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| Koori Maternity ServicesMinimum dataset - definitions |
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Department of Health

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# Introduction

Developed in consultation with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Koori Maternity Services (KMS) workforce, the updated KMS minimum dataset and e-reporting form provides a more informed evidence-base for future program development and guides the ongoing integration of services for more flexible, responsive care that is culturally safe.

Aboriginal Community Controlled Organisations and public health services funded to provide a Koori Maternity Service are required to submit one form at the end of a woman’s journey through the KMS program (or at 6 weeks postnatal, whichever is first). One form should be submitted per pregnancy, regardless of the plurality of the pregnancy.

Continued consultation with the KMS workforce and VACCHO will occur throughout 2018-19, to further build on the strategic directions of Korin Korin Balit Djak, as well as test, refine and improve the minimum dataset and definitions.

For further information, please do not hesitate to contact:

**Women’s and Children’s Policy**

**Department of Health and Human Services**

maternity@dhhs.vic.gov.au

(03) 9096 0491

# Reporting individual

## Koori Maternity Service

|  |  |
| --- | --- |
| Definition  | Koori Maternity Services provide flexible, inclusive and culturally safe maternity care to Aboriginal women, babies and families. |
| Permissible values  | Select one from the following permissible values:* Central Gippsland Aboriginal Health Service
* Dandenong and District Aborigines Co-operative
* Gippsland and East Gippsland Aboriginal Co-operative
* Gunditjmara Aboriginal Co-operative
* Mallee District Aboriginal Health Service - Swan Hill
* Mallee District Aboriginal Service - Mildura
* Mungabareena Aboriginal Corporation
* Njernda Aboriginal Corporation
* Northern Health (The Northern Hospital)
* Peninsula Health (Frankston Hospital)
* Rumbalara Aboriginal Co-operative
* Victorian Aboriginal Health Service
* Wathaurong Aboriginal Co-operative
* Western Health (Sunshine Hospital)
 |
| Reporting guide  | Select appropriate location of Koori Maternity Service. |

## Reporting individual

|  |  |
| --- | --- |
| Definition  | Person recording information into e-Form. |
| Permissible values  | Free text |
| Reporting guide  | Person recording information into e-Form to enter their full name. |

## Direct time (hours)

|  |  |
| --- | --- |
| Definition  | The total number of hours spent providing face-to-face care to the woman during pregnancy, birth and in the postnatal period by a midwife, and/or an Aboriginal Health Worker.  |
| Permissible values  | Unit of measure is hours. |
| Reporting guide  | Separate entries should be made for the direct (face-to-face) service time for Koori Maternity Services midwives and Aboriginal Health Workers.  |

## Indirect time (hours)

|  |  |
| --- | --- |
| Definition  | The total number of hours during pregnancy, birth and in the postnatal period to provide: * advocacy and support and/or
* travel related to the woman’s care.
 |
| Permissible values  | Unit of measure is hours. |
| Reporting guide  | Separate entries should be made for the indirect service time for Koori Maternity Services midwives and Aboriginal Health Workers.  |

# Client details – Indigenous status

## Indigenous status - mother

|  |  |
| --- | --- |
| Definition  | Indigenous status is a measure of whether a person (mother) identifies as being of Aboriginal or Torres Strait Islander origin.  |
| Permissible values  | * Aboriginal but not Torres Strait Islander origin
* Torres Strait Islander but not Aboriginal origin
* Both Aboriginal and Torres Strait Islander origin
* Neither Aboriginal nor Torres Strait Islander origin
* Not stated / inadequately described.
 |
| Reporting guide  | High quality and safe maternity care responds to the individual clinical, social and cultural needs of women and their families. All women accessing a Koori Maternity Service should be asked whether they identify as being of Aboriginal or Torres Strait Islander origin. |

## Indigenous status - baby

|  |  |
| --- | --- |
| Definition  | Whether the baby is identified as being of Aboriginal or Torres Strait Islander origin. |
| Permissible values  | * Aboriginal but not Torres Strait Islander origin
* Torres Strait Islander but not Aboriginal origin
* Both Aboriginal and Torres Strait Islander origin
* Neither Aboriginal nor Torres Strait Islander origin
* Not stated / inadequately described.
 |
| Reporting guide  | High quality and safe care responds to the individual clinical, social and cultural needs of women and their families. All women/families accessing a Koori Maternity Services should be asked whether their baby is Aboriginal or Torres Strait Islander.  |

## Indigenous status - father

|  |  |
| --- | --- |
| Definition  | Indigenous status is a measure of whether a person (father) identifies as being of Aboriginal or Torres Strait Islander origin.  |
| Permissible values  | * Aboriginal but not Torres Strait Islander origin
* Torres Strait Islander but not Aboriginal origin
* Both Aboriginal and Torres Strait Islander origin
* Neither Aboriginal nor Torres Strait Islander origin
* Not stated / inadequately described.
 |
| Reporting guide  | High quality and safe care responds to the individual clinical, social and cultural needs of women and their families.  |

# Cultural safety and care

## Experience of removal/separation from community/country

|  |  |
| --- | --- |
| Definition  | The woman reports a direct experience of separation or disconnection from family, community, culture or country |
| Permissible values  | Select one:* Yes
* No
* Unsure
* Prefer not to say
 |
| Reporting guide  | The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the ‘whole body’ but in face is steeped in the harmonised interrelations which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.[[1]](#footnote-1) For many women and their families separation or disconnection from family, community, culture or country has an ongoing impact on health and wellbeing. |

## Cultural care co-ordination provided to woman/family

|  |  |
| --- | --- |
| Definition  | Koori Maternity Services provide cultural care co-ordination for a woman and her family during pregnancy, birth or the postnatal period.  |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | Cultural care coordination includes the provision of:* support and referral regarding the impacts of intergenerational trauma
* support, advocacy and referral following racism and discrimination
* support to birth on country
* placental burial
* welcome baby to country
* other (free text option included).

Separate entries should be made for the cultural care coordination provided by Koori Maternity Service midwives and Aboriginal Health Workers. |

# Antenatal care - clinical

## Attended KMS for pre-conception care and advice

|  |  |
| --- | --- |
| **Definition**  | Woman or her partner attended the Koori Maternity Service for health care and advice about planning a pregnancy.  |
| **Permissible values** | Select one:* Yes
* No
 |
| **Reporting guide**  | Pre-conception health care and advice can include:* blood tests to check for haemoglobin level, blood group, immunity for German measles (rubella) and chickenpox (varicella), hepatitis B and human immunodeficiency virus (HIV)
* tests for any sexually transmissible infection (STI)
* advice about lifestyle modification that will improve the chance of pregnancy and the health of the baby
* advice to take folate and iodine supplements before conception and during pregnancy
* referral to a specialist if either parent has a pre-existing medical condition that might affect the chances of pregnancy, or pregnancy health
* a review of any prescription medicines either parent may be taking
* referral for genetic counselling where appropriate
* information about health services and choices of pregnancy care.
 |

## Attended KMS for antenatal care

|  |  |
| --- | --- |
| Definition  | Pregnant woman attended the Koori Maternity Service for the purpose of receiving regular antenatal care.  |
| Permissible values | Select one:* Yes
* No

If ‘No’ selected, reason should be entered:* + No antenatal care received
	+ Transfer of care – moved
	+ Hospital based antenatal care only
	+ Other community based antenatal care
 |
| Reporting guide  | Select ‘Yes’ if the women attended the Koori Maternity Service one or more times to receive antenatal care.  |

## Number of antenatal care visits with KMS

|  |  |
| --- | --- |
| Definition  | The total number of antenatal care visits attended by a pregnant female with a Koori Maternity Service. |
| Permissible values  | 1 – 15, greater than 15 |
| Reporting guide  | Antenatal care visits are attributed to the pregnant woman. An antenatal care visit does not include a visit where the sole purpose of contact is to confirm the pregnancy only, or those contacts that occurred during the pregnancy that related to other non-pregnancy related issues. Multiple visits on the same day should be recorded as one visit.  |

## Gestational age at first antenatal visit with KMS

|  |  |
| --- | --- |
| Definition  | Gestational age at first antenatal visit is calculated from the first day of the last normal menstrual period to the time of the first antenatal visit. The first visit should not include visits for confirmation of pregnancy |
| Permissible values | Range: two to 45 (inclusive)Not stated/inadequately described. |
| Reporting guide  | The gestational age should be recorded in completed weeks, for example, if gestation is eight weeks and six days, this should be recorded as eight weeks.  |

## Gestational age at first antenatal visit with other healthcare provider

|  |  |
| --- | --- |
| Definition  | Gestational age at first antenatal visit is calculated from the first day of the last normal menstrual period to the time of the first antenatal visit. The visit is a planned occasion of service between a pregnant woman and health care provider. The first visit should not include visits for confirmation of pregnancy |
| Permissible values  | Range: one to 40 (inclusive)Not applicable |
| Reporting guide  | This field should be completed if the woman’s first antenatal visit was with another healthcare provider (not Koori Maternity Service). The first visit may occur in the following clinical settings: * Antenatal outpatients clinic
* Specialist outpatient clinic
* General practitioner surgery
* Obstetrician private rooms
* Community health centre
* Rural and remote health clinic
* Independent midwife practice setting including home of the pregnant mother.
 |

## Number of obstetric antenatal visits

|  |  |
| --- | --- |
| Definition  | The total number of antenatal care visits attended by a pregnant female with a doctor (GP Obstetrician, Obstetrician, etc.). |
| Permissible values  | 0 – 15, >15 |
| Reporting guide  | Antenatal care visits are attributed to the pregnant woman. Include all pregnancy-related appointments with medical doctors where the medical officer has entered documentation related to that visit on the antenatal record. An antenatal care visit does not include a visit where the sole purpose of contact is to confirm the pregnancy only, or those contacts that occurred during the pregnancy that related to other non-pregnancy related issues. An antenatal care visit does not include a visit where the sole purpose of contact is to perform image screening, diagnostic testing or the collection of bloods or tissue for pathology testing. Exception to this rule is made when the health professional performing the procedure or test is a doctor or midwife and the appointment directly relates to this pregnancy and the health and wellbeing of the fetus. Multiple visits on the same day should be recorded as one visit. |

## Referred for specialist obstetric care

|  |  |
| --- | --- |
| Definition  | Referral made for consultation/ongoing care to a specialist obstetrician (RANZCOG).  |
| Permissible values  | Select one:* Yes
* No

If ‘Yes’ selected, advise whether KMS continued to provide shared care following referral to specialist Obstetrician |
| Reporting guide  | Koori Maternity Services usually remain a member of the women’s care team where ongoing care is transferred to a specialist/obstetric service.  |

## Attended antenatal pregnancy and birth education visits (classes/groups/individual) at KMS

|  |  |
| --- | --- |
| Definition  | Woman attended formal, structured antenatal pregnancy and birth education delivered by Koori Maternity Service.  |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | Education could be provided in group or individual setting.  |

## Attended antenatal pregnancy and birth education visits (classes/groups/individual) external to KMS

|  |  |
| --- | --- |
| Definition  | Woman attended formal, structured antenatal pregnancy and birth education with other health care provider external to Koori Maternity Service. |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | Education could be provided in group or individual setting.  |

## Gravidity

|  |  |
| --- | --- |
| Definition  | The total number of pregnancies, including the current one. |
| Permissible values | Range: * 1 to 10
* >10
 |
| Reporting guide | Report the numbers of known pregnancies (including this pregnancy), regardless of the gestation, including all pregnancies that resulted in a:* live birth
* stillbirth (at least 20 weeks gestation/at least 400 grams birth weight)
* spontaneous or induced abortion.

If this is the first pregnancy, enter the value 1. Pregnancies of multiple babies should be counted as only one pregnancy (for example, twins are counted as one pregnancy).  |

## Parity

|  |  |
| --- | --- |
| Definition  | The total number of previous pregnancies resulting in a live birth or a stillbirth.  |
| Permissible values | Range: * 0 to 10
* >10
 |
| Reporting guide  | Count all previous pregnancies that resulted:* in a live birth
* in a stillbirth of at least 20 weeks gestation or at least 400 grams birth weight.

Exclude: * the current pregnancy
* pregnancies resulting in spontaneous or induced abortions before 20 weeks gestation
* ectopic pregnancies.

Women giving birth for the first time have a parity of 0. A pregnancy with multiple babies is counted as one pregnancy.  |

## Plurality

|  |  |
| --- | --- |
| Definition  | The total number of babies resulting from a single pregnancy.  |
| Permissible values | Range:* Singleton
* Twins
* Triplets
* Quadruplets
* Quintuplets
* Sextuplets
 |
| Reporting guide  | Plurality at birth is determined by the total number of live births and stillbirths that result from the pregnancy. Stillbirths, including those where the fetus is likely to have died before 20 weeks gestation, should be included in the count of plurality. To be included they should be recognisable as a fetus and have been expelled or extracted with other products of conception when pregnancy ended at 20 or more weeks gestation.  |

## Outcome of last pregnancy

|  |  |
| --- | --- |
| Definition  | Outcome of the most recent pregnancy prior to this current pregnancy  |
| Permissible values  | * Live birth
* First pregnancy
* Spontaneous abortion
* Stillbirth
* Induced abortion
* Newborn death (within 28 days of birth)
* Ectopic pregnancy
* Not disclosed
* Multiple birth
 |
| Reporting guide  | In the case of a multiple pregnancy with fetal loss before 20 weeks, report the outcome of the surviving fetus(es) beyond 20 weeks. In multiple pregnancies with more than one type of outcome, select the appropriate outcome based on the following hierarchy: neonatal, death, stillbirth, live birth.  |

## Outcome of this pregnancy

|  |  |
| --- | --- |
| Definition  | Outcome of the most recent pregnancy preceding the current pregnancy.  |
| Permissible values  | * Live birth
* Spontaneous abortion
* Not stated / inadequately described
* Stillbirth
* Induced abortion
* Neonatal death
* Ectopic pregnancy
 |
| Reporting guide  | In the case of a multiple pregnancy with fetal loss before 20 weeks, report the outcome of the surviving fetus(es) beyond 20 weeks. In multiple pregnancies with more than one type of outcome, select the appropriate outcome based on the following hierarchy: neonatal, death, stillbirth, live birth.  |

## Maternal smoking at less than 20 weeks

|  |  |
| --- | --- |
| Definition  | Woman smoked tobacco at any time during the first 20 weeks of her pregnancy (self-reported). |
| Permissible values  | No smoking at all before 20 weeks of pregnancyQuit smoking during pregnancy (before 20 weeks)Continued smoking before 20 weeks of pregnancyNot stated / inadequately described |
| Reporting guide  | Report the statement that best describes maternal smoking behaviour before 20 weeks’ gestation.Quit smoking during pregnancy (before 20 weeks): Describes the mother who ceased smoking on learning she was pregnant or gave up prior to the 20 week gestation. This does not include mothers who give up prior to falling pregnant. |

## Maternal smoking at more than or equal to 20 weeks (number of cigarettes per day)

|  |  |
| --- | --- |
| Definition  | Number of cigarettes usually smoked daily by a pregnant woman after the first 20 weeks of pregnancy, until the birth (self-reported). |
| Permissible values  | 01-100Occasional smoking (less than one)Not stated / inadequately described |
| Reporting guide  | Data should be collected after the birth.After 20 weeks’ is defined as greater than or equal to 20 completed weeks’ gestation (>=20 weeks + 0 days).‘Usually’ is defined as ‘according to established or frequent usage, commonly, ordinarily, as a rule’.If a woman reports having quit smoking at some point between 20 weeks of pregnancy and the birth, the value recorded should be the number of cigarettes usually smoked daily prior to quitting.If the woman smokes tobacco, but not cigarettes, estimate the number of cigarettes that would approximate the amount of tobacco used, for example, in a pipe. |

## Height – self-reported (mother)

|  |  |
| --- | --- |
| Definition  | The mother's self-reported height at about the time of conception. |
| Permissible values  | Range: Free text (numerical) |
| Reporting guide  | Height is measured in centimetres. It is acceptable to report the measured height of the mother. |

## Weight – self-reported (mother)

|  |  |
| --- | --- |
| Definition  | The mother’s self-reported weight at about the time of conception |
| Permissible values  | Range: Free text (numerical) |
| Reporting guide  | A weight in kilograms (kg). It is acceptable to report the measured weight of the mother. |

## Influenza vaccination status

|  |  |
| --- | --- |
| Definition  | Woman has received an influenza vaccine during this pregnancy.  |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | Report the statement that best describes the woman’s understanding of her influenza vaccine status for this pregnancy. If the vaccination was received prior to this pregnancy, report ‘No’. |

## Pertussis vaccination status

|  |  |
| --- | --- |
| Definition  | Woman has received a pertussis containing vaccine during this pregnancy.  |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | Report the statement that best describes the woman’s understanding of her pertussis (whooping cough) vaccine status for this pregnancy. If the vaccination was received prior to this pregnancy, report ‘No’. |

# Social and emotional health and wellbeing

## Mental health

|  |  |
| --- | --- |
| Definition  | Woman reports poor mental health and/or mental illness that has previously or is currently impacting on her everyday activities. |
| Permissible values  | Range:Disclosure of mental health/illness – yes / noConcerns / indicators of mental health/illness noted – yes /noDid KMS make referral for additional support – yes / no |
| Reporting guide  | Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life. A mental health problem also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness.The most common mental illnesses are anxiety and depressive disorders. While everyone experiences strong feelings of tension, fear, or sadness at times, a mental illness is present when these feelings become so disturbing and overwhelming that people have great difficulty coping with day-to-day activities, such as work, enjoying leisure time, and maintaining relationships[[2]](#footnote-2). |

## Family violence

|  |  |
| --- | --- |
| Definition  | Woman disclosed family violence or there were indicators of family violence or concerns for the woman and/or her family.  |
| Permissible values  | Disclosure of family violence – yes / noConcerns / indicators of family violence noted – yes /noDid KMS make referral for additional support – yes / no |
| Reporting guide  | The Victorian Indigenous Family Violence Task Force defined familyviolence in the context of Aboriginal communities as ‘an issue focusedaround a wide range of physical, emotional, sexual, social, spiritual,cultural, psychological and economic abuses that occur within families,intimate relationships, extended families, kinship networks andcommunities. It extends to one-on-one fighting, abuse of Indigenouscommunity workers as well as self-harm, injury and suicide.’ Thedefinition also acknowledges the spiritual and cultural perpetration ofviolence by non-Aboriginal people against Aboriginal partners whichmanifests as exclusion or isolation from Aboriginal culture and/orcommunity[[3]](#footnote-3). |

## Housing

|  |  |
| --- | --- |
| Definition  | Woman has access to safe, secure and stable housing. |
| Permissible values  | Woman incarcerated – yes / no Woman has safe, secure and stable housing – yes / no Did KMS make referral for additional support – yes / no  |
| Reporting guide  | A person would be considered to have access to safe, secure and stable housing if:* they are safe at home
* they have security of tenure & occupation.
 |

## Substance abuse

|  |  |
| --- | --- |
| Definition  | Woman discloses substance misuse/abuse or indicators present of substance misuse/abuse.  |
| Permissible values  | Woman disclosed substance abuse – yes / noType of substance abuse – illegal drugs, pharmaceuticals, other psychoactive substances, illegal or legalWere indicators of substance abuse present – yes / noDid KMS make referral for additional support – yes / no |
| Reporting guide  | Substance misuse describes when a person experiences harmful or negative consequences when repeatedly taking a substance. These consequences can range from mild (e.g. headache) to severe (e.g. legal problems because of the substance)[[4]](#footnote-4). The term ‘drugs’ includes broad range of substances, including:* illegal drugs—a drug that is prohibited from manufacture, sale or possession in Australia—for example, cannabis, cocaine, heroin and amphetamine-type stimulants
* pharmaceuticals—a drug that is available from a pharmacy, over the counter or by prescription, which may be subject to misuse—for example, opioid-based pain-relief medications, opioid substitution therapies, benzodiazepines, OTC codeine and steroids
* other psychoactive substances legal or illegal, potentially used in a harmful way—for example, kava; synthetic cannabis and other synthetic drugs; or inhalants such as petrol, paint or glue.
 |

## Disability

|  |  |
| --- | --- |
| Definition  | Woman reports physical and/or intellectual disability that impacts or restricts everyday activities. |
| Permissible values  | Yes – intellectual disabilityYes – physical disabilityYes – physical and intellectual disabilityNo |
| Reporting guide  | Disability includes physical, intellectual, psychiatric, sensory, neurological and learning disabilities. It also includes physical disfigurement and the presence in the body of disease-causing organisms, such as the HIV virus[[5]](#footnote-5). |

## Child protection

|  |  |
| --- | --- |
| Definition  | Department of Health and Human Services Child Protection Services (statutory) are providing services and support to the woman and her children. |
| Permissible values  | None reportedWoman/family has current child protection involvementWoman/family has previous child protection involvementWoman/family has children currently living in out of home careOther – free textDid KMS make referral for additional support – yes / noIs woman/family already receiving family support services – yes / noFamily support services:Cradle to KinderChild FIRST / Family ServicesEnhanced Maternal and Child Health ServiceHealthy Mothers, Healthy BabiesVACCA workerOther – free text |
| Reporting guide  | The Department of Health and Human Services has a statutory responsibility under the Children, Youth and Families Act to provide child protection services for children and young people in Victoria under the age of 17 years in need of protection or, when a protection order is in place, children under the age of 18 years[[6]](#footnote-6). |

# Other referrals

|  |  |
| --- | --- |
| Definition  | Whether the Koori Maternity Service has referred the woman/family to any other services during the course of her pregnancy or in the postnatal period. |
| Permissible values  | * Employment assistance
* 715 health check
* Dental service
* Dietician
* Family support services
* Legal services
* Other – free text
 |
| Reporting guide  | Select the relevant box if a formal referral has been made by the Koori Maternity Service during the course of the pregnancy or postnatal period for the woman.  |

#

# Birth

## Date of birth (baby)

|  |  |
| --- | --- |
| Definition  | The date of birth of the baby. |
| Permissible values  | A valid calendar date. |
| Reporting guide  | If multiple birth selected for plurality, then date of birth baby must be completed for each baby. |

## Place of birth

|  |  |
| --- | --- |
| Definition  | The actual place where the birth occurred. |
| Permissible values  | Hospital (drop down list provided)Home – public homebirth programHome – private midwife careHome - otherIn transitOther – free text |
| Reporting guide  | Home (other): includes a birth not intended to occur at home. In transit: includes births occurring on the way to the intended place of birth or the car park of a hospital/birthing centreHome: private midwife care – reported when a birth is attended by a private midwife practitioner in the mother’s own home or a home environmentHome: Public homebirth program – reported when a birth is attended by a public midwife in the mother’s home under the Public homebirth programOther – specify: Used when birth occurs at any location other than those listed above. May also include a community health centre.  |

## Birth weight (baby)

|  |  |
| --- | --- |
| Definition  | The first weight, in grams, of the live born or stillborn baby, obtained after birth. |
| Permissible values  | Range: Free text (numerical) |
| Reporting guide  | Unit of measure is in grams.For live births, birth weight should preferably be measured within the first few hours after birth before significant postnatal weight loss has occurred. While statistical tabulations include 500g groupings for birthweight, weights should not be recorded in those groupings. The actual weight should be recorded to the degree of accuracy to which it is measured.In the case of babies born before arrival at the hospital, the birth weight should be taken shortly after the baby has been admitted to hospital.If multiple birth selected for plurality, then birth weight must be completed for each baby. |

##

## Estimated gestational age at birth

|  |  |
| --- | --- |
| Definition  | Number of completed weeks of the period of gestation, as measured from the first day of the last normal menstrual period to the date of birth |
| Permissible values  | Range: Free text (numerical) |
| Reporting guide  | The duration of gestation is measured from the first day of the last normal menstrual period. Gestational age is expressed in completed weeks (for example, if a baby is 37 weeks and six days, this should be recorded as 37 weeks).If multiple birth selected for plurality, then gestational age at birth must be completed for each baby. |

## Method of delivery

|  |  |
| --- | --- |
| Definition  | The method of complete expulsion or extraction from the woman of a product of conception in a birth event  |
| Permissible values  | Range:* Forceps
* Vaginal birth – non-instrumental
* Planned caesarean – no labour
* Unplanned caesarean – labour
* Planned caesarean – labour
* Unplanned caesarean – no labour
* Vacuum extraction
* Not stated / inadequately described
* Other operative birth
 |
| Reporting guide  | In the case of multiple births, the method of birth is reported in each baby’s episode record. Where forceps/vacuum extraction are used to assist the extraction of the baby at caesarean section, code as caesarean section. Where a hysterotomy is performed to extract the baby, code as caesarean section.**Forceps** Includes any use of forceps in a vaginal birth – rotation, delivery and forceps to the head during breech presentations. Includes vaginal breech with forceps to the aftercoming head.**Vaginal birth – non-instrumental** Includes manual assistance for example, a vaginal breech that has been manually rotated. **Planned caesarean – no labour** Caesarean takes place as a planned procedure before the onset of labour. **Unplanned caesarean** Caesarean is undertaken for a complication after the onset of labour, whether that onset is spontaneous or induced. **Planned caesarean – labour** Caesarean was a planned procedure, but occurs after spontaneous onset of labour. **Unplanned caesarean – no labour** Procedure is undertaken for an urgent indication before the onset of labour. If a women is planning to have a caesarean for a non-urgent indication (for example, repeat caesarean, breech), then develops an urgent indication (for example, cord prolapse, antepartum haemorrhage) that becomes the immediate indication for the caesarean, code it as unplanned, either in labour or not in labour as appropriate. **Other operative birth** Includes D&C, D&E, hysterotomy and laparotomy.  |

## KMS Aboriginal Health Worker attended birth

|  |  |
| --- | --- |
| Definition  | Koori Maternity Service Aboriginal Health Worker attended the birth. |
| Permissible values  | Select one:* Yes
* No

If yes, enter free text about the role of the KMS Aboriginal Health Worker during the birth. |
| Reporting guide  | Postnatal visits while woman/family is still in hospital following birth are not reported. |

## KMS midwife attended birth

|  |  |
| --- | --- |
| Definition  | Koori Maternity Service midwife attended the birth. |
| Permissible values  | Select one:* Yes
* No

Role of KMS midwife during intrapartum period:Lead/joint midwifery care – midwife employed by birthing serviceLead/joint midwifery care – endorsed midwife credentialed to provide care at birthing serviceMidwife attended as support person during labour and birth. |
| Reporting guide  | Postnatal visits while woman/family is still in hospital following birth are not reported. |

#

# Postnatal care

## Attended KMS for postnatal care

|  |  |
| --- | --- |
| Definition  | Koori Maternity Services provided woman and her baby with postnatal care in the six weeks after birth.  |
| Permissible values  | Select one:* Yes
* No

If yes, record the number of postnatal visits - Range: 1 to >10If no, select reason:* Attended MCH/other postnatal care
* No postnatal care
* Transfer of care - moved
 |
| Reporting guide  | The care that is provided to the woman and her baby by a Koori Maternity Service midwife or Aboriginal Health Worker in the six weeks after birth. The care may occur:* as a domiciliary (home) visit, or
* at the Koori Maternity Service.

Routine maternal postnatal care may include: * wound management, monitoring and advice following caesarean and/or perineal injury
* assessment of general health including blood loss and signs/symptoms of infection
* advice and support regarding breast care and feeding
* assessment and support of emotional well-being
* education for self-care including nutrition, hygiene, family planning/sexual health and pelvic function
* parenting education including normal newborn behaviour, safe sleeping and the unwell baby.

Routine newborn postnatal care may include: * monitoring of newborn feeding and weight gain
* monitoring and assessment of general health including jaundice and signs/symptoms of infection
* review and routine care of umbilical cord site and any birth injuries
* sleep and settling advice and support.
 |

## Breastfeeding intended

|  |  |
| --- | --- |
| Definition  | Woman’s intends to breastfeed her baby (as decided prior to or just after birth). |
| Permissible values  | Select one: YesNoUnsure |
| Reporting guide  | Where the woman has expressed differing intentions over the course of the pregnancy, record the last view expressed. |

## Breastfeeding initiated

|  |  |
| --- | --- |
| Definition  | Whether the mother attempted to breastfeed the baby or express breast milk at least once. |
| Permissible values  | Select one:Attempted to breastfeed / express breast milkDid not attempt to breastfeed / express breast milkUnknown |
| Reporting guide  | For this data item, expressed breast milk is considered breastfeeding initiation.Attempted to breastfeed/express breast milk: includes if the baby was put to the breast at all, regardless of the success of the attempt, or if there was any attempt to express milk for the baby.Did not attempt to breastfeed/express breast milk: includes if the baby was never put to the breast and there was no attempt to express milk for the baby. Also includes if the mother was transferred or died before she could attempt to breastfeed/express breast milk. If the baby was transferred or died, still indicate if the mother attempted to express milk at least once.  |

## Breastfeeding at discharge from hospital

|  |  |
| --- | --- |
| Definition  | Whether the last feed prior to discharge was taken exclusively from the breast, with no complementary feeding of any kind. |
| Permissible values  | Last feed before discharge exclusively from breastLast feed before discharge not taken exclusively from breastNot stated/inadequately describedMixed feeding (breastfeeding/expressing formula) |
| Reporting guide  | Discharge in the context of this data element means the end of the birth episode. This encompasses discharge to home, died and transfer to another hospital.Last feed before discharge taken exclusively from breast: includes when the baby took the entire last feed prior to discharge directly from the breast. Can include the use of a nipple shield. Last feed before discharge not taken exclusively from breast: includes any expressed breast milk or formula given at the last feed before discharge from hospital, whether by cup, spoon, gavage or by any other means. |

## Breastfeeding at six weeks postnatal

|  |  |
| --- | --- |
| Definition  | Record the method the mother used to feed her baby at six weeks postnatal.  |
| Permissible values  | Exclusively breastfeeding/expressingNot breastfeeding or expressingUnknownMixed feeding (breastfeeding/expressing/formula) |

## Referred to lactation consultant

|  |  |
| --- | --- |
| Definition  | Whether the Koori Maternity Service midwife or Aboriginal Health Worker referred the woman to a lactation consultant for specialist breastfeeding advice or support. |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | Refers to a formal referral to a lactation consultant. If the service is not available through the Koori Maternity Service, it may be accessed through the hospital at which the woman gave birth. |

## Assistance with birth registration provided

|  |  |
| --- | --- |
| Definition  | Whether the Koori Maternity Service provided the woman or her family with assistance registering the birth with the Registry of Births, Deaths and Marriages Victoria.  |
| Permissible values  | Select one:* Yes
* No
* Not required
 |
| Reporting guide  | Parents are required to complete and submit a birth registration statement to the Registry of Births, Deaths and Marriages Victoria within 60 days of the baby’s birth. Examples of the type of assistance that may be provided by the Koori Maternity Service include helping one or both parents to complete the birth registration statement or witnessing the signing of the birth registration statement. |

## Assistance with baby equipment provided

|  |  |
| --- | --- |
| Definition  | Whether the Koori Maternity Service provided the woman and her family with baby equipment. |
| Permissible values  | Select one:* Yes
* No
* Not required
 |
| Reporting guide  | Examples of the types of baby equipment that may be provided include:* cots
* car seats
* prams
* nappies and wipes.
 |

## Woman/baby is engaged with Maternal and Child Health (MCH)

|  |  |
| --- | --- |
| Definition  | Woman and her baby are participating in the Maternal and Child Health Service. |
| Permissible values  | Select one:* Yes
* No
 |
| Reporting guide  | * Participation is based on self-identification and measured through participation in the Key Ages and Stages consultations.
* Participation may be within a Maternal and Child Health Service embedded within an Aboriginal Community Controlled Organisations or the local Maternal and Child Health Service.
 |

1. Department of Health and Human Services 2015, *Victoria’s 10-year mental health plan*, State government of Victoria, Melbourne. [↑](#footnote-ref-1)
2. <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-w-whatmen> accessed 31 August 2018 [↑](#footnote-ref-2)
3. Family Violence Risk Assessment and Risk Management Policy and Practice Document – FINAL Draft 2018 [↑](#footnote-ref-3)
4. https://healthinfonet.ecu.edu.au/learn/health-topics/social-and-emotional-wellbeing/substance-use-issues/ accessed 30 August 2018 [↑](#footnote-ref-4)
5. <https://www.humanrights.gov.au/know-your-rights-disability-discrimination> accessed 30 August 2018 [↑](#footnote-ref-5)
6. <http://www.cpmanual.vic.gov.au/glossary> accessed 30 August 2018 [↑](#footnote-ref-6)