Birth event—additional indication for induction of labour, code N[N]

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Birth event—additional indication for induction of labour, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Additional indication for induction of labour
METEOR identifier:	573654
Registration status:	Health, Superseded 05/10/2016
Definition:	A secondary indication for an induction being performed to commence a birth event, as represented by a code.
Data Element Concept:	Birth event—additional indication for induction of labour
Value Domain:	Indication for induction of labour code N[N]

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

	Value	**Meaning**
Permissible values:	1	Prolonged pregnancy
	2	Prelabour rupture of membranes
	3	Diabetes
	4	Hypertensive disorders
	5	Multiple pregnancy
	6	Chorioamnionitis (includes suspected)
	7	Cholestasis of pregnancy
	8	Antepartum haemorrhage
	9	Maternal age
	10	Body Mass Index (BMI)
	11	Maternal mental health indication
	12	Previous adverse perinatal outcome
	19	Other maternal obstetric or medical indication
	20	Fetal compromise (includes suspected)
	21	Fetal growth restriction (includes suspected)
	22	Fetal macrosomia (includes suspected)
	23	Fetal death
	24	Fetal congenital anomaly
	80	Administrative or geographical indication
	81	Maternal choice in the absence of any obstetric, medical, fetal, administrative or geographical indication
	89	Other indication not elsewhere classified

Supplementary values:	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:

Indications are grouped into Maternal indications (Codes 1 to 19); Fetal indications (Codes 20 to 39) and Other indications (Codes 80-89).

CODE 1 Prolonged pregnancy

While prolonged pregnancy is commonly defined as greater than or equal to 41 weeks, in some circumstances a clinician may recommend inducing a woman earlier than this. Such circumstances include advanced maternal age which may elevate the degree of risk (Haavaldsen et al 2010). Other special circumstances may apply (see, for example, Yao et al 2014; Drysdale et al 2012).

With appropriate professional judgement, these cases may be coded under Code 1, Prolonged pregnancy. Consideration could be given to coding maternal age (Code 9) and other specific indications as additional indications where applicable.

CODE 2 Prelabour rupture of membranes

Can refer to preterm or term spontaneous rupture of membranes, occurs before labour has commenced, and may be prolonged.

CODE 4 Hypertensive disorders

Includes chronic (essential and secondary) and gestational hypertensive disorders, preeclampsia and HELLP syndrome (HELLP stands for Haemolysis, Elevated Liver enzymes, Low Platelet count).

CODE 10 Body Mass Index (BMI)

May refer to low or high BMI.

CODE 11 Maternal mental health indication

Refers to diagnosed mental health disorders and conditions.

CODE 12 Previous adverse perinatal outcome

A woman who experienced a previous late unexplained stillbirth or other adverse perinatal outcome may wish to be induced.

CODE 19 Other maternal obstetric or medical indication

Examples include renal disease, abnormal liver function tests, cardiac disease, Deep Vein Thrombosis (DVT), antiphospholipid syndrome, chronic back pain, dental infections, gestational thrombocytopenia, Lupus, hip dysplasia, history of pulmonary embolism etc.

Note that diagnosed maternal mental health disorders and conditions should be coded under Code 11, Maternal mental health indication.

CODE 20 Fetal compromise (includes suspected)

Includes oligohydramnios, reduced fetal movement, abnormal antenatal cardiotocography (CTG), abnormal Doppler, other abnormalities of fetal wellbeing (e.g. abnormal profile).

CODE 21 Fetal growth restriction (includes suspected)

It is not always possible to determine fetal growth restriction (also known as intra uterine growth restriction (IUGR)) until the baby is born therefore this code is for actual or suspected fetal growth restriction.

CODE 80 Administrative or geographical indication

Examples include: to fit with a caregiver's schedule, to ensure availability of theatre, anaesthetist or other staffing reasons. This code could also be used where a pregnant woman is normally resident in a rural or remote area or an area without

adequate birthing facilities and the need for induction is determined by such factors as the available facilities and the woman's ability and availability to travel to a centre with suitable facilities.

CODE 81 Maternal choice in the absence of any obstetric, medical, fetal, administrative or geographical indication

Note that Code 81 is not to be used in conjunction with additional indications.

Code 81 should be used where the woman has requested an induction and none of the other permissible values, including Code 89, apply.

It is important to distinguish between a woman's choice, and other indications such as maternal medical/obstetric, fetal and administrative/geographical reasons for induction.

Where the clinician determines that a diagnosed maternal mental health indication is the reason for the induction, Code 11 should be selected. Code 80 should also be considered for relevance as per the examples provided in the Guide for use for that code. These codes may be selected as main or additional indications.

CODE 89 Other indication not elsewhere classified

Includes other fetal indications such as fetal anaemia and isoimmunisation; and other indications not coded under any other permissible value in the list of indications.

Do not code maternal choice (see Guide for use information above) here—use Code 81.

Source and reference attributes

Reference documents:

Drysdale H, Ranasinha S, Kendall A, Knight M & Wallace EM 2012. Ethnicity and the risk of late-pregnancy stillbirth. Medical Journal of Australia Sep 3;197 (5): 278-81.

Haavaldsen C, Sarfraz AA, Samuelsen SO, & Eskild A 2010. The impact of maternal age on fetal death: does length of gestation matter? American Journal of Obstetrics & Gynecology Dec; 203(6): 554.e1-8.

Yao R, Ananth CV, Park BY, Pereira L, Plante LA; Perinatal Research Consortium 2014. Obesity and the risk of stillbirth: a population-based cohort study. American Journal of Obstetrics & Gynecology May; 210 (5):457.e1-9.

Data element attributes

Collection and usage attributes

Guide for use:

Additional indications for induction are conditional on there being more than one reason for which an induction was performed. Additional indications for induction are completed after the Birth event—main indication for induction, code N[N] has been identified.

Multiple codes can be selected. Up to two additional indications can be recorded as contributing to the need for induction. However Code 81 should not be used in conjunction with any other code.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references:

Has been superseded by Birth event—additional indication for induction of labour, code N[N]
Health, Superseded 02/08/2017

See also Birth event—main indication for induction of labour, code N[N]
Health, Superseded 05/10/2016

Implementation in Data Set Specifications:

Perinatal DSS 2015-16
Health, Superseded 04/09/2015
Implementation start date: 01/07/2015
Implementation end date: 30/06/2016
Conditional obligation:

This data element is to be recorded if the response to Birth event—labour onset type, code N is Code 2, Induced.

This is also conditional on Birth event—main indication for induction of labour, code N[N] being completed.

Perinatal NBEDS 2016-17
Health, Superseded 05/10/2016
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017
Conditional obligation:

This data element is to be recorded if the response to Birth event—labour onset type, code N is Code 2, Induced.

This is also conditional on Birth event—main indication for induction of labour, code N[N] being completed.