

Birth event—main indication for caesarean section, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Main indication for caesarean section
METEOR identifier:	733449
Registration status:	<ul style="list-style-type: none">• Health, Standard 03/12/2020
Definition:	The main indication for a caesarean section being performed during a birth event, as represented by a code.
Data Element Concept:	Birth event—main indication for caesarean section

Value domain attributes

Representational attributes

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

Permissible values:

Value	Meaning
1	Fetal compromise
2	Suspected fetal macrosomia
3	Malpresentation
10	Lack of progress; less than or equal to 3 cm cervical dilatation
11	Lack of progress in the first stage; greater than 3 cm to less than 10 cm cervical dilatation
12	Lack of progress in the second stage
13	Placenta praevia
14	Placental abruption
15	Vasa praevia
16	Antepartum/intrapartum haemorrhage
17	Multiple pregnancy
18	Unsuccessful attempt at assisted delivery
19	Cord prolapse
20	Previous adverse perinatal outcome
21	Previous caesarean section
22	Previous severe perineal trauma
23	Previous shoulder dystocia
29	Other obstetric, medical, surgical, psychological indications
30	Maternal choice in the absence of any obstetric, medical, surgical, psychological indications

Supplementary values:

Value	Meaning
99	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 1 Fetal compromise

Includes suspected or actual fetal compromise and intra uterine growth restriction.

CODE 10 Lack of progress; less than or equal to 3 cm cervical dilatation

Lack of progress includes slow or no progress.

May be appropriate for cases of unsuccessful induction.

CODE 11 Lack of progress in the first stage; greater than 3 cm to less than 10 cm cervical dilatation

Lack of progress includes slow or no progress.

CODE 12 Lack of progress in the second stage

Lack of progress includes slow or no progress.

CODE 13 Placenta praevia

Record placenta praevia as the indication for caesarean section if there is ultrasound or clinical evidence that the edge of the placenta covers the internal cervical os, or encroaches into the lower segment less than 2 cm away from the internal cervical os.

CODE 14 Placental abruption

Record placental abruption as the indication for caesarean section if there is ultrasound or clinical evidence antenatally of abruption of the placenta prior to onset or during labour.

CODE 15 Vasa praevia

Record vasa praevia as the indication for caesarean section if there is ultrasound or visual evidence of exposed fetal blood vessels running across the fetal membrane below or at the level of the fetal presenting part in the lower segment of the uterus. Recorded when the caesarean section is planned or in the case of an emergency caesarean section when the vessels may have ruptured.

CODE 16 Antepartum/intrapartum haemorrhage

Record antepartum/intrapartum haemorrhage as the indication for caesarean section if there has been any antenatal or intrapartum vaginal bleeding that leads to the immediate delivery of the baby by caesarean section. Should only be recorded as a main indication if a more specific cause of the antepartum/intrapartum haemorrhage is not known.

Where there is a vasa praevia and an antepartum/intrapartum haemorrhage, Code 15 is to be recorded as the main indication and Code 16 as an additional indication.

CODE 22 Previous severe perineal trauma

Includes previous 4th degree perineal tears and other perineal damage or injury where a female is symptomatic and the clinician determines the caesarean section is justified.

CODE 29 Other obstetric, medical, surgical, psychological indications

Where a female has a psychopathological indication for caesarean section, e.g. extreme fear of natural childbirth, this code should be recorded. It is not to be recorded for psychosocial indications which should be recorded as Code 30.

CODE 30 Maternal choice in the absence of any obstetric, medical, surgical, psychological indications

Includes psychosocial indications.

Not to be recorded in conjunction with additional indications.

Comments: The following codes have been omitted as they are no longer in use: Code 4 (Lack of progress; less than or equal to 3 cm cervical dilatation), Code 5 (Lack of progress in the first stage; 4 cm to less than 10 cm cervical dilatation), Code 6 (Lack of progress in the second stage), Code 7 (Placenta praevia), Code 8 (Placental abruption) and Code 9 (Vasa praevia). For information about their meaning in previous data elements, see superseded versions. For information on how to record these codes in the current value domain, refer to the Guide for use.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Data element attributes

Collection and usage attributes

Guide for use: Only one code may be recorded.

Up to 2 additional indications may be recorded using the [Birth event—additional indication for caesarean section, code N\[N\]](#) once main indication is completed.

Jurisdictions that record perinatal data using the ICD-10-AM may have more than one unique ICD-10-AM code that maps to a single permissible value for the Birth event—main indication for caesarean section, code N[N] and [Birth event—additional indication for caesarean section, code N\[N\]](#) data elements. In these cases, the relevant permissible value should only be recorded once.

Collection methods: The main indication should be the indication that the clinician attending the birth determines to be the main reason for the caesarean section being performed. It should be determined at the time of delivery and not revised later or selected based on information that becomes available after delivery such as results of tests or procedures.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references: See also [Birth event—additional indication for caesarean section, code N\[N\]](#)

- [Health](#), Standard 03/12/2020

See also [Birth event—birth method, code N](#)

- [Health](#), Superseded 17/12/2021

See also [Birth event—birth method, code N](#)

- [Health](#), Standard 17/12/2021

See also [Birth event—birth method, code N](#)

- [Health](#), Recorded 25/07/2022

Supersedes [Birth event—main indication for caesarean section, code N\[N\]](#)

- [Health](#), Superseded 03/12/2020

Implementation in Data Set Specifications:

[Perinatal NBEDS 2021–22Health](#), Superseded 17/12/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

Conditional obligation:

This data element is only to be recorded if the response to the [Birth event—birth method, code N](#) data element is Code 4 (Caesarean section).

DSS specific information:

This data element is recorded for the mother only.

[Perinatal NBEDS 2022–23Health](#), Standard 17/12/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

Conditional obligation:

This data element is only to be recorded if the response to the [Birth event—birth method, code N](#) data element is Code 4 (Caesarean section).

DSS specific information:

This data element is recorded for the mother only.

[Perinatal NBEDS 2023–24Health](#), Recorded 26/07/2022

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

Conditional obligation:

This data element is only to be recorded if the response to the [Birth event—birth method, code N](#) data element is Code 4 (Caesarean section).

DSS specific information:

This data element is recorded for the mother only.