

NSW Perinatal Data Collection (PDC) Reporting and Submission Requirements from 1 January 2016

Summary The Perinatal Data Collection (PDC) is a statewide surveillance system which monitors patterns of pregnancy care, services and pregnancy outcomes.

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NSW PERINATAL DATA COLLECTION (PDC) REPORTING AND SUBMISSION REQUIREMENTS FROM 1 JANUARY 2016

PURPOSE

This Policy Directive is effective from 1 January 2016. It covers reporting and submission requirements for the Perinatal Data Collection (PDC), which is used for state wide surveillance to monitor patterns of pregnancy care, and maternal and newborn outcomes and to support national and state reporting obligations.

MANDATORY REQUIREMENTS

This policy applies to all midwives and doctors working in public and/or private facilities where a birth occurs. Reporting of all births in NSW to the PDC is a statutory requirement under the *NSW Public Health Act 2010*.

A PDC record must be completed for all births in NSW, including live born babies regardless of gestational age or birth weight, and stillborn babies of at least twenty (20) weeks gestation OR four hundred (400) grams birth weight. In the case of multiple births, a separate record must be completed in full for each baby.

From 1 January 2016 all records must be submitted in accordance with the timeframes described in section 1.3 of the attached *Perinatal Data Collection (PDC) Reporting and Submission Requirements: Procedures*.

Section 3 of the attached *Perinatal Data Collection (PDC) Reporting and Submission Requirements: Procedures* details the data items to be reported. Section 5 details the mandatory security requirements for data management.

IMPLEMENTATION

Chief Executives of LHDs and General Managers of Private Hospitals are to ensure:

- This policy directive is distributed to all staff involved in collecting and supplying data for the PDC. This includes staff of obstetric and neonatal units, medical record and information services staff.
- Staff have access to electronic systems able to collect the data items in accordance with Section 3 of the attached *Perinatal Data Collection (PDC) Reporting and Submission Requirements: Procedures* by 1 January 2016.
- Data collected in accordance with the statutory requirement and this policy directive is submitted in compliance to the schedule provided and in the form required for submission.

REVISION HISTORY

Version	Approved by	Amendment notes
July 2015 (PD2015_025)	Deputy Secretary - PPH	Replaces PD2010_072
December 2010 (PD2010_072)	Director-General	Replaces PD2005_636
December 2005	Director-General	Replaced PD2005_192 (previously circular

(PD2005_636)		2001/23) and PD2005_117 (previously circular 98/4)
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ATTACHMENTS

1. NSW Perinatal Data Collection (PDC) Reporting and Submission Requirements from 1 January 2016: Procedures.

**NSW Perinatal Data Collection (PDC) Reporting and
Submission Requirements from 1 January 2016**



Issue date: July-2015

PD2015_025

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1 BACKGROUND

1.1 About this document

From 1 January 2016, this Policy Directive rescinds and replaces Policy Directive PD2010_072 concerning the NSW Perinatal Data Collection. This Policy Directive applies to reporting of births to the NSW Perinatal Data Collection (PDC) from 1 January 2016.

The Perinatal Data Collection (PDC) is used for state wide surveillance, monitoring patterns of pregnancy care, maternal and newborn outcomes and to support national and state reporting obligations.

1.2 Key definitions

PDC records must be completed for **all births in NSW**, including live born babies regardless of gestational age or birth weight and stillborn babies of at least twenty (20) weeks gestation or four hundred (400) grams birth weight. In the case of multiple births, a separate record must be completed in full for each baby.

1.3 Legal and legislative framework

Reporting of all births in NSW is a requirement of the *NSW Public Health Act 2010*. A record for each birth occurring within a Collection Period Quarter must be reported no later than three months after the close of the quarter, based on the date of birth of the baby. The following table lists the due dates for submission of PDC data:

Collection Period	Last date for data submission in Collection Period	Deadline for correction and resubmission
Quarter 1 (1 Jan - 31 Mar)	30 June	11 August
Quarter 2 (1 Apr - 30 Jun)	30 September	11 November
Quarter 3 (1 Jul - 30 Sep)	31 December	11 February (following year)
Quarter 4 (1 Oct - 31 Dec)	31 March (the following year)	12 May

Any errors detected in submitted data are to be corrected and resubmitted **within 6 weeks of the date of final data submission**.

It should be noted that the table above shows the last acceptable date for initial data submission. Data may be supplied and accepted on a more frequent basis (eg weekly or monthly) to allow suppliers to obtain more timely feedback on the quality of births data that may better suit the operational processes of the supplier.

It is intended that the Collection Period and final date will be reduced in subsequent collection years and appropriate advice on the applicable Collection Periods will be published.

2 METHOD OF REPORTING

For births on or after 1 January 2016 PDC records must be submitted electronically in the form specified. The method of submission of PDC records is dependent on the type of collection/ submission entity as follows:

- Public Hospitals with maternity units are to submit records directly to EDWARD using a data extract from their maternity information system
- Private Hospitals are to submit data to PeriPH. PeriPH will apply further processing prior to sending PDC records to EDWARD
- Independent Midwives will submit data by direct data entry via a secure web-based form (PeriForm). This data, after processing, will be sent to EDWARD. Hospitals without maternity units will be able to utilise PeriForm to submit records for the individual births they manage.

EDWARD will hold the consolidated PDC data for births occurring on or after 1 January 2016.

While the required PDC data is constant, the receipt and processing platform will determine some differences in the extract format.

Paper forms will not be accepted or processed by the Ministry for any births on or after 1 January 2016.

3 DATA ITEMS TO BE REPORTED

3.1 Overview

This section lists the data that must be reported. Details of each of the items, including definitions, reportable values and guide for collection and use are provided in the PDC 2016 Data Dictionary.

As the data are submitted through different mechanisms and from different sources the requirements differ. The tables below specify the data to be reported by collection entity.

Y Required to be reported

n/a Not Applicable for the collection entity

3.2 Perinatal Data Provider

Item	Public Hospital	Private Hospital	Independent Midwife
Perinatal notifier identifier	Y	Y	Y
Perinatal notifier type code	Y	n/a	n/a

3.3 Mother Details

Item	Public Hospital	Private Hospital	Independent Midwife
Mother Client ID (medical record number or other defined identifier)	Y	Y	n/a
Given name	Y	Y	Y
Middle names	Y	Y	Y
Family name	Y	Y	Y
Full address of residence (including street number and name, locality, postcode and state/territory)	Y	Y	Y
Country of residence	Y	Y	Y
Country of birth	Y	Y	Y
Date of birth	Y	Y	Y
Indigenous status	Y	Y	Y

3.4 Newborn Details

Item	Public Hospital	Private Hospital	Independent Midwife
Newborn Client ID (medical record number or other defined identifier)	Y	Y	n/a
Given name	Y	Y	Y
Middle names	Y	Y	Y
Family name	Y	Y	Y
Indigenous status	Y	Y	Y
Baby birth date	Y	Y	Y
Baby birth status (livebirth/stillbirth)	Y	Y	Y
Sex	Y	Y	Y
Plurality	Y	Y	Y
Birth order	Y	Y	Y
Birth weight	Y	Y	Y
Estimated gestational age	Y	Y	Y
Apgar score at 1 and at 5 minutes	Y	Y	Y
Baby resuscitation type	Y	Y	Y

3.5 Pregnancy Details

Item	Public Hospital	Private Hospital	Independent Midwife
Previous pregnancy indicator	Y	Y	Y
Previous pregnancies count	Y	Y	Y
Last birth by caesarean section indicator	Y	Y	Y
Previous caesarean section count	Y	Y	Y
Mother's height (cm)	Y	Y	Y
Mother's weight (kg)	Y	Y	Y

Antenatal estimated date of birth	Y	Y	Y
Antenatal care received indicator	Y	Y	Y
Pregnancy duration at 1st antenatal care	Y	Y	Y
Number of antenatal visits (Antenatal service contact count)	Y	Y	Y
Mother tested for HIV Flag	Y	Y	Y
Mother immunised against pertussis in this pregnancy	Y	Y	Y
Mother immunised against influenza in this pregnancy	Y	Y	Y
Mother diabetes type	Y	Y	Y
Mother chronic hypertension flag	Y	Y	Y
Mother preeclampsia flag	Y	Y	Y
Mother gestational hypertension	Y	Y	Y
Mother eclampsia flag	Y	Y	Y
Hepatitis B surface antigen positive	Y	Y	Y
Smoking in first half of pregnancy	Y	Y	Y
Average number of daily cigarettes smoked in first half of pregnancy	Y	Y	Y
Smoking in second half of pregnancy	Y	Y	Y
Average number of daily cigarettes smoked in second half of pregnancy	Y	Y	Y
Quit smoking in this pregnancy	Y	Y	Y
If quit smoking in this pregnancy, at what gestation week?	Y	Y	Y

3.6 Labour and delivery

Item	Public Hospital	Private Hospital	Independent Midwife
Labour onset type	Y	Y	Y
Labour induced with oxytocins	Y	Y	Y
Labour induced with prostaglandins	Y	Y	Y
Labour induced by artificial rupture of membranes	Y	Y	Y
Labour induced by other means	Y	Y	Y
Main indication for induction of labour	Y	Y	Y
Labour augmented with oxytocins	Y	Y	Y
Labour augmented by artificial rupture of membranes	Y	Y	Y
Presentation at birth	Y	Y	Y
Analgesia provided in labour – various types	Y	Y	Y
Type of birth	Y	Y	Y
Main indication for caesarean section	Y	Y	Y
Anaesthesia provided during delivery – various types	Y	Y	Y

Perineal status	Y	Y	Y
Episiotomy indicator	Y	Y	Y
Surgical repair of the vagina or perineum	Y	Y	Y
Management type applied in 3 rd stage	Y	Y	Y

3.7 Maternity care

Item	Public Hospital	Private Hospital	Independent Midwife
Model of care during pregnancy	Y	Y	Y
Model of care at birth	Y	Y	Y
Place of birth	Y	Y	Y

3.8 Postnatal care

Item	Public Hospital	Private Hospital	Independent Midwife
Postpartum haemorrhage within 24 hours of birth	Y	Y	Y
Postpartum haemorrhage within 24 hours of birth requiring blood transfusion	Y	Y	Y
Postpartum haemorrhage within 24 hours of birth – estimated blood loss	Y	Y	Y
Congenital condition present flag	Y	Y	Y
Congenital condition(s) description	Y	Y	Y
Newborn hepatitis B birth dose	Y	Y	Y

3.9 Discharge status of mother and baby

Item	Public Hospital	Private Hospital	Independent Midwife
Discharge status of mother	Y	Y	Y
Mother's date/time of discharge or transfer	Y	Y	Y
Hospital mother transferred to	Y	Y	Y
Discharge status of baby	Y	Y	Y
Baby's date/time of discharge or transfer	Y	Y	Y
Hospital baby was transferred to	Y	Y	Y
Baby feeding on discharge (various)	Y	Y	Y

3.10 System and Service event details

Item	Public Hospital	Private Hospital	Independent Midwife
Mother client identifier – issuing authority	Y	n/a	n/a
Mother client identifier type code	Y	n/a	n/a
Mother service encounter record identifier	Y	n/a	n/a
Mother service event record identifier	Y	n/a	n/a
Mother service event source identifier	Y	n/a	n/a

Mother service event type code	Y	n/a	n/a
Newborn client identifier – issuing authority	Y	n/a	n/a
Newborn client identifier type code	Y	n/a	n/a
Newborn service encounter record identifier	Y	n/a	n/a
Newborn service event record identifier	Y	n/a	n/a
Newborn service event source identifier	Y	n/a	n/a
Newborn service event type code	Y	n/a	n/a
Perinatal birth record identifier	Y	Y	n/a
Perinatal pregnancy record identifier	Y	Y	n/a
Perinatal record source identifier	Y	n/a	n/a
Source create date and time	Y	n/a	n/a
Source modified date and time	Y	n/a	n/a
Perinatal record action type	Y	Y	n/a

4 DATA QUALITY

Data quality checks are made to ensure that all data submitted is compliant with the PDC as specified by the PDC 2016 Data Dictionary. Checks are made as the data is submitted to PeriPH or EDWARD or entered via PeriForm.

Incomplete records or records with errors will be identified and an error report made available to the submitting hospital. These records must be corrected and re-submitted by the reporting entity within the time stipulated (i.e. within 6 weeks of the date of final data submission).

In order to validate the enumeration of births for each calendar year a list of reported births are sent to each hospital and is to be validated against the hospital birth register.

5 SECURITY OF DATA

The Privacy Manual for Health Information (March, 2015) and the Privacy Management Plan (Policy Directive 2005_554 – March, 2005) must be observed for all data relating to the PDC.

Public hospitals with maternity units will submit data to EDWARD from behind the electronic security framework of NSW Health. Files must be directed to the location specified in the EDWARD Perinatal Interface Documentation (refer to supporting documents)

Private hospital users require an authorised user account to access and submit data to PeriPH.

Independent midwives (and users from hospitals without maternity units) require an authorised user account to access and submit data via the secure online PeriForm

To apply for authorised access to PeriPH and PeriForm contact the Data Integrity Officer in Health Systems Information and Performance Reporting Branch, NSW Ministry of Health.

6 PDC INFORMATION – ACCESS AND DISSEMINATION

Information collected by the PDC is used for the following purposes:

- State wide surveillance to monitor patterns of care for mothers and babies, and outcomes of care. Summary information for NSW is published annually on HealthStats NSW at: <http://www.healthstats.nsw.gov.au/>
- Planning, monitoring and evaluation of maternity services by the Ministry of Health and Local Health Districts
- De-identified unit record data are provided to the AIHW National Perinatal Statistics Unit for inclusion in the National Perinatal Data Collection
- De-identified data and summary data are provided to the NSW Ombudsman to support the work of the NSW Child Death Review Team
- Research purposes with the approval of a human research ethics committee.

PDC data may be accessed in the following ways:

- De-identified unit record data may be obtained via Secure Analytics for Population Health Research and Intelligence (SAPHaRI), which is the NSW Ministry of Health population health data warehouse, analysis and reporting system. SAPHaRI is administered by the Centre for Epidemiology and Evidence, and is accessible by staff of the NSW Ministry of Health and public health services subject to signing of a confidentiality agreement.
- Access to de-identified PDC unit record data for research purposes may also be sought by written request to the Executive Director, Centre for Epidemiology and Research.

7 GLOSSARY

Term / Acronym	Definition
AIHW	Australian Institute of Health and Welfare
EDWARD	NSW Health's Enterprise Data Warehouse for Analysis, Reporting and Decision Support.
PDC	Perinatal Data Collection
PeriForm	A secure online form to allow the entry and submission of individual PDC records
PeriPH	The application and data base to be used by private facilities for the submission and data quality checks for PDC records

8 FURTHER INFORMATION

Detailed information on the PDC data items, codes and guidance on completion of each data item is contained in the *New South Wales Perinatal Data Collection Data Dictionary 2016*.

Further information concerning the collection and submission of PDC data is available on the NSW Health Intranet from the following URL:

<http://internal.health.nsw.gov.au/data/collections/pdc/index.html>

Including links to the following resources:

- Data Dictionary – EDWARD Data Stream – Perinatal Notification
- Perinatal Data Collection Classification Changes Effective From 1 January 2016 Information Bulletin
- EDWARD Interface Requirements Specification for File Based Extracts – Perinatal Notification Data Stream
- Data Dictionary EDWARD Control and Audit Data Dictionary (excluding data error concepts)
- PeriPH data submission format specification
- Perinatal Data Set Specification 2015-16 (AIHW; Nov., 2014; <http://meteor.aihw.gov.au/content/index.phtml/itemId/581388>)
- Perinatal NMDS 2014- (AIHW; March, 2014; <http://meteor.aihw.gov.au/content/index.phtml/itemId/517456>).

For further information about this policy directive or the PDC, contact

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