

Appendix A: State and territory pre-existing and pregnancy-related medical conditions and labour complications data

This Appendix presents state and territory data on a number of pre-existing conditions and complications arising in pregnancy and the puerperium. Data are presented on seven conditions and complications: essential hypertension, diabetes mellitus, pregnancy-induced hypertension, gestational diabetes, antepartum haemorrhage, cord prolapse and postpartum haemorrhage.

Comprehensive and reliable information on risk factors and complications arising in pregnancy continues to be a challenging area of data development, with no nationally consistent scope, collection methods or classifications of these conditions and complications.

The following data are presented as a first step in promoting discussion and developing consistency across jurisdictions, so that in the future more comprehensive information will be available on these and other conditions. This will be considered by the NPDDC as part of its perinatal data development work program.

Data

Tables A1–A7 provide information by state and territory. A number of states publish these data annually. Data are presented by individual state and territory, as the data are not directly comparable across jurisdictions. No national estimates or totals are provided in these preliminary data.

Data on these conditions and complications are generally collected using a tick box on the perinatal form of each state and territory. However, for some jurisdictions, for some of these conditions and complications a tick box is not available, so the condition or complication may be recorded using free text. The descriptions of these conditions and complications vary among the states and territories, and there are no nationally consistent guidelines for what they include.

It is important when interpreting the data that each state and territory is looked at independently. The scope of the selected conditions may vary – a higher rate may reflect a broader definition of the condition or a lower rate may reflect different practices in collection of the data or different inclusion criteria for the conditions.

New South Wales

Table A1: Selected maternal medical conditions and obstetric and labour complications, New South Wales, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	940	462	4,839	3,693	n.a.	n.a.	n.a.
Rate per 1,000 confinements	11.1	5.5	57.2	43.7	n.a.	n.a.	n.a.

n.a. Data not available.

Victoria

Table A2: Selected maternal medical conditions and obstetric and labour complications, Victoria, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	766	260	3,547	2,790	2,405	155	5,653
Rate per 1,000 confinements	12.4	4.2	57.2	45.0	38.8	2.5	91.1

Queensland

Table A3: Selected maternal medical conditions and obstetric and labour complications, Queensland, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	376	180	3,405	2,127	1,659	80	1,538
Rate per 1,000 confinements	7.8	3.7	70.5	44.0	34.3	1.7	31.8

Western Australia

Table A4: Selected maternal medical conditions and obstetric and labour complications, Western Australia, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	264	147	1,243	917	938	32	2,193
Rate per 1,000 confinements	10.8	6.0	51.0	37.6	38.4	1.3	89.9

South Australia

Table A5: Selected maternal medical conditions and obstetric and labour complications, South Australia, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	191	82	1,387	615	642	24	993
Rate per 1,000 confinements	11.0	4.7	79.6	35.3	36.9	1.4	57.0

Tasmania

Table A6: Selected maternal medical conditions and obstetric and labour complications, Tasmania, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	103	n.a.	252	n.a.	49	n.a.	246
Rate per 1,000 confinements	18.3	n.a.	44.8	n.a.	8.7	n.a.	43.7

n.a. Data not available.

Northern Territory

Table A7: Selected maternal medical conditions and obstetric and labour complications, Northern Territory, 2002

	Essential hypertension	Diabetes mellitus	Pregnancy-induced hypertension	Gestational diabetes	Antepartum haemorrhage	Cord prolapse	Postpartum haemorrhage
Number	42	53	128	128	51	7	n.a.
Rate per 1,000 confinements	11.4	14.4	34.8	34.8	13.9	1.9	n.a.

n.a. Data not available.

Appendix B: Perinatal National Minimum Data Set items

Current items

Data elements

Actual place of birth, version 2
Birth order, version 2
Birth plurality, version 1
Country of birth, version 4
Date of birth, version 5
Establishment identifier, version 4
Gestational age, version 1
Indigenous status, version 5
Infant weight, neonate, stillborn, version 3
Method of birth, version 1
Onset of labour, version 2
Person identifier, version 2
Separation date, version 5
Sex, version 4
State/territory of birth, version 1
Status of the baby, version 1

Supporting data elements and data element concepts

Australian state/territory identifier, version 4
Birthweight, version 1
Establishment number, version 4
Establishment sector, version 4
Gestational age, version 1
Live birth, version 1
Neonatal death, version 1
Neonate, version 1
Perinatal period, version 1

Region code, version 2

Stillbirth (fetal death), version 2

Endorsed changes from 1 January 2005

New data elements

Apgar score at 5 minutes, version 1

Length of stay (antenatal), version 1

Presentation at birth, version 1

Removed data elements

Establishment identifier, version 4

Region code, version 2

Appendix C: State and territory perinatal reports

Individual state and territory health authorities publish reports based on their state or territory perinatal collection either annually or periodically. For the 2002 data, the following state and territory reports have been published:

New South Wales

NSW Department of Health 2003. New South Wales mothers and babies 2002. NSW Public Health Bulletin Supplement, 14 (S-3).

Victoria

Riley M & King J 2003. Births in Victoria, 2001–2002. Melbourne: Victorian Government Department of Human Services.

The Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2004. Annual report for the year 2002, incorporating the 41st survey of perinatal deaths in Victoria. Melbourne.

Queensland

Queensland Health 2004. Perinatal statistics Queensland 2002. Brisbane: Queensland Health.

Western Australia

Gee V & Green TJ 2004. Perinatal statistics in Western Australia, 2002. Perth: Department of Health, Western Australia.

South Australia

Chan A, Scott J, Nguyen A & Green P 2003. Pregnancy outcome in South Australia 2002. Adelaide: Department of Human Services.

Maternal, Perinatal and Infant Mortality Committee 2003. Maternal, perinatal and infant mortality in South Australia 2002, including South Australian protocol for investigation of stillbirths. Adelaide: Department of Human Services.

Tasmania

DHHS (Department of Health and Human Services) 2004. Council of Obstetric and Paediatric Mortality and Morbidity, Tasmania: annual report for 2002. Hobart: Department of Health and Human Services.

Northern Territory

Department of Health and Community Services (forthcoming). Northern Territory Midwives Collection: Mothers and babies 2000–2002. A report of the Northern Territory Perinatal Information Management Group. Darwin: Department of Health and Community Services.

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State and territory perinatal data

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Abbreviations

ABS	Australian Bureau of Statistics
ACDC	Assisted Conception Data Collection
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ANZARD	Australia and New Zealand Assisted Reproduction Database
ANZNN	Australian and New Zealand Neonatal Network
ART	Assisted reproductive technology
ASCCSS	Australian Standard Classification of Countries for Social Statistics
g	gram
GIFT	Gamete intrafallopian transfer
HDSC	Health Data Standards Committee
HIC	Health Insurance Commission
ICD-9	International Classification of Diseases, 9th Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian modification
IVF	In-vitro fertilisation
LMP	First day of the last menstrual period
NHDD	<i>National Health Data Dictionary</i>
NHIG	National Health Information Group
NHMD	National Hospital Morbidity Database
NICU	Neonatal intensive care unit
NMDS	National Minimum Data Set
NPDC	National Perinatal Data Collection
NPDDC	National Perinatal Data Development Committee
NPSU	AIHW National Perinatal Statistics Unit
NSW	New South Wales
NT	Northern Territory
PSANZ-PDC	Perinatal Society of Australia and New Zealand Perinatal Death Classification
PSANZ-NDC	Perinatal Society of Australia and New Zealand Neonatal Death Classification
Qld	Queensland
SA	South Australia
SACC	Standard Australian Classification of Countries
SIMC	Statistical Information Management Committee
Tas	Tasmania

UNSW	University of New South Wales
Vic	Victoria
WA	Western Australia
WHO	World Health Organization
n.a.	Not available
n.p.	Not published

Glossary

Antepartum fetal death: fetal death occurring before the onset of labour.

Apgar score: numerical score used to indicate the baby's condition at 1 minute and 5 minutes after birth.

Assisted reproductive technology (ART): all treatments or procedures that include the in vitro handling of human oocytes and sperm or embryos for the purpose of establishing a pregnancy. This includes, but is not limited to, in-vitro fertilisation and trans-cervical embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation and gestational surrogacy.

Assisted vaginal/instrumental delivery: vaginal delivery using forceps or vacuum extraction.

Augmentation of labour: Intervention after the onset of labour to assist the progress of labour.

Baby's length of stay: number of days between date of birth and date of discharge from the hospital of birth (calculated by subtracting the date of birth from the date of discharge).

Birth status: status of the baby immediately after birth.

Birthweight: the first weight of the baby (stillborn or liveborn) obtained after birth (usually measured to the nearest 5 grams and obtained within 1 hour of birth).

Caesarean section: operative birth through an abdominal incision.

Complications of labour and delivery: medical and obstetric problems arising after the onset of labour and before the completed delivery of the baby and placenta.

Complications of puerperium: medical and obstetric problems of the mother occurring during the postnatal period (up to 6 weeks after giving birth).

Confinement: pregnancy resulting in at least one birth.

Early neonatal death: death of a liveborn baby within 7 days of birth.

Epidural: injection of anaesthetic agent into the epidural space of the spinal cord.

Episiotomy: an incision of the perineum and vagina to enlarge the vulval orifice.

Extremely low birthweight: birthweight of less than 1,000 grams.

Fetal death (stillbirth): 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.

Forceps: assisted birth using a metallic obstetric instrument.

Gestational age: the duration of pregnancy in completed weeks calculated from the date of the first day of a woman's last menstrual period and her baby's date of birth, or via ultrasound, or derived from clinical assessment during pregnancy or from examination of the baby after birth.

Grand multipara: pregnant woman who has had four or more previous pregnancies resulting in a live birth or stillbirth.

Induction of labour: intervention to stimulate the onset of labour.

International Classification of Diseases: the WHO's internationally accepted classification of death and disease. The 9th Revision (ICD-9) and the 10th revision, Australian Modification (ICD-10-AM) are referred to in this report.

Intrapartum fetal death: fetal death occurring during labour.

Late neonatal death: death of a liveborn baby after 7 completed days and before 28 completed days.

Live birth: the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the 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 voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn (WHO definition).

Low birthweight: birthweight of less than 2,500 grams.

Maternal age: mother's age at delivery.

Maternal medical conditions: pre-existing maternal diseases and conditions, and other diseases, illnesses or conditions arising during pregnancy, that are not directly attributable to pregnancy but may significantly affect care during pregnancy and/or pregnancy outcome. Examples include essential hypertension, diabetes mellitus, epilepsy, cardiac disease and chronic renal disease.

Mode of separation: status at separation of patient (discharge/transfer/death) and place to which patient is released (where applicable).

Mother's length of stay: number of days between admission date (during the admission resulting in delivery) and discharge date (from the hospital where delivery occurred). The interval is calculated by subtracting the date of admission from the date of discharge.

Multipara: pregnant woman who has had at least one previous pregnancy resulting in a live birth or stillbirth.

Neonatal care levels: Level I care is for normal healthy term babies, some of whom may need short-term observation during the first few hours of life.

Level II refers to a nursery that generally has babies born at 32–36 weeks gestation weighing around 1,500 to 2,500 grams at birth. It includes care for babies who require intravenous therapy or antibiotics, and/or those who are convalescing after intensive care, and/or those who need their heart rate or breathing monitored, and/or those who need short-term oxygen therapy.

Level III or intensive care refers to the care of newborn infants who require more specialised care and treatment. It includes most babies born at less than 32 weeks gestation or less than 1,500 grams birthweight, and others who may require intravenous feeding, and/or surgery, and/or cardio-respiratory monitoring for management of apnoea or seizures, and/or require assisted ventilation, and/or supplemental oxygen over 40% or long-term oxygen (Donoghue 2002).

Neonatal death: death of a liveborn baby within 28 days of birth.

Neonatal morbidity: any condition or disease of the baby diagnosed after birth and before separation from care.

Obstetric complication: conditions arising during pregnancy that are directly attributable to pregnancy and may significantly affect care during pregnancy and/or pregnancy outcome. Examples include threatened abortion, antepartum haemorrhage, pregnancy-induced hypertension and gestational diabetes.

Parity: number of previous pregnancies resulting in live births or stillbirths.

Perinatal death: a fetal or neonatal death of at least 20 weeks gestation or at least 400 grams birthweight.

Perineal status: status of the perineum after delivery. May involve surgical suturing of perineal laceration or episiotomy incision.

Plurality: the number of births resulting from a pregnancy.

Post-term birth: birth at 42 or more completed weeks of gestation.

Presentation at birth: presenting part of the fetus (at lower segment of uterus) at delivery.

Preterm birth: birth before 37 completed weeks of gestation.

Primipara: pregnant woman who has had no previous pregnancy resulting in a live birth or stillbirth.

Resuscitation of baby: active measures taken shortly after birth to assist the baby's ventilation and heartbeat, or to treat depressed respiratory effort and to correct metabolic disturbances.

Spontaneous vaginal: birth without intervention in which the baby's head is the presenting part.

Stillbirth: see Fetal death.

Teenage mother: mother aged less than 20 years at delivery.

Vacuum extraction: assisted birth using a suction cap applied to the baby's head.

Vaginal breech: birth in which the baby's buttocks or lower limbs are the presenting parts.

Very low birthweight: birthweight of less than 1,500 grams.

Viable pregnancy: pregnancy of at least 20 weeks gestation.

Whitfield: a classification system for perinatal deaths.

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