

Women's and Children
Specialised Women's Services
Fetal Medicine

E12/S/a

Code	Metric	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Notes	Q1	Q2	Q3	Q4
FMe02	Proportion of pregnancy losses within 14 days of CVS procedure, after the exclusion of pregnancies terminated	The number of pregnancy losses within 14 days of CVS procedure in women who did not terminate pregnancy	Number of CVS performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider	Provider		Numerator note: Losses within 14 days (miscarriage, IUD), after the exclusion of pregnancies terminated. Outcome should be recorded for all procedures. Missing outcomes should be reported in metric FMe02a.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe02a	Proportion of cases with a missing outcome (CVS)	Number of cases with a missing outcome (CVS)	Number of CVS performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider	Provider		Any missing outcomes should be reported. If no missing outcomes then enter zero in the numerator.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe03	Proportion of pregnancy losses within 14 days of amniocentesis procedure, after the exclusion of pregnancies terminated	The number of pregnancy losses within 14 days of amniocentesis procedure in women who did not terminate pregnancy	Number of amniocentesis performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider	Provider		Numerator note: Losses within 14 days (miscarriage, IUD), after the exclusion of pregnancies terminated. Outcome should be recorded for all procedures. Missing outcomes should be reported in metric FMe03a.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe03a	Proportion of cases with a missing outcome (amniocentesis)	Number of cases with a missing outcome (amniocentesis)	Number of amniocentesis performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider	Provider		Any missing outcomes should be reported. If no missing outcomes then enter zero in the numerator.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe04	Number of intrauterine transfusions performed	Number of intrauterine transfusions (red cell and platelet) performed		3 year rolling	Annual	Provider			Minimum number of 15 per year per centre.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe04a	Number of practitioners who carried out an intrauterine transfusion	Number of practitioners who carried out an intrauterine transfusion		3 year rolling	Annual	Provider			Each centre should have at least 2 competent practitioners. A practitioner is defined as an individual performing or supervising the procedure, capable of carrying it out independently.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe05	Number of complex interventional procedures - fetoscopies, cord occlusions or placental laser ablations performed	Number of complex interventional procedures - fetoscopies, cord occlusions or placental laser ablations performed		3 year rolling	Annual	Provider			Minimum number of 15 per year per centre.	N/A	N/A	N/A	Apr-20 - Mar-23
FMe05a	Number of practitioners who carried out a fetoscopy, cord occlusion or placental laser ablation	Number of practitioners who carried out a fetoscopy, cord occlusion or placental laser ablation		3 year rolling	Annual	Provider			Each centre should have at least 2 competent practitioners. A practitioner is defined as an individual performing or supervising the procedure, capable of carrying it out independently.	N/A	N/A	N/A	Apr-20 - Mar-23

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FMe06	Proportion of newly suspected/diagnosed major fetal anomalies or other life-threatening fetal conditions referred to the fetal medicine centre that are seen within 3 days	From the denominator, the number of women seen within 3 days of urgent referral (refer to notes)	Number of women meeting criteria for urgent referral (as defined - see notes)	Quarter	Quarterly	Provider	Provider		Urgent referrals defined as cases with a fetal abnormality or condition that may be life-threatening, needing urgent antenatal assessment or intervention (e.g. IUGR with abnormal UA Doppler before 32 weeks, fetal dysrhythmia, fetal hydrops, suspected fetal anaemia, complications of monochorionic twins such as twin to twin transfusion syndrome, suspected fetal infection). 1. which would be lethal, or likely to be associated with significant handicap after birth. 2. might indicate a high risk of genetic or chromosome abnormality. 3. would need neonatal surgery or medical intervention. Referral time defined as time elapsed between transmission (fax/ e mail) or receipt (letter) of written referral (not telephone) to time patient seen in the fetal medicine centre. The definition does not include total time where one fetal medicine centre then refers to another.	Apr-22 - Jun-22	Jul-22 - Sep-22	Oct-22 - Dec-22	Jan-23 - Mar-23