Guidelines for coding clinical conditions
The following notes contain guidance for coders completing SMR02 returns. Local rules on specific issues may vary, but for the purposes of completing central returns the following guidelines should be adhered to. This will help to ensure uniformity and consistency in the data collected throughout Scotland.

Anaemia  SMR02 review 2000
Anaemia is considered to exist when haemoglobin (Hb) levels are below 10g/dl blood.
See also: Test results and their use in SMR01 coding, Coding Guidelines No. 20, June 2007

Anti-D administration  SMR02 review 2000
Anti-D can be given to a Rhesus negative mother in the antenatal period as well as in the postnatal period. Anti-D is always given by intra-muscular injection. Record in both ICD10 and OPCS4.

ICD10  Z29.1 (Prophylactic immunotherapy)
OPCS4  X30.1 (Injection of rh immune globulin)

Hypertension  SMR02 review 2000
Hypertension is defined as a reading of diastolic BP greater than 110mmHg on any occasion, or a diastolic reading of 90-110mmHg sustained for 4 hours or more.

Coding hypertension:

• Gestational (i.e. pregnancy-induced) hypertension: O13.X
• Pre-existing (i.e. present before pregnancy and still present during pregnancy) Hypertension: O10._
• Unspecified (i.e. not known if present before pregnancy or pregnancy-induced) Hypertension: O16.X

Haemorrhage  SMR02 review 2000
Haemorrhages occurring at different stages of gestation are defined as follows:

• Haemorrhage in early pregnancy - the period up to 24 weeks gestation
• Antepartum haemorrhage - from 24 weeks onwards. May be connected with placenta praevia or premature separation of the placenta (abruptio placentae)
- Intrapartum haemorrhage - between the beginning and end of labour
- Postpartum haemorrhage - after the baby is delivered. Includes haemorrhage occurring during a Caesarean section

During labour and delivery a haemorrhage is regarded as such when blood loss is 500mls or more.

Oedema

Oedema need not be recorded. It is an extremely common condition during pregnancy and has no predictive value.

Pre-eclampsia

Pre-eclampsia is considered to be present when proteinuria is greater than 300mg/1 and diastolic blood pressure is greater than 110mmHg on any occasion, or a diastolic reading of 90 - 110mmHg is sustained for 4 hours or more. Oedema may or may not be present.

It is very difficult to identify moderate/severe pre-eclampsia as specified in ICD10. Therefore, it is recommended that pre-eclampsia is coded as unspecified: O14.9.

Episiotomy and Tears

An Episiotomy and/or 1st/2nd tear is regarded as part of a normal delivery and does not need to be coded separately in the general clinical section. The Episiotomy/tear is entered as a hard code and O80.0 is entered in the general clinical section. If there is a tear of 3rd degree or more, in an otherwise normal delivery, this coded in ICD10 in the general clinical section. In both cases, the normal delivery is entered as a hard code in the Mode of Delivery data item.

Post-dates and post-term

There is much confusion and disagreement over the definition of these terms. The information is available in the data item Estimated Gestation. It is therefore recommended that the code O48.X (Prolonged pregnancy) is not used in delivery episodes.

Cord entanglement /cord round baby's neck

It is not possible to code 'cord round neck' if there are no complications. Only code if complications are specified.
Meconium

SMR02 review 2000

The presence of Meconium should always be coded if it is mentioned in the notes, even if no complications have resulted from it. When there are no other complications, code to O68.1.

See also: Meconium Staining, Coding Quarterly No. 4, September 1997

Catheterisation

SMR02 review 2000

There is no requirement to code catheterisation in OPCS4 when it is performed prior to a forceps delivery or a caesarean section. This is regarded as a part of those procedures.

Epidural

SMR02 review 2000

There is no requirement to code epidural in OPCS4. This is identified in the data items Analgesia During Labour and Analgesia/A naesthesia During Delivery.

Tears

SMR02 review 2000

There is no requirement to code repair of tears in OPCS4. The degree of tear is identified in the data item Tear and it is assumed that all tears will be sutured if necessary.

Abortions

SMR02 review 2000

There is no requirement to code the abortion procedure in OPCS4. This is identified in the data item Management of Abortion.

Sterilisation

SMR02 review 2000

The procedure performed for sterilisation should be coded in OPCS4. This provides greater detail that that given in the data item Sterilisation After Delivery.