PERINATAL STATISTICS

QUEENSLAND 2017



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PERINATAL STATISTICS

QUEENSLAND

2017

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Queensland Newborn Screening

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- . The Registrar-General's Office (Registry for Births, Deaths and Marriages) for providing additional data on perinatal deaths,
- . The staff of the Perinatal Data Collection,
- . The Newborn Screening Unit for its contribution.

INTRODUCTION

The Queensland Perinatal Data Collection commenced in November 1986 after State legislation under Part II of the *Health Act 1937* was amended to include 'Division XII - Perinatal Statistics' requiring that perinatal data be provided to the Chief Executive for every child born in Queensland. The collection was established to provide a basic source of information for research into obstetric and neonatal care and to assist with the planning of Queensland's health services. In addition, it enables the monitoring of neonatal morbidity and congenital anomalies.

This report presents summary statistics based on the data collected for 2017.

Changes are routinely introduced to the collection on a financial year basis. Calendar year publications will reflect these changes as far as possible. The introduction of ICD-10-AM Tenth Edition occurred from 1 July 2017.

DATA COLLECTION

Perinatal Data Collection forms, or in the case of hospitals using electronic systems, an extract was provided to Queensland Department of Health by public hospitals, private hospitals, and homebirth practitioners. The data submitted were designed to be an integral part of the mother's medical record, both to reduce duplication of recording and to ensure optimum accuracy of data. The Statistical Collections and Integration Team (previously Data Collections Unit), which conducts the collection, has encouraged the practice that wherever possible, midwives complete the forms or electronic system and suggests that the resulting output be considered an essential part of the nursing summary. For homebirths, the responsibility for the completion and return of the forms rests with homebirth practitioners.

The Perinatal Data Collection Electronic File Format and Obstetric Summary and Neonatal Notes (MR63D) form collected antenatal, intrapartum and postpartum data. Perinatal Data Collection Electronic File Format (versions 2016-2017 and 2017-2018) and Obstetric Summary and Neonatal Notes (edition July 2015 MR63D) forms were used in 2017, shown in Appendix B. It is also important to note that a large number of birthing hospitals now submit data electronically.

In addition to information from these electronic system extracts and forms, the collection was supplemented by information from Medical Certificates of Cause of Perinatal Death from the Registrar-General's Office.

EXPLANATORY NOTES

Scope

The statistics shown in this report relate to confinements/births that occurred in Queensland during 2017 and were reported to the Perinatal Data Collection. Confinements/births that occurred outside Queensland, but where the mother was usually resident in Queensland, were not captured by the Collection. Conversely, births that occurred in Queensland, but where the mother's usual residence was overseas or interstate, are included in the statistics. The scope of the Collection ceases at the point of formal separation - discharge, transfer or death for hospital births.

Data quality

A number of quality control procedures have been employed to ensure that the statistics produced are reliable. The Statistical Collections and Integration Team performs a series of input editing checks on the data to check unusual and incomplete data items, these checks include: data entry checks, coding checks, validation queries for internal and external purposes and quarterly queries for unusual, ambiguous or incomplete data items.

Definitions

Actual place of birth

Actual place where the birth of the baby occurred.

Apgar score

A numerical scoring system usually applied at one minute and five minutes after birth to evaluate the condition of the baby, based on heart rate, respiration, muscle tone, reflexes and colour.

Antenatal care type

The place or type of practitioner from whom antenatal care was received during the pregnancy.

Assessment for chronicity scan

An ultrasound to distinguish between twins who share a membrane. This will identify those multiples who share a chorion and are at risk of twin to twin transfusion syndrome.

Assisted conception

The current pregnancy was the result of assisted conception; that is, there was a method used to increase the chance of fertilisation in the infertile or subfertile woman or couple.

Augmentation

Intervention after the spontaneous onset of labour to assist the progress of labour.

Baby

A product of conception that is born alive or if stillborn is of at least 20 weeks gestation and/or 400 grams in weight.

Baby's place of death

The location of death of the baby.

Birth

The process by which a baby is expelled or extracted from the mother. The number of births per year is equal to the number of livebirths and stillbirths in that year.

Birth order

The order of each baby of a multiple birth.

Birthweight

The first recorded weight of the newborn baby, usually measured in the first hour after birth. Low birthweight babies are those whose weight is less than 2,500 grams and this category includes very low birthweight babies whose weight is less than 1,500 grams as well as extremely low birthweight babies whose weight is less than 1,000 grams.

Congenital anomaly

A structural defect or chromosomal abnormality, including deformations that are present at birth and diagnosed prior to separation from care.

Cord pH

The measurement of the umbilical cord pH.

CTG in labour

Indicating whether Cardiotocography (CTG) monitoring was performed.

Date of admission

The date of admission of the mother for birth to the facility where the confinement takes place.

Date of confinement

The date the mother births her baby and in the case of a multiple birth the date of the birth of the first baby.

Estimated date of confinement

Estimated date of birth as indicated by ultrasound scan, date of last menstrual period or clinical assessment.

Fetal scalp pH Measurement of the fetal scalp pH.

First day of the last menstrual period

Date of the first day of the mother's last menstrual period (LMP).

Fluid baby received in the birth episode

The type of fluid ingested by the baby at any time prior to discharge.

Fluid baby received 24 hours prior to discharge

The type of fluid ingested by the baby in the twenty-four (24) hours prior to discharge.

FSE in labour

Indicating whether Fetal Scalp Electrode (FSE) monitoring was performed.

Gestation

The estimated gestational age of the baby in completed weeks as determined by clinical assessment. Preterm births are identified as those babies whose gestation is less than 37 completed weeks. In cases of multiple births where an intrauterine fetal death (IUFD) occurred, the gestational age is estimated as the age at death and not the age at birth.

GrandMultipara

A pregnant woman who has had at least five previous pregnancies resulting in a livebirth or stillbirth.

Hepatitis B vaccination status

The Hepatitis B vaccination status of the baby at birth.

Indigenous Status

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he/she lives.

Induction

Intervention to stimulate the onset of labour.

Intended birth place

The intended place of birth of the baby at the onset of labour.

Labour and birth complication

Complication arising within labour or birth that may have significantly affected care during this time.

Livebirth

The complete expulsion or extraction from the mother of a baby which shows evidence of life, (eg: has a heartbeat), irrespective of birthweight or gestational age.

Macerated

The softening and breaking down of skin from prolonged exposure of a dead fetus to amniotic fluid.

Medical conditions

Pre-existing maternal diseases and conditions, and other diseases, illnesses or conditions arising during the current pregnancy, that are not directly attributable to the pregnancy but may significantly affect care during the current pregnancy and/or pregnancy outcome.

Method of birth

The method of complete expulsion or extraction from its mother of a product of conception.

Method of birth of last birth

The method of complete expulsion or extraction from its mother of a product of conception in last birth event.

Morphology ultrasound scan

An ultrasound to allow the early diagnosis of morphologic abnormalities.

Mortality rates

Stillbirth rate - the number of stillbirths per 1,000 births. Neonatal mortality rate - the number of neonatal deaths per 1,000 livebirths. Perinatal mortality rate - the number of perinatal deaths per 1,000 births.

Mother

A woman who gave birth to one or more babies in Queensland during the reference period.

Multipara

A pregnant woman who has had at least one previous pregnancy resulting in a livebirth or stillbirth.

Neonatal death

The death of a live born baby within the first 28 days of life.

Non-Pharmacological Analgesia administered during labour

The type of non-pharmacological analgesia used by the mother to relieve pain during the labour and/or birth.

Nuchal translucency ultrasound

An ultrasound to assess for Trisomy 21 chromosomal abnormalities.

Outcome of previous pregnancies

The number of previous pregnancies resulting in stillbirths (of at least 20 weeks gestation and /or 400 grams), spontaneous abortion or induced termination of pregnancies (of less than 20 weeks gestation and less than 400 grams) or livebirth outcomes.

Perinatal death

A stillbirth or neonatal death.

Perinatal period

The perinatal period commences at 20 completed weeks (140 days) of gestation and ends 28 completed days after birth.

Period in ICN/SCN

Total number of whole or part calendar days that a baby spent in intensive care nursery/special care nursery.

Pharmacological Analgesia administered during labour

Type of pharmacological agents administered to the mother by injection or inhalation to relieve pain during labour and/or birth.

Plurality

The number of babies resulting from a single pregnancy. Plurality at birth is determined by the total number of live births and stillbirths that result from the pregnancy. Stillbirths, including those where the fetus was likely to have died before 20 weeks gestation, should be included in the count of plurality. To be included, they should be recognisable as a fetus and have been expelled or extracted with other products of conception when pregnancy ended at 20 or more weeks gestation.

Position of congenital anomaly

The laterality of the structural abnormalities (including deformations) present at birth.

Pregnancy complication

Complications arising up to the period immediately preceding birthing that are directly attributable to the pregnancy and may have significantly affected care during the current pregnancy and/ or pregnancy outcome.

Presentation

That part of the fetus which is lowermost in the uterus at birth.

Primipara

A pregnant woman who has had no previous pregnancy resulting in a livebirth or stillbirth.

Primary reason for induction

Primary reason for the need to induce labour.

Principal accoucheur

The principal person assisting the mother in the birth of the baby.

Puerperium

The six week period for the mother following birth.

Puerperium complication

The medical and obstetric complications of the mother occurring during the postnatal period up to the time of separation from care.

Puerperium procedures and operations

Any procedure or operation the mother had during the puerperium, the six week period following the birth.

Separation date

Date on which an admitted patient completes an episode of care.

Smoking

An indicator of whether the mother has smoked any cigarettes at any time during the pregnancy.

State/Territory of birth

The state/territory in which the birth occurred.

Stillbirth

The complete expulsion or extraction from the mother of a product of conception of at least 20 weeks gestation and/or 400 grams birthweight which, after separation, did not show any signs of life, that is, did not have a heartbeat.

Underlying cause of perinatal death

The disease or condition present in either the fetus, neonate or mother which, in the opinion of the certifier, was the single underlying cause of the perinatal death, i.e. the disease condition which initiated the train of events which lead to death.

Water Birth

An indicator of whether the birth was a water birth. For a birth to be considered a water birth, the baby's head must remain submerged under water until after the body is born.

APPENDIX A: UNPUBLISHED DATA AVAILABLE FROM THE PERINATAL DATA COLLECTION

(Release of data is subject to confidentiality restrictions)

MOTHER

Place of birth Age Country of birth Indigenous status State of usual residence Statistical local area of usual residence Marital status Weight Height Accommodation status Antenatal transfer Antenatal transfer place Time of antenatal transfer Reason for antenatal transfer Assisted conception methods Date of admission Previous pregnancy outcomes (live births, stillbirths, miscarriages/abortions) Method of birth of last birth Number of previous Caesareans Date of LMP Estimated date of confinement Antenatal care Number of antenatal visits Medical conditions Pregnancy complications Procedures and operations Number of ultrasound scans Intended place of birth at onset of labour Actual place of birth of baby Onset of labour Methods of induction/augmentation Reason for Induction Length of time membranes ruptured before birth Length of first stage of labour Length of second stage of labour Presentation Non-Pharmacological Analgesia during labour Pharmacological Analgesia during labour Anaesthesia methods for birth Method of birth Reason for Induction Reason for Caesarean Cervical dilation prior to Caesarean Accoucheur Perineal status Episiotomy Surgical repair of vagina or perineum Gestation at first antenatal visit Labour and birth complications

Puerperium complications Separation type Date of separation Place of transfer Smoking during pregnancy (status and number) Smoking cessation advice Puerperium procedures & operations Parity

BABY

- Date of birth Time of birth Birthweight Gestation Plurality Sex Born alive/stillborn Route of administration of vitamin K Hepatitis B vaccination Apgar score (1 and 5 minutes) Time to establish respirations Resuscitation methods Neonatal morbidity Neonatal treatment methods Congenital anomalies Antenatal diagnosis of congenital anomalies Indigenous status of baby Days in ICN
 - Days in SCN Main reason for admission to ICN/SCN Fluid received in the birth episode Fluid received in the 24 hours prior to discharge Use of a bottle Date of separation Separation type Place of transfer

PERINATAL DEATHS

Date of death Age at death Indigenous status of baby Place of death Macerated (stillbirths) When heartbeat ceases Post-mortem performed Post-mortem confirmed Main and other maternal diseases Main and other causes of death

APPENDIX B PERINATAL DATA COLLECTION FORM (MR63D) current for the 2017 period

	PLACE OF DATE OF ADMISSION DELIVERY (1/c dalway)	
MOTHER'S DETAILS	MOTHER'S COUNTRY OF BIRTH INDIGENOUS STATUS Aborgral Tornes Strat Islander Aborgral Tornes Strat Islander Aborgral Divorsed Status of Mother Aborgral Divorsed Separated Separated Separated Separated Separated Separated Separated Separated Separated Separated Sep	1ST GIVEN NAME DOB I 2ND GIVEN NAME Estimated Date of Birth USUAL RESIDENCE ANTENATAL TRANSFER NO Include transfer I Yes 2 Include transfer Interview and home birth is hospital, from birthing onche to acute care areas etc.) Transferred from + prior to conset of light Transferred from + outring hoour
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FACOENT FACORANCE	HEIGHT Pre-existing diabetes mellitus You m • Type 1 diabetes • Type 2 diau/in thraitad 0246 Nore • Type 2 diau/in thraitad • Type 2 diau/in thraitad 0246 Nore WEIGHT • Type 2 diau/in thraitad 02412 APH /a WEIGHT • Type 2 diau/in thraitad 0241 APH /a WEIGHT • Type 2 diau/exercise 0241 • diau • Type 2 diau/exercise 0241 • diau • diau • Type 2 diau/exercise 0241 • diau • diau • Other (specify) 0449 • diau • diau Anttma (treated during this pregnancy) 4459 • diau Autorna (specify) • diau • diau • diau • Dialth hospital/enite • diau • diau • diau • diau/expit/enite • diau • diau <td< td=""><td>icto veeksi Oode Nore Africount values compling Nore Africount values compling Africount values compling Africount values compling Africount values compling O Africount values compling O Africount values compling O Africount values compling O O Africount</td></td<>	icto veeksi Oode Nore Africount values compling Nore Africount values compling Africount values compling Africount values compling Africount values compling O Africount values compling O Africount values compling O Africount values compling O O Africount
	INTENDED PLACE OF BIRTH AT ONSET OF LABOUR MEINBRANES RUPTURED REASON FOR FORCEPS/ACC Hospital 1 days hous mins Birthing centre 2 before delivery MAIN REASON FOR CAESARE Horna 4 LENGTH OF LABOUR 111 ADDITIONAL REASON FOR Other 6 mins mins ACTUAL PLACE OF BIRTH OF BASY PRESENTATION AT BIRTH Tok one box only 211 ADDITIONAL REASON FOR Other (BGA) 1 2 Vertax 1 Horna 2 Vertax 1 More than 3am Birth OF BASY 1 More than 3am 3am or less Other (BGA) 3 Frace 4 Horna 4 Breech 2 Not mesured Brow 5 Frace 4 ATTEROTICS AT TIME OF CARE Brow 1 Transversid/blockder: 7 None Phatemacol Conducts already received Value mig lock met ban one box 1 More than 3am Nother lapacity Nother lapacity No bidow 3 Grassal CS 05 Brow 100 None Phatemacol.Color.AL AN	Tick one box only You may fick more than one box None None Other modical afficer 1 R CAESAREAN Midwife Student midwife - B CAESAREAN Midwife Metical student - Image: Student midwife - C Cord prologies 0680 B CAESAREAN Metical student Metical student - DAMAGE TO THE PERINEUM Prelorged second stage (active) Image: Student midwife - Image: Student model - Image: Student midwife -

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PERINATAL DATA COLLECTION FORM (MR63D) (continued)

CONGENITAL ANOMALY! MORBIDITY DATA	R. L. R. L. R. L. L. Medical Practicent's Signature
DISCHARGE DETAILS	MOTHER Properties AND None American constance to an one too None American constance to an one too None American American American Science/Addan
POSTNATAL DETAILS	BABY NEONATAL MORBIDITY None 1 Was baby admitted to ICN/SCN? No Yes Suspected None Photothrapy No Yes Was baby admitted to ICN/SCN? No Yes Was baby admitted to ICN/SCN? None Photothrapy No Yes Was baby admitted to ICN/SCN? No Yes Was baby admitted to ICN/SCN? None Photothrapy No Yes Was baby admitted to ICN/SCN? Was admited to ICN/SCN? Was admitted to ICN/SCN?
BABY	BABY'S UR No. PLURALITY APGAR SCORE RESUSCITATION Ume Meconium DATE OF BIRTH Imit Imit Single 1 Twin 1 2 Reprint on y flok more than one box Meconium Meconium INDIGENOUS STATUS - BABY Twin 1 2 Reprint on y flok more than one box Meconium

PERINATAL DATA COLLECTION ELECTRONIC FILE FORMAT

To view data items submitted via the electronic file format please see links below:

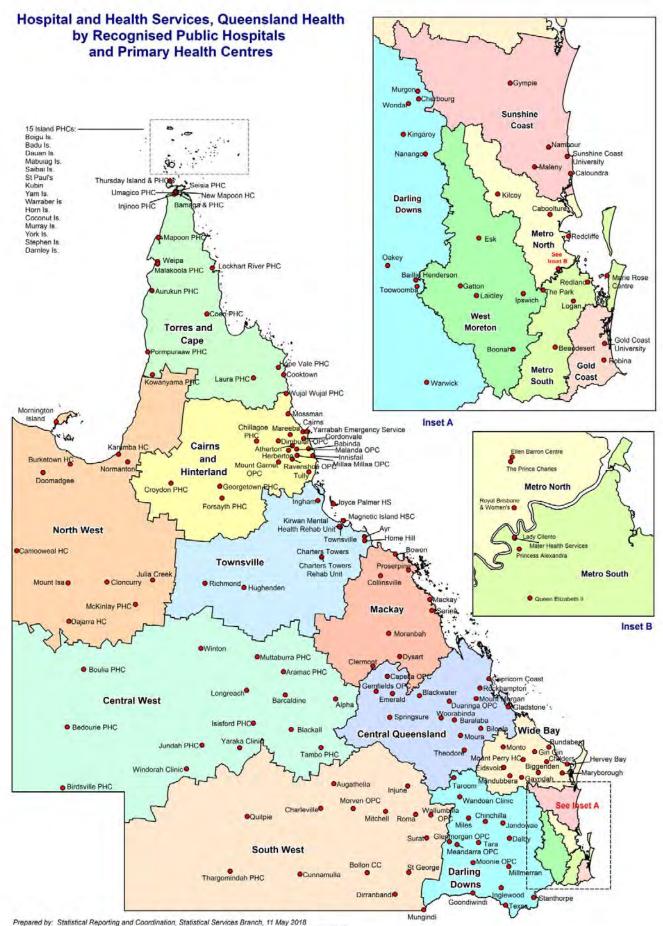
https://www.health.qld.gov.au/__data/assets/pdf_file/0020/160274/pdc-file-format-1617-final.pdf

https://www.health.qld.gov.au/__data/assets/pdf_file/0028/664129/pdc-file-format-2017-2018-final.pdf

APPENDIX C: PERINATAL DATA COLLECTION FORM CHANGES (MR63D)

There were no changes to the data items reported in 2017.

APPENDIX D: Queensland Department of Health, Hospital and Health Service (2018 edition)



Hospital and Health Services by recognised public hospitals and primary health centres as at October 2017

REFERENCES

1. World Health Organisation (WHO), *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Volumes 1-5,* National Centre for Classification in Health, Sydney, 2000.