  An antenatal care visit may occur in the following clinical settings:   * antenatal outpatients clinic * specialist outpatient clinic * general practitioner surgery * obstetrician private room * community health centre * rural and remote health clinic * independent midwife practice setting including home of pregnant female. |
| **Related data items (Section 3):** | Discipline of antenatal care provider; Gestational age at first antenatal visit; Number of antenatal care visits |
| Augmentation | |
| **Definition/guide for use** | Methods used to assist the progress of labour  Spontaneous onset of labour complemented with the use of drugs and or artificial rupture of membranes (ARM) either by hindwater or forewater rupture. Cannot be used if the woman is induced.  More than one method of augmentation can be reported. |
| **Related data items (Section 3):** | Labour induction/augmentation agent; Labour type |

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| Birth weight | |
| **Definition/guide for use** | The first weight of the fetus or baby obtained after birth. The World Health Organization further defines the following categories:   * extremely low birth weight – less than 1,000 grams (up to and including 999 grams) * very low birth weight – less than 1,500 grams (up to and including 1,499 grams) * low birth weight – less than 2,500 grams (up to and including 2,499 grams).   The definitions of low, very low, and extremely low birth weight do not form mutually exclusive categories.  These definitions are all inclusive and therefore overlap. This means, for example, the ‘low’ birth weight range includes ‘very low’ and ‘extremely low’ birth weights, while the ‘very low’ range includes ‘extremely low’ birth weights. |
| **Related data items (Section 3):** | Birth weight |
| Campus | |
| **Definition/guide for use** | A physically distinct site owned or occupied by a health service/hospital where treatment and/or care is regularly provided to patients.  A single-campus hospital provides admitted patient services at one location, offering overnight-stay beds and/or day-stay facilities. Unless designated otherwise by the department, a multi-campus hospital has two or more locations providing admitted patient services, where:   * locations are separated by land (other than public road) that is not owned, leased or used by that hospital * they have the same management at the public health service/hospital level * each campus has overnight stay facilities. A separate location providing day-only services, such as a satellite dialysis unit, is considered to be part of a campus * are not private homes. Private homes where hospital services are provided are considered to be part of a campus.   As a general principle, reporting should identify activity at each campus. Patient activity must be reported under the campus code at which it occurred. Any multi‑campus hospital not currently reporting on this basis, or intending to change from single to multi‑campus, or vice versa, should discuss this with the department. |
| **Related data items (Section 3):** | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother; Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby; Hospital code (agency identifier); Setting of birth – actual; Setting of birth – intended; Transfer destination – baby; Transfer destination - mother |

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| Congenital anomalies | |
| **Definition/guide for use** | The following list contains the most common congenital anomalies for reporting in the field ‘Congenital anomalies – ICD-10-AM code’:   |  |  | | --- | --- | | Q069 | Congenital malformations of spinal cord | | Q0000 | Anencephaly | | Q421 | Anorectal atresia and/or stenosis | | Q3530 | Cleft soft palate | | Q369 | Cleft lip | | Q359 | Cleft palate | | Q2510 | Coarctation of the aorta | | Q650 | Congenital Dislocation of Hip – Unilateral | | Q619 | Cystic Kidney Disease | | Q790 | Diaphragmatic Hernia | | Q019 | Encephalocele | | Q792 | Exomphalos | | Q793 | Gastroschisis | | Q0389 | Hydrocephalus | | Q234 | Hypoplastic Left Heart | | Q549 | Hypospadias | | Q5642 | Indeterminate sex | | Q7380 | Limb reduction defect | | Q02 | Microcephaly | | Q6230 | Obstructive defects of the renal pelvis and ureter | | Q390 | Oesophageal Atresia | | Q602 | Renal agenesis | | Q0590 | Spina Bifida | | Q213 | Tetralogy of Fallot | | Q2031 | Transposition of Great Vessels | | Q917 | Trisomy 13 | | Q913 | Trisomy 18 | | Q909 | Trisomy 21 - Downs Syndrome | | Q2100 | Ventricular Septal Defect (VSD) |   The following conditions do not need to be reported as a congenital anomaly:   * Abnormal palmar creases * Accessory nipples * Anal fissure * Balanced autosomal translocation (unless occurring with structural defects) * Birth injuries * Birth marks (smaller than 4cm, not including giant naevus) * Bowing of legs (unless severe) * Blocked tear ducts (dacryostenosis) * Brushfield spots * Cephalhaematoma * Cleft gum * Clicky hips * Clinodactyly * Craniotabes (unless severe) * Dermatoglyphic abnormalities * Ear abnormalities (minor) * Epicanthic folds * Gastro-oesophageal reflux * Haemangioma (< 4 cm wide) * Hernia – inguinal, umbilical * High-arched palate * Hydrocele * Hypertelorism * Imperforate hymen * Laryngeal stridor * Laryngomalacia * Low slung/set ears * Macroglossia (large tongue) * Meckel’s diverticulum * Meconium ileus * Mental retardations (unless occurring with a syndrome/structural defect) * Metatarsus varus * Micrognathia (unless severe) * Mongolian spots * Occiput, flat/prominent * Patent ductus arteriosus (< 37 weeks) * Philtrum, long/short * Plagiocephaly * Pre-auricular sinus * Prominent forehead * Protruding tongue * Ptosis * Retrognathia (unless severe) * Rocker-bottom feet (prominent heels) * Sacral pits, dimples, sinuses * Short sternum * Simian creases * Single umbilical artery/2 vessels in cord 1 * Skin folds/tags * Slanting eyes * Small mouth * Spina bifida occulta (without evidence of spinal lesion) * Sternomastoid tumour * Subluxating knee joint * Talipes (positional) * Toe anomalies – minor * Tongue tie * Torticollis * Ureteric reflux (ultrasound diagnosed) * Webbing of 2nd and 3rd toes/fingers * Wide suture lines   1 Report two vessels in cord in data element ‘Cord complications’ |
| **Related data items (Section 3):** | Congenital anomalies – ICD-10-AM code; Congenital anomalies – indicator; Sex – baby; Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby; Neonatal morbidity – free text; Neonatal morbidity – ICD-10-AM code |
| Diabetes mellitus | |
| **Definition/guide for use** | Diabetes is a chronic condition in which the levels of glucose (sugar) in the blood are too high. Blood glucose levels are normally regulated by the hormone insulin, which is made by the pancreas. Diabetes occurs when there is a problem with this hormone and how it works in the body.  The main types of diabetes are Type 1 and Type 2. Other varieties include gestational diabetes, diabetes insipidus and pre-diabetes. Gestational diabetes is diabetes that occurs during pregnancy. After the baby is born, the mother’s glucose levels usually return to normal. Women are at greater risk of developing Type 2 diabetes after experiencing gestational diabetes. Pre-diabetes is a condition in which blood glucose levels are higher than normal, although not high enough to cause diabetes. (Source: Better Health Channel)  Intermediate hyperglycaemia is not within the scope of diabetes for the purposes of VPDC diabetes reporting.  Four data elements report details about diabetes to the VPDC:   * Diabetes mellitus during pregnancy – type * Diabetes mellitus – gestational – diagnosis timing * Diabetes mellitus – pre-existing – diagnosis timing * Diabetes mellitus therapy during pregnancy   The following sequence of questions may assist in capturing relevant information.  Refer also to the Reporting guides for these data elements in Section 3 of the VPDC manual. |
| **Related data items (Section 3):** | Diabetes mellitus during pregnancy – type; Diabetes mellitus – gestational – diagnosis timing; Diabetes mellitus – pre-existing – diagnosis timing; Diabetes mellitus therapy during pregnancy; Events of labour and birth – free text; Events of labour and birth – ICD-10-AM code; Indication for induction (main reason) – ICD-10-AM code; Indications for induction (other) – free text; Indications for induction (other) – ICD-10-AM code; Indication~~s~~ for operative delivery (main reason) – ICD-10-AM code; Indications for operative delivery (other) – free text; Indications for operative delivery (other) – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications – ICD-10-AM code. |

**Flow diagram to support reporting of VPDC data items about Diabetes mellitus during this pregnancy:**



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| Estimated gestational age | | |
| **Definition/guide for use** | The period of development of the fetus from the time of fertilisation until birth, as determined by clinical assessment.  The World Health Organization identifies the following categories:   * pre-term – less than 37 completed weeks (259 days) of gestation * term – from 37 completed weeks to less than 42 completed weeks (259 to 293 days) of gestation * post-term – 42 completed weeks (294 days) or more of gestation   Gestational age is frequently a source of confusion when calculations are based on menstrual dates. When calculating the gestational age from the date of the first day of the last menstrual period and the date of delivery, it should be kept in mind that the first day is day zero and not day one.  Where more than one gestational age is estimated, by date, ultrasound or clinical assessment at birth, record the gestational age by dates if they are reliable. If the dates are not reliable, record the gestational age as determined by clinical assessment. If there was no clinical estimate at birth, record an ultrasound estimate. | | |
| **Related data items (Section 3):** | Estimated gestational age; Gestational age at first antenatal visit | | |
| Geographic indicator | |
| **Definition/guide for use** | A classification scheme that divides an area into mutually exclusive sub-areas based on geographic location. Some geographic indicators are:   * Australian Standard Geographical Classification (ASGC, ABS cat no. 1216.0, effective up until 1 July 2011) * Australian Statistical Geography Standard (ASGS, ABS cat. Nos. 1270.0.55.001 to 1270.0.55.005 effective from 1 July 2011) * Administrative regions * Electorates * Accessibilty/Remoteness Index of Australia (ARIA) * Rural, Remoteness and Metropolitan Area Classification (RRMA) * Country |
| **Context:** | To enable the analysis of data on a geographical basis. Facilitates analysis of service provision in relation to demographic and other characteristics of the population of a geographical area. |
| **Related data items (Section 3):** | Country of birth; Residential locality; Residential postcode; Residential road name – mother; Residential road number – mother; Residential road suffix – mother; Residential road type – mother |

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| |  |  |  | | --- | --- | --- | | Gestational diabetes | | | | **Definition/guide for use** | Gestational diabetes mellitus (GDM) is a carbohydrate intolerance resulting in hyperglycaemia with onset or first recognition during pregnancy. The definition applies irrespective of whether or not insulin is used for treatment, or the condition persists after pregnancy. | | | | | | | | |
| |  |  | | --- | --- | | **Related data items (Section 3):** | Diabetes mellitus during pregnancy – type; Diabetes mellitus – gestational – diagnosis timing; Diabetes mellitus – pre-existing – diagnosis timing; Diabetes mellitus therapy during pregnancy; Events of labour and birth – free text; Events of labour and birth – ICD-10-AM code; Indication for induction (main reason) – ICD-10-AM code; Indications for induction (other) – free text; Indications for induction (other) – ICD-10-AM code; Indications for operative delivery (main reason) – ICD-10-AM code; Indications for operative delivery (other) – free text; Indications for operative delivery (other) – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications – ICD-10-AM code. | | | | | | | | |
| High dependency unit (HDU) | | | | | | | |
| **Definition/guide for use** | A high dependency unit must be an approved unit capable of providing basic multi-system life support for a period of usually less than 24 hours.  High dependency care is delivered in one or more of the following circumstances:   * single-organ system monitoring and support, excluding advanced respiratory system support * general observation and monitoring, more detailed observation, and where use of monitoring equipment cannot safely be provided on a general ward. This may include extended post-operative monitoring for high risk patients * step-down care – for patients who no longer require intensive care, but are not well enough to be returned to a general ward.   Hospitals with a designated ICU may have HDU beds located within them. | | | | | | | |
| **Related data items (Section 3):** | | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother | | | | | | | |
| Hospital | | | | |
| **Definition/guide for use** | A healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients.  A hospital may be located at one physical site or may be a multi-campus hospital. For the purposes of these definitions, ‘hospital’ includes satellite units managed and staffed by the hospital, and private homes used for service provision under the Hospital in the Home program.  The definition includes:   * public hospitals, denominational hospitals, metropolitan health services, and privately operated (public) hospitals as defined in the *Health Services Act 1988* (as amended) * private hospitals and day-procedure centres registered under the Health Services Act. Private hospitals are required to maintain separate registrations for each site.   Nursing homes and hostels, which are now approved under the *Aged Care Act 1997,* are excluded from the definition, as are supported residential services registered under the Health Services Act. | | | |
| **Related data items (Section 3):** | | | Hospital code (agency identifier); Setting of birth – actual; Setting of birth – intended; Transfer destination – baby; Transfer destination - mother | |
| Hospital in the home (HITH) | | | | |
| **Definition/guide for use** | | | Hospital in the Home (HITH) is the provision of admitted-level care in the patient’s home or other suitable location as a substitute for care in a ward-based setting during a hospital admission.  That is, HITH is an alternative to an in-hospital stay. Patients receiving care in HITH are hospital inpatients, and remain under the care of their hospital doctor. Care may be provided by nurses, doctors, or allied health professionals, and additional home supports arranged as required.  Patients can be offered care in HITH as an option if the care they need can be delivered safely in their home or other place of residence. Participation is voluntary and is without additional charge to the patient.  Place of residence may be permanent or temporary, and includes residential facilities such as nursing homes, hostels or other forms of supported accommodation. Medi-hotels are excluded.  Criteria for inclusion as HITH include but are not limited to:   * without hospital-in-the-home care being available patients would be accommodated in the hospital; * the treatment forms all or part of an episode of care for an admitted patient; * the hospital medical record is maintained for the patient; * there is adequate provision for crisis care.   The admitted stay might be a combination of ward-based and HITH care or replace care provided in the ward-based setting completely.  Public hospitals should provide HITH services in line with the [Victorian HITH guidelines](https://www.health.vic.gov.au/patient-care/hospital-in-the-home) < https://www.health.vic.gov.au/patient-care/hospital-in-the-home >  Movement between ward and HITH accommodation is equivalent to moving between wards in a hospital setting, and is reported within the same admitted episode.  HITH suitability and assessment criteria are documented in the HITH guidelines available at the [Hospital in the Home webpage](https://www.health.vic.gov.au/patient-care/hospital-in-the-home) <https://www.health.vic.gov.au/patient-care/hospital-in-the-home>  References: AIHW <<https://meteor.aihw.gov.au/content/327308>> , <<https://meteor.aihw.gov.au/content/756062>> ; [VAED manual 2024-25, Section 2](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) < https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset> | |
| **Related data items (Section 3):** | | | Reason for transfer out – baby; Reason for transfer out – mother; Separation status – baby; Separation status – mother; Transfer destination – baby; Transfer destination – mother | |
| Hypertensive disorder during pregnancy | | | | |
| **Definition/guide for use** | | | Hypertensive disorder during pregnancy includes pre-existing hypertensive disorders, hypertension arising in pregnancy and associated disorders such as eclampsia and preeclampsia.  Hypertension in pregnancy is defined as:   * Systolic blood pressure greater than or equal to 140 mmHg and/or * Diastolic blood pressure greater than or equal to 90 mmHg.   Measurements should be confirmed by repeated readings over several hours. Elevations of both systolic and diastolic blood pressures have been associated with adverse fetal outcome and therefore both are important.  Disorders associated with hypertension such as eclampsia and preeclampsia are further characterised by symptoms such as proteinuria, oedema or high body temperature.  There are several reasons to support the blood pressure readings defined above as diagnostic of hypertension in pregnancy:   * perinatal mortality rises with diastolic blood pressures above 90 mmHg * readings above this level were beyond two standard deviations of mean blood pressure in a New Zealand cohort of normal pregnant women * the chosen levels are consistent with international guidelines and correspond with the current diagnoisis of hypertension outside of pregnancy.   This definition of hypertensive disorder in pregnancy from the Society of Obstetric Medicine in Australia and New Zealand (SOMANZ) aligns with the definition of the International Society for the Study of Hypertension in Pregnancy (ISSHP).  (Source: METeOR #655620, Australian Institute of Health and Welfare) | |
| **Related data items (Section 3):** | | | Events of labour and birth – free text; Events of labour and birth – ICD-10-AM code; Indication for induction (main reason) – ICD-10-AM code; Indications for induction (other) – free text; Indications for induction (other) – ICD-10-AM code; Indication for operative delivery (main reason) – ICD-10-AM code; Indications for operative delivery (other) – free text; Indications for operative delivery (other) – ICD-10-AM code; Maternal medical conditions – free text; Maternal medical conditions – ICD-10-AM code; Obstetric complications – free text; Obstetric complications – ICD-10-AM code; Postpartum complications – free text; Postpartum complications – ICD-10-AM code | |
| Induction | | | | |
| **Definition/guide for use** | | | Procedure performed to stimulate and establish labour in a woman who has not started labour spontaneously.  More than one method of induction can be recorded. The use of medications or forewater ARM to initiate labour following pre-labour rupture of the membranes (PROM) is considered an induction (but not an augmentation as augmentation is possible only after labour has started spontaneously). If labour begins spontaneously following PROM, the use of these techniques should be reported as augmentation. | |
| **Related data items (Section 3):** | | | Indication for induction (main reason) – ICD-10-AM code; Indications for induction (other) – free text; Indication for induction (other) – ICD-10-AM code | |
| Infant death | | | | | | | |
| **Definition/guide for use** | | | The death of an infant occurring within one year of birth. | | | |
| **Related data items (Section 3):** | | | Separation status – baby | | | |
| Intensive care unit (ICU) | | | | | | |
| **Definition/guide for use** | | | An intensive care unit (ICU) is a designated hospital ward that is specially staffed and equipped to provide observation, care and treatment to patients with actual or potentially life-threatening illnesses, injuries or complications from which recovery is possible. The ICU provides special expertise and facilities for the support of vital functions. It employs the skills of medical, nursing and other staff trained and experienced in the management of these problems.  There are five different levels and types of intensive care associated with perinatal information, details of which are listed below:   * adult intensive care – level 3, level 2, level 1 * neonatal intensive care – level 3 * paediatric intensive care.   As defined, ICUs do not include special care nurseries, coronary care units, high dependency units (HDUs), intensive nursing units or step-down units. All levels and types of ICU must be separate and self-contained facilities in hospitals, and must conform to relevant Australian Council on Healthcare Standards (ACHS) guidelines for clinical standards and staffing requirements.  **Neonatal intensive care unit** **– nature of facility**  A level 3 neonatal ICU must be capable of providing complex, multi‑system life support for an indefinite period.  **Care process**  A neonatal ICU must be capable of providing mechanical ventilation and invasive cardiovascular monitoring. These types of services are illustrative of the nature of care provided in a neonatal ICU but are not exhaustive of the possibilities.  **Paediatric intensive care unit – nature of facility**  A paediatric ICU must be a separate and self‑contained facility in the hospital, and must be capable of providing complex, multi-system life support for an indefinite period. It must be a tertiary referral centre for children needing intensive care and have extensive backup laboratory and clinical service facilities to support this tertiary role.  **Care process**  A paediatric ICU must be capable of providing mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age. These types of services are illustrative of the nature of care provided in a paediatric ICU but are not exhaustive of the possibilities. | |
| **Related data items (Section 3):** | | | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother; Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby | |
| Labour type | | | | | |
| **Definition/guide for use** | | | | The manner in which labour started in a birth event.  Labour commences at the onset of regular uterine contractions, which act to produce progressive cervical dilatation, and is distinct from spurious labour or pre-labour rupture of membranes (PROM).  If prostaglandins were given to induce labour and there is no resulting labour until after 24 hours have passed, then a later onset of labour without further induction techniques should be coded as a spontaneous onset. | |
| **Related data items (Section 3):** | | | | Labour induction / augmentation agent; Labour type | |

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| Live birth | | |
| **Definition/guide for use** | A live birth is described by the World Health Organisation to be the complete expulsion or extraction from the mother of a baby irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as, beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born. |
| **Related data items (Section 3):** | Birth status; Parity; Total number of previous live births |
| Migrant status | | |
| **Definition/guide for use** | An international migrant (referred to as migrant) is defined as "any person who changes his or her country of usual residence" (United Nations 1998).  Migrant is defined as a person who was born overseas whose usual residence is Australia. A person is regarded as a usual resident if they have been (or are expected to be) residing in Australia for a period of 12 months or more. As such, it generally refers to all people, regardless of nationality, citizenship or legal status who usually live in Australia, with the exception of foreign diplomatic personnel and their families. Persons may have permanent resident status or temporary resident status (plan to stay in Australia for 12 months or more).  A person who enters Australia on a temporary basis to work, study or holiday may be referred to as a temporary migrant. The main groups contributing to temporary migration are New Zealand citizens, international students, temporary resident visa holders (including working holiday makers and 457 visa holders), and visitors (including tourists and people on short business trips or visiting family).  Source: Australian Bureau of Statistics |
| **Related data items (Section 3):** | Country of birth; Spoken English proficiency; Year of arrival in Australia |
| Neonatal death | | |
| **Definition/guide for use** | The death of a live-born infant, less than 28 days after birth, of any gestation or, if gestation is unknown, weighing at least 400 grams. |
| **Related data items (Section 3):** | Birth status; Parity; Total number of previous neonatal deaths |
| Operative delivery | | |
| **Definition/guide for use** | The birth of an infant either by operative vaginal birth or caesarean section.  Operative vaginal birth refers to a forceps or vacuum‑assisted birth. Operative intervention in the second stage of labour may be indicated by conditions of the fetus or the mother. Maternal indication includes inadequate progress in labour, congestive heart failure and cerebral vascular malformations. Caesarean section is the surgical alternative to operative vaginal birth. This may be an elective or emergency procedure. |
| **Related data items (Section 3):** | Anaesthesia for operative delivery – indicator; Anaesthesia for operative delivery – type; Category of unplanned caesarean section; Date of decision for unplanned caesarean section; Indication for operative delivery (main reason) – ICD-10-AM code; Indications for operative delivery (other) – free text; Indications for operative delivery (other) – ICD-10-AM code; Last birth – caesarean section indicator; Method of birth; Plan for vaginal birth after caesarean; Procedure – ACHI code; Procedure – free text; Time of decision for unplanned caesarean section; Total number of previous caesareans |
| Perineum | | |
| **Definition/guide for use** | The region situated between the opening of the bowel behind and of the genital organs in front. During childbirth this area becomes stretched and the vaginal opening may tear or need to be cut to facilitate birth. |
| **Related data items (Section 3):** | Episiotomy – indicator; Perineal / genital laceration – degree / type; Perineal laceration – indicator; Perineal laceration – repair; Procedure – ACHI code; Procedure – free text |
| Pregnancy | |
| **Definition/guide for use** | The period during which a woman carries a developing fetus, normally in the uterus. Pregnancy lasts for approximately 266 days from conception until the baby is born, or 280 days from the first day of the last menstrual period. |
| **Related data items (Section 3):** | Artificial reproductive technology – indicator; Date of completion of last pregnancy; Estimated gestational age |

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| Primary postpartum haemorrhage | |
| **Definition** | Primary postpartum haemorrhage, a form of obstetric haemorrhage, is excessive bleeding from the genital tract after childbirth, occurring within 24 hours of birth.  A blood loss of 500mls is the usual minimum amount for identification of postpartum haemorrhage however a woman’s haemodynamic instability is also taken into account, meaning that a smaller blood loss may be significant in a severely compromised woman.  Secondary postpartum haemorrhage is excessive bleeding from the genital tract after childbirth occurring between 24 hours and 6 weeks postpartum. |
| **Related data items (Section 3):** | Blood loss assessment – indicator; Blood loss (ml); Main reason for excessive blood loss following childbirth; Prophylactic oxytocin in third stage |
| Procedure | |
| **Definition/guide for use** | A clinical intervention that:   * is surgical in nature * carries a procedural risk * carries an anaesthetic risk * requires specialised training or * requires special facilities or equipment only available in an acute care setting. |
| **Related data items (Section 3):** | Procedure – ACHI code; Procedure – free text |
| Registered nurse | |
| **Definition/guide for use** | Registered nurses include persons with at least a three year training certificate and nurses holding post graduate qualifications. Registered nurses must be registered with the state/territory registration board. This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, midwife (including pupil midwife), psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator. This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing. |
| **Related data items (Section 3):** | Discipline of antenatal care provider; Discipline of lead intrapartum care provider |

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| Separation | |
| **Definition/guide for use** | Separation is the process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical.  Formal separation:  The administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.  Statistical separation:  The administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay (a change of Care Type eg from acute to rehabilitation). |
| **Related data items (Section 3):** | Separation date – baby; Separation date – mother; Separation status – baby; Separation status – mother |
| Stillbirth (fetal death) | |
| **Definition/guide for use** | A fetal death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more birthweight.  The death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.  Termination of pregnancy performed at gestational ages of 20 or more weeks should be included in perinatal collections and should be recorded as stillborn or, in the unlikely event of showing evidence of life, as live births.  Fetus papyraceous and fetus compressus are products of conception recognisable as a deceased fetus. These fetal deaths are likely to have occurred before 20 weeks gestation but should be included as stillbirths in perinatal collections if they are recognisable as a fetus and have been expelled or extracted with other products of conception at 20 or more weeks gestational age. |
| **Related data items (Section 3):** | Birth status; Parity; Total number of previous stillbirths (fetal deaths) |
| Transfer | |
| **Definition/guide for use** | Transfer refers to patients moving between two different hospitals or hospital campuses where:   * they were assessed or received care and treatment in the first hospital * it is intended that the patient receives admitted care in the second hospital |
| **Related data items (Section 3):** | Reason for transfer out – baby; Reason for transfer out – mother; Separation date – baby; Separation date – mother; Separation status – baby; Separation status – mother; Transfer destination – baby; Transfer destination – mother |