

**Contact**

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**Notes**

- Individuals receiving these data are responsible for the appropriate use of information, including compliance with any relevant cybersecurity policies, relevant privacy legislations and Acts, and any other related information management policies.
- The data within this file must only be used by the recipient for activities directly related to details of this request. Any further or subsequent use of the information for other purposes must be further authorised by Statistical Reporting and Coordination.
- Data are derived from linking existing data collections and can therefore only capture those women requiring a hospital admission with selected ICD-10-AM ACHI procedure codes. The QHAPDC and PDC data are collected routinely, however identification of termination of pregnancy data requires more extensive processing, linkage and reconciliation of these data. This involves further work to produce figures from the two different collections and time periods to be submitted, allow for identification of a 90 day readmission period and then perform data linkage, validation and contacting facilities for clarification and amendments. The termination of pregnancy data are not routinely published.

**Data Specification**

**Data Source:** Qld Termination of Pregnancy Data Collection (QTPDC) - derived from Queensland Hospital Admitted Patient Data Collection (QHAPDC) linked with Queensland Perinatal Data Collection (QPDC)

**Prepared by:** Data Access, Data Services Branch

**Time period:** 2018 to 2024 calendar years where available

**Status:** 2018 to 2023 are final. 2024 is preliminary subject to change.

**Request ID:** 37449

**Date Created:** 17-Apr-26

**Data Selection:** a. Termination of pregnancy - medical abortions which are legally induced terminations performed for medical reasons. Identified as admitted patients with ICD10AM principal or additional diagnosis code of O04 and a selected range of methods used for termination (as per ACHI procedures) for example as listed below (these can be modified with changes to versions overtime):

Intra-amniotic injection of prostaglandin/saline for termination: 90461-00 (valid to June 2022)

Fetotoxic injection, nec: 90461-01 (valid from July 2022)

Insertion of prostaglandin suppository for induction of abortion: 90462-00 (valid to June 2019)

Termination of pregnancy [abortion procedure], nec: 90462-01 (valid from July 2019)

Induction of labour: 90465-00, 90465-01, 90465-02, 09465-03, 90465-04, 90465-05

Caesarean delivery: block 1340

Curettage and evacuation of uterus: 35640-00, 35640-01, 35640-03, 35643-03

Dilation of cervix: 35640-02

Hysterotomy: 35649-00

Fetal reduction: 90463-00

Endoscopic fetal reduction: 90463-01

Subtotal abdominal hysterectomy (incl. Laparoscopic): 35653-00, 35653-05

Total abdominal hysterectomy: 35653-01

Total abdominal hysterectomy with removal of adnexa: 35653-04 (valid to June 2019)

Total laparoscopic abdominal hysterectomy: 90448-01, 35653-07

Abdominal hysterectomy with extensive retroperitoneal dissection: 35661-00 (valid to June 2019)

Radical abdominal hysterectomy with radical excision of pelvic lymph nodes: 35664-00 (valid to June 2019)

Laparoscopic radical abdominal hysterectomy: 35667-02

Laparoscopically assisted radical vaginal hysterectomy: 35667-03

Excludes mothers re-admitted within 90 days and deemed part of same pregnancy event.

Data linked and reconciled with Perinatal Data Collection records.

b. The Termination of Pregnancy Act 2018 came into effect on 3 December 2018.

c. Data includes public and private hospital sectors.

d. Excludes events (primarily early gestation terminations) where termination is managed in primary care, and the mother is not admitted to a hospital.

e. Primary reason for termination commenced from 1 July 2022. Due to data quality and reporting periods, the item is reportable from 1 January 2023.

**Table 1) Termination of Pregnancy by gestation weeks for admitted patients in public and private facilities, Queensland 2018 to 2024 calendar years**

Calendar Year	Gestation (weeks)		Total
	22 weeks and under	23 weeks and over	
2018	9,256	53	9,309
2019	9,408	88	9,496
2020	8,946	89	9,035
2021	8,691	115	8,806
2022	8,189	95	8,284
2023	8,813	127	8,940
2024	8,949	126	9,075

**Table 2) Primary Reason for Termination of Pregnancy (ToP) occurring 20 weeks gestation and over for admitted patients in public and private facilities, Queensland 2023 to 2024 calendar years**

Calendar Year	Primary Reason for ToP	Total 20 weeks gestation and over
2023	Fetal congenital anomaly	142
	Maternal medical or obstetric condition	28
	Maternal mental health indication	17
	Maternal circumstantial indication	118
	Other / Not applicable	6
<b>Total</b>		<b>311</b>
2024	Fetal congenital anomaly	146
	Maternal medical or obstetric condition	22
	Maternal mental health indication	6
	Maternal circumstantial indication	126
	Other / Not applicable	8
<b>Total</b>		<b>308</b>



## Data Element Detail

### Pregnancy-reason for termination of pregnancy

#### Identifying and Definitional Attributes

Identifier & Version	QH 0142358 v2				
Metadata Item Type	Data Element				
Data Element Type	Data Element				
Approval Status	<table border="1"> <tr> <td>Draft</td> <td>Current</td> </tr> <tr> <td>07-Feb-2023</td> <td>30-Jan-2024</td> </tr> </table>	Draft	Current	07-Feb-2023	30-Jan-2024
Draft	Current				
07-Feb-2023	30-Jan-2024				
Approval Type	Standard				
Approving Authority	Information Management Strategic Governance Committee (IMSGC), Queensland Health				
Effective From	01-Jul-2023				
Effective To	-				
Definition	The reason a pregnancy or selected fetus was terminated.				
Context	Queensland Perinatal Data Collection (QPDC)				
Short Name	Reason for pregnancy termination				
Name in Other Contexts	Reason for abortion; Reason for induced abortion				
Metadata Item Custodian	Manager, Data Collections (QPDC, Births/Deaths) Statistical Services Branch (SSB) Healthcare Purchasing and System Performance Division				

## Data Element Concept Attributes

### Identifying and Definitional Attributes

Data Element Concept -

Approval Status -

Approval Type -

Approving Authority -

Definition -

Context -

Name in Other Contexts -

Object Class -

Property -

## Value Domain Attributes

### Identifying and Definitional Attributes

Value Domain Reason for termination of pregnancy code NN

Approval Status 

Current
01-Jul-2023

Approval Type	Standard
Approving Authority	Information Management Strategic Governance Committee (IMSGC), Queensland Health
Definition	A code set representing the reason a pregnancy or selected fetus was terminated.
Context	-
Name in Other Contexts	-

### Representational Attributes

Datatype	Numeric Character
Representation Class	Code
Format	NN
Minimum Character Length	2
Maximum Character Length	2

### Permissible Values

Code	Description
01	Fetal congenital anomaly
03	Maternal mental health indication
04	Maternal circumstantial indication
05	Selective reduction of multiple pregnancy
06	Maternal obstetric condition
08	Maternal medical condition

	No reason provided	
	Other	
Supplementary Values	<b>Code</b>	<b>Description</b>
	99	Not stated/inadequately described

## Data Element Attributes

### Collection and Usage Attributes

#### Guide for Use

Code 01 Fetal congenital anomaly

Use this code when the reason for termination of pregnancy was fetal congenital anomaly.

Code 03 Maternal mental health indication

Use this code when the reason for termination of pregnancy was maternal mental health indication.

Code 04 Maternal circumstantial indication

Use this code when the reason for termination of pregnancy was maternal circumstantial indication. Maternal circumstantial indication refers to social or personal factors informing the primary reason for a termination of pregnancy.

Code 05 Selective reduction of multiple pregnancy

Use this code when the reason for termination of pregnancy was selective reduction of multiple pregnancy.

Code 06 Maternal obstetric condition

Use this code when the reason for termination of pregnancy was maternal obstetric condition.

Maternal obstetric condition: a physical condition that arises directly from the presence of a fetus and/or a utero-placental unit and only occurs in pregnancy. Examples include pre-eclampsia, intra-uterine or retro-placental haemorrhage, chorioamnionitis, acute fatty liver of pregnancy, hyperemesis gravidarum.

Code 07 No reason provided

Use this code when the woman did not provide a reason for termination. As a reason for a termination of pregnancy is not required in all jurisdictions under all circumstances, this code can be selected when the women chose not to disclose the reason for the termination.

**Code 08 Maternal medical condition**

Use this code when the reason for termination of pregnancy was maternal medical condition.

Maternal medical condition: a physical condition in the mother that is not directly related to pregnancy but may be aggravated by the pregnancy. Examples include maternal heart disease, metastatic malignancy, intestinal obstruction. Maternal mental health conditions are not included.

**Code 88 Other**

Use this code when the reason for termination of pregnancy was for another reason not otherwise defined.

**Code 97 Not applicable**

Use this code when the pregnancy was not terminated.

**Code 99 Not stated/inadequately described**

Use this code when data is missing or inadequately described.

Only one reason for termination of pregnancy should be recorded.

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Verification Rules -

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Collection Methods This data element is recorded for the mother only.

For reporting of the national standard, Pregnancy-reason for termination of pregnancy (NHDD), the following mapping occurs:

Code 01 Fetal congenital anomaly is mapped to code 1 Fetal congenital anomaly

Code 03 Maternal mental health indication is mapped to code 3 Maternal mental health indication

Code 04 Maternal circumstantial indication is mapped to code 4 Maternal circumstantial indication

Code 05 Selective reduction of multiple pregnancy is mapped to code 5 Selective reduction of multiple pregnancy

Code 06 Maternal obstetric condition is mapped to code 6 Maternal obstetric condition

Code 08 Maternal medical condition is mapped to code 8 Maternal medical condition

Code 77 No reason provided is mapped to code 77 No reason provided

Code 88 Other is mapped to code 88 Other

Code 97 Not applicable is mapped to Code 97 Not applicable

Code 99 Not stated/inadequately described is mapped to code 99 Not stated/inadequately described.

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**Relational Attributes**

Related Metadata References

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Relationship	Metadata Item Type	Metadata Item Subtype	Name
Supersedes	Data Element	termination of pregnancy	Version 1 Superseded
Is used in the derivation of	Data Element	Derived Data Element Pregnancy-reason for termination of pregnancy (NHDD)	AIHW 0142360 Version 2 Current

Implementation in Metadata Sets

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Metadata Item Type	Metadata Item Subtype	Name ↑	Identifier & Version	Obligation	Approval Status	Effective From	Effective To
Information Asset	Data Collection	Queensland Perinatal Data Collection (QPDC)	QH 020003 Version 3	Conditional	Draft	01-Jul-2023	
Information Asset	Data Collection	Queensland Perinatal Data Collection (QPDC)	QH 020003 Version 2	Conditional	Current	01-Jul-2023	30-Jun-2023

Data Supply Requirement	HHS Service Agreement	Queensland Perinatal Mortality Data Collection (QPMDC) Data Supply Requirement (DSR) 2023-2024	QH 0150534 Version 1	Mandatory	Superseded	01-Jul-2023	30-Jun-2024
Data Supply Requirement	HHS Service Agreement	Queensland Perinatal Mortality Data Collection (QPMDC) Data Supply Requirement (DSR) 2024-2025	QH 0176187 Version 1	Mandatory	Superseded	01-Jul-2024	30-Jun-2025
Data Supply Requirement	HHS Service Agreement	Queensland Perinatal Mortality Data Collection (QPMDC) Data Supply Requirement (DSR) 2025-2026	QH 0176221 Version 1	Mandatory	Current	01-Jul-2025	30-Jun-2026

Data Quality Declaration

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### Source and Reference Attributes

Source Organisation Australian Institute of Health and Welfare

Source Document METeOR data element: Product of birth-reason for termination of pregnancy, code N identifier 756758, Health Standard 07/02/2023 <https://meteor.aihw.gov.au/content/756758?technical=True>

Keywords [Perinatal death](#); [Perinatal mortality](#); [Primary](#); [Reason](#); [TOP](#); [Termination](#);

### Administrative Attributes

Date Last Updated 06-Jan-2026

Date Last Reviewed 19-Feb-2024

Reviewed By SSB: SSS (audit)

Date Review Due 19-Feb-2025

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## Termination of Pregnancy ICD-10-AM discovery code list for QHAPDC

Principal/additional diagnosis of O04		Principal/additional diagnosis of O04, O09, O07.0 – O07.4, Z32.2		Principal/additional diagnosis of O04, O09, O07.0 – O07.4, Z32.2		Medical or Surgical
Tenth Edition and prior (up to June 2019)		Eleventh Edition (1 July 2019 – 1 July 2022)		Twelfth Edition (1 July 2022 – 1 July 2025)		
CODE	Description	CODE	Description	CODE	Description	
1652002	Elective lower segment caesarean section	1652002	Elective lower segment caesarean section	1652002	Elective lower segment caesarean section	Surgical
1652003	Emergency lower segment caesarean sect	1652003	Emergency lower segment caesarean sect	1652003	Emergency lower segment caesarean sect	Surgical
3564002	Dilation of cervix	3564002	Dilation of cervix	3564002	Dilation of cervix	Surgical
3564900	Hysterotomy	3564900	Hysterotomy	3564900	Hysterotomy	Surgical
3565300	Subtotal abdominal hysterectomy	3565300	Subtotal abdominal hysterectomy	3565300	Subtotal abdominal hysterectomy	Surgical
9044801	Total laparoscopic abdominal hysterectomy	9044801	Total laparoscopic abdominal hysterectomy	3565307	Laparoscopic total abdominal hysterectomy	Surgical
9046300	Fetal reduction	9046300	Fetal reduction	9046300	Fetal reduction	Medical
9046500	Medical induction of labour, oxytocin	9046500	Medical induction of labour, oxytocin	9046500	Medical induction of labour, oxytocin	Medical
9046501	Medical induction labour, prostaglandin	9046501	Medical induction labour, prostaglandin	9046501	Medical induction labour, prostaglandin	Medical
9046502	Other medical induction of labour	9046502	Other medical induction of labour	9046502	Other medical induction of labour	Medical
9046504	Other surgical induction of labour	9046504	Other surgical induction of labour	9046504	Other surgical induction of labour	Surgical
9046505	Medical and surgical induction of labour	9046505	Medical and surgical induction of labour	9046505	Medical and surgical induction of labour	Surgical
3564000	Dilation & curettage of uterus [D&C]	3564000	Dilation & curettage of uterus [D&C]	3564000	Dilation & curettage of uterus [D&C]	Surgical
3564001	Curettage of uterus without dilation	3564001	Curettage of uterus without dilation	3564001	Curettage of uterus without dilation	Surgical
3564003	Suction curettage of uterus	3564003	Suction curettage of uterus	3564003	Suction curettage of uterus	Surgical
3564303	Dilation and evacuation of uterus [D&E]	3564303	Dilation and evacuation of uterus [D&E]	3564303	Dilation and evacuation of uterus [D&E]	Surgical
9046100	Intra-amniotic injection	9046100	Intra-amniotic injection	N/A	Code end dated 30 June 2022	Medical
				9046101	Fetotoxic injection, not elsewhere classified	Medical
9046200	Ins prostaglandin suppository induct abortion	9046200	Ins prostaglandin suppository induct abortion	N/A	Code end dated 30 June 2019	Medical
				9046201	Termination of pregnancy [abortion procedure], not elsewhere classified	Medical
1652000	Elective classical caesarean section	1652000	Elective classical caesarean section	1652000	Elective classical caesarean section	Surgical
1652001	Emergency classical caesarean section	1652001	Emergency classical caesarean section	1652001	Emergency classical caesarean section	Surgical
1652004	Elective caesarean section, not elsewhere classified	1652004	Elective caesarean section, not elsewhere classified	1652004	Elective caesarean section, not elsewhere classified	Surgical
1652005	Emergency caesarean section, not elsewhere classified	1652005	Emergency caesarean section, not elsewhere classified	1652005	Emergency caesarean section, not elsewhere classified	Surgical
9046503	Surgical induction of labour by artificial rupture of membranes [ARM]	9046503	Surgical induction of labour by artificial rupture of membranes [ARM]	9046503	Surgical induction of labour by artificial rupture of membranes [ARM]	Surgical
9046301	Endoscopic fetal reduction	9046301	Endoscopic fetal reduction	9046301	Endoscopic fetal reduction	Surgical
3565301	Total abdominal hysterectomy	3565301	Total abdominal hysterectomy	3565301	Total abdominal hysterectomy	Surgical
3565304	Total abdominal hysterectomy with removal of adnexa	3565304	Total abdominal hysterectomy with removal of adnexa	N/A	Code end dated 30 June 2019	Surgical
3566100	Abdominal hysterectomy with extensive retroperitoneal dissection	3566100	Abdominal hysterectomy with extensive retroperitoneal dissection	N/A	Code end dated 30 June 2019	Surgical
3566400	Radical abdominal hysterectomy with radical excision of pelvic lymph nodes	3566400	Radical abdominal hysterectomy with radical excision of pelvic lymph nodes	N/A	Code end dated 30 June 2019	Surgical

		3565305	Laparoscopic subtotal abdominal hysterectomy	3565305	Laparoscopic subtotal abdominal hysterectomy	Surgical
		3566702	Laparoscopic radical abdominal hysterectomy	3566702	Laparoscopic radical abdominal hysterectomy	Surgical
		3566703	Laparoscopically assisted radical vaginal hysterectomy	3566703	Laparoscopically assisted radical vaginal hysterectomy	Surgical
				3566700	Radical abdominal hysterectomy	Surgical

- Exclude episodes of care if the same patient is admitted with the above diagnosis and procedure codes within a 3 month period.

Additional linkage to capture QPDC records for completeness and cross collection validation is undertaken. This involves including those records in QPDC where an ICD code of P96.4 exists in the baby death record or a pregnancy complication code of O04 is recorded.

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## Reporting of terminations from routine collected administrative data sets

Essentially, through an extensive process of data linkage and validation between termination of pregnancy events reported to our admitted patient data collection and perinatal data, the use of morbidity coding data at the level of episode of care may be flawed due to morbidity coding and readmission issues.

### Collection of data

- **Queensland Perinatal Data Collection (QPDC)**
  - Births data are submitted to the Department within 35 days of birth, and these data will show any babies who have died during the birth episode. The information supplied in this data should identify if the death was a termination of pregnancy.
  - Perinatal deaths are manually reviewed after gathering additional data (histology, chromosomes, autopsy, death certificates, and clinical audit tools). Where any of these data identifies that the birth was a termination of pregnancy, additional data are recorded in the PDC as pregnancy complication and induction information. Data from the Registry of Births, Deaths and Marriages are also compared to PDC data to identify all registered babies who have died at 28 days or less.
  - The Queensland Maternal and Perinatal Quality Council (QMPQC) reviews all cases of perinatal death, and if there is a suspicion from this expert clinical group that an event was an unidentified termination of pregnancy then the SSB undertakes further investigation with the source data provider.
  - Data on the number of termination of pregnancy sourced from the PDC are quite robust
- **Queensland Hospital Admitted Patient Data Collection (QHAPDC)**
  - Morbidity data are recorded within QHAPDC using codes from the International Statistical Classification of Disease and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) and the Australian Classification of Health Interventions (ACHI).
  - ICD-10-AM and ACHI codes are primarily assigned to an episode of admitted patient care by clinical coding staff, after the episode of care has finished (i.e. the patient has 'separated'). All relevant clinical diagnoses and procedures during the admitted episode are recorded.
  - Identifying termination of pregnancy events from QHAPDC relies on identifying records with relevant ICD-10-AM codes and the presence of a select range of ACHI codes.

Data for the total number of terminations of pregnancy in Queensland in an admitted patient setting only are then collated from these data collections – PDC data for events of 20 weeks or more gestation (or of a baby less than 20 weeks/400 grams born alive), and the QHAPDC data for events less than 20 weeks gestation.

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ICD-10AM and ACHI selection criteria for identifying medical abortion events in admitted patient morbidity data.

(a) Medical abortions are legally induced terminations performed for medical reasons (ICD10AM principal diagnosis code of O04)

and the methods used for termination are the ACHI procedures identified below:

*Curettage and evacuation of uterus: 35640-00, 35640-01, 35640-03, 35643-03*

*Intra-amniotic injection of prostaglandin/saline for termination: 90461-00*

*Insertion of prostaglandin suppository for induction of abortion: 90462-00*

**Revised criteria** from 1 July 2019:

(a) Medical abortions are legally induced terminations performed for medical reasons (ICD10AM principal or additional diagnosis code of O04) and the methods used for termination are the ACHI procedures identified below:

*Curettage and evacuation of uterus: 35640-00, 35640-01, 35640-03, 35643-03*

*Intra-amniotic injection of prostaglandin/saline for termination: 90461-00*

*Insertion of prostaglandin suppository for induction of abortion: 90462-00*

*Induction of labour: 90465-00, 90465-01, 90465-02, 90465-03, 90465-04, 90465-05*

*Caesarean delivery: block 1340*

*Dilation of cervix: 35640-02*

*Hysterotomy: 35649-00*

*Subtotal abdominal hysterectomy (incl laparoscopic): 35653-00, 35653-05*

*Total abdominal hysterectomy: 35653-01*

*Total abdominal hysterectomy with removal of adnexa: 35653-04*

*Total laparoscopic abdominal hysterectomy: 90448-01, 35653-07*

*Abdominal hysterectomy with radical excision of pelvic lymph nodes: 35664-00*

*Laparoscopic radical abdominal hysterectomy: 35667-02*

*Laparoscopically assisted radical vaginal hysterectomy: 35667-03*

*Fetal reduction: 90463-00*

*Endoscopic fetal reduction: 90463-01*

Excludes mothers re-admitted within 90 days and deemed part of same pregnancy event.

Data linked and reconciled with Perinatal Data Collection records.

Excludes events (primarily early gestation terminations) where termination is managed in primary care, and the woman is not admitted to hospital.

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