

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

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

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

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Main indication for induction of labour
METEOR identifier:	655515
Registration status:	Health , Superseded 12/12/2018
Definition:	The primary indication for an induction being performed to commence a birth event, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Birth event—main indication for induction of labour
METEOR identifier:	569591
Registration status:	Health , Superseded 12/12/2018
Definition:	The primary indication for an induction being performed to commence a birth event.
Object class:	Birth event
Property:	Main indication for induction of labour

Source and reference attributes

Submitting organisation:	National Perinatal Data Development Committee
---------------------------------	---

Value domain attributes

Identifying and definitional attributes

Value domain:	Indication for induction of labour code N[N]
METEOR identifier:	655506
Registration status:	Health , Superseded 12/12/2018
Definition:	A code set representing indications for induction of labour.

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N[N]	
Maximum character length:	2	
Permissible values:	Value	Meaning
	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 24) and Other indications (Codes 80 to 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 (Haemolysis, Elevated Liver enzymes, Low Platelet count) syndrome.

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.

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 intrauterine 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

Submitting organisation: Australian Institute of Health and Welfare

- 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* 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* 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* 210(5):457.e1–9.

Data element attributes

Collection and usage attributes

- Guide for use:** This data element records the main indication for induction. Only one code may be selected.
- Collection methods:** Indications for induction are conditional on an induction being performed. Indications for induction are completed after the [Birth event—labour onset type, code N](#) has been coded as: 2 Induced.
- Up to 2 additional codes may be selected using data element [Birth event—additional indication for induction of labour, code N\[N\]](#) which is conditional on a main indication being selected.

Source and reference attributes

- Submitting organisation:** Australian Institute of Health and Welfare

Relational attributes

- Related metadata references:** Supersedes [Birth event—main indication for induction of labour, code N\[N\] Health](#), Superseded 05/10/2016
- Has been superseded by [Birth event—main indication for induction of labour, code N\[N\] Health](#), Superseded 03/12/2020
- See also [Birth event—additional indication for induction of labour, code N\[N\] Health](#), Superseded 02/08/2017
- See also [Birth event—additional indication for induction of labour, code N\[N\] Health](#), Superseded 12/12/2018
- See also [Birth event—labour onset type, code N Health](#), Superseded 12/12/2018

- Implementation in Data Set Specifications:** [Perinatal NBEDS 2017-18 Health](#), Superseded 02/08/2017
- Implementation start date:** 01/07/2017
- Implementation end date:** 30/06/2018
- Conditional obligation:**
- This data element is to be recorded if the response to [Birth event—labour onset type, code N](#) is Code 2, Induced.
- [Perinatal NBEDS 2018-19 Health](#), Superseded 12/12/2018
- Implementation start date:** 01/07/2018
- Implementation end date:** 30/06/2019
- Conditional obligation:**
- This data element is to be recorded if the response to [Birth event—labour onset type, code N](#) is Code 2, Induced.

**Implementation in
Indicators:**

Used as Numerator

[Caesarean section or induction of labour at less than 37, 38 and 39 completed weeks gestation without medical or obstetric indication, 2017](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)