

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Selected best practices and suggestions for improvement for clinicians

Hospital-Acquired Complication **16**

NEONATAL BIRTH TRAUMA

HOSPITAL-ACQUIRED COMPLICATION	RATE ^a
1 Pressure injury	10
2 Falls resulting in fracture or intracranial injury	4
3 Healthcare-associated infections	135
4 Surgical complications requiring unplanned return to theatre	20
5 Unplanned intensive care unit admission	na ^b
6 Respiratory complications	24
7 Venous thromboembolism	8
8 Renal Failure	2
9 Gastrointestinal bleeding	14
10 Medication complications	30
11 Delirium	51
12 Persistent incontinence	8
13 Malnutrition	12
14 Cardiac complications	69
15 Third and fourth degree perineal laceration during delivery (per 10,000 vaginal births)	358
16 Neonatal birth trauma (per 10,000 births)	49

a per 10,000 hospitalisations except where indicated

b na = national data not available

The birth trauma hospital-acquired complication (HAC) includes a number of diagnosis codes which fit into the following categories:*

- Subdural and cerebral haemorrhage
- Epicranial subaponeurotic haemorrhage
- Other injuries to skeleton
- Injury to spine and spinal cord
- Facial nerve injury
- Other cranial and peripheral nerve injuries
- Other specified birth trauma.

The following are **not included** in this definition: preterm infants younger than 37 completed weeks and with a birth weight less than 2,499g; osteogenesis imperfecta; and brachial plexus injury.



The consequences of neonatal birth trauma may be significant and have life-long consequences. Prevention of neonatal birth trauma therefore presents an important challenge.

Why focus on neonatal birth trauma?



Around **1,100 hospital-acquired neonatal birth trauma injuries** occur each year in Australian hospitals[#]

141.3



54

Per 10,000 hospitalisations

Highest rate of this HAC at Principal Referral Hospitals[†]

Aggregate rate of this HAC at Principal Referral Hospitals



If all hospitals reduced their rate of this HAC to less than 54 per 10,000 births, it would prevent at least **134 episodes of neonatal birth trauma**



The health of the mother and baby are central to the clinical decision making during childbirth. Whilst all attempts should be made to avoid neonatal trauma, it must be recognised that sometimes, in order to preserve life, episodes of neonatal trauma may occur.

However, rates of neonatal trauma vary significantly across the country and services should monitor their performance. Where neonatal trauma rates are elevated, services should work to reduce them.

* The specifications for the hospital-acquired complications list providing the codes, inclusions and exclusions required to calculate rates is available on the Commission's website: www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/

The data used in this sheet are for hospital-acquired complications in Australian public hospitals in 2015–16. Sourced from: Independent Hospital Pricing Authority (IHPA). Activity Based Funding Admitted Patient Care 2015–16.

† Hospitals were classified in the Principal Referral Hospitals peer group for these purposes according to the Australian Institute of Health and Welfare's former definition of major city hospitals with more than 20,000 acute weighted separations and regional hospitals with more than 16,000 acute weighted separations.



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