Birth event—type of analgesia administered, code N[N]

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Birth event—type of analgesia administered, code N[N]

Identifying and definitional attributes

Metadata item type: Data Element

Short name: Type of analgesia administered during a birth event

METEOR identifier: 732672

Registration status: Health!, Superseded 17/12/2021

Definition: The type of <u>analgesia</u> administered to a female during a birth event with labour, as

represented by a code.

Data Element Concept: Birth event—type of analgesia administered

Value Domain: Type of labour analgesia administered code N[N]

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N[N]

Maximum character length: 2

	Value	Meaning
Permissible values:	2	Nitrous oxide
	4	Epidural or caudal block
	5	Spinal block
	6	Systemic opioids
	7	Combined spinal-epidural block
	88	Other analgesia

Collection and usage attributes

Supplementary values:

Guide for use: CODE 6 Systemic opioids

99

Includes intramuscular and intravenous opioids.

CODE 7 Combined spinal-epidural block

The spinal-epidural block combines the benefits of rapid action of a spinal block and the flexibility of an epidural block. An epidural catheter inserted during the technique enables the provision of long-lasting analgesia with the ability to titrate the dose for the desired effect.

Not stated/inadequately described

CODE 88 Other analgesia

Includes all non-narcotic oral analgesia and non-pharmacological methods such as hypnosis, acupuncture, massage, relaxation techniques, temperature regulation

and aromatherapy.

Comments: Code 1 (None) and Code 3 (Intra-muscular narcotics) have been omitted as these

codes are no longer in use. For information about their meaning in previous data

elements, see superseded versions.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Data element attributes

Collection and usage attributes

Guide for use: More than one permissible value may be recorded.

CODE 7 Combined spinal-epidural block

Combined spinal-epidural block should not be recorded if both Code 4 and Code 5

are also recorded.

Comments: Analgesia use may influence the duration of labour, may affect the health status of

> the baby at birth and is an indicator of obstetric intervention. Analgesia may also influence a female's satisfaction with her birth experience and is an indicator of access to anaesthesia services, i.e. epidural analgesia is not available for females

in birth events where there are no anaesthetic services.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references:

Supersedes Birth event—type of analgesia administered, code N[N]

Health!, Superseded 03/12/2020

Has been superseded by Birth event—type of analgesia administered, code N[N]

Health!, Standard 17/12/2021

See also Birth event—analgesia administered indicator, yes/no/not

stated/inadequately described code N Health!, Standard 03/12/2020

See also <u>Birth event—birth method, code N</u> Health!, Superseded 17/12/2021

See also Birth event—labour onset type, code N

Health!, Superseded 17/12/2021

Implementation in Data Set Perinatal NMDS 2021–22

Specifications:

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 Birth event—labour onset type, code N data element is Code 1 (Spontaneous) or Code 2 (Induced) and the Birth event—analgesia administered indicator, yes/no/not stated/inadequately described code N data element is Code 1 (Yes).

DSS specific information:

This data element is to be recorded for first and second stage labour, but not for third stage labour, e.g. removal of placenta.

This is a multiple response data element and is therefore operationalised for data collection across 6 individual data items (one data item per permissible value, excluding Code 99 (Not stated/inadequately described)).