

Baby Newborn Suite Supplemental Perinatal Data Registry Data Collection Guidelines for Home Births – February 1, 2017

Update! The following guidelines are applicable for home births attended by Registered Midwives or Physicians effective April 1, 2016

BABY NEWBORN SUITE

Hospital Institution ID

The **Hospital Institution ID is the Primary Hospital Site** where the midwife picks up her hospital equipment bundles:

- Prior to starting home birth data collection, enter the primary hospital site number.
 - The Primary Hospital Site is the hospital where the midwife picks up her hospital equipment bundles. This information may be found on the cover sheet (refer to Appendix A) that accompanies a home birth chart, or your hospital or health authority may maintain a list of midwives and their primary site.
- If collecting for multiple hospital sites, the Hospital Institution ID needs to be changed to reflect the primary hospital site for the midwife.
- After home birth data collection is complete, change your Hospital Institution ID back to your hospital number if collecting for your site.

If the Primary Hospital Site is unknown, notify your Manager for follow-up. Do not assume a Primary Hospital Site.

Steps to Change the Hospital Institution ID

• Select "H" to change the Hospital Institution ID to your Primary Hospital Site.

| S | Select H | |
|--|--------------|--|
| | | |
| File Help | V | |
| 🔒 Mother A Postpartum 🕅 Baby Newborn 👷 Bab | y Transfer 📙 | |
| | | |

• Enter the three-digit institution number. The hospital name will appear below the institution.

| Enter Institution | ID | Hospital Name will appear |
|-------------------|-------------|---------------------------|
| | V OK Cancel | |

Enter Primary Hospital Site

Baby Newborn Screen

The BCPDR Reference Manual Version 6.01, Revised April 2014 (<u>http://www.perinatalservicesbc.ca/Documents/Data-Surveillance/PDR/Resources-</u> <u>Coders/PDR ReferenceManual 2014.pdf</u>) provides guidance on how to complete this screen, but please note the following home birth-specific exceptions.

ADT Import is not available for home birth cases. Manually complete the Baby Newborn Screen.

Chart Number

Enter the chart number that is assigned to that particular midwifery record.

Inpatient Number

Leave blank.

Admission Date

The admission date is the Birth Date.

Admission Time

Enter the birth time of the newborn.

Discharge Date

The discharge date is the Birth Date OR the date the placenta is delivered.

NB: If the placenta delivers after the birth date, abstract the placenta delivery date.

Discharge Time

Enter 2359 hours. It must be 2359 hours.

Newborn Record Screen

The BCPDR Reference Manual Version 6.01, Revised April 2014 (<u>http://www.perinatalservicesbc.ca/Documents/Data-Surveillance/PDR/Resources-</u> <u>Coders/PDR ReferenceManual 2014.pdf</u>) provides guidance on how to complete this screen, but please note the following home birth-specific exceptions.

Cord Arterial Gases – pH

Leave Blank

Cord Arterial Gases - Base E/D

Leave Blank

Newborn Feeding

Abstract "Unknown" if there is NO documentation on newborn feeding.

Breast Feeding Initiation

Abstract "Unknown" if there is NO documentation on breast feeding initiation.

Baby Chart Screen

The BCPDR Reference Manual Version 6.01, Revised April 2014 (<u>http://www.perinatalservicesbc.ca/Documents/Data-Surveillance/PDR/Resources-</u> <u>Coders/PDR ReferenceManual 2014.pdf</u>) provides guidance on how to complete this screen, but please note the following home birth-specific exceptions.

Discharge Weight (grams)

Leave Blank

Discharge To

Abstract "**Home**" if the newborn was a normal home birth and is **NOT admitted** to a hospital after the home birth.

Abstract "Other Hospital" if newborn is transferred to a hospital after the home birth.

CIHI Data Screen

The BCPDR Reference Manual Version 6.01, Revised April 2014 (<u>http://www.perinatalservicesbc.ca/Documents/Data-Surveillance/PDR/Resources-</u> <u>Coders/PDR ReferenceManual 2014.pdf</u>) provides guidance on how to complete this screen, but please note the following home birth-specific exceptions.

CIHI Import is not available for home birth cases. Manually complete the CIHI Data Screen.

Main Patient Service

Enter "54" for Main Patient Service.

Institution From

Enter "976" to indicate that this is a home birth. 976 must be abstracted for all home births.

NB: DO NOT enter your hospital's institution number

Enter "976" to indicate that this is a Home Birth

| 😫 Baby Newborn - | CIHI | | | |
|------------------|---|--------------------------|---|-------------------------------------|
| Baby Newborn | Check Cancel Admission Main Patient Service Weight 54 | | Help Institution Number 104 976 To | |
| Baby Chart | Prov Postal | Residence | Coder # | Death Codes In OR Suite Death |
| Sihi | Doctors | Diagnoses Prefix Code | Procedures | NICU Days |
| | Туре | Seq Type | Stat Loc Ext Date | Level II |
| Supplementary | | | Dr. Serv Anaes. Ag | gent Seq Level III |
| | I I I I 0/0 I I I | I 4 ▶ ▶I 0/0 42 ★ | I ↓ 0/0 ↓ | |

Institution To

If the newborn is being transferred to a hospital for postnatal care, enter the applicable institution number.

Leave Blank if:

- Newborn is not transferred to a facility for postnatal care, or
- The hospital to which the newborn is transferred is not documented

Coder

Enter you own unique coder identifier

Doctors - Service

Enter for all clinicians who provided care at any time during the home birth.

Enter:

- "11004" for Midwife
- "00001" for Family/General Practice
- "11003" for Nurse Practitioner

Doctors – Type

Enter:

- Type M for the clinical provider who attended the birth.
- Type 3 for all other clinical providers who provided care at any time during the home birth.

Appendix A: Example of a Client Cover Sheet

CLIENT COVER SHEET FOR RECORD SUBMISSION

Please create a cover sheet (example below) for each client and submit together with a copy of the client's perinatal forms to your primary hospital site.

HOME BIRTH RECORDS SUBMISSION Client Cover Sheet

(Check records included in package)

_____ Antenatal Record (Parts 1 & 2)

_____ Newborn Record (Parts 1 & 2)

_____ Labour and Birth Summary

_____ Labour Partogram

Today's Date:

Midwife's Name:

Midwife's Primary Hospital Site:

Client Name: