

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Main indication for induction of labour
<b>METEOR identifier:</b>	733459
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 03/12/2020</li></ul>
<b>Definition:</b>	The main indication for an induction of labour being performed to commence a birth event, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Birth event—main indication for induction of labour</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	N[N]
<b>Maximum character length:</b>	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:

Value	Meaning
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 female 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 (for example, see Yao et al. 2014; Drysdale et al. 2012).

With appropriate professional judgement, these cases may be recorded under Code 1. Where appropriate, consideration should be given to recording Code 9 (maternal age) or other specific indications as additional indications if 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 Haemolysis, Elevated Liver enzymes, Low Platelet count (HELLP) 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 female 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.

Diagnosed maternal mental health disorders and conditions should be recorded as Code 11.

CODE 20 Fetal compromise (includes suspected)

Includes oligohydramnios, reduced fetal movement, abnormal antenatal cardiotocography (CTG), abnormal Doppler and 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) 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
- 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 factors such as the available facilities, and the female'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

Should be recorded where the female has requested an induction and none of the other permissible values, including Code 89, apply. Should not be recorded in conjunction with additional indications.

It is important to distinguish between a female'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 recorded. 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.

Excludes maternal choice, which should be recorded as 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:** Only one code may be recorded.
- Up to 2 additional indications may be recorded using the [Birth event—additional indication for induction of labour, code N\[N\]](#) data element 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 induction of labour, code N[N] data element and the [Birth event—additional indication for induction of labour, code N\[N\]](#) data elements. In these cases, the relevant permissible value should only be recorded once.

## Source and reference attributes

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

### Relational attributes

- Related metadata references:** See also [Birth event—additional indication for induction of labour, code N\[N\]](#)
- [Health](#), Standard 03/12/2020
- See also [Birth event—labour onset type, code N](#)
- [Health](#), Recorded 25/07/2022
- See also [Birth event—labour onset type, code N](#)
- [Health](#), Standard 17/12/2021
- See also [Birth event—labour onset type, code N](#)
- [Health](#), Superseded 17/12/2021
- Supersedes [Birth event—main indication for induction of labour, 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—labour onset type, code N](#) data element is Code 2 (Induced).

**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—labour onset type, code N](#) data element is Code 2 (Induced).

**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—labour onset type, code N](#) data element is Code 2 (Induced).

**DSS specific information:**

This data element is recorded for the mother only.