

BC Perinatal Data Registry - Reference Manual Changes
Effective 1 April 2014

Legend:
Bold - Changes
~~Strikethrough - Deleted~~
Italics - Paraphrase

Page #(s)	Section Name Section # Subsection #	Screen (If Applicable)	Field Name (If Applicable)	Description of Change	Actual Change
	Global Changes				<i>Formatting, spelling, grammar, deletion of suggested sources, updated hyperlinks, correction of field names</i>
1	1. Introduction 1.1 Overview 1.1.1 Background			•Revised 1st paragraph	•With a new provincial.....and multidisciplinary perinatal guidelines. • In 2010 Perinatal Services British Columbia (PSBC) was created to replace BCPHP and to provide strategic leadership on the full continuum of Perinatal Care across the province, focusing on perinatal system planning, service delivery, and quality improvement.
2	1.1.3 Collection of Data			•Added Note	• Recommended and alternative sources for data collection can be found in Appendix 10.1 - PSBC Provincial Perinatal Forms Documentation Hierarchy.
3	1.2 Scope of Hospital Data Collection		Mother Suite	•Revised Criteria •Added Special Rules/Time Period	<i>Revised criteria and special rules to identify mothers who deliver a newborn or stillborn at home with or without the attendance of a midwife.</i>
3			Postpartum Suite	•Added Criteria •Added Special Rules/Time Period	<i>Revised criteria and special rules to identify mothers who deliver a newborn or stillborn at home with the attendance of a midwife and were admitted to hospital ≤42 days post delivery. Added criteria to identify companion well mothers who were admitted to hospital ≤42 days post delivery.</i>
4			Baby Newborn Suite	•Revised Criteria •Revised Special Rules/Time Period	<i>Revised criteria and special rules to identify newborns or stillborns born at home with or without the attendance of a midwife. Revised criteria for the identification of a stillborn.</i>
4			Baby Transfer/Readmission	•Revised Criteria •Revised Special Rules/Time Period	<i>Revised criteria and special rules to identify babies born at home in BC with the attendance of a registered midwife and then admitted as an inpatient.</i>
9 14 56 70 92	2. General Instructions 2.2 Windows Menu Commands AND 3. Mother Suite 3.1 Mother Screen Command Buttons AND 4. Postpartum Suite 4.1 Postpartum Screen Command Buttons AND 5. Baby Newborn Suite 5.1 Baby Newborn Screen Command Buttons AND 6.1 Baby Transfer/Readmission Screen Command Buttons				•Displays the Help System Contents screen and can be referenced at any time during data entry- Disabled - Do Not Use
				•Revised <u>H</u> elp Command	

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9	2.2.1 Toolbar Command Buttons			<ul style="list-style-type: none"> Deleted Exit Icon Deleted Explanation 	<ul style="list-style-type: none"> Exit -- This button will close the currently active Suite.
12	2.4 Explanation of Colour Coding			<ul style="list-style-type: none"> Added Section 	<ul style="list-style-type: none"> Throughout the Reference Manual different colours are used to designate whether a change is new (highlighted in green), or a change is a revision (highlighted in yellow). These colours may not be able to be differentiated from one another if the Reference Manual is printed in black and white.
14 56 70 92	3. Mother Suite 3.2 Mother Sub-Screen Command Buttons AND 4. Postpartum Suite 4.2 Postpartum Mother Sub-Screen Command Buttons AND 5. Baby Newborn Suite 5.2 Baby Newborn Sub-Screen Command Buttons AND 6.0 Baby Transfer/Readmission Suite 6.2 Baby Transfer/Readmission Sub-Screen Command Buttons			<ul style="list-style-type: none"> Added Section 	<ul style="list-style-type: none"> Check - Checks for field completion for the screen Cancel - Cancels abstracted information for the screen Help - Disabled - Do Not Use
16 58 73 94 95		3.3 Mother Screen AND 4.3 Postpartum Screen AND 5.3 Newborn Screen AND 6.3 Baby Transfer/Readmission Screen	Admission/Discharge Time	<ul style="list-style-type: none"> Revised Time Examples 	<ul style="list-style-type: none"> Eg: If the mother or baby is admitted/discharged midnight, New Year's Day, abstract as January 1 at 0000 hours.
18		3.4 Antenatal Screen	Spont. Abort	<ul style="list-style-type: none"> Revised Definition 	<ul style="list-style-type: none"> The total number of previous natural or spontaneous losses in pregnancy prior to ≤ 20 completed weeks gestation (≤ 139 days or less) and less than 500 grams.
18		3.4 Antenatal Screen	Induced Therap) Abort	<ul style="list-style-type: none"> Revised Definition 	<ul style="list-style-type: none"> The total number of previous intentional or induced (surgical/medical losses in pregnancy prior to ≤ 20 completed weeks gestation (≤ 139 days or less) and less than 500 grams.
19		3.4 Antenatal Screen	G.A. from First U/S - Weeks & Days	<ul style="list-style-type: none"> Revised Explanation Added Examples 	<ul style="list-style-type: none"> If # days is not available, or is not precise, abstract the number of Weeks and leave the Days blank. Eg: Just over 5 weeks is documented in the chart; abstract 5 Weeks blank Days. Eg: If a GA from first U/S is given as a range (Eg: 5 - 6 weeks); abstract 5 Weeks blank Days.
20		3.4 Antenatal Screen	Maternal Serum Screen Offered	<ul style="list-style-type: none"> Added Explanation Added Other Names 	<ul style="list-style-type: none"> Abstract 'Yes', 'No', or 'Unknown' Abstract 'No' if the mother presented to the care provider too late in pregnancy to be offered the Maternal Serum Screen.and Alphafetoprotein (AFP), Serum Integrated Pregnancy Screening (SIPS), Integrated Prenatal Screening (IPS), First Trimester Screening (FTS), and Quad Screen.

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20		3.4 Antenatal Screen	Rh Immunoglobulin Given Earliest Date Antepartum	•Revised Explanation	•If Rh immunoglobulin was received during the current pregnancy but no date is available, record an approximate date. If date is not documented, leave blank.
21		3.4 Antenatal Screen	HBsAg Testing	•Revised Explanation	.....at any time during the current pregnancy, prior to delivery.
21		3.4 Antenatal Screen	Group B Strep	•Revised Explanation	.....vision problems, as well as mental retardation. Group B Strep are common bacteria found in the vagina, rectum and bladder.
21		3.4 Antenatal Screen	IVF	•Revised Explanation	.....sperm outside the woman's uterus. Includes Intracytoplasmic Sperm Injection (ICSI); does not include intrauterine (or artificial) insemination (IUI).
24		3.5 Birth Summary Screen	Labour & Delivery Position	•Revised Explanation	•Position, both at Labour and Delivery, refers to the baby's head position. • Position Terms Anterior Posterior Transverse
24		3.5 Birth Summary Screen	Labour & Delivery Presentation	•Revised Explanation	.....in reference to the birth canal. • Presentation Terms Occiput (head) Cephalic (head) Vertex (head) Breech (buttocks) Sacral (buttocks) Transverse (body lying perpendicular)
25		3.5 Birth Summary Screen	Primary Indic. Operative Delivery	•Revised Note	•Note: This data element is delivered once per baby abstracted for every baby delivered.
25		3.5 Birth Summary Screen	Primary Indic. Operative Delivery - Malposition/Malpresentation	•Revised Examples	•Includes persistent occipitoposterior, persistent occipitotransverse , brow presentation, transverse lie, or transverse arrest of fetal head.
26		3.5 Birth Summary Screen	Cesarean Section Type	•Revised Note	.....an Emergency C/S in the BCPDR. Eg: A mother booked for a C/S because of placenta previa who delivers on the scheduled date would be considered an Elective C/S in the BCPDR.
27		3.5 Birth Summary Screen	Cesarean Incision - Low Segment Transverse Incision	•Revised Explanation	....type of incision performed. If another type of C/S is not mentioned, you can make an educated guess that the type of incision performed is 'Lower Segment Transverse Incision'.
27		3.5 Birth Summary Screen	Cervical Dilation Prior to CS	•Revised Definition •Added Examples	• The last documented measurement of cervical dilation during active-labour, in centimeters, prior to C/S. Only abstract if mother was in active-labour before proceeding to C/S. Do not complete if mother had an elective C/S and was never in labour. • Eg: Mother arrives at 1107 with a cervical dilation of 5 cm. Goes to Operating Room at 1302 with no further documentation of cervical dilation; abstract 5 cm. • Eg: Mother arrives in labour with a booked C/S. Abstract dilation if available because mother is in labour. • Eg: Mother has a failed VBAC. Abstract dilation if available because mother is in labour.
27 28		3.5 Birth Summary Screen	VBAC Attempted	•Added Examplesdelivery, so attempt was made. • Eg: If the mother was booked for a repeat C/S, spontaneous labour occurs and a C/S is done after the 2nd stage of labour is established. Attempt was made. ...No attempt was made. • Eg: If the mother has a planned VBAC, changes her mind, asks for a C/S, and C/S done prior to the 1st stage of labour. No attempt was made.

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28		3.5 Birth Summary Screen	VBAC Eligibility	•Added Explanationeligible for a VBAC. •A consult by an obstetrician does not indicate whether or not a woman is eligible for a VBAC. A booked section is not necessarily an indication that a woman is ineligible for VBAC.
28		3.5 Birth Summary Screen	Labour - No Labour	•Added Note	•Note: If date and time of first stage is not documented and there is no documentation of all three criteria of labour (painful contractions, cervical dilation and effacement), abstract No Labour .
28		3.5 Birth Summary Screen	Labour -Spontaneous	•Added Explanation	.....without instrumental or medicinal assistance. •Labour = Painful contractions, cervical dilation and effacement •Prodromal labour is <u>not</u> the beginning of 1st stage as there is no change in dilation.
28 29		3.5 Birth Summary Screen	Labour - Augmented/Induced	•Added Explanation	•When abstracting induction/augmentation, use the same logic as when determining induction/augmentation for CIHI purposes.
31		3.5 Birth Summary Screen	Perineum/Vagina/Cervix - Episiotomy	•Added Explanation	•Abstract Episiotomy if episiotomy was done. •If Episiotomy is abstracted, either 'Median' or 'Mediolateral' should be abstracted.
31		3.5 Birth Summary Screen	Perineum/Vagina/Cervix - Laceration	•Revised Definition	•A tear and/or rupture occurred to the vagina or perineum during vaginal-delivery excluding abrasions.
31		3.5 Birth Summary Screen	Perineum/Vagina/Cervix - Cervical Tear	•Revised Definition	•There was injury to the cervix during vaginal-delivery.
31		3.5 Birth Summary Screen	Perineum/Vagina/Cervix - Other Tear	•Revised Example	•Eg: high vaginal laceration to the perineum/vagina/cervix during vaginal-delivery
32		3.5 Birth Summary Screen	Anesthetic/Analgesic	•Revised Definition	.....given during first, second, or third stage of labour, and/or during operative procedure(s) where a C/S is performed with or without labour .
33		3.5 Birth Summary Screen	Midwife Case	•Revised Explanation	•This section is applicable to cases where a registered midwife has provided care at any time.....
33		3.5 Birth Summary Screen	Midwife Case - Intended Place of Delivery	•Added Explanation	....during the course of her antenatal care). •Abstract 'Hospital' if mother delivered in hospital and no further documentation.
35		3.6 Chart Data Screen	Cervical Dilation on Admission	•Revised Explanation	•If mother is admitted then sent home and is readmitted the same day, abstract the cervical dilation from the last-most recent admission.
37		3.6 Chart Data Screen	Drugs - Antibiotics - CS Prophylactic Antibiotics	•Revised Definition •Added Explanation	•The mother was administered prophylactic antibiotics one hour before the time she entered-OR or one hour after C/S to reduce the risk of infectious morbidity. This is inclusive of intra-operative antibiotics. •The time period includes from one hour before mother enters the Operating Room through one hour after mother leaves the Operating Room.
37		3.6 Chart Data Screen	Rh Immunoglobulin Postpartum - Eligible	•Added Note	....Rh Immunoglobulin injection •Abstract 'Yes', 'No' or 'Unknown'. •Note: Rh positive mothers should always be abstracted as 'No'.
38 39 59		3.7 Pregnancy/PP Screen AND 4.3 Pregnancy/PP Screen	HELLP Syndrome/Acute Fatty Liver/Liver Hematoma	•Added Explanation	•Do not abstract if HELLP/acute fatty liver/liver hematoma is a query diagnosis.

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39		3.7 Pregnancy/PP Screen	Postpartum Special Care Unit Days	<ul style="list-style-type: none"> •Revised Definition •Added Example •Added Explanation •Deleted Example 	<ul style="list-style-type: none"> •Number of days the mother spent in any Special Care Unit (ICU, CCU etc) postpartum., <u>not</u> level of care. •Eg: Mother goes to ICU for 3 hrs post C/S because the PAR is closed; abstract 1 day. •Leave blank if the mother was never admitted into any Special Care Unit. •Example: Intensive Care Unit, Coronary Care Unit, etc.
39		3.7 Pregnancy/PP Screen	Postpartum Blood Transfusion	<ul style="list-style-type: none"> •Deleted Field & Contents 	<i>Deleted field and contents as not applicable to Mother Suite.</i>
39 60		3.7 Pregnancy/PP Screen AND 4.4 Pregnancy/PP Screen	Postpartum Infection	<ul style="list-style-type: none"> •Added Examples 	<p>.....Must abstract 'Yes', 'No' or 'Unknown'.</p> <ul style="list-style-type: none"> •Example of Postpartum Infection - Yes: Postpartum endometritis •Examples of Postpartum Infection - No: Nothing documented in the chart to indicate an infection Cystitis during intra & postpartum periods (just a continuation of intrapartum infection) Postpartum fever NOS MRSA (or any other bacterial) colonization only •Examples of Postpartum Infection - Unknown: Positive culture with no further documentation Postpartum fever with antibiotics only Query Postpartum infection Red & tender wound with antibiotics only
42		3.8 Risks Screen		<ul style="list-style-type: none"> •Added Note 	<p>.....prior to hospital admission.</p> <ul style="list-style-type: none"> •Note: Query diagnoses are not captured in the Risk Screen Eg: query diabetes, query hypertension, query mental illness, query substance abuse
42		3.8 Risks Screen	Past Obstetrical History - Prior Stillbirth	<ul style="list-style-type: none"> •Revised Definition 	<ul style="list-style-type: none"> •Mother had at least one prior stillbirth or intrauterine death documented. Definition of Stillbirth: The complete expulsion or extraction.....movement of voluntary muscle.
43		3.8 Risks Screen	History of Mental Illness - PP Depression	<ul style="list-style-type: none"> •Replaced Definition 	<ul style="list-style-type: none"> •Previous Postpartum depression. Severe depression in a woman after she has given birth. Mother experienced postpartum depression after a previous delivery.
44		3.8 Risks Screen	Current Pregnancy - Rh Antibodies	<ul style="list-style-type: none"> •Revised Definition •Added Note 	<ul style="list-style-type: none"> •The mother developed or showed signs of Rh (anti-D)-antibodies in her blood \geq 1:4 ratio, in the current pregnancy. •Note: Rh positive women have D antigen while Rh negative mothers do not.
44		3.8 Risks Screen	Current Pregnancy - Other Antibodies	<ul style="list-style-type: none"> •Added Examples 	<ul style="list-style-type: none"> •Eg: .....lupus anticoagulant, ANA, anti-A, anti-B, c, and Kell antibodies.
44		3.8 Risks Screen	Substance Use	<ul style="list-style-type: none"> •Revised Definition 	<p>.....at any time during the current pregnancy regardless of whether the mother was aware that she was pregnant.</p>
45		3.8 Risks Screen	Substance Use - Methadone	<ul style="list-style-type: none"> •Added Explanation 	<ul style="list-style-type: none"> •Note: Abstract regardless of the reason that the mother was receiving methadone.
45		3.8 Risks Screen	Substance Use - Prescription	<ul style="list-style-type: none"> •Revised Definition 	<ul style="list-style-type: none"> •Care provider lists documents mother's use of a prescription drug as a risk in this pregnancy.

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48		3.8 Risks Screen	No Selected Risks	•Revised Explanation	<p>•Only exception is: TWEAK and Cigarettes – Never can be recorded with No Selected Risks.</p> <p>•Abstract No Selected Risks if: No risk factors are identified TWEAK Score is abstracted as 0 with no other risk factors Cigarettes is abstracted as 'Never' with no other risk factors TWEAK Score is abstracted as 0 and Cigarettes is abstracted as 'Never' with no other risk factors</p>
49 63 84 101		3.9 CIHI Data Screen (Mother) AND 4.5 CIHI Data Screen (Postpartum Mother) AND 5.6 CIHI Data Screen (Baby Newborn) AND 6.5 CIHI Data Screen (Baby Transfer/Readmission)		•Revised Hyperlinks	<p><i>Revised hyperlinks to reflect the fact that the reference manual no longer has an appendix that refers to coded field values. All hyperlinks now take the user to the CIHI Manual .</i></p>
52 66 87 104		3.9 CIHI Data Screen (Mother) AND 4.5 CIHI Data Screen (Postpartum Mother) AND 5.6 CIHI Data Screen (Baby Newborn) AND 6.5 CIHI Data Screen (Baby Transfer/Readmission)	Diagnoses - Seq	•Deleted Explanation	<p>.....within this admission. The sequence number should match the sequential entry number in the CIHI Sub-form.</p>
53 67 88 105		3.9 CIHI Data Screen (Mother) AND 4.5 CIHI Data Screen (Postpartum Mother) AND 5.6 CIHI Data Screen (Baby Newborn) AND 6.5 CIHI Data Screen (Baby Transfer/Readmission)	Procedures - Seq	•Deleted Explanation	<p>....procedures performed during admission. The sequence number should match the sequential entry number in the CIHI Sub-form.</p>
54 68 89 106		3.10 Supplementary Screen (Mother) AND 4.6 Supplementary Screen (Postpartum Mother) AND 5.7 Supplementary Screen (Baby Newborn) AND 6.6 Supplementary Screen (Baby Transfer/Readmission)	Institution Fields (Item 1 to 10)	•Revised Definition	<p>•These fields are for Health Authority/Hospital use to capture additional information outside of the current fields within the database. Although Maintenance and management of these fields will be the responsibility of the Health Authority/Hospital, the BC Perinatal Database Registry would like to track and provide assistance in the development of these fields. Please contact the Help Line for assistance.</p>

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54		3.10 Supplementary Screen (Mother)	BCPDR Fields (Item 1 to 10)	•Revised Definition	<ul style="list-style-type: none"> •These fields will be assigned and activated by the BC Perinatal Data Registry as necessary. The BCPDR will only implement the activation and use of the new fields after approval from the PSBC Executive. •The first six fields have been deactivated. The seventh field is the Maternal/Fetal LOS field MF_LvlSrv Normal 1 2a 2b 3 3+ Incomplete No Tool
56	4. Postpartum Suite 4.1 Postpartum Screen Command Buttons			•Added Note	<ul style="list-style-type: none"> •Note: There is no ADT download for Postpartum Mothers. There is no CIHI download for Postpartum Mothers except for patient service 59 and specified postpartum 'O' codes.
60		4.4 Pregnancy/PP Screen (Postpartum Mother)	Postpartum Special Care Unit Days	<ul style="list-style-type: none"> •Revised Definition •Added Explanation •Deleted Example 	<ul style="list-style-type: none"> •Number of days the mother spent in any Special Care Unit (ICU, CCU etc) postpartum., <u>not</u> level of care. •Leave blank if the mother was never admitted into any Special Care Unit. •Example: Intensive Care Unit, Coronary Care Unit, etc.
60		4.4 Pregnancy/PP Screen (Postpartum Mother)	Postpartum Infection	•Replaced Definition	<ul style="list-style-type: none"> •The mother had a postpartum wound infection. •Mother admitted ≤ 42 days post delivery with any infection (not necessarily documented as a postpartum infection).
68 89 106		4.6 Supplementary Screen (Postpartum Mother) AND 5.7 Supplementary Screen (Baby Newborn) AND 6.8 Supplementary Screen (Baby Newborn)	BCPDR Fields (Item 1 to 10)	•Revised Definition	<ul style="list-style-type: none"> •These fields will be assigned and activated by the BC Perinatal Database Registry as necessary. The BCPDR will only implement the activation and use of the new fields subsequent to approval by the BCPDR Executive after approval from the PSBC Executive.
72 94	5. Baby Newborn Suite AND 6. Baby Transfer/Readmission Suite	5.3 Baby Newborn Screen AND 6.3 Baby Transfer/Readmission Screen	Baby Sequence -Second Number	•Added Example	<ul style="list-style-type: none">during the current pregnancy. •Eg: : Singleton = '1', Twins = ' 2'.
72	5. Baby Newborn Suite	5.3 Baby Newborn Screen	Personal Health #	•Revised Explanation	<ul style="list-style-type: none"> •Record "0" if the PHN is not available, or if the PHN is an out of province number if the PHN is an out of province number, or the newborn is a stillbirth.
75		5.4 Newborn Record Screen	Stillbirth	<ul style="list-style-type: none"> •Revised Explanation •Added Note 	<ul style="list-style-type: none">or at home. •Vital Statistics Legal Definition of Stillbirth: The complete expulsion..... •Note: This is different from the CIHI definition: Any intrauterine fetal demise or termination occurring at or after 20 completed weeks of gestation in which the fetus shows no signs of life. •The BCPDR may therefore not always match with CIHI.

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75		5.4 Newborn Record Screen	Resuscitation	•Revised Definition	•Applies to the <u>initial resuscitation</u> at birth only, for first hour after birth, prior to the baby leaving the delivery room or immediately prior to transfer to the NICU, whichever comes first.
75		5.4 Newborn Record Screen	Meconium Present	•Revised Definition •Added Explanation	•The presence of thick or thin meconium at any time during the intrapartum period, including delivery. •Do not abstract if the newborn passed meconium only.
76		5.4 Newborn Record Screen	Suction	•Revised Definition	•Suctioning during the birth episode. excluding routine suctioning (usually done when meconium is present).
76		5.4 Newborn Record Screen	Oxygen	•Revised Explanation	•Includes Continuous Positive Airway Pressure (CPAP) without intubation as long as oxygen is given with the CPAP. CPAP given on its own (on room air or without simultaneous oxygen administration) during the resuscitation period is not captured by the BCPDR.
78		5.4 Newborn Record Screen	Newborn Feeding	•Revised Definition	•The type of feeding substance given to the baby during the entire hospital stay, including at discharge, irrespective of mode.
78		5.4 Newborn Record Screen	Newborn Feeding - Breast Milk	•Replaced Explanation	Other than breast milk, the baby was not given any food or liquid (not even water). •Baby was given only breast milk (including expressed breast milk) either orally, or by gavage feed, for the duration of their hospital stay. If water was given with the breast milk, it is not exclusive breast milk. The breast milk may be given by the mother, health care provider, or family member/supporter.
79		5.4 Newborn Record Screen	Newborn Feeding - Unknown	•Revised Explanation	•No documentation as to how how what the baby was fed during the hospital stay.
81		5.5 Baby Chart Screen	Antibiotics Given	•Added Explanation	.....during hospital admission. •Do not include Erythromycin for eye prophylaxis.
81		5.5 Baby Chart Screen	Method of Assisted Ventilation	•Added Definition •Added Explanation •Added Examples	•Applies to the time period following the initial resuscitation (begins one hour after birth or immediately upon arrival to the NICU, whichever comes first). Use LOS calculation methods..... •Each field is independent of the other(s). •Eg: If baby receives CPAP for 5 days and receives oxygen via CPAP for two of these five days, abstract 5 CPAP Days and 2 Oxygen days. •Eg: If baby is on a ventilator for 4 days, is taken off the ventilator, and receives oxygen via nasal prongs for 3 days, record 4 Ventilator Days and 3 Oxygen Days.
82 98	5. Baby Newborn Suite AND 6. Baby Transfer/Readmission Suite	5.5 Baby Chart Screen AND 6.4 Baby Chart Screen (Baby Transfer/Readmission)	Method of Assisted Ventilation - CPAP Days	•Revised Explanation	•Includes Biphasic Positive Airway Pressure (BiPAP) & SiPAP-CPAP, BiPAP, SiPAP, Bubble and CPAP. •If baby receives oxygen via CPAP, also abstract for Oxygen Days. •If you are unsure how CPAP is documented at your site, please contact your neonatal care providers.
82 99		5.5 Baby Chart Screen AND 6.4 Baby Chart Screen (Baby Transfer/Readmission)	Method of Assisted Ventilation - Oxygen Days	•Revised Definition •Revised Explanation	•The total of number of days (in whole numbers) the baby received continuous oxygen therapy or nasal prongs. •.21 or 21% is usually considered room air. Anything above this value is classified as oxygen. •Oxygen >21% can be delivered by CPAP, ventilator, oxyhood, incubator, or high flow nasal prongs. •Low flow nasal prongs are always considered oxygen.
82 99		5.5 Baby Chart Screen AND 6.4 Baby Chart Screen (Baby Transfer/Readmission)	TPN Days	•Revised Definition	•The total number of days (in whole numbers) the baby received any total parenteral nutrition (sometimes called TPN). including days when TPN was part of the nutrition.

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83 100		5.5 Baby Chart Screen AND 6.4 Baby Chart Screen (Baby Transfer/Readmission)	Other Culture	•Added Examples	<p>•Examples of Infection - Yes: Positive culture, not treated by verified with documentation as an infection; abstract appropriate culture and abstract document organism.</p> <p>•Example of Infection - No: Positive culture due to contamination of specimen</p>
88 105		5.6 CIHI Data Screen (Baby Newborn) AND 6.5 CIHI Data Screen (Baby Transfer/Readmission)	NICU days - Level II	•Revised Definition	<p>•The total number of days (in whole numbers) baby was in the Neonatal Intensive Care Unit, Level II- required Level II care in the Neonatal Intensive Care Unit.</p>
88 105		5.6 CIHI Data Screen (Baby Newborn) AND 6.5 CIHI Data Screen (Baby Transfer/Readmission)	NICU days - Level III	•Revised Definition	<p>•The total number of days (in whole numbers) baby was in the Neonatal Intensive Care Unit, Level III- required Level III care in the Neonatal Intensive Care Unit.</p>
98	6. Baby Transfer/Readmission Suite	6.4 Baby Chart Screen (Baby Transfer Readmission)	Surfactant Given	•Revised Definition	<p>•Surfactant was administered to the baby during the current hospital admission.</p>
98		6.4 Baby Chart Screen (Baby Transfer Readmission)	Method of Assisted Ventilation	<p>•Added Explanation</p> <p>•Added Examples</p>	<p>•Each field is independent of the other(s).</p> <p>•Eg: If baby receives CPAP for 5 days and receives oxygen via CPAP for two of these five days, abstract 5 CPAP Days and 2 Oxygen Days.</p> <p>•Eg: If baby is on a ventilator for 4 days, is taken off the ventilator, and receives oxygen via nasal prongs for 3 days, abstract 4 Ventilator Days and 3 Oxygen Days.</p>
107	7. Functions 7.1.1 Searching for a Range of Records			•Revised Explanation	<p>•The user may search.....in the Search Query Screen fields. The search query is defaulted to the Chart Number field but the user may also search for a single record by entering the Surname, Given Name, Personal Health # or Inpatient Number in the Search Query fields. For querying ranges, enter a Discharge Date Range, Date of Birth Range or part of a name in the Search Query fields. .....bottom of the screen.</p> <p>•A record may then be selected.....directly on the record. Highlight and click on <u>E</u>dit for the selected record or double-click directly on the selected record.</p>
108	7.2 Linking and Unlinking Suites			•Added Explanation	<p>•It is preferable to link from the Newborn Suite to the Mother Suite to minimize linking errors. A mother and a newborn will <u>only</u> come to the PDR linked when these four conditions have been met:</p> <ol style="list-style-type: none"> 1. Mother and Newborn have both been saved and validated 2. Mother and Newborn are linked in your hospital database 3. Mother and Newborn both have CIHI information 4a. Mother and Newborn records are sent to PSBC in the same data submission file or 4b. Newborn record is sent in a later file submission than the mother <p>•Note: If the Baby Newborn record is sent from an earlier file submission than the Mother record, link the Mother record <u>from</u> the <u>Baby Newborn record</u>.</p>
113	7.2.2 Linking Previously Entered Mother Suite to Baby Transfer/Readmission Suite			•Added Subtitle	<p>7.2.2 Linking Previously Entered Mother Suite to Baby Transfer/Readmission Suite</p> <p>•Mother delivered baby at current hospital or within a shared database:</p>

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115				•Added Bulletassign the appropriate Mother record: • Change the Institution to the delivery hospital of birth within the shared database, if it is different than the default institution.
116				•Added Subtitle	.....The message "Baby Linked" will display. • Mother delivered baby at another hospital or not within a shared database:
124	7.2.4 Linking Previously Entered Baby Transfer/Readmission Suite to Mother Suite			•Added Instruction	....assign the appropriate baby: • Change the Institution to the birth hospital within the shared database, if it is different than the default institution.
129	7.3 Deleting a Record			•Replaced Section	<i>The entire section has been rewritten to reflect the difference between Deleting Records Before Exporting and Deleting Records After Exporting. These two subsections have been further divided into Deleting Linked Records and Deleting Unlinked Records.</i>
144	7.3.3 Deleting a Record After Exporting			•Added Information	<i>This form has been renamed and revised to include clearer Instructions, Reason for Deletion, and new Form Submission to PSBC instructions.</i>
153	8. Data Transfer 8.2 Performing Data Transfers 8.2.3 Period End Procedure - CIHI Transfer & Data Quality			•Added Information	....entirety for the chose time period. How to document period end: • If desired you may document your steps in the period End process by utilizing the Period End Checklist
154	8.2.3.1 Performing a CIHI Import Step 1b: Ensure records and Mother and Newborn and/or Transfer Baby linkages are complete			•Revised Step	•The user will be prompted to ensure that all other users at your site have signed off the hospital PDR system. If you are part of a merged database system in your Health Authority, you are not required to be off your system when another hospital is performing the Period End Procedure. Press <Enter> or click on OK .
160	8.2.3.2 CIHI Import Rejections Step 4: Correct Unmatched Cases			•Revised Explanation	•Admission Date •The CIHI cases from your CIHI text file that did not match the key fields from the BCPDR will be displayed in the CIHI Import Rejections table.
162				•Revised Instruction	•Select the record by clicking in the record selector cell with your mouse. The entire row will be highlighted.
163				•Revised Instruction	•A message box will display to indicate the above changes have been saved in your default folder. This file is located on the local C: drive on the local C: drive on the computer used for Export Rejections. To ensure the changes are reflected after each update (deletion of record or amendment of data field(s)) of the CIHI text file, the same computer must be used for all repeated transfers of CIHI data to the BCPDR.
166	8.2.3.5 Exporting Completed Records Step 8: Export Completed Records to a File			•Replaced Step	<i>This subsection step has been rewritten for better clarification.</i>

Page #(s)	Section Name Section # Subsection #	Screen (If Applicable)	Field Name (If Applicable)	Description of Change	Actual Change
170	8.2.3.6 Period End Summary Step 9: Create Period End Summary File			•Replaced Step	<i>This subsection step has been rewritten for better clarification.</i>
181	9. Reports 9.1 Provincial Reports			•Added Section	<i>This section has been written to identify and explain the provincial reports available in the Data & Surveillance section of PSBC's website.</i>
184	9.2 Hospital Reports 9.2.1 Standard Hospital Reports Maternal age at EDC vs newborn size			•Deleted Screens Used	•Whitfield Chart
186	9.2.2 Change Fiscal Year for Hospital Reports			•Replaced Subsection	<i>This subsection has been rewritten for better clarification.</i>
189	9.3 Ad Hoc Reports 9.3.1 Ad Hoc Reporting			•Replaced Subsection	<i>This subsection has been rewritten stating that PSBC no longer provides technical assistance for the use of MS Access for the purpose of ad hoc reporting.</i>
213	9.5 Field Values 9.5.1 Coded Field Values			•Added Note •Deleted CIHI Field Names, Screens, Tables, Codes & Descriptions •Added Field Names, Screens, Tables, Codes & Descriptions	<p>•All Coded Field Values pertaining to the CIHI Data Screen have been removed from this table. Please refer to DAD and Classifications resources from CIHI.</p> <p>Anesthetic Agent Death Code Diagnosis Code Diagnosis Type Doctor Service same as: Procedures Dr. Serv. Doctor Type Extent Location Main Patient Service Prov Residence Status Postpartum Urinary Tract Infection Postpartum Wound Infection - Severity Postpartum Wound Infection - Type</p>
222	9.6 Supplementary Screens 9.6.1 Institution Fields			•Revised Definition	•...for historical purposes. If a facility wishes to utilize a Supplementary Screen field, the form 'Activation of a Supplementary Institution Field' contained within section 10.8- supplementary Institution fields should be completed and sent to the BCPDR.
223	10. Appendices 10.1 PSBC Provincial Perinatal Forms Documentation Hierarchy			•Added Section	<i>This section has been added to assist hospitals in determining the Recommended Source and the Alternative Source for data field collection.</i>
241	10.3 Weight Conversion Table - Pounds to Kilograms			•Added Note	•Updated April 2014
243	10.5 Gestational Age Calculation 10.5.1 Gestational Age Calculation Used by BCPDR Application			•Added Subsection	<i>This subsection has been returned to this edition of the Reference Manual. It reflects the algorithm used in the BCPDR Application.</i>

Page #(s)	Section Name Section # Subsection #	Screen (If Applicable)	Field Name (If Applicable)	Description of Change	Actual Change
244	10.5.2 Gestational Age Calculation Used by PSBC Surveillance			•Added Subsection	<i>This subsection has been added to indicate the algorithm used by PSBC Surveillance.</i>
	10.6 Whitfield Chart			•Deleted Section	
	10.7 CIHI Tables			•Deleted Section	
246	10.6 Labour and Delivery Presentation and Position			•Revised Title •Revised Definition	<ul style="list-style-type: none"> •Labour and Delivery Chart and Table Presentation and Position •The labour and delivery charts following table, diagrams, and flowcharts can be used to assess the position and presentation presentation and position of the baby during labour and delivery.
247	10.6.1 Table			•Revised Presentation •Added Footnotes	<ul style="list-style-type: none"> •Vertex (Cephalic, Occipital) <i>Footnotes were added at the bottom of the page to assist in clarification of the table.</i>
248	10.6.2 Labour and Delivery Position/Presentation Diagrams			•Revised Title •Revised Presentation	<ul style="list-style-type: none"> •Labour and Delivery Position/Presentation Diagrams •Vertex (Cephalic, Occipital)
249	10.6.3 Flowcharts			•Added Subsection	<i>The Determination of Labour Presentation & Labour Position AND the Determination of Delivery Presentation & Delivery Position flowcharts were added to this section.</i>
251	10.7 Adapted Case Scenarios for Registration of Births and Stillbirths in British Columbia			•Added Section	<i>This table has been added to assist hospitals in determining what constitutes a stillbirth in the Province of BC.</i>
252	10.8 Newborn Resuscitation and Ventilation 10.8.1 Definitions			•Added Subsection	<i>This table has been added to assist hospitals in capturing Resuscitation and Ventilation based on what type of Ventilation was given to the newborn.</i>
253	10.8.2 Scenario Table			•Added Subsection	<i>This table has been added to assist hospitals in determining how to capture oxygen and ventilation based on whether the hospital in which the baby was born in, has a NICU.</i>
254	10.8.3 Calculation of Start Age and Stop Age for Resuscitation - Examples			•Added Subsection	<ul style="list-style-type: none"> •The table has been added to provide hospitals with examples of how to calculate Start Age and Stop Age for Oxygen, IPPV Mask, IPPV ETT and Chest Compression.
255	10.9 Supplementary Institution Fields			•Revised Definition	<ul style="list-style-type: none"> •Version 6.0 of The BCPDR contains Supplementary Screens.....processes to ensure compliance to the set standards for the data field. <p>The health authority/facilities are requested to notify PSBC of the activation of an institution supplementary field prior to utilization by completing the form "Activation of an Institution Supplementary Field"</p> <p>Product support at PSBC will assist in the analysis or reporting of the data upon request</p>
	10.8.3 Utilization of a Supplementary Institution Field			•Deleted Subsection	
	10.8.4 Form - Activation of a Supplementary Institution Field			•Deleted Subsection	