Female—type of hypertensive disorder during pregnancy, code N

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Female—type of hypertensive disorder during pregnancy, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Hypertensive disorder type during pregnancy
METEOR identifier:	733506
Registration status:	Health, Superseded 09/09/2022
Definition:	The type of **hypertensive disorder during pregnancy** which a female has been diagnosed with, as represented by a code.
Context:	Perinatal
Data Element Concept:	Female—type of hypertensive disorder during pregnancy
Value Domain:	Type of hypertensive disorder during pregnancy code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Eclampsia
	2	Preeclampsia
	3	Gestational hypertension
	4	Chronic hypertension
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 1 Eclampsia

Eclampsia is characterised by grand mal seizures, hypertension, proteinuria, oedema and may progress to coma. Before a seizure, a patient may experience a body temperature of over 40°C, anxiety, epigastric pain, severe headache and blurred vision. Complications of eclampsia may include cerebral haemorrhage, pulmonary oedema, renal failure, abruptio placentae and temporary blindness (NCCH 2000).

CODE 2 Preeclampsia

Preeclampsia is a multi-system disorder characterised by hypertension and involvement of one or more other organ systems and/or the fetus. Proteinuria is the most commonly recognised additional feature after hypertension but should not be considered mandatory to make the clinical diagnosis.

A diagnosis of preeclampsia can be made when hypertension arises after 20 weeks gestation and is accompanied by one or more of the following: renal involvement, haematological involvement, liver involvement, neurological involvement, pulmonary oedema, fetal growth restriction, placental abruption.

Females with Haemolysis, Elevated Liver Enzymes, Low Platelet count (HELLP) syndrome, which is a variant of preeclampsia, are included.

CODE 3 Gestational hypertension

Gestational hypertension is characterised by the new onset of hypertension after 20 weeks gestation without any maternal or fetal features of preeclampsia, followed by return of blood pressure to normal within 3 months post-partum.

In practice, only the first part of this definition—'...the new onset of hypertension after 20 weeks gestation without any maternal or fetal features of preeclampsia...'—can be applied in the perinatal data context, as information is usually collected at birth.

CODE 4 Chronic hypertension

This may include essential or secondary hypertension. Essential hypertension is defined by a blood pressure greater than or equal to 140 mmHg systolic and/or greater than or equal to 90 mmHg diastolic confirmed before pregnancy or before 20 completed weeks gestation without a known cause. It may also be diagnosed in females presenting early in pregnancy taking antihypertensive medications where no secondary cause for hypertension has been determined.

Important secondary causes of chronic hypertension in pregnancy include:

- chronic kidney disease, e.g. glomerulonephritis, reflux nephropathy, and adult polycystic kidney disease
- renal artery stenosis
- systemic disease with renal involvement, e.g. diabetes mellitus or systemic lupus erythematosus
- endocrine disorders, e.g. phaeochromocytoma, Cushing's syndrome and primary hyperaldosteronism
- coarctation of the aorta.

Codes 3 and 4 are not to be recorded in conjunction with one another.

In the absence of any of the above conditions it is likely that a female with high blood pressure in the first half of pregnancy has essential hypertension.

Collection methods: Diagnosis of eclampsia (Code 1) is to be based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) (ACCD 2019). Jurisdictions that record perinatal data using the ICD-10-AM should apply the following codes: O15.0–O15.9.

For all other values, diagnosis is to be based on Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) Guideline for the Management of Hypertensive Disorders of Pregnancy (Lowe et al. 2014). If the clinician does not have information as to whether the above guidelines have been used, available information about diagnosis of hypertensive disorder is still to be reported.

The diagnosis is preferably derived from and substantiated by clinical documentation, which should be reviewed at the time of delivery. However, this information may not be available in which case the patient may self-report to the clinician that they have been diagnosed with a hypertensive disorder.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: ACCD (Australian Consortium for Classification Development) 2019. The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 11th edn. Tabular list and Alphabetic index. Darlinghurst, NSW: Independent Hospital Pricing Authority.

Lowe SA, Bowyer L, Lust K, McMahon LP, Morton MR, North RA et al. 2014. Guideline for the management of hypertensive disorders of pregnancy. Sydney: Society of Obstetric Medicine of Australia and New Zealand. Viewed 24 September 2020,https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/SOMANZ-Hypertension-Pregnancy-Guideline-April-2014.pdf?ext=.pdf

NCCH (National Centre for Classification in Health) 2000. The 10-AM commandments: Pregnancy-induced hypertension, pre-eclampsia and eclampsia. Coding matters 6(4):13–14.

Data element attributes

Collection and usage attributes

Guide for use: More than one code can be recorded when reporting on this data element. For example, for a female who has preeclampsia superimposed on chronic hypertension, record both Code 2 and Code 4. For a female who develops gestational hypertension which progresses to eclampsia, record both Code 1 and Code 3.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Female—type of hypertensive disorder during pregnancy, code N
Health, Superseded 03/12/2020

Has been superseded by Female—type of hypertensive disorder during pregnancy, code N
Health, Standard 09/09/2022

See also Female—hypertensive disorder during pregnancy indicator, yes/no/not stated/inadequately described code N
Health, Superseded 09/09/2022

Implementation in Data Set Specifications:

Perinatal NBEDS 2021–22
Health, 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 Female—hypertensive disorder during pregnancy indicator, yes/no/not stated/inadequately described code N data element is Code 1 (Yes).

DSS specific information:

This is a multiple response data element and is therefore operationalised for data collection across 3 individual data items (one data item per permissible value, excluding Code 9 (Not stated/inadequately described)).