

Female—hypertensive disorder during pregnancy indicator, yes/no/not stated/inadequately described code N

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Hypertension during pregnancy
METEOR identifier:	655530
Registration status:	Health! , Superseded 02/08/2017
Definition:	An indicator of whether a female has a hypertensive disorder during pregnancy , based on a current or previous diagnosis, as represented by a code.
Data Element Concept:	Female—hypertensive disorder during pregnancy indicator
Value Domain:	Yes/no/not stated/inadequately described code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 9 Not stated/inadequately described This code is not for use in primary data collections.
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Data element attributes

Collection and usage attributes

Guide for use:

CODE 1 Yes

To be reported if the woman has a hypertensive disorder during this pregnancy, including where a woman's hypertensive disorder is controlled through treatment during this pregnancy.

CODE 2 No

To be reported if the woman does not have a hypertensive disorder during this pregnancy.

CODE 9 Not stated/inadequately described

To be recorded by data entry personnel (state/territory health authority) if the data field is left blank or is inadequately completed in the perinatal data collection form or extract. Clinicians should not record code 9.

Collection methods:

Based on SOMANZ Guidelines 2014, normal pregnancy is characterised by a fall in blood pressure, detectable in the first trimester and usually reaching a nadir in the second trimester. Blood pressure rises towards pre-conception levels by term.

Hypertension in pregnancy is defined as:

1. Systolic blood pressure greater than or equal to 140 mmHg and/or
2. Diastolic blood pressure greater than or equal to 90 mmHg.

Measurements should be confirmed by repeated readings over several hours.

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: Lowe SA, Bowyer L, Lust K, McMahon LP, Morton MR, North RA et al. 2014. Guideline for the management of hypertensive disorders of pregnancy. Society of Obstetric Medicine of Australia and New Zealand.

Relational attributes**Related metadata references:**

Supersedes [Female—hypertensive disorder during pregnancy indicator, yes/no/not stated/inadequately described code N Health!](#), Superseded 05/10/2016

Has been superseded by [Female—hypertensive disorder during pregnancy indicator, yes/no/not stated/inadequately described code N Health!](#), Superseded 20/11/2019

See also [Female—type of hypertensive disorder during pregnancy, code N Health!](#), Superseded 02/08/2017

Implementation in Data Set Specifications:

[Perinatal NBEDS 2017-18](#)

[Health!](#), Superseded 02/08/2017

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

DSS specific information:

It is acceptable for jurisdictions to report only Code 1, Yes and Code 9, Not stated/inadequately described against this item.