

## Application for Data for Research Purposes from Perinatal Services BC Appendix A: BCPDR Data Fields Checklist

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| <i>Project Title</i> |  | <i>Applies<br/>Subpopulation (s)</i> |
|----------------------|--|--------------------------------------|

|                            |            |    |            |
|----------------------------|------------|----|------------|
| <b>Date Range</b>          | yyyy/mm/dd | to | yyyy/mm/dd |
| Other date range criteria: |            |    |            |

### BC Perinatal Data Registry (BCPDR) (April 1, 2000 to March 31, 2018)

The BC Perinatal Data Registry (BCPDR) captures maternal, fetal, and neonatal data for an estimated 99% of all births that occur in BC. The BCPDR captures data for both the mother (Delivery episode, Postpartum Transfer/Readmissions ≤42 days) and the baby (Baby Newborn episode, Baby Transfer/Readmissions ≤28 days). The available BCPDR data fields are separated into these four suites below. For detailed abstraction guidelines and questions about the definitions for specific fields in the BCPDR, please refer to the applicable version(s) of the BCPDR Reference Manual, located at: <http://www.perinatalservicesbc.ca/health-professionals/data-surveillance/perinatal-data-registry>. You can also refer to the Frequently Asked Questions at: [http://www.perinatalservicesbc.ca/Documents/Data-Surveillance/PDR/DataRequests/DAR\\_FAQ.pdf](http://www.perinatalservicesbc.ca/Documents/Data-Surveillance/PDR/DataRequests/DAR_FAQ.pdf)

**For all projects requesting PSBC data, you must specify how you want to apply the following inclusion/exclusion criteria. Also, please ensure that your cohort definition (page 18 of the DAR) clearly addresses the inclusion/exclusion criteria:**

- **Unlinked records:** Whether only linked mother/baby records should be included in the extract, or if all mothers and babies meeting the cohort definition should be included even if they are not linked. Please specify:
- **Live/Stillbirths:** Whether live births and stillbirths are requested. Please specify:
- **Late terminations of pregnancy:** Note that pregnancies involving a late Therapeutic Abortion (TA) delivered at ≥20 weeks gestational age or that result in the delivery of a fetus/product of conception ≥500 grams may be captured in the Mother Delivery Episode and/or Baby Newborn Episode records. Please indicate which of the following three options is requested: (1) Records involving TAs should be removed from the cohort(s), (2) Records involving TAs should be included in the cohort(s) but do not need to be identified. TA records may be abstracted as either stillbirths or neonatal deaths, or (3) Identified TA records required. Please specify (**Note that a research rationale describing why identified TA records are required must be supplied before it will be considered for release**):

### Mother Delivery Episode of Care Information (April 1, 2000 to March 31, 2018)

Delivery records include deliveries in acute care facilities and deliveries at home attended by registered midwives.

NOTE: Until March 31, 2014, a woman who delivered at home with a registered midwife who was admitted to acute care within 24 hours of delivery will have the acute care admission as her Delivery record (total record count=1). Effective April 1, 2014, a woman who delivered at home with a registered midwife and who was admitted to acute care within 24 hours of delivery will have a home Delivery record and a subsequent Postpartum acute care record (total record count=2).

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| <input type="checkbox"/> | Place of Mother's usual residence – HA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The Health Authority (HA) of mother's usual residence as determined by resident postal code.               |
| <input type="checkbox"/> | Place of Mother's usual residence – HSDA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | The Health Service Delivery Area (HSDA) of mother's usual residence as determined by resident postal code. |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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| <input type="checkbox"/> Place of Mother's usual residence – LHA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The Local Health Area (LHA) of usual mother's residence as determined by resident postal code.   |  |
| <input type="checkbox"/> Place of Mother's usual residence – FSA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The first three characters of mother's resident postal code (i.e., Forward Sortation Area).  |  |
| <input type="checkbox"/> Baby sequence  | Sequence of baby in the current pregnancy.   |  |
| <input type="checkbox"/> Number of births   | Total number of babies delivered in the current pregnancy.   |  |
| <input type="checkbox"/> Mother's date of birth – Year  |  |  |
| <input type="checkbox"/> Mother's date of birth – Month   |  |  |
| <input type="checkbox"/> Mother's date of birth – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  |  |  |
| <input type="checkbox"/> Mother age at delivery – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | Mother's age (in years) calculated at date of delivery.  |  |
| <input type="checkbox"/> Place of delivery – Institution number – <b>Replaced by project-specific identification number</b><br>OR<br><input type="checkbox"/> Place of delivery – Institution number – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Location where mother received care.   |  |
| <input type="checkbox"/> Institution from – <b>Replaced by project-specific identification number</b><br>OR<br><input type="checkbox"/> Institution from – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | Institution from which mother arrived to the current episode of care.  |  |
| <input type="checkbox"/> Mother transferred in  | A flag (i.e., Yes, Null) to indicate the mother was transferred in from another acute care institution for the delivery episode of care.                         |  |
| <input type="checkbox"/> Institution to – <b>Replaced by project-specific identification number</b><br>OR<br><input type="checkbox"/> Institution to – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | Institution to which mother was transferred from the current episode of care.  |  |
| <input type="checkbox"/> Mother transferred out   | A flag (i.e., Yes, Null) to indicate the mother was transferred out to another institution after delivery.   |  |
| <input type="checkbox"/> Mother transferred up  | A flag (i.e., Yes, Null) to indicate the mother with delivery episode was transferred directly from delivery hospital to a hospital with a higher level of care. |  |
| <input type="checkbox"/> Admission date – Year  | Year mother was admitted for the current episode of care.  |  |

## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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| <input type="checkbox"/>      | Admission date – Month  | Month mother was admitted for the current episode of care.  |  |
| <input type="checkbox"/>      | Admission date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day mother was admitted for the current episode of care.  |  |
| <input type="checkbox"/>      | Admission time  | Time mother was admitted for the current episode of care.   |  |
| <input type="checkbox"/>      | Discharge date – Year   | Year mother was discharged from the current episode of care.  |  |
| <input type="checkbox"/>      | Discharge date – Month  | Month mother was discharged from the current episode of care.   |  |
| <input type="checkbox"/>      | Discharge date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day mother was discharged from the current episode of care.   |  |
| <input type="checkbox"/>      | Discharge time  | Time mother was discharged from the current episode of care.  |  |
| <input type="checkbox"/>      | Fiscal year   | The fiscal year during which the mother was discharged (i.e., Apr 1 to Mar 31).   |  |
| <input type="checkbox"/>      | Total length of stay  | Total length of stay (in hours) for the delivery hospitalization. Note: Always null for deliveries at home.   |  |
| <input type="checkbox"/>      | Antepartum length of stay   | Time, in hours, between admission to delivery episode and delivery of the first baby. Note: Always null for deliveries at home.                                   |  |
| <input type="checkbox"/>      | Postpartum length of stay   | Time, in hours, between delivery of the placenta and discharge from the episode of care. Note: Always null for deliveries at home.                                |  |
| <b>Past Obstetric History</b> |   |   |  |
| <input type="checkbox"/>      | Gravida   | Total number of prior plus current pregnancies.   |  |
| <input type="checkbox"/>      | Parity  | Indicates whether woman has previously delivered a pregnancy that reached 20 weeks gestation or 500 grams birth weight (i.e., multiparous, nulliparous, unknown). |  |
| <input type="checkbox"/>      | Number of previous term deliveries  | Total number of previous pregnancies delivered at $\geq 37$ completed weeks gestation.  |  |
| <input type="checkbox"/>      | Number of previous preterm deliveries   | Total number of previous pregnancies delivered between 20 to 36 completed weeks gestation.  |  |
| <input type="checkbox"/>      | Number of living children   | Total number of children the mother has given birth to, who are currently living.   |  |
| <input type="checkbox"/>      | Number of previous spontaneous abortions  | Total number of previous natural or spontaneous losses in pregnancy $< 20$ completed weeks and $< 500$ grams.   |  |
| <input type="checkbox"/>      | Number of previous cesarean sections  | Total number of previous pregnancies resulting in a cesarean delivery $\geq 20$ completed weeks gestation.  |  |
| <input type="checkbox"/>      | Number of previous vaginal deliveries   | Total number of previous pregnancies resulting in a vaginal delivery $\geq 20$ completed weeks gestation.   |  |
| <input type="checkbox"/>      | Prior neonatal death  | A flag (i.e., Yes, Null) to indicate mother had at least one prior live born infant, who died within the first 28 days of life.                                   |  |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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| <input type="checkbox"/> Prior stillbirth   | A flag (i.e., Yes, Null) to indicate mother had at least one prior stillbirth or intrauterine death documented.  |                 |
| <input type="checkbox"/> Prior low birthweight baby   | A flag (i.e., Yes, Null) to indicate mother had at least one prior low birth weight baby (< 2,500 g) at ≥ 20 weeks gestation.  |                 |
| <input type="checkbox"/> Prior macrosomic baby  | A flag (i.e., Yes, Null) to indicate mother had at least one prior macrosomic baby (birth weight > 4,000g).  |                 |
| <input type="checkbox"/> Rh isoimmunization (past pregnancy)  | A flag (i.e., Yes, Null) to indicate mother had a previous pregnancy in which isoimmunization occurred.  |                 |
| <input type="checkbox"/> Major congenital anomalies (past pregnancy)  | A flag (i.e., Yes, Null) to indicate mother had at least one previous pregnancy in which the baby or fetus displayed a major congenital anomaly.   |                 |
| <input type="checkbox"/> History of mental illness – Any  | A flag (i.e., Yes, Null) to indicate any history of mental illness (depression, previous postpartum depression, anxiety, bipolar disorder, other, or unknown type) prior to or during the current pregnancy. | 2008/09 onwards |
| <input type="checkbox"/> History of mental illness – Anxiety  | A flag (i.e., Yes, Null) to indicate mother has documented history of anxiety.   | 2008/09 onwards |
| <input type="checkbox"/> History of mental illness – Depression   | A flag (i.e., Yes, Null) to indicate mother has documented history of depression.  | 2008/09 onwards |
| <input type="checkbox"/> History of mental illness – Bipolar  | A flag (i.e., Yes, Null) to indicate mother has documented history of bipolar disorder.  | 2008/09 onwards |
| <input type="checkbox"/> History of mental illness – Postpartum depression (past pregnancy)   | A flag (i.e., Yes, Null) to indicate mother has documented history of postpartum depression.   | 2008/09 onwards |
| <input type="checkbox"/> History of mental illness – Other  | A flag (i.e., Yes, Null) to indicate mother has documented history of other mental illness.  | 2008/09 onwards |
| <input type="checkbox"/> History of mental illness – Unknown  | A flag (i.e., Yes, Null) to indicate mother has documented history of mental illness, type unspecified.  | 2008/09 onwards |
| <b>Current Pregnancy</b>  |  |                 |
| <input type="checkbox"/> First contact with physician/midwife date – Year   | Year of mother's first contact with a physician/midwife for this pregnancy.  |                 |
| <input type="checkbox"/> First contact with physician/midwife date – Month  | Month of mother's first contact with a physician/midwife for this pregnancy.   |                 |
| <input type="checkbox"/> First contact with physician/midwife date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of mother's first contact with a physician/midwife for this pregnancy.   |                 |
| <input type="checkbox"/> Number of antenatal visits   | Total number of antenatal visits with the primary care provider.   |                 |
| <input type="checkbox"/> Total antenatal hospital admissions (prior to delivery admission)  | Total prior inpatient hospital admissions, to any facility, for any reason, during the current pregnancy (excluding current delivery admission).   |                 |
| <input type="checkbox"/> Pre-pregnancy weight   | Mother's weight (in kilograms) before pregnancy or ≤ 11 weeks completed gestation. Note: Approx. 21% missing.  |                 |

## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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| <input type="checkbox"/> Admission weight  | Mother's weight (kg) at the time of admission for delivery, or the last weight documented $\leq$ 7 days prior to delivery.<br>Note: Approx. 29% missing.   |                 |
| <input type="checkbox"/> Weight gain in pregnancy  | Mother's weight gain (in kilograms) during the pregnancy.<br>Note: Approx. 39% missing.  |                 |
| <input type="checkbox"/> Height  | Mother's height (in cm). Note: Approx. 20% missing.  |                 |
| <input type="checkbox"/> Body Mass Index (BMI)   | Body Mass Index number of the mother, based on pre-pregnancy weight. Note: Approx. 30% missing.  |                 |
| <input type="checkbox"/> Body Mass Index (BMI) group   | Body mass index category of the mother, based on pre-pregnancy weight (e.g., underweight, normal, overweight).   |                 |
| <input type="checkbox"/> Lone Parent   | A flag (i.e., Yes, No, Unknown) to indicate lone parent status.  | 2000/01-2007/08 |
| <input type="checkbox"/> Blood type  | Classification of mother's blood type (e.g., A+, AB-).   |                 |
| <input type="checkbox"/> Last Normal Menstrual Period (LNMP) date – Year   | Year of LNMP. Note: Approx. 24% missing.   |                 |
| <input type="checkbox"/> Last Normal Menstrual Period (LNMP) date – Month  | Month of LNMP. Note: Approx. 24% missing.  |                 |
| <input type="checkbox"/> Last Normal Menstrual Period (LNMP) date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of LNMP. Note: Approx. 24% missing.  |                 |
| <input type="checkbox"/> First ultrasound date – Year  | Year of first ultrasound (< 20 weeks). Note: Approx. 28% missing.  |                 |
| <input type="checkbox"/> First ultrasound date – Month   | Month of first ultrasound (< 20 weeks). Note: Approx. 28% missing.   |                 |
| <input type="checkbox"/> First ultrasound date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                    | Day of first ultrasound (< 20 weeks). Note: Approx. 28% missing.   |                 |
| <input type="checkbox"/> Gestational age at first ultrasound – completed weeks   | Gestational age, in weeks, when the first ultrasound (<20 weeks) was performed.  |                 |
| <input type="checkbox"/> Gestational age at first ultrasound – days  | Gestational age, in days, when the first ultrasound (<20 weeks) was performed.   | 2008/09 onwards |
| <input checked="" type="checkbox"/> Gestational age at delivery (by LNMP)  | Gestational age at delivery in completed weeks (calculated by Last Normal Menstrual Period; LNMP). Note: Checked automatically because this field should always be requested when delivery or newborn records requested.   |                 |
| <input checked="" type="checkbox"/> Gestational age at delivery (by first ultrasound date)   | Gestational age at delivery in completed weeks (calculated by first ultrasound date). Note: Checked automatically because this field should always be requested when delivery or newborn records requested.  |                 |
| <input checked="" type="checkbox"/> Gestational age at delivery (by algorithm)   | Gestational age at delivery in completed weeks, calculated by algorithm incorporating LNMP, first ultrasound, newborn examination, and maternal chart. Note 1: Algorithms updated in 2013. Note 2: Checked automatically because this field should always be requested when delivery or newborn records requested. |                 |
| <input type="checkbox"/> Rh immunoglobulin given, earliest date antepartum – Year  | Year of the first antepartum injection of Rh immunoglobulin administered to an Rh-negative mother during the current pregnancy.  |                 |

## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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|---|---|-----------------|
| <input type="checkbox"/> Rh immunoglobulin given, earliest date antepartum – Month  | Month of the first antepartum injection of Rh immunoglobulin administered to an Rh-negative mother during the current pregnancy.  |                 |
| <input type="checkbox"/> Rh immunoglobulin given, earliest date antepartum – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of the first antepartum injection of Rh immunoglobulin administered to an Rh-negative mother during the current pregnancy.  |                 |
| <input type="checkbox"/> Hemoglobin level third trimester   | Lowest hemoglobin value for the third trimester.  |                 |
| <input type="checkbox"/> Bleeding (<20 weeks)   | A flag (i.e., Yes, Null) to indicate mother had antepartum bleeding in pregnancy < 20 weeks gestation.  |                 |
| <input type="checkbox"/> Antepartum hemorrhage (≥20 weeks)  | A flag (i.e., Yes, Null) to indicate mother had antepartum hemorrhage or bleeding in pregnancy ≥ 20 weeks gestation, including bleeding from cervical polyps.   |                 |
| <input type="checkbox"/> Pregnancy induced hypertension   | A flag (i.e., Yes, Null) to indicate care provider diagnosed mother with gestational hypertension during the current pregnancy.   |                 |
| <input type="checkbox"/> Proteinuria  | A flag (i.e., Yes, Null) to indicate care provider diagnosed proteinuria.   |                 |
| <input type="checkbox"/> Rh blood antibodies  | A flag (i.e., Yes, Null) to indicate mother developed or showed signs of Rh (anti-D) antibodies in her blood in the current pregnancy.  |                 |
| <input type="checkbox"/> Other blood antibodies   | A flag (i.e., Yes, Null) to indicate mother developed or showed signs of antibodies in her blood, other than Rh antibodies, in the current pregnancy.   |                 |
| <input type="checkbox"/> Intrauterine growth restriction (IUGR) identified as risk during antenatal period  | A flag (i.e., Yes, Null) to indicate health care provider identified intrauterine growth restriction (IUGR) during the antenatal period.  |                 |
| <input type="checkbox"/> Diabetes (any)   | A flag (i.e., Yes, Null) to indicate pre-existing or gestational diabetes.  |                 |
| <input type="checkbox"/> Gestational diabetes (insulin dependent)   | A flag (i.e., Yes, Null) to indicate gestational diabetes (insulin dependent).  |                 |
| <input type="checkbox"/> Gestational diabetes (non-insulin dependent)   | A flag (i.e., Yes, Null) to indicate gestational diabetes (non-insulin dependent).  |                 |
| <input type="checkbox"/> Diabetes mellitus (insulin dependent)  | A flag (i.e., Yes, Null) to indicate pre-existing diabetes mellitus Type 1 or Type 2, insulin used.   |                 |
| <input type="checkbox"/> Diabetes mellitus (non-insulin dependent)  | A flag (i.e., Yes, Null) to indicate pre-existing diabetes mellitus Type 1 or Type 2, insulin not used.   |                 |
| <input type="checkbox"/> Abnormal glucose factor  | A flag (i.e., Yes, Null) to indicate care provider diagnosed Abnormal Glucose Factor in pregnancy.  | 2000/01-2010/11 |
| <input type="checkbox"/> Hypertension (≥ 140/90)  | A flag (i.e., Yes, Null) to indicate mother had a blood pressure reading of ≥ 140/90 on two consecutive readings during the pregnancy, prior to labour.<br>NOTE: This variable alone is insufficient to identify women diagnosed with hypertension. |                 |
| <input type="checkbox"/> Antihypertensive drugs   | A flag (i.e., Yes, Null) to indicate mother received antihypertensive drugs during her pregnancy (antepartum period only).  |                 |
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## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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| <input type="checkbox"/> Hypertensive chronic renal disease                  | A flag (i.e., Yes, Null) to indicate mother had hypertension associated with chronic renal disease in the current pregnancy.  |                 |
| <input type="checkbox"/> Hypertension due to other causes                    | A flag (i.e., Yes, Null) to indicate mother had hypertension as a result of another cause during pregnancy, labour, or the postpartum period.   |                 |
| <input type="checkbox"/> Drug use during pregnancy identified as a risk      | A flag (i.e., Yes, Null) to indicate care provider lists mother's use of drugs (prescription, non-prescription, illicit) as a risk factor in this pregnancy.  | 2000/01-2007/08 |
| <input type="checkbox"/> Substance use during pregnancy – Any                | A flag (i.e., Yes, Null) to indicate mother used any of the following substances at any time during the current pregnancy: Heroin/opioids, cocaine, methadone, solvents, or marijuana; OR care provider lists use of prescription, 'other', or unknown other drug as a risk to the pregnancy. | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Heroin/opioids     | A flag (i.e., Yes, Null) to indicate heroin/opioid use during pregnancy, including before woman knew she was pregnant.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Cocaine            | A flag (i.e., Yes, Null) to indicate cocaine use during pregnancy, including before woman knew she was pregnant.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Methadone          | A flag (i.e., Yes, Null) to indicate methadone use during pregnancy, including before woman knew she was pregnant.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Solvents           | A flag (i.e., Yes, Null) to indicate solvent use during pregnancy, including before woman knew she was pregnant.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Prescription drugs | A flag (i.e., Yes, Null) to indicate use of a prescription drug is noted as a risk in the pregnancy.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Marijuana          | A flag (i.e., Yes, Null) to indicate marijuana use during pregnancy, including before woman knew she was pregnant.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Other              | A flag (i.e., Yes, Null) to indicate other substance use during pregnancy, including before woman knew she was pregnant.  | 2008/09 onwards |
| <input type="checkbox"/> Substance use during pregnancy – Unknown            | A flag (i.e., Yes, Null) to indicate care provider lists mother's use of an unspecified drug as a risk at any time during current pregnancy.  | 2008/09 onwards |
| <input type="checkbox"/> No selected risks                                   | A flag (i.e., Yes, Null) to indicate the mother did not have any of the specific risk factors collected in the PDR identified in the current pregnancy, past pregnancies, or in the mother's medical history.   |                 |
| <input type="checkbox"/> Alcohol during pregnancy identified as a risk       | A flag (i.e., Yes, Null) to indicate care provider lists mother's use of alcohol as a risk factor in this pregnancy.  |                 |
| <input type="checkbox"/> T-ACE score   | Final value of T-ACE questionnaire. Note: >99% null values.   | 2000/01-2007/08 |
| <input type="checkbox"/> TWEAK score   | Final value of TWEAK questionnaire. Note: >96% null values  | 2008/09 onwards |
| <input type="checkbox"/> Average number of alcoholic drinks per week         | Average number of alcoholic drinks consumed per week by mother during current pregnancy.  | 2008/09 onwards |



## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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| <input type="checkbox"/> Binge drinking   | Mother consumed $\geq 4$ alcoholic drinks at one time during the current pregnancy.   | 2008/09 onwards |
| <input type="checkbox"/> Smoking during current pregnancy   | Mother smoked tobacco products during pregnancy.  |                 |
| <input type="checkbox"/> Cigarettes per day   | Number of documented cigarettes smoked per day during pregnancy.  |                 |
| <input type="checkbox"/> Exposure to second hand smoke  | Mother was regularly exposed to indoor smoke any time during the current pregnancy, either at home or work.   | 2008/09 onwards |
| <input type="checkbox"/> HIV test done during pregnancy   | HIV testing was performed during this pregnancy.  | 2004/05 onwards |
| <input type="checkbox"/> Maternal serum screening offered during current pregnancy  | Indicates whether maternal serum screening offered during current pregnancy (i.e., Yes, No, Unknown).   | 2004/05 onwards |
| <input type="checkbox"/> Group B strep test done during current pregnancy   | Mother had Group B Strep (GBS) testing done during current pregnancy (i.e., Yes, No, Unknown).  | 2004/05 onwards |
| <input type="checkbox"/> Group B strep testing results  | Indicates Group B strep testing results (i.e., positive, negative, unknown).  | 2004/05 onwards |
| <input type="checkbox"/> HBsAg testing  | Indicates Hepatitis B surface antigen (HBsAg) testing was performed at any time during the current pregnancy, prior to delivery (i.e., Yes, No, Unknown). | 2008/09 onwards |
| <input type="checkbox"/> HBsAg testing results  | Indicates HBsAg testing results (i.e., positive, negative, unknown).  | 2008/09 onwards |
| <input type="checkbox"/> In vitro fertilization used for current pregnancy  | Indicates mother had in-vitro fertilization to achieve the current pregnancy. (i.e., Yes, No, Unknown).   | 2008/09 onwards |
| <input type="checkbox"/> School years completed   | Total number of school years completed by the mother. Note: Approx. 80% Null values.  | 2004/05 onwards |
| <b>Labour and delivery</b>  |   |                 |
| <input type="checkbox"/> Cervical dilation on admission   | Measurement of cervical dilation, in centimeters, taken within the first hour of admission for the delivery episode.                                      |                 |
| <input type="checkbox"/> Cervical dilation prior to cesarean  | Last recorded measurement of cervical dilation during active labour, in centimeters, prior to cesarean delivery.  | 2008/09 onwards |
| <input type="checkbox"/> Rupture of membranes date – Year   | Year of artificial/spontaneous rupture of the amniotic sac.   |                 |
| <input type="checkbox"/> Rupture of membranes date – Month  | Month of artificial/spontaneous rupture of the amniotic sac.  |                 |
| <input type="checkbox"/> Rupture of membranes date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of artificial/spontaneous rupture of the amniotic sac.  |                 |
| <input type="checkbox"/> Rupture of membranes time  | Time of artificial/spontaneous rupture of the amniotic sac (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/> Length of time from rupture of membranes to first stage of labour (hours)  | Hours between rupture of membranes and beginning of first stage of labour. Based on first infant delivered.   |                 |
| <input type="checkbox"/> Start of first stage of labour date – Year   | Year when there was onset of regular uterine contractions and cervical dilation.  |                 |
| <input type="checkbox"/> Start of first stage of labour date – Month  | Month when there was onset of regular uterine contractions and cervical dilation.   |                 |
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## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

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|--------------------------|---|--|-----------------|
| <input type="checkbox"/> | Start of first stage of labour date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | Day when there was onset of regular uterine contractions and cervical dilation.  |                 |
| <input type="checkbox"/> | Start of first stage of labour time   | Time when there was onset of regular uterine contractions and cervical dilation (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/> | Length of the first stage of labour   | Duration of first stage of labour (rupture of membranes to full cervical dilation), in hours.  |                 |
| <input type="checkbox"/> | Start of second stage of labour date – Year   | Year there was full cervical dilation and delivery of the newborn commenced.   |                 |
| <input type="checkbox"/> | Start of second stage of labour date – Month  | Month there was full cervical dilation and delivery of the newborn commenced.  |                 |
| <input type="checkbox"/> | Start of second stage of labour date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day there was full cervical dilation and delivery of the newborn commenced.  |                 |
| <input type="checkbox"/> | Start of second stage of labour time  | Time there was full cervical dilation and delivery of the newborn commenced (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/> | Length of the second stage of labour  | Duration of second stage of labour (full cervical dilation to delivery of infant), in hours.   |                 |
| <input type="checkbox"/> | Baby delivery date – Year   | Year baby was delivered.   |                 |
| <input type="checkbox"/> | Baby delivery date – Month  | Month baby was delivered.  |                 |
| <input type="checkbox"/> | Baby delivery date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                   | Day baby was delivered.  |                 |
| <input type="checkbox"/> | Baby delivery time  | Time baby was delivered (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/> | Placenta delivery date – Year   | Year of placenta delivery date.  |                 |
| <input type="checkbox"/> | Placenta delivery date – Month  | Month of placenta delivery date.   |                 |
| <input type="checkbox"/> | Placenta delivery date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>               | Day of placenta delivery date.   |                 |
| <input type="checkbox"/> | Placenta delivery time  | Hour placenta was delivered (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/> | Length of third stage of labour   | Duration of third stage of labour (delivery of infant to delivery of placenta), in hours.  |                 |
| <input type="checkbox"/> | Length of time from rupture of membranes to first baby delivery time  | Time between rupture of membranes and delivery, in hours.  |                 |
| <input type="checkbox"/> | Fetal surveillance during labour  | Fetal surveillance during labour (i.e., external electronic fetal monitoring, internal electronic fetal monitoring, external and internal electronic monitoring, no labour, no electronic monitoring). | 2000/01-2003/04 |

## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |   |                 |
|--|---|-----------------|
|  | Fetal surveillance during labour (i.e., auscultation only, auscultation and external electronic fetal monitoring, external electronic fetal monitoring only, internal electronic fetal monitoring only, auscultation and internal electronic fetal monitoring, external and internal electronic fetal monitoring, all, no labour, none).                        | 2004/05-onwards |
| <input type="checkbox"/> Labour initiation – spontaneous                                       | A flag (i.e., Yes, Null) to indicate onset of regular contractions and progressive dilation of the cervix occurred without instrumental or medicinal assistance.  |                 |
| <input type="checkbox"/> Labour initiation – induced   | A flag (i.e., Yes, Null) to indicate instrumental or medicinal assistance was used to initiate labour.  |                 |
| <input type="checkbox"/> Labour initiation – none  | A flag (i.e., Yes, Null) to indicate woman did not labour.  |                 |
| <input type="checkbox"/> Labour initiation – unknown   | A flag (i.e., Yes, Null) to indicate unknown how labour commenced.  |                 |
| <input type="checkbox"/> Labour type   | Indicates labour type (i.e., spontaneous, induced, no labour, unknown)  |                 |
| <input type="checkbox"/> Labour induction – Artificial rupture of membranes (ARM)              | A flag (i.e., Yes, Null) to indicate labour was induced using artificial rupture of membranes.  |                 |
| <input type="checkbox"/> Labour induction – Oxytocin   | A flag (i.e., Yes, Null) to indicate labour was induced using oxytocin.   |                 |
| <input type="checkbox"/> Labour induction – Prostaglandin                                      | A flag (i.e., Yes, Null) to indicate labour was induced using prostaglandin.  |                 |
| <input type="checkbox"/> Labour induction – Other agent  | A flag (i.e., Yes, Null) to indicate labour was induced using another method.   |                 |
| <input type="checkbox"/> Primary indication for induction                                      | Indicates the primary indication that an external agent was used to initiate labour (i.e., post-term, prelabour ROM, fetal compromise, other maternal condition, logistics, fetal demise, other, unknown, not applicable). Note that the following options were added in 2008/09: Hypertension in pregnancy, antepartum hemorrhage, chorioamnionitis, diabetes. |                 |
| <input type="checkbox"/> Labour augmentation   | A flag (i.e., Yes, Null) to indicate labour was augmented.  |                 |
| <input type="checkbox"/> Method of labour augmentation – Artificial rupture of membranes (ARM) | A flag (i.e., Yes, Null) to indicate labour was augmented using artificial rupture of membranes.  |                 |
| <input type="checkbox"/> Method of labour augmentation – Oxytocin                              | A flag (i.e., Yes, Null) to indicate labour was augmented using oxytocin.   |                 |
| <input type="checkbox"/> Method of labour augmentation – Other agent                           | A flag (i.e., Yes, Null) to indicate labour was augmented using another method.   |                 |
| <input type="checkbox"/> Method of labour augmentation – Prostaglandin                         | A flag (i.e., Yes, Null) to indicate labour was augmented using prostaglandin.  | 2000/01-2007/08 |
| <input type="checkbox"/> Anesthesia/analgesia during labour – None                             | A flag (i.e., Yes, Null) to indicate no anesthetic or analgesic was given during labour (first, second or third stage).   |                 |
| <input type="checkbox"/> Anesthesia/analgesia during labour – Entonox (nitronox)               | A flag (i.e., Yes, Null) to indicate entonox (nitronox) anesthetic was given during labour (first, second or third stage).  |                 |
| <input type="checkbox"/> Anesthesia/analgesia during labour – Local                            | A flag (i.e., Yes, Null) to indicate local anesthetic was given during labour (first, second or third stage).   |                 |
| <input type="checkbox"/> Anesthesia/analgesia during labour – Pudendal                         | A flag (i.e., Yes, Null) to indicate pudendal anesthetic was given during labour (first, second or third stage).  |                 |
| <input type="checkbox"/> Anesthesia/analgesia during labour – Epidural                         | A flag (i.e., Yes, Null) to indicate epidural anesthetic was given during labour (first, second or third stage).  |                 |
| <input type="checkbox"/> Anesthesia/analgesia during labour – Spinal                           | A flag (i.e., Yes, Null) to indicate spinal anesthetic was given during labour (first, second or third stage).  |                 |

## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|                          |  |   |  |
|--------------------------|--|---|--|
| <input type="checkbox"/> | Anesthesia/analgesia during labour – General   | A flag (i.e., Yes, Null) to indicate general anesthetic was given during labour (first, second or third stage).   |  |
| <input type="checkbox"/> | Anesthesia/analgesia during labour – Narcotics | A flag (i.e., Yes, Null) to indicate mother received narcotics during labour (first, second or third stage).  |  |
| <input type="checkbox"/> | Anesthesia/analgesia during labour – Other     | A flag (i.e., Yes, Null) to indicate other anesthetic or analgesic was given during labour (first, second or third stage).  |  |
| <input type="checkbox"/> | Anesthesia/analgesia during labour – Unknown   | A flag (i.e., Yes, Null) to indicate type of anesthetic or analgesic administered during labour (first, second or third stage) is unknown.  |  |
| <input type="checkbox"/> | Mode of delivery                               | Method of extraction/delivery of newborn from the mother (i.e., cesarean section, vaginal)  |  |
| <input type="checkbox"/> | Mode of delivery – detailed                    | Expanded classification of method of extraction/delivery of newborn from the mother (i.e., emergency primary, emergency repeat, elective primary, elective repeat, forceps and vacuum, forceps, vacuum, other instrument, spontaneous).   |  |
| <input type="checkbox"/> | Cesarean section type                          | Type of cesarean section (i.e., primary elective, primary emergent, repeat elective, repeat emergent).  |  |
| <input type="checkbox"/> | Cesarean section incision                      | Type of cesarean section incision.  |  |
| <input type="checkbox"/> | Primary indication for cesarean delivery       | Primary/principal reason (indication) for cesarean delivery (i.e., breech, dystocia/CPD, non-reassuring fetal heart rate pattern, repeat cesarean, abruptio placenta, placenta previa, other, malposition/malpresentation, active herpes. Note that the following option was added in 2008/09: VBAC declined or maternal request) |  |
| <input type="checkbox"/> | Vaginal birth after cesarean (VBAC) eligible   | Mother is eligible to deliver this pregnancy by VBAC.   |  |
| <input type="checkbox"/> | Vaginal birth after cesarean (VBAC) attempted  | Whether woman attempted a VBAC in this pregnancy.   |  |
| <input type="checkbox"/> | Vaginal birth after cesarean (VBAC) successful | Woman had a successful VBAC in this pregnancy.  |  |
| <input type="checkbox"/> | Delivery provider type                         | The health care provider (or person) who physically delivers the baby. Note: not necessarily the same as the provider who was seen for antenatal care.  |  |
| <input type="checkbox"/> | Baby position in labour                        | Position of baby's head relative to the birth canal during labour.  |  |
| <input type="checkbox"/> | Baby position at delivery                      | Position of baby's head relative to the birth canal at delivery.  |  |
| <input type="checkbox"/> | Baby presentation in labour                    | Part of the baby's body that is presenting in reference to the birth canal during labour.   |  |
| <input type="checkbox"/> | Baby presentation at delivery                  | Part of baby's body that is presenting in reference to the birth canal at the time of delivery.   |  |
| <input type="checkbox"/> | Obstetric trauma                               | A flag (i.e., Yes, Null) to indicate woman experienced obstetric trauma during the current delivery episode.  |  |
| <input type="checkbox"/> | Perineal trauma – Intact perineum              | A flag (i.e., Yes, Null) to indicate perineum/vagina/cervix was intact.   |  |
| <input type="checkbox"/> | Perineal trauma – Unknown                      | A flag (i.e., Yes, Null) to indicate condition of the perineum/vagina/cervix is unknown.  |  |
| <input type="checkbox"/> | Perineal trauma – Episiotomy                   | A flag (i.e., Yes, Null) to indicate an episiotomy was done.  |  |
| <input type="checkbox"/> | Perineal trauma – Episiotomy type              | Type of episiotomy performed (i.e., median, mediolateral).  |  |
| <input type="checkbox"/> | Perineal trauma – Laceration                   | Tear and/or rupture occurred to the vagina or perineum during delivery, excluding abrasions.  |  |
| <input type="checkbox"/> | Perineal trauma – Laceration degree            | Highest degree of laceration sustained during delivery (i.e., 1-4).   |  |
| <input type="checkbox"/> | Perineal trauma – Cervical tear                | A flag (i.e., Yes, Null) to indicate mother experienced cervical injury during delivery.  |  |

|   |   |                 |
|---|---|-----------------|
| <input type="checkbox"/> Perineal trauma – Other tear   | A flag (i.e., Yes, Null) to indicate another type of tear or laceration to the perineum was sustained during delivery.  |                 |
| <b>Other Episode of Care Information</b>  |   |                 |
| <input type="checkbox"/> Blood transfusion given  | A flag (i.e., Yes, Null) to indicate mother received whole or packed red blood cells during this admission.   |                 |
| <input type="checkbox"/> Blood transfusion units – Number of units transfused antepartum  | Total number of units of whole or packed red blood cells the mother received during the antepartum period of this pregnancy.  |                 |
| <input type="checkbox"/> Blood transfusion units – Number of units transfused intrapartum   | Total number of units of whole or packed red blood cells the mother received during the intrapartum period of this pregnancy.   |                 |
| <input type="checkbox"/> Blood transfusion units – Number of units transfused postpartum  | Total number of units of whole or packed red blood cells the mother received during the postpartum period of this pregnancy.  |                 |
| <input type="checkbox"/> Blood transfusion units – Total number of units transfused   | Total number of units of whole or packed red blood cells the mother received during this pregnancy.   |                 |
| <input type="checkbox"/> Eligible for postpartum Rh immunoglobulin  | Mother is eligible to receive Rh Immunoglobulin postpartum (i.e., Yes, No, Unknown).  |                 |
| <input type="checkbox"/> Date postpartum Rh immunoglobulin – Year   | Year of the postpartum injection of Rh immunoglobulin during the delivery episode.  |                 |
| <input type="checkbox"/> Date postpartum Rh immunoglobulin – Month  | Month of the postpartum injection of Rh immunoglobulin during the delivery episode.   |                 |
| <input type="checkbox"/> Date postpartum Rh immunoglobulin – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of the postpartum injection of Rh immunoglobulin during the delivery episode.   |                 |
| <input type="checkbox"/> Drugs received during delivery admission – Antihypertensives   | A flag (i.e., Yes, Null) to indicate mother received antihypertensive medication during the delivery episode of care.   |                 |
| <input type="checkbox"/> Drugs received during delivery admission – Steroids for lung maturation  | A flag (i.e., Yes, Null) to indicate mother received steroid medication during the inpatient delivery episode of care, or for transport.                                      |                 |
| <input type="checkbox"/> Drugs received during delivery admission – Other drugs for lung maturation   | A flag (i.e., Yes, Null) to indicate other medications were administered to mother for fetal lung maturation during the inpatient delivery episode of care, or for transport. |                 |
| <input type="checkbox"/> Drugs received during delivery admission – Antibiotics   | A flag (i.e., Yes, Null) to indicate mother received antibiotics during the delivery episode of care.   |                 |
| <input type="checkbox"/> Drugs received during delivery admission – CS prophylactic antibiotics   | A flag (i.e., Yes, Null) to indicate mother received prophylactic antibiotics one hour before or after c/section delivery (inclusive of intra-operative antibiotics).         | 2008/09 onwards |
| <input type="checkbox"/> Drugs received during delivery admission – Tocolytics  | A flag (i.e., Yes, Null) to indicate mother received medication to suppress premature labour during the inpatient delivery episode of care or transport.                      |                 |
| <input type="checkbox"/> Health care provider(s) service  | Provider's specialty service number.  |                 |
| <input type="checkbox"/> Health care provider(s) type   | Health care provider's role in the care of the mother during episode of care.   |                 |
| <input type="checkbox"/> Midwife involved in maternal or neonatal care  | Midwife involved in the care of the mother or neonate. Midwife does not necessarily deliver the baby (i.e., midwife, no midwife).   |                 |
| <input type="checkbox"/> Midwife cases only - Intended place of delivery  | Midwife Cases - Where mother plans to deliver (i.e., hospital, home, unknown).  |                 |
| <input type="checkbox"/> Midwife cases only - Actual place of delivery  | Midwife Cases - Where mother actually delivers (i.e., hospital, home, other).   |                 |
|   |   |                 |

| Post delivery information (delivery episode)   |   |                 |
|--|---|-----------------|
| <input type="checkbox"/> HELLP Syndrome  | A flag (i.e., Yes, Null) to indicate mother was diagnosed with HELLP Syndrome.  | 2008/09-onwards |
| <input type="checkbox"/> Acute Fatty Liver   | A flag (i.e., Yes, Null) to indicate mother diagnosed with acute fatty liver during current pregnancy or postpartum period. | 2008/09-onwards |
| <input type="checkbox"/> Liver hematoma  | A flag (i.e., Yes, Null) to indicate mother diagnosed with liver hematoma during current pregnancy or postpartum period.    | 2008/09-onwards |
| <input type="checkbox"/> Postpartum Special Care Unit Days   | Number of days mother spent in any Special Care Unit (ICU, CCU, etc.).  | 2008/09-onwards |
| <input type="checkbox"/> Postpartum hemoglobin date – Year   | Year of mother's lowest postpartum hemoglobin result during episode of care.  | 2008/09-onwards |
| <input type="checkbox"/> Postpartum hemoglobin date – Month  | Month of mother's lowest postpartum hemoglobin result during episode of care.   | 2008/09-onwards |
| <input type="checkbox"/> Postpartum hemoglobin date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of mother's lowest postpartum hemoglobin result during episode of care.   | 2008/09-onwards |
| <input type="checkbox"/> Postpartum hemoglobin value   | Value of postpartum hemoglobin test result during episode of care.  | 2008/09-onwards |
| <input type="checkbox"/> Postpartum infection  | Mother had an infection during the postpartum period (i.e., Yes, No, Unknown).  | 2008/09-onwards |
| <input type="checkbox"/> Postpartum wound infection  | A flag (i.e., Yes, Null) to indicate mother had a postpartum wound infection.   | 2008/09-onwards |
| <input type="checkbox"/> Postpartum wound infection – Type   | Specific location of the mother's postpartum wound infection.   | 2008/09-onwards |
| <input type="checkbox"/> Postpartum wound infection – Severity   | Degree of the mother's postpartum wound infection.  | 2008/09-onwards |
| <input type="checkbox"/> Postpartum urinary tract infection – Type   | Type of postpartum urinary tract infection  | 2008/09-onwards |
| <input type="checkbox"/> Postpartum urinary tract infection agent – Infectious agent 1   | Most significant infectious agent causing positive maternal urine culture results during the postpartum period.             | 2008/09-onwards |
| <input type="checkbox"/> Postpartum urinary tract infection agent – Infectious agent 2   | Other infectious agent causing positive maternal urine culture results during the postpartum period.                        | 2008/09-onwards |
| <input type="checkbox"/> Postpartum positive blood culture   | A flag (i.e., Yes, Null) to indicate mother's blood culture test results are positive.                                      | 2008/09-onwards |
| <input type="checkbox"/> Postpartum positive blood culture agent – Infectious Agent 1  | Most significant infectious agent causing positive maternal blood culture results during the postpartum period.             | 2008/09-onwards |
| <input type="checkbox"/> Postpartum positive blood culture agent – Infectious Agent 2  | Other infectious agent causing positive maternal blood culture results during the postpartum period.                        | 2008/09-onwards |
| <input type="checkbox"/> Postpartum positive other culture   | A flag (i.e., Yes, Null) to indicate lab culture results were positive (other than urine or blood).                         | 2008/09-onwards |
| <input type="checkbox"/> Postpartum positive other culture agent – Infectious agent 1  | Most significant infectious agent from other maternal positive culture results during the postpartum period.                | 2008/09-onwards |
| <input type="checkbox"/> Postpartum positive other culture agent – Infectious agent 2  | Other infectious agent from other maternal positive culture results during the postpartum period.                           | 2008/09-onwards |
| <input type="checkbox"/> Main Patient Service  | Categorizes mothers according to related diseases, conditions and treatments.   |                 |
| Diagnosis and procedures   |   |                 |
| <input type="checkbox"/> Diagnosis Prefix  | Alphanumeric character to further define a diagnosis code.  |                 |

|  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> Diagnosis Code – <b>Please list the Diagnostic Codes (ICD-9 and/or ICD-10-CA) that you are requesting:</b>  | Medical diagnostic code reflecting the diagnosis or condition of mother while in hospital. Note: International Classification of Diseases - ICD 9 - Assigned from April 1, 2000 to March 31, 2004. ICD-10-CA - Assigned starting with April 1, 2004 discharges using ICD-10-CA v2003, v2006, v2009, or v2012 (as applicable).  |                 |
| <input type="checkbox"/> Diagnosis Type  | Diagnosis type corresponding with the diagnosis codes (e.g., most responsible diagnosis, pre-admit comorbidity, secondary diagnosis, etc.)   |                 |
| <input type="checkbox"/> Procedure Code – <b>Please list the Procedure Codes (CCP and/or CCI) that you are requesting:</b>   | Code(s) for procedures performed during the episode of care. Note: Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) - Assigned from April 1, 2000 to March 31, 2004 discharges. Canadian Classification of Health Interventions (CCI) - Assigned starting with April 1, 2004 discharges using CCI v2003, v2006, v2009, or v2012 (as applicable). |                 |
| <input type="checkbox"/> Procedure status  | Procedure status attribute.  | 2004/05-onwards |
| <input type="checkbox"/> Procedure location  | Procedure anatomical location.   | 2004/05-onwards |
| <input type="checkbox"/> Procedure extent  | Procedure extent.  | 2004/05-onwards |
| <input type="checkbox"/> Procedure Date – Year   | Year of the procedure.   |                 |
| <input type="checkbox"/> Procedure Date – Month  | Month of the procedure.  |                 |
| <input type="checkbox"/> Procedure Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                     | Day of the procedure.  |                 |
| <input type="checkbox"/> Procedure doctor service  | The procedure provider service.  |                 |
| <input type="checkbox"/> Anesthetic agent for procedure  | Type of anesthesia used for the procedure (e.g., local, epidural, spinal, etc...).   |                 |
| <b>Mother Postpartum Transfer/Readmission Episode of Care Information<br/>(patient discharges from April 1, 2008 to March 31, 2018)</b>  |  |                 |
| <input type="checkbox"/> Place of Mother's usual residence – HA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The Health Authority (HA) of mother's usual residence as determined by resident postal code.   |                 |
| <input type="checkbox"/> Place of Mother's usual residence – HSDA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | The Health Service Delivery Area (HSDA) of mother's usual residence as determined by resident postal code.   |                 |
| <input type="checkbox"/> Place of Mother's usual residence – LHA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | The Local Health Area (LHA) of usual mother's residence as determined by resident postal code.   |                 |
| <input type="checkbox"/> Place of Mother's usual residence – FSA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | The first three characters of mother's resident postal code (i.e., Forward Sortation Area).  |                 |
| <input type="checkbox"/> Mother's date of birth – Year   |  |                 |
| <input type="checkbox"/> Mother's date of birth – Month  |  |                 |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Mother's date of birth – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  |   |  |
| <input type="checkbox"/> Place of postpartum admission From – <b>Replaced by project-specific identification number</b><br><b>OR</b><br><input type="checkbox"/> Place of postpartum admission – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Location where mother received care.  |  |
| <input type="checkbox"/> Institution From – <b>Replaced by project-specific identification number</b><br><b>OR</b><br><input type="checkbox"/> Institution From – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                                | Institution from which mother arrived to the current episode of care.   |  |
| <input type="checkbox"/> Mother transferred in  | A flag (i.e., Yes, Null) to indicate mother was transferred in from another acute care institution for the current episode of care. |  |
| <input type="checkbox"/> Institution To – <b>Replaced by project-specific identification number</b><br><b>OR</b><br><input type="checkbox"/> Institution To – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                                    | Institution to which mother was transferred from the current episode of care.   |  |
| <input type="checkbox"/> Mother transferred out   | A flag (i.e., Yes, Null) to indicate mother was transferred out to another institution from the current episode of care.            |  |
| <input type="checkbox"/> Admission Date – Year  | Year mother was admitted for the current episode of care.   |  |
| <input type="checkbox"/> Admission Date – Month   | Month mother was admitted for the current episode of care.  |  |
| <input type="checkbox"/> Admission Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | Day mother was admitted for the current episode of care.  |  |
| <input type="checkbox"/> Admission Time   | Time mother was admitted for the current episode of care (i.e., HH:MM:00.0000000).  |  |
| <input type="checkbox"/> Discharge Date – Year  | Year mother was discharged from the current episode of care.  |  |
| <input type="checkbox"/> Discharge Date – Month   | Month mother was discharged from the current episode of care.   |  |
| <input type="checkbox"/> Discharge Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | Day mother was discharged from the current episode of care.   |  |
| <input type="checkbox"/> Discharge Time   | Time mother was discharged from the current episode of care (i.e., HH:MM:00.0000000).   |  |
| <input type="checkbox"/> Fiscal year  | The fiscal year during which the mother was discharged (i.e., Apr 1 to Mar 31).   |  |
| <input type="checkbox"/> Total Length of Stay (hours)   | Length of stay of admission expressed in hours.   |  |
| <input type="checkbox"/> Delivery date – Year   | Year the woman delivered.   |  |



APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/>                 | Delivery date – Month   | Month the woman delivered.   |  |
| <input type="checkbox"/>                 | Delivery date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>              | Day the woman delivered.   |  |
| <input type="checkbox"/>                 | Place of delivery – <b>Replaced by project-specific identification number</b><br><b>OR</b>  | Institution where the mother delivered.  |  |
| <input type="checkbox"/>                 | Place of delivery – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                |  |  |
| <b>Other episode of care information</b> |   |  |  |
| <input type="checkbox"/>                 | Blood transfusion given   | A flag (i.e., Yes, Null) to indicate mother received whole or packed red blood cells during this admission.                                |  |
| <input type="checkbox"/>                 | Blood transfusion units – Number of units transfused postpartum   | Total number of units of whole or packed red blood cells the mother received during the episode of care.                                   |  |
| <input type="checkbox"/>                 | Health care provider(s) service   | Provider's specialty service number.   |  |
| <input type="checkbox"/>                 | Health care provider(s) type  | Health care provider's role in the care of the mother during episode of care (e.g., most responsible, resident/intern, allied health etc.) |  |
| <b>Post delivery information</b>         |   |  |  |
| <input type="checkbox"/>                 | HELLP Syndrome  | A flag (i.e., Yes, Null) to indicate mother was diagnosed with HELLP Syndrome  |  |
| <input type="checkbox"/>                 | Acute Fatty Liver   | A flag (i.e., Yes, Null) to indicate mother diagnosed with acute fatty liver during current pregnancy or postpartum period.                |  |
| <input type="checkbox"/>                 | Liver hematoma  | A flag (i.e., Yes, Null) to indicate mother diagnosed with liver hematoma during current pregnancy or postpartum period.                   |  |
| <input type="checkbox"/>                 | Postpartum Special Care Unit Days   | Number of days mother spent in any Special Care Unit (ICU, CCU, etc.).   |  |
| <input type="checkbox"/>                 | Postpartum hemoglobin date – Year   | Year of mother's lowest postpartum hemoglobin result during episode of care.   |  |
| <input type="checkbox"/>                 | Postpartum hemoglobin date – Month  | Month of mother's lowest postpartum hemoglobin result during episode of care.  |  |
| <input type="checkbox"/>                 | Postpartum hemoglobin date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of mother's lowest postpartum hemoglobin result during episode of care.  |  |
| <input type="checkbox"/>                 | Postpartum hemoglobin value   | Value of postpartum hemoglobin test result during episode of care.   |  |
| <input type="checkbox"/>                 | Postpartum infection  | Mother had an infection during the episode of care (i.e., Yes, No, Unknown).   |  |
| <input type="checkbox"/>                 | Postpartum wound infection  | A flag (i.e., Yes, Null) to indicate mother had a postpartum wound infection.  |  |
| <input type="checkbox"/>                 | Postpartum wound infection – Type   | Specific location of the mother's postpartum wound infection.  |  |
| <input type="checkbox"/>                 | Postpartum wound infection – Severity   | Degree of the mother's postpartum wound infection.   |  |
| <input type="checkbox"/>                 | Postpartum urinary tract infection – Type   | Type of postpartum urinary tract infection   |  |
| <input type="checkbox"/>                 | Postpartum urinary tract infection agent – Infectious agent 1   | Most significant infectious agent causing positive maternal urine culture results during the episode of care.                              |  |

|                          |   |   |  |
|--------------------------|---|---|--|
| <input type="checkbox"/> | Postpartum urinary tract infection agent – Infectious agent 2 | Other infectious agent causing positive maternal urine culture results during the episode of care.            |  |
| <input type="checkbox"/> | Postpartum positive blood culture                             | A flag (i.e., Yes, Null) to indicate mother's blood culture test results are positive.                        |  |
| <input type="checkbox"/> | Postpartum positive blood culture agent – Infectious Agent 1  | Most significant infectious agent causing positive maternal blood culture results during the episode of care. |  |
| <input type="checkbox"/> | Postpartum positive blood culture agent – Infectious Agent 2  | Other infectious agent causing positive maternal blood culture results during the episode of care.            |  |
| <input type="checkbox"/> | Postpartum positive other culture                             | A flag (i.e., Yes, Null) to indicate lab culture results were positive (other than urine or blood).           |  |
| <input type="checkbox"/> | Postpartum positive other culture agent – Infectious agent 1  | Most significant infectious agent from other maternal positive culture results during the episode of care.    |  |
| <input type="checkbox"/> | Postpartum positive other culture agent – Infectious agent 2  | Other infectious agent from other maternal positive culture results during the episode of care.               |  |
| <input type="checkbox"/> | Main Patient Service  | Categorizes mothers according to related diseases, conditions and treatments.                                 |  |

### Diagnoses and procedures

|                          |   |   |  |
|--------------------------|---|---|--|
| <input type="checkbox"/> | Diagnosis Prefix  | Alphanumeric character to further define a diagnosis code.  |  |
| <input type="checkbox"/> | Diagnosis Code – <b>Please list the Diagnostic Codes (ICD-10-CA) that you are requesting:</b>   | Medical diagnostic code reflecting the diagnosis or condition of mother while in hospital. Note: ICD-10-CA - Assigned starting with April 1, 2008 discharges using ICD-10-CA v2006, v2009, or v2012 (as applicable).    |  |
| <input type="checkbox"/> | Diagnosis Type  | Diagnosis type corresponding with the diagnosis codes (e.g., most responsible diagnosis, pre-admit comorbidity, secondary diagnosis, etc...)  |  |
| <input type="checkbox"/> | Procedure Code – <b>Please list the Procedure Codes (CCI) that you are requesting:</b>  | Code(s) for procedures performed during the episode of care. Note: Canadian Classification of Health Interventions (CCI) - Assigned starting April 1, 2008 discharges using CCI v2006, v2009, or v2012 (as applicable). |  |
| <input type="checkbox"/> | Procedure status  | Procedure status attribute  |  |
| <input type="checkbox"/> | Procedure location  | Procedure anatomical location   |  |
| <input type="checkbox"/> | Procedure extent  | Procedure extent  |  |
| <input type="checkbox"/> | Procedure Date – Year   | Year of the procedure.  |  |
| <input type="checkbox"/> | Procedure Date – Month  | Month of the procedure.   |  |
| <input type="checkbox"/> | Procedure Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of the procedure.   |  |
| <input type="checkbox"/> | Procedure doctor service  | The procedure provider service.   |  |
| <input type="checkbox"/> | Anesthetic agent for procedure  | Type of anesthesia used for the procedure (e.g., general, spinal, epidural, etc.).  |  |

### Baby Newborn Episode of Care Information (April 1, 2000 to March 31, 2018)

Baby Newborn records include births in acute care facilities and births at home attended by registered midwives.

NOTE: Until March 31, 2014, a baby born at home under the care of a registered midwife who was admitted to acute care within 24 hours of birth will have the acute care admission as the Baby Newborn record (total record count=1). Effective April 1, 2014, a baby born at home with a registered midwife and who was admitted to acute care within 24 hours of birth will have a Baby Newborn record at home and a subsequent Baby Transfer/Readmission acute care record (total record count=2).

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/>             | Place of baby's usual residence – HA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | The Health Authority (HA) of baby's usual residence as determined by resident postal code   |  |
| <input type="checkbox"/>             | Place of baby's usual residence – HSDA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | The Health Service Delivery Area (HSDA) of baby's usual residence as determined by resident postal code.                            |  |
| <input type="checkbox"/>             | Place of baby's usual residence – LHA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The Local Health Area (LHA) of usual baby's residence as determined by resident postal code.  |  |
| <input type="checkbox"/>             | Place of baby's usual residence – FSA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The first three characters of baby's resident postal code (i.e., Forward Sortation Area).   |  |
| <input type="checkbox"/>             | Baby Sequence  | The incremental sequence number of babies born from the <i>current</i> pregnancy (e.g. twin A = sequence 1, twin B = sequence 2).   |  |
| <input type="checkbox"/>             | Number of births   | The total number of babies delivered from the current pregnancy.  |  |
| <input type="checkbox"/>             | Baby Date of Birth – Year  | Year baby was born.   |  |
| <input type="checkbox"/>             | Baby Date of Birth – Month   | Month baby was born.  |  |
| <input type="checkbox"/>             | Baby Date of Birth – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | Day baby was born.  |  |
| <input type="checkbox"/>             | Sex  | Biological sex of the newborn.  |  |
| <b>Current admission information</b> |  |   |  |
| <input type="checkbox"/>             | Place of birth – <b>Replaced by project-specific identification number</b><br><b>OR</b><br>Place of birth – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Location where baby received care.  |  |
| <input type="checkbox"/>             | Institution To – <b>Replaced by project-specific identification number</b><br><b>OR</b><br>Institution To – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Institution to which baby was transferred from the current episode of care.   |  |
| <input type="checkbox"/>             | Transfer up (to higher level of care)  | A flag (i.e., Yes, Null) to indicate newborn transferred to a hospital with a higher level of care directly from the birth episode. |  |
| <input type="checkbox"/>             | Admission Date – Year  | Year baby was admitted to the current episode of care.  |  |
| <input type="checkbox"/>             | Admission Date – Month   | Month baby was admitted to the current episode of care.   |  |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|                                     |   |  |                 |
|-------------------------------------|---|--|-----------------|
| <input type="checkbox"/>            | Admission Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day baby was admitted to the current episode of care.  |                 |
| <input type="checkbox"/>            | Admission Time  | Time baby was admitted to current episode of care (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/>            | Discharge Date – Year   | Year baby was discharged from the current episode of care.   |                 |
| <input type="checkbox"/>            | Discharge Date – Month  | Month baby was discharged from the current episode of care.  |                 |
| <input type="checkbox"/>            | Discharge Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day baby was discharged from the current episode of care.  |                 |
| <input type="checkbox"/>            | Discharge Time  | Time baby was discharged from the current episode of care (i.e., HH:MM:00.0000000).  |                 |
| <input type="checkbox"/>            | Fiscal Year   | The fiscal year during which the baby was discharged (i.e., Apr 1 to Mar 31).  |                 |
| <input type="checkbox"/>            | Length of Stay (Hours)  | Baby's length of stay for admission expressed in hours. Note: Always null for home births.   |                 |
| <input type="checkbox"/>            | Neonatal Intensive Care Unit days (Level II)  | Total number of days baby was in Neonatal Intensive Care Unit Level II. Note: Changes over time to calculation method. Also, documented data quality issues from 2010/11 onwards.  | 2004/05 onwards |
| <input type="checkbox"/>            | Neonatal Intensive Care Unit days (Level III)   | Total number of days baby was in Neonatal Intensive Care Unit Level III. Note: Changes over time to calculation method. Also, documented data quality issues from 2010/11 onwards.   | 2004/05 onwards |
| <input type="checkbox"/>            | Admission weight  | Admission weight in grams.   |                 |
| <input type="checkbox"/>            | Discharge weight  | Baby's weight (in grams) at discharge.   |                 |
| <input checked="" type="checkbox"/> | Gestational age at birth by newborn exam  | Baby's gestational age (in completed weeks) based on care provider's physical assessment and neuromuscular assessment of the newborn at birth. Note: Checked automatically because this field should always be requested when delivery or newborn records requested.               |                 |
| <input checked="" type="checkbox"/> | Gestational age at birth from maternal chart  | Baby's gestational age (in completed weeks) documented by the care provider before delivery, determined by maternal last menstrual period and/or ultrasound. Note: Checked automatically because this field should always be requested when delivery or newborn records requested. |                 |
| <input checked="" type="checkbox"/> | Gestational age at birth, in completed weeks – calculated by algorithm incorporating LNMP, first U/S, newborn examination, and maternal chart     | Gestational age at birth, in completed weeks – calculated by algorithm incorporating LNMP, first U/S, newborn examination, and maternal chart. Note: Checked automatically because this field should always be requested when delivery or newborn records requested.               |                 |
| <input type="checkbox"/>            | Birth length  | Length of baby at birth (in centimeters).  |                 |
| <input type="checkbox"/>            | Birth head circumference  | Head circumference of baby at birth (in centimeters).  |                 |
| <input type="checkbox"/>            | Birth Type  | Identifies birth type for births at or after 20 weeks gestation or weighing at least 500 grams (i.e., stillbirth, live birth).   |                 |
| <input type="checkbox"/>            | Stillbirth timing   | The stage in labour when the stillbirth occurred (e.g., stillbirth after onset of labour, stillbirth prior to onset of labour).  |                 |
| <input type="checkbox"/>            | Vitamin K   | Newborn received vitamin K (i.e., Yes, No, Unknown).   | 2000/01-2007/08 |

## APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> Eye prophylaxis given                               | Baby received erythromycin or other eye prophylaxis (i.e., Yes, No, Unknown).  | 2000/01-2007/08 |
| <input type="checkbox"/> Breastfeeding at discharge                          | Indicates if mother is breastfeeding the baby at discharge (i.e., Yes, No, Unknown).   | 2000/01-2003/04 |
| <input type="checkbox"/> Newborn feeding                                     | The type of feeding given to the newborn during the entire hospital stay, including discharge (e.g., Exclusive breast milk, breast milk and formula, formula, etc.). | 2004/05-onwards |
| <input type="checkbox"/> Breast feeding initiation                           | Time frame during which breastfeeding first commenced/attempted following delivery, regardless of whether the baby latched.  | 2008/09-onwards |
| <input type="checkbox"/> Health care provider(s) service                     | Provider's specialty service number.   |                 |
| <input type="checkbox"/> Health care provider(s) type                        | Health care provider's role in the care of the baby during episode of care (e.g., most responsible, resident/intern, allied health etc.)                             |                 |
| <input type="checkbox"/> Discharged to                                       | Where the baby was discharged to, or the status of the baby at the time of discharge (e.g., adoption, death/stillbirth, foster home, home, other hospital, unknown). |                 |
| <input type="checkbox"/> 1st temperature within 1st hour after birth         | Value of first temperature taken within the first hour of birth (in Celsius to 1 decimal place).   | 2008/09-onwards |
| <input type="checkbox"/> Surfactant Given                                    | A flag (i.e., Yes, Null) to indicate surfactant administered during hospital admission.  | 2008/09-onwards |
| <input type="checkbox"/> Antibiotics Given                                   | A flag (i.e., Yes, Null) to indicate antibiotics were administered during hospital admission.  | 2008/09-onwards |
| <b>Birth information</b>   |  |                 |
| <input type="checkbox"/> Apgar 1 minute                                      | Apgar score at 1 minute.   |                 |
| <input type="checkbox"/> Apgar 5 minutes                                     | Apgar score at 5 minutes.  |                 |
| <input type="checkbox"/> Apgar 10 minutes                                    | Apgar score at 10 minutes.   |                 |
| <input type="checkbox"/> Meconium thick                                      | A flag (i.e., Yes, Null) to indicate meconium described as thick or particulate at birth.  | 2000/01-2003/04 |
| <input type="checkbox"/> Meconium  | A flag (i.e., Yes, Null) to indicate presence of thick or thin meconium at any time during the intrapartum period, including delivery.                               | 2004/05-onwards |
| <input type="checkbox"/> Drugs for resuscitation / stabilization             | Administration of medication to the newborn for resuscitative/stabilization purposes during the birth episode (i.e., Yes, No, Unknown).                              |                 |
| <input type="checkbox"/> Suction – Perineum                                  | A flag (i.e., Yes, Null) to indicate baby is suctioned at the perineum upon delivery of the head.  | 2000/01-2007/08 |
| <input type="checkbox"/> Suction – Oropharynx                                | A flag (i.e., Yes, Null) to indicate clearing of the newborn's airway at the level of the oropharynx.  |                 |
| <input type="checkbox"/> Suction – Trachea                                   | A flag (i.e., Yes, Null) to indicate clearing of the newborn's airway at the level of the trachea.   |                 |
| <input type="checkbox"/> Suction – Unspecified                               | A flag (i.e., Yes, Null) to indicate clearing of the newborn's airway at an unspecified level.   |                 |
| <input type="checkbox"/> Oxygen for resuscitation                            | A flag (i.e., Yes, Null) to indicate baby received oxygen for immediate resuscitation.   |                 |
| <input type="checkbox"/> Oxygen for resuscitation – Age started              | Age in minutes when oxygen for resuscitation started.  |                 |
| <input type="checkbox"/> Oxygen for resuscitation – Age stopped              | Age in minutes when oxygen for resuscitation ended.  |                 |
| <input type="checkbox"/> Total length of time oxygen given for resuscitation | Total minutes baby received oxygen for immediate resuscitation.  |                 |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> IPPV mask given for resuscitation                         | A flag (i.e., Yes, Null) to indicate newborn received intermittent positive pressure ventilation (IPPV) for immediate resuscitation via mask.                    |                 |
| <input type="checkbox"/> IPPV mask given for resuscitation – Age started           | Age in minutes when intermittent positive pressure ventilation (IPPV) by mask started.   |                 |
| <input type="checkbox"/> IPPV mask given for resuscitation – Age stopped           | Age in minutes when intermittent positive pressure ventilation (IPPV) by mask for resuscitation ended.   |                 |
| <input type="checkbox"/> Total length of time IPPV mask given for resuscitation    | Total minutes baby received intermittent positive pressure ventilation (IPPV) by mask for immediate resuscitation.   |                 |
| <input type="checkbox"/> IPPV ETT given for resuscitation                          | A flag (i.e., Yes, Null) to indicate newborn received intermittent positive pressure ventilation (IPPV) for immediate resuscitation via endotracheal tube (ETT). |                 |
| <input type="checkbox"/> IPPV ETT given for resuscitation – Age started            | Age in minutes when intermittent positive pressure ventilation (IPPV) by endotracheal tube (ETT) started.  |                 |
| <input type="checkbox"/> IPPV ETT given for resuscitation – Age stopped            | Age in minutes when intermittent positive pressure ventilation (IPPV) by endotracheal tube (ETT) for resuscitation ended   |                 |
| <input type="checkbox"/> Total length of time IPPV ETT given for resuscitation     | Total minutes baby received intermittent positive pressure ventilation (IPPV) by endotracheal tube (ETT) for immediate resuscitation.                            |                 |
| <input type="checkbox"/> Chest compressions given for resuscitation                | A flag (i.e., Yes, Null) to indicate baby received chest compressions for immediate resuscitation.   |                 |
| <input type="checkbox"/> Chest compressions given for resuscitation – Age Started  | Age in minutes when chest compressions for resuscitation started   |                 |
| <input type="checkbox"/> Chest compressions given for resuscitation – Age Stopped  | Age in minutes when chest compressions for resuscitation ended   |                 |
| <input type="checkbox"/> Total length of time compressions given for resuscitation | Total minutes baby received chest compressions for immediate resuscitation.  |                 |
| <input type="checkbox"/> Total ventilator days                                     | Total number of days (in whole numbers) baby was on a ventilator.  |                 |
| <input type="checkbox"/> Total CPAP days   | Total number of days (in whole numbers) baby was on Continuous Positive Airway Pressure (CPAP).  | 2008/09-onwards |
| <input type="checkbox"/> Total oxygen days   | Total number of days (in whole numbers) baby received continuous oxygen therapy or nasal prongs.   |                 |
| <input type="checkbox"/> Total TPN days  | Total number of days (in whole numbers) the baby received any total parenteral nutrition (TPN).  |                 |
| <input type="checkbox"/> Cord arterial gases pH                                    | pH value of cord arterial blood gases, obtained from the umbilical artery.   |                 |
| <input type="checkbox"/> Cord arterial gases base excess/deficit                   | Base excess (+) or deficit (-) value of the cord arterial blood gases, obtained from the umbilical artery.   |                 |
| <input type="checkbox"/> Positive Blood Culture                                    | A flag (i.e., Yes, Null) to indicate baby's blood culture test results were positive.  | 2008/09-onwards |
| <input type="checkbox"/> Positive blood culture agent – Infectious Agent 1         | Most significant infectious agent causing positive blood culture results in the baby.  | 2008/09-onwards |
| <input type="checkbox"/> Positive blood culture agent – Infectious Agent 2         | Other infectious agent causing positive blood culture results in the baby.   | 2008/09-onwards |
| <input type="checkbox"/> Positive urine culture                                    | A flag (i.e., Yes, Null) to indicate baby's urine culture test results were positive.  | 2008/09-onwards |
| <input type="checkbox"/> Positive urine culture – Infectious Agent 1               | Most significant infectious agent causing positive urine culture results in the baby.  | 2008/09-onwards |
| <input type="checkbox"/> Positive urine culture – Infectious Agent 2               | Other infectious agent causing positive urine culture results in the baby.   | 2008/09-onwards |
| <input type="checkbox"/> Positive other culture                                    | A flag (i.e., Yes, Null) to indicate lab culture test results were positive for the baby (other than blood and urine).   | 2008/09-onwards |
| <input type="checkbox"/> Positive other culture – Infectious Agent 1               | Most significant infectious agent causing other positive culture results in the baby, other than blood and urine.  | 2008/09-onwards |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> Positive other culture – Infectious Agent 2   | Other infectious agent causing other positive culture results in the baby, other than blood and urine.   | 2008/09-onwards |
| <input type="checkbox"/> Main Patient Service  | Categorizes babies according to related diseases, conditions and treatments.   |                 |
| <b>Diagnosis and procedures</b>  |  |                 |
| <input type="checkbox"/> Diagnosis prefix  | Alphanumeric character to further define a diagnosis code.   |                 |
| <input type="checkbox"/> Diagnosis Code – <b>Please list the Diagnostic Codes (ICD-9 and/or ICD-10-CA) that you are requesting:</b>  | Medical diagnostic code reflecting the diagnosis or condition of mother while in hospital. Note: International Classification of Diseases - ICD 9 - Assigned from April 1, 2000 to March 31, 2004. ICD-10-CA - Assigned starting with April 1, 2004 using ICD-10-CA v2003, v2006, v2009, or v2012 (as applicable).                               |                 |
| <input type="checkbox"/> Diagnosis Type  | Diagnosis type corresponding with the diagnosis codes (e.g., most responsible diagnosis, pre-admit comorbidity, secondary diagnosis, etc...)   |                 |
| <input type="checkbox"/> Procedure Code – <b>Please list the Procedure Codes (CCP and/or CCI) that you are requesting:</b>   | Code(s) for procedures performed during the episode of care. Note: Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures - Assigned from April 1, 2000 to March 31, 2004. Canadian Classification of Health Interventions (CCI) - Assigned effective April 1, 2004 using CCI v2003, v2006, v2009, or v2012 (as applicable). |                 |
| <input type="checkbox"/> Procedure status  | Procedure status attribute   | 2004/05-onwards |
| <input type="checkbox"/> Procedure location  | Procedure anatomical location  | 2004/05-onwards |
| <input type="checkbox"/> Procedure extent  | Procedure extent   | 2004/05-onwards |
| <input type="checkbox"/> Procedure Date – Year   | Year of the procedure.   |                 |
| <input type="checkbox"/> Procedure Date – Month  | Month of the procedure.  |                 |
| <input type="checkbox"/> Procedure Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>                   | Day of the procedure.  |                 |
| <input type="checkbox"/> Procedure doctor service  | The procedure provider service.  |                 |
| <input type="checkbox"/> Anesthetic agent for procedure  | Type of anesthesia used for the procedure (e.g., local, epidural, spinal etc.).  |                 |
| <b>Baby Transfer/Readmission Episode of Care Information<br/>(April 1, 2000 to March 31, 2018)</b>   |  |                 |
| <input type="checkbox"/> Place of baby's usual residence – HA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | The Health Authority (HA) of baby's usual residence as determined by resident postal code  |                 |
| <input type="checkbox"/> Place of baby's usual residence – HSDA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | The Health Service Delivery Area (HSDA) of baby's usual residence as determined by resident postal code.   |                 |



APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Place of baby's usual residence – LHA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | The Local Health Area (LHA) of usual baby's residence as determined by resident postal code.                                      |  |
| <input type="checkbox"/> Place of baby's usual residence – FSA – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>  | The first three characters of baby's resident postal code (i.e., Forward Sortation Area).   |  |
| <input type="checkbox"/> Baby Sequence   | The incremental sequence number of babies born from the <i>current</i> pregnancy (e.g. twin A = sequence 1, twin B = sequence 2). |  |
| <input type="checkbox"/> Number of births  | The total number of babies delivered from the current pregnancy.  |  |
| <input type="checkbox"/> Sex   | Biological sex of the newborn.  |  |
| <input type="checkbox"/> Place of admission – <b>Replaced by project-specific identification number</b><br><b>OR</b><br><input type="checkbox"/> Place of admission – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Location where baby received care   |  |
| <input type="checkbox"/> Institution from – <b>Replaced by project-specific identification number</b><br><b>OR</b><br><input type="checkbox"/> Institution from – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>     | Institution from which baby was admitted to the current episode of care.  |  |
| <input type="checkbox"/> Institution To – <b>Replaced by project-specific identification number</b><br><b>OR</b><br><input type="checkbox"/> Institution To – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>         | Institution to which baby was transferred from the current episode of care.   |  |
| <input type="checkbox"/> Admission Date – Year   | Year baby was admitted to the current episode of care.  |  |
| <input type="checkbox"/> Admission Date – Month  | Month baby was admitted to the current episode of care.   |  |
| <input type="checkbox"/> Admission Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | Day baby was admitted to the current episode of care.   |  |
| <input type="checkbox"/> Admission Time  | Time baby was admitted to current episode of care (i.e., HH:MM:00.0000000).   |  |
| <input type="checkbox"/> Discharge Date – Year   | Year baby was discharged from the current episode of care.  |  |
| <input type="checkbox"/> Discharge Date – Month  | Month baby was discharged from the current episode of care.   |  |
| <input type="checkbox"/> Discharge Date – Day – <b>Research rationale describing why this field is required must be supplied before it will be considered for release:</b>   | Day baby was discharged from the current episode of care.   |  |
| <input type="checkbox"/> Discharge Time  | Time baby was discharged from the current episode of care (i.e., HH:MM:00.0000000).   |  |

APPLICATION FOR DATA FOR RESEARCH PURPOSES: BCPDR DATA FIELD CHECKLIST

|  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> Fiscal Year                                       | The fiscal year during which the baby was discharged (i.e., Apr 1 to Mar 31).  |                 |
| <input type="checkbox"/> Length of Stay (Hours)                            | Baby's length of stay for admission expressed in hours.  |                 |
| <input type="checkbox"/> Neonatal Intensive Care Unit days (Level II)      | Total number of days baby was in Neonatal Intensive Care Unit Level II. Note: Changes over time to calculation method. Also, documented data quality issues from 2010/11 onwards.  | 2004/05-onwards |
| <input type="checkbox"/> Neonatal Intensive Care Unit days (Level III)     | Total number of days baby was in Neonatal Intensive Care Unit Level III. Note: Changes over time to calculation method. Also, documented data quality issues from 2010/11 onwards. | 2004/05-onwards |
| <input type="checkbox"/> Admission weight                                  | Admission weight in grams.   |                 |
| <input type="checkbox"/> Discharge weight                                  | Baby's weight (in grams) at discharge.   |                 |
| <input type="checkbox"/> Discharged to                                     | Where the baby was discharged to, or the status of the baby at the time of discharge (i.e., adoption, death/stillbirth, foster home, home, other hospital, unknown).               |                 |
| <input type="checkbox"/> Health care provider(s) service                   | Provider's specialty service number.   |                 |
| <input type="checkbox"/> Health care provider(s) type                      | Health care provider's role in the care of the baby during episode of care (e.g., most responsible, resident/intern, allied health).   |                 |
| <input type="checkbox"/> 1st temperature within 1st hour after birth       | Value of first temperature taken within the first hour of birth (in Celsius to 1 decimal place).   | 2008/09-onwards |
| <input type="checkbox"/> Surfactant Given                                  | A flag (i.e., Yes, Null) to indicate surfactant administered during hospital admission.  | 2008/09-onwards |
| <input type="checkbox"/> Antibiotics Given                                 | A flag (i.e., Yes, Null) to indicate antibiotics were administered during hospital admission.  | 2008/09-onwards |
| <input type="checkbox"/> Total ventilator days                             | Total number of days (in whole numbers) baby was on a ventilator.  |                 |
| <input type="checkbox"/> Total CPAP days                                   | Total number of days (in whole numbers) baby was on Continuous Positive Airway Pressure (CPAP).  | 2008/09-onwards |
| <input type="checkbox"/> Total oxygen days                                 | Total number of days (in whole numbers) baby received continuous oxygen therapy or nasal prongs.   |                 |
| <input type="checkbox"/> Total TPN days                                    | Total number of days (in whole numbers) the baby received any total parenteral nutrition (TPN).  |                 |
| <input type="checkbox"/> Positive Blood Culture                            | A flag (i.e., Yes, Null) to indicate baby's blood culture test results were positive.  | 2008/09-onwards |
| <input type="checkbox"/> Positive blood culture agent – Infectious Agent 1 | Most significant infectious agent causing positive blood culture results in the baby.  | 2008/09-onwards |
| <input type="checkbox"/> Positive blood culture agent – Infectious Agent 2 | Other infectious agent causing positive blood culture results in the baby.   | 2008/09-onwards |
| <input type="checkbox"/> Positive urine culture                            | A flag (i.e., Yes, Null) to indicate baby's urine culture test results were positive.  | 2008/09-onwards |
| <input type="checkbox"/> Positive urine culture – Infectious Agent 1       | Most significant infectious agent causing positive urine culture results in the baby.  | 2008/09-onwards |
| <input type="checkbox"/> Positive urine culture – Infectious Agent 2       | Other infectious agent causing positive urine culture results in the baby.   | 2008/09-onwards |
| <input type="checkbox"/> Positive other culture                            | Lab culture test results were positive for the baby (other than blood and urine).  | 2008/09-onwards |
| <input type="checkbox"/> Positive other culture – Infectious Agent 1       | Most significant infectious agent causing other positive culture results in the baby, other than blood and urine.  | 2008/09-onwards |
| <input type="checkbox"/> Positive other culture – Infectious Agent 2       | Other infectious agent causing other positive culture results in the baby, other than blood and urine.   | 2008/09-onwards |
| <input type="checkbox"/> Main Patient Service                              | Categorizes babies according to related diseases, conditions and treatments.   |                 |

| <b>Diagnoses and procedures</b>  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> Diagnosis prefix  | Alphanumeric character to further define a diagnosis code.   |                 |
| <input type="checkbox"/> <b>Diagnosis Code – Please list the Diagnostic Codes (ICD-9 and/or ICD-10-CA) that you are requesting:</b>  | Medical diagnostic code reflecting the diagnosis or condition of mother while in hospital. Note: International Classification of Diseases - ICD 9 - Assigned from April 1, 2000 to March 31, 2004. ICD-10-CA - Assigned effective April 1, 2004 using ICD-10-CA v2003, v2006, v2009, or v2012 (as applicable).                                   |                 |
| <input type="checkbox"/> Diagnosis Type  | Diagnosis type corresponding with the diagnosis codes (e.g., most responsible diagnosis, pre-admit comorbidity, secondary diagnosis, etc...)   |                 |
| <input type="checkbox"/> <b>Procedure Code – Please list the Procedure Codes (CCP and/or CCI) that you are requesting:</b>   | Code(s) for procedures performed during the episode of care. Note: Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures - Assigned from April 1, 2000 to March 31, 2004. Canadian Classification of Health Interventions (CCI) - Assigned effective April 1, 2004 using CCI v2003, v2006, v2009, or v2012 (as applicable). |                 |
| <input type="checkbox"/> Procedure status  | Procedure status attribute   | 2004/05 onwards |
| <input type="checkbox"/> Procedure location  | Procedure anatomical location  | 2004/05 onwards |
| <input type="checkbox"/> Procedure extent  | Procedure extent   | 2004/05 onwards |
| <input type="checkbox"/> Procedure Date – Year   | Year of the procedure.   |                 |
| <input type="checkbox"/> Procedure Date – Month  | Month of the procedure.  |                 |
| <input type="checkbox"/> <b>Procedure Date – Day – Research rationale describing why this field is required must be supplied before it will be considered for release:</b> | Day of the procedure.  |                 |
| <input type="checkbox"/> Procedure doctor service  | The procedure provider service.  |                 |
| <input type="checkbox"/> Anesthetic agent for procedure  | Type of anesthesia used for the procedure (e.g., local, epidural, spinal etc.).  |                 |