









Perinatal Health Report Residents of Northern Health 2015/16

#### **Publication Information**

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### Contents

	Page
General Notes	vi
Section 1: Maternal Health	1
Total Deliveries	2
Deliveries by Resident Health Service Delivery Area	3
Deliveries Within Home Health Authority	4
Deliveries by Parity	5
Average and Median Maternal Age at Delivery by Parity	5
Maternal Age at Delivery	6
Maternal Age at Delivery, Nulliparous Women	7
Maternal Age at Delivery, Parous Women	8
Antenatal Care Visits	9
Pre-Pregnancy Body Mass Index (BMI)	10
Appropriate Weight Gain During Pregnancy by Pre-Pregnancy Body Mass Index (BMI)	11
Hypertensive Disorders of Pregnancy	12
Diabetes Mellitus in Pregnancy	13
Substance Use During Pregnancy	14
Cigarette Use at Any Time During Pregnancy by Maternal Age	15
Cigarette Use at Any Time During Pregnancy by Parity	16
Maternal Screening Tests	17
Offer of Maternal Serum Screening by Maternal Age	18
Uptake of Prenatal Genetic Screening by Maternal Age	19
Types of Down Syndrome Screening Performed by Maternal Age	20
Use of Artificial Reproductive Technology by Plurality	21
Use of Artificial Reproductive Technology, Nulliparous Women by Age	22
Section 2: Labour and Delivery	23
Labour Augmentation	24
Method of Labour Augmentation	25
Labour Induction	26
Method of Labour Induction	27
Primary Indication for Labour Induction	28
Method of Fetal Surveillance During Labour	29
Vaginal Delivery	30
Vaginal Delivery by Maternal Age	31
Type of Vaginal Delivery	32

	Page
Perineal Trauma	33
Cesarean Delivery	34
Cesarean Delivery by Maternal Age	35
Type of Cesarean Delivery	36
Primary Indication for Cesarean Delivery	37
Vaginal Birth After Cesarean (VBAC)	38
Anesthesia or Analgesia During Labour and Delivery, Vaginal Deliveries	39
Anesthesia or Analgesia During Labour and Delivery, Cesarean Deliveries with Labour	40
Epidural Anesthesia or Analgesia During Labour and Delivery by Parity	41
Delivery Provider	42
Deliveries with Midwifery-Involved Care	43
Deliveries at Home with a Registered Midwife	44
Length of Stay (Hours) for the Delivery Episode of Care (Antepartum, Postpartum, and Total) by Mode of Delivery	45
Maternal Morbidity	46
Adverse Outcome of Labour or Delivery	47
Maternal Hospital Transfers	48
Post-Delivery Admissions	49
ection 3: Newborn Health	50
Total Births	51
Total Births by Resident Health Service Delivery Area	52
Births Part of a Multiple Gestation	53
Preterm Birth	54
Low Birthweight Singletons	55
Weight for Gestational Age	56
Newborn Resuscitation by Gestational Age	57
Birth Injury by Mode of Delivery	58
Neonatal Morbidity by Gestational Age	59
Type of Neonatal Morbidity	60
Congenital Anomalies	61
Median Length of Stay (Hours) for the Birth Episode of Care by Mode of Delivery	62
Breastfeeding During the Birth Admission	63
Breastfeeding During the Birth Admission by Mode of Delivery	64
Neonatal Intensive Care Use During Birth Episode of Care by Gestational Age	65
Transfer to Another Hospital from the Birth Admission	66

	Page
Transfer to Another Hospital from the Birth Admission, Preterm Births	67
Post-Neonatal Admissions	68
In-Hospital Perinatal Mortality	69
Section 4: 'Normal Labour'	70
Deliveries with 'Normal Labour' by Resident Health Service Delivery Area	71
Cervical Dilation at Admission	72
Labour Augmentation	73
Method of Fetal Surveillance During Labour	74
Anesthesia and Analgesia During Labour and Delivery	75
Median Length of Labour Stages (Hours) by Mode of Delivery	76
Median Length of Stay (Hours) in Acute Care for Delivery Episode of Care by Mode of Delivery	77
Mode of Delivery	77
Primary Indication for Cesarean Delivery	78
Delivery Provider	79
Deliveries with Midwifery-Involved Care	80
Deliveries with 'Normal Childbirth'	81
Newborn Resuscitation	82
Low 5 Minute Apgar Score	83
Weight for Gestational Age	84
Neonatal Intensive Care Use During Birth Episode of Care	85
Definitions	86
Episodes Included in the Perinatal Health Report	98
Detailed Specifications for Selected Variables	100
Gestational Age Algorithm	112

#### **General Notes**

This report is based on delivery, postpartum transfer/readmission, newborn, and newborn transfer/readmission records submitted to Perinatal Services BC's British Columbia Perinatal Data Registry (BCPDR). The registry captures >99% of deliveries and births that occur in the province.

Records used to generate this report meet the following conditions:

- Mother delivery and baby newborn records must be linked. Unlinked mother delivery or newborn records are excluded (<0.2% of babies are not linked to a mother).
- Complete late terminations are excluded from all indicators except the Crude Stillbirth Rate; pregnancies involving selective fetal reduction are retained.
- Mother's delivery record has a discharge date between April 1, 2011 and March 31, 2016.
- Fiscal years begin on April 1 and end on March 31 of the following year. Fiscal year is based on the mother's discharge date from the delivery admission.
- Resident Health Authority was derived by linking the postal code on the mother's delivery record with the September 2016 version of BC Stats' Geocoding Self Service translation file.
- Rates with numerators of 1-4 cases are not reported (NR).

## Terms used in the Perinatal Health Report (see specifications on pages 98 and 99) <u>Delivery Admission</u>

- Record of care provided between admission to acute care and discharge from acute care for delivery of a baby. Woman can be discharged to home or to another hospital. OR
- Record of care provided by a registered midwife for deliveries at home.
  - NOTE: Until March 31, 2014, if a woman who delivered at home with a registered midwife was admitted to acute care within 24 hours of delivery, the acute care admission was her Delivery Admission and the transfer was not recorded. Effective April 1, 2014, all deliveries at home with a registered midwife have home as the location of the Delivery Admission. All admissions to acute care within 42 days, including those within 24 hours of delivery, are counted as Post-Delivery Admissions.

#### Delivery Episode of Care

Total time woman spent in one or more hospitals, beginning from admission to hospital
for delivery of a baby. Includes the Delivery Admission and all acute care episodes
captured in the BCPDR where the woman was discharged from one hospital and
admitted directly to a different hospital.

#### Maternal Admission

 Any record of maternal care received by the BCPDR. Includes deliveries at home with a registered midwife, admissions to acute care for delivery, and postpartum readmissions or transfers within 42 days of delivery.

#### Post-Delivery Admission

- Any record of post-delivery maternal care received by the BCPDR. Includes acute care
  episodes that are transfers from another hospital and admissions from home, up to 42
  days after delivery.
  - NOTE: Until March 31, 2014, if a woman who delivered at home with a registered midwife was admitted to acute care within 24 hours of delivery, the acute care admission was her Delivery Admission and the transfer was not recorded. Effective April 1, 2014, all deliveries at home with a registered midwife have home as the location of the Delivery Admission. All admissions to acute care within 42 days, including those within 24 hours of delivery, are counted as Post-Delivery Admissions.

#### Birth Admission

- Record of care provided between baby's birth and discharge from acute care after birth.
   Baby can be discharged home or to another hospital. OR
- Record of care provided by a registered midwife for births at home.
  - NOTE: Until March 31, 2014, if a baby born at home with a registered midwife was admitted to acute carel within 24 hours birth, the acute care admission was their Birth Admission and the transfer was not recorded. Effective April 1, 2014, babies born at home with a registered midwife have home as the location of the Birth Admission. All admissions to acute care within 28 days, including those within 24 hours of birth, are counted as Post-Neonatal Admissions.

#### Birth Episode of Care

 Total time baby spent in hospital between birth and discharge home. Includes the Birth Admission and all acute care episodes captured in the BCPDR where baby was discharged from one hospital and admitted directly to a different hospital.

#### Baby Admission

Any record of baby care received by the BCPDR. Includes births at home with a
registered midwife, admissions to acute care from birth, neonatal readmissions or
transfers before 28 days of age, and continuous episodes of care (never discharged to
home) from birth up to one year of age.

#### Post-Neonatal Admission

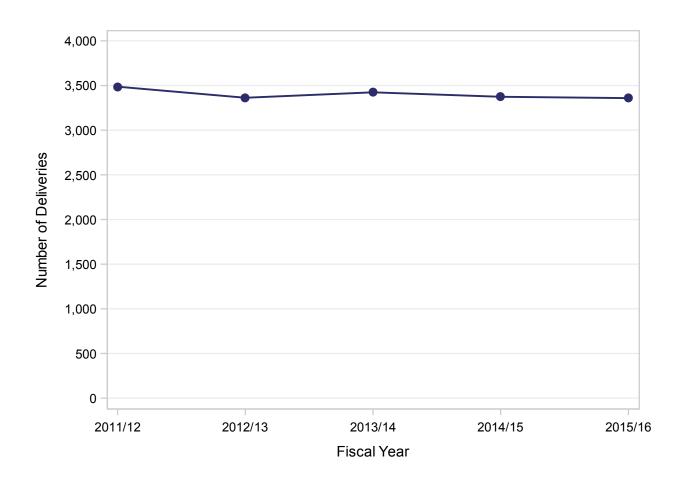
Any record of post-birth baby care received by the BCPDR. Includes acute care
episodes that are transfers from another hospital and admissions from home, up to 28
days after birth.

### Perinatal Health Report 2011/12 to 2015/16 Residents of Northern Health

**Section 1: Maternal Health** 

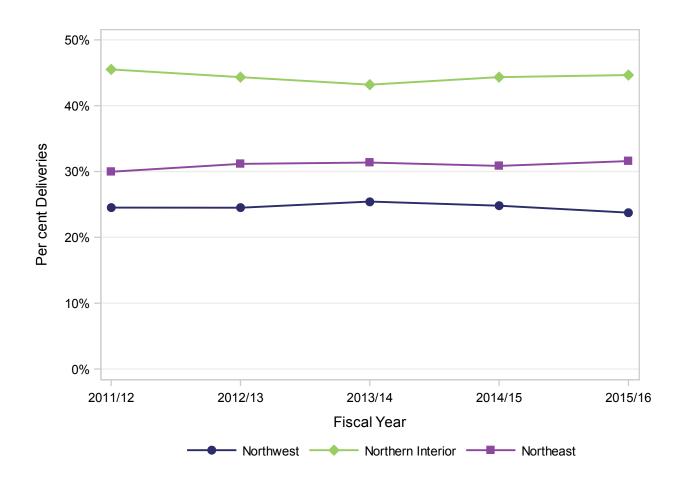
### **Total Deliveries**

Residents of Northern Health: April 1, 2011 - March 31, 2016



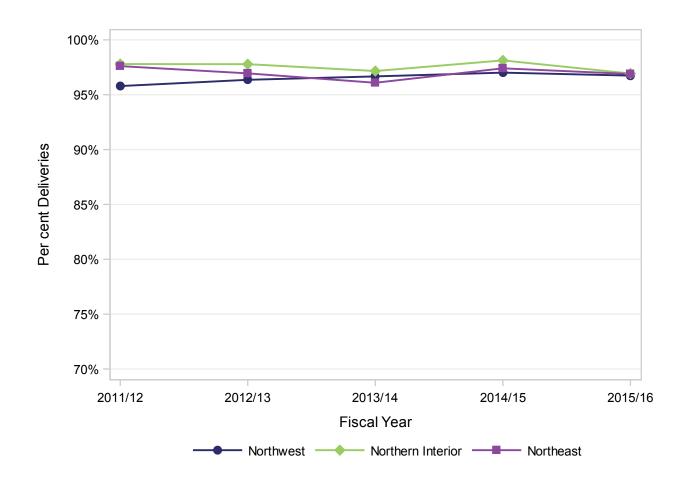
	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Northern Health	3,487	3,363	3,424	3,374	3,359		

# Deliveries by Resident Health Service Delivery Area Residents of Northern Health: April 1, 2011 - March 31, 2016



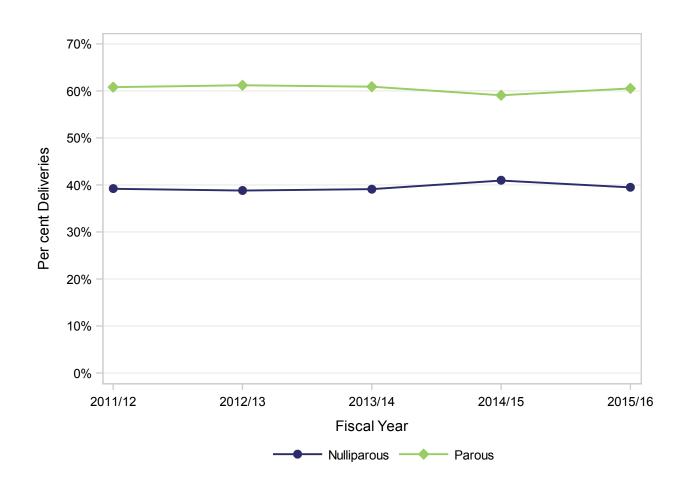
	Fiscal Year									
	2011/12		2011/12 2012/		2013/14		2014/15		2015/16	
Health Service Delivery Area	Count	Per cent	Count	Per cent	Count	Per cent	Count	Per cent	Count	Per cent
Northwest	855	24.5%	824	24.5%	871	25.4%	837	24.8%	798	23.8%
Northern Interior	1,587	45.5%	1,491	44.3%	1,479	43.2%	1,496	44.3%	1,500	44.7%
Northeast	1,045	30.0%	1,048	31.2%	1,074	31.4%	1,041	30.9%	1,061	31.6%

# **Deliveries Within Home Health Authority** Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Health Service Delivery Area	2011/12	2012/13	2013/14	2014/15	2015/16		
Northwest	95.8%	96.4%	96.7%	97.0%	96.7%		
Northern Interior	97.8%	97.8%	97.2%	98.1%	96.9%		
Northeast	97.6%	96.9%	96.1%	97.4%	96.9%		

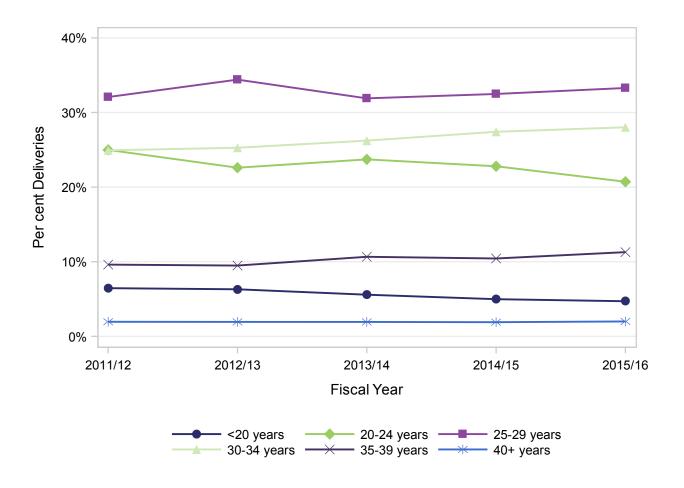
**Deliveries by Parity**Residents of Northern Health: April 1, 2011 - March 31, 2016



# Average and Median Maternal Age at Delivery by Parity

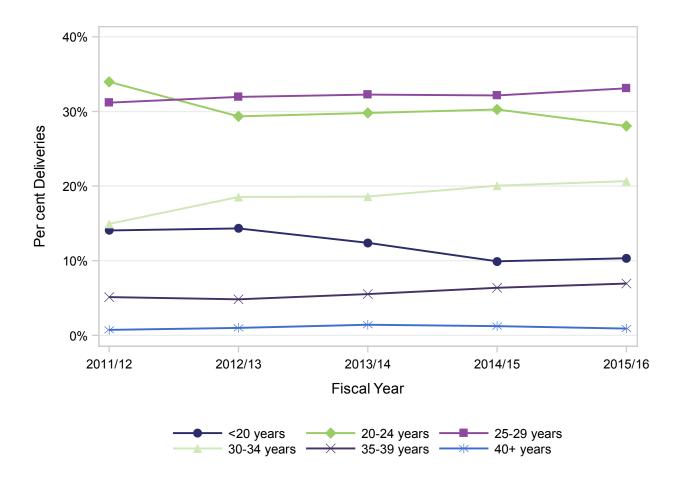
	Fiscal Year									
	2011/12		2011/12 2012/13 2013/		/14 2014/15		2015/16			
Parity	Average	Median	Average	Median	Average	Median	Average	Median	Average	Median
All	28.1	28.0	28.2	28.1	28.4	28.2	28.5	28.6	28.8	28.7
Nulliparous	25.7	25.3	26.1	26.0	26.4	26.2	26.8	26.5	26.9	26.8
Parous	29.6	29.4	29.5	29.3	29.6	29.5	29.7	29.7	30.0	29.9

Maternal Age at Delivery
Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16	
<20 years	6.5%	6.3%	5.6%	5.0%	4.7%	
20-24 years	25.0%	22.6%	23.7%	22.8%	20.7%	
25-29 years	32.1%	34.4%	31.9%	32.5%	33.3%	
30-34 years	24.9%	25.3%	26.2%	27.4%	28.0%	
35-39 years	9.6%	9.5%	10.7%	10.4%	11.3%	
40+ years	2.0%	1.9%	1.9%	1.9%	2.0%	

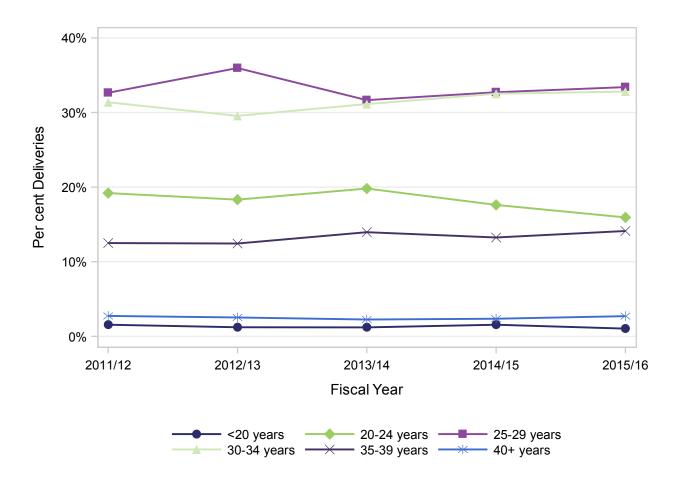
## **Maternal Age at Delivery** Nulliparous Women Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16	
<20 years	14.1%	14.3%	12.4%	9.9%	10.3%	
20-24 years	34.0%	29.3%	29.8%	30.3%	28.1%	
25-29 years	31.2%	32.0%	32.3%	32.2%	33.1%	
30-34 years	14.9%	18.5%	18.6%	20.1%	20.7%	
35-39 years	5.1%	4.8%	5.5%	6.4%	6.9%	
40+ years	0.7%	1.0%	1.4%	1.2%	0.9%	

## Maternal Age at Delivery Parous Women

Residents of Northern Health: April 1, 2011 - March 31, 2016

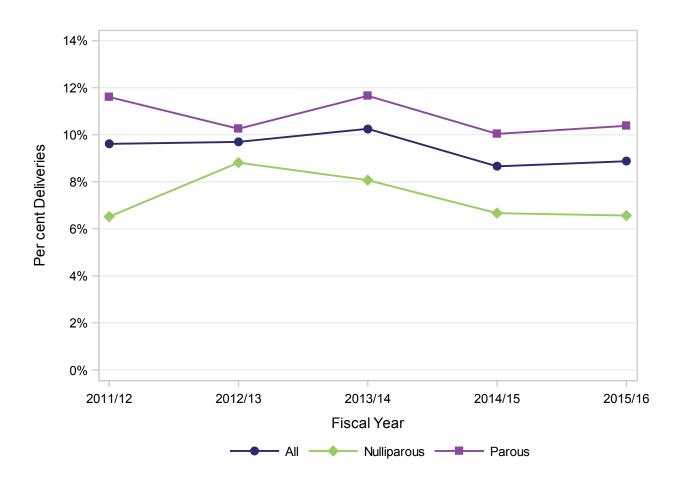


	Fiscal Year					
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16	
<20 years	1.6%	1.2%	1.2%	1.6%	1.0%	
20-24 years	19.2%	18.3%	19.8%	17.6%	15.9%	
25-29 years	32.6%	36.0%	31.7%	32.7%	33.4%	
30-34 years	31.4%	29.5%	31.1%	32.5%	32.8%	
35-39 years	12.5%	12.4%	14.0%	13.2%	14.1%	
40+ years	2.7%	2.5%	2.3%	2.4%	2.7%	

#### **Antenatal Care Visits**

Residents of Northern Health: April 1, 2011 - March 31, 2016

## Deliveries with <5 Antenatal Care Visits by Parity

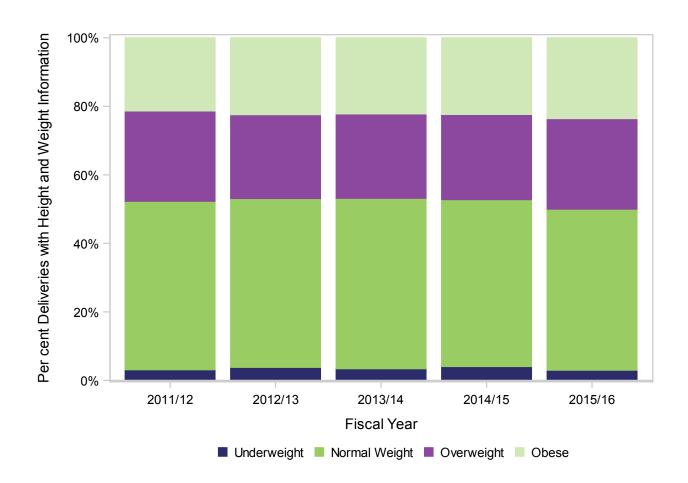


Deliveries with <5 Antenatal Care Visits or Missing Number of Visits

	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
<5 Visits	9.6%	9.7%	10.3%	8.7%	8.9%		
Missing Visits	5.1%	7.9%	9.3%	13.9%	8.5%		

## Pre-Pregnancy Body Mass Index (BMI) Residents of Northern Health: April 1, 2011 - March 31, 2016

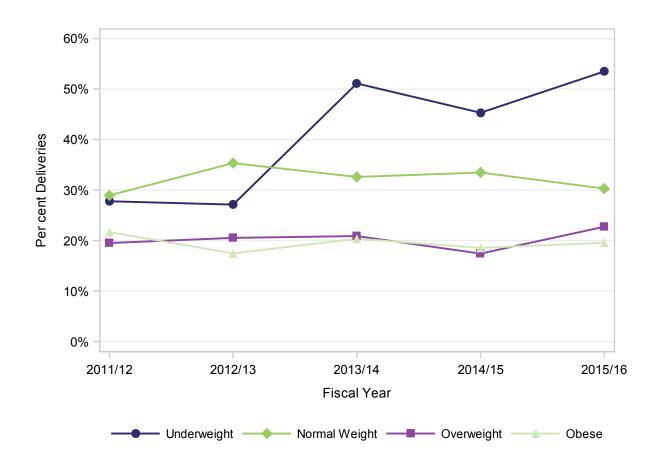
#### Distribution of Pre-Pregnancy BMI Among Deliveries With COMPLETE Height and Weight



#### Distribution of Pre-Pregnancy BMI Among ALL Deliveries

	Fiscal Year						
BMI Category	2011/12	2012/13	2013/14	2014/15	2015/16		
Underweight	1.8%	2.4%	2.2%	2.7%	2.1%		
Normal Weight	28.9%	31.3%	32.6%	32.6%	32.0%		
Overweight	15.5%	15.6%	16.2%	16.6%	18.0%		
Obese	12.5%	14.2%	14.5%	14.9%	16.0%		
BMI Missing	41.3%	36.4%	34.4%	33.1%	31.9%		

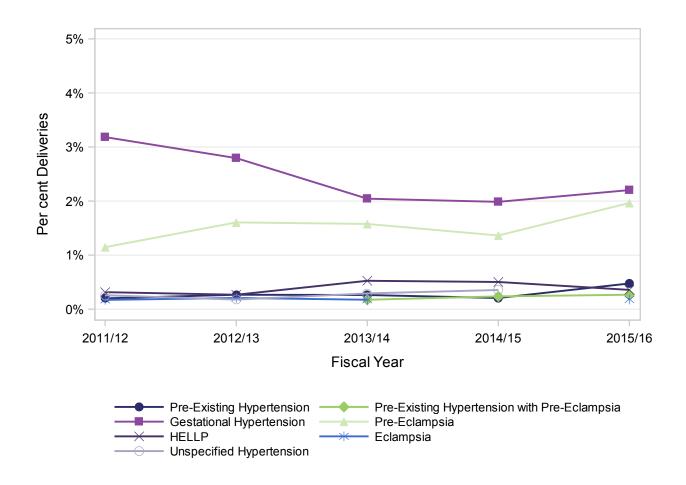
### **Appropriate\* Weight Gain During Pregnancy** by Pre-Pregnancy Body Mass Index (BMI) Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
BMI Category	2011/12	2012/13	2013/14	2014/15	2015/16		
Underweight	27.8%	27.1%	51.1%	45.3%	53.5%		
Normal Weight	28.9%	35.3%	32.6%	33.5%	30.3%		
Overweight	19.5%	20.5%	20.9%	17.4%	22.7%		
Obese	21.7%	17.5%	20.4%	18.5%	19.6%		

<sup>\*</sup> As defined by the Institute of Medicine. Data are limited to deliveries with complete height and weight information (40% of deliveries in 2015/16).

## **Hypertensive Disorders of Pregnancy** Residents of Northern Health: April 1, 2011 - March 31, 2016

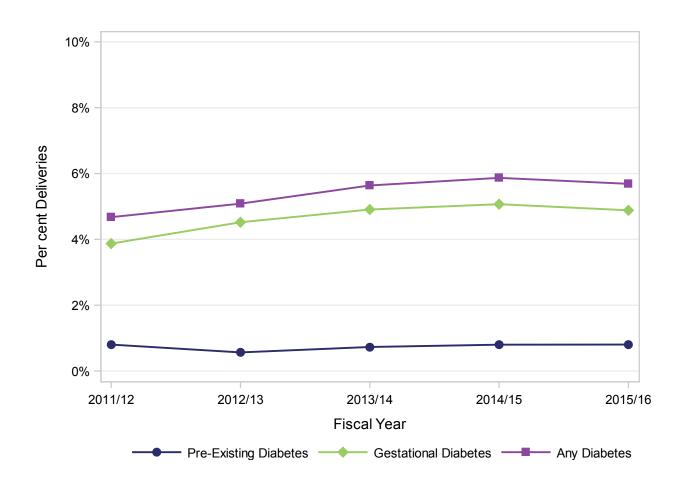


	Fiscal Year					
Type of Hypertension	2011/12	2012/13	2013/14	2014/15	2015/16	
No Hypertension	94.6%	94.6%	94.9%	95.3%	94.4%	
Pre-Existing Hypertension	0.2%	0.3%	0.3%	0.2%	0.5%	
Pre-Existing Hypertension with Pre-Eclampsia	NR	NR	0.2%	0.2%	0.3%	
Gestational Hypertension	3.2%	2.8%	2.0%	2.0%	2.2%	
Pre-Eclampsia	1.1%	1.6%	1.6%	1.4%	2.0%	
HELLP	0.3%	0.3%	0.5%	0.5%	0.4%	
Eclampsia	0.2%	0.2%	0.2%	NR	0.2%	
Unspecified Hypertension	0.3%	0.2%	0.3%	0.4%	NR	

Diagnosis codes for hypertensive disorders of pregnancy, notably gestational hypertension and pre-eclampsia, changed effective April 1, 2012 discharges. This has caused a break in the trend for these two diagnoses.

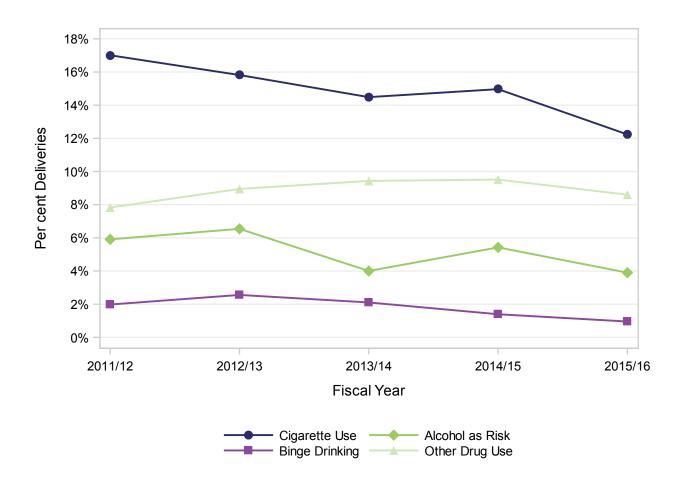
NR: Rates and per cents based on numerators of 1 to 4 are not reported.

## **Diabetes Mellitus in Pregnancy** Residents of Northern Health: April 1, 2011 - March 31, 2016



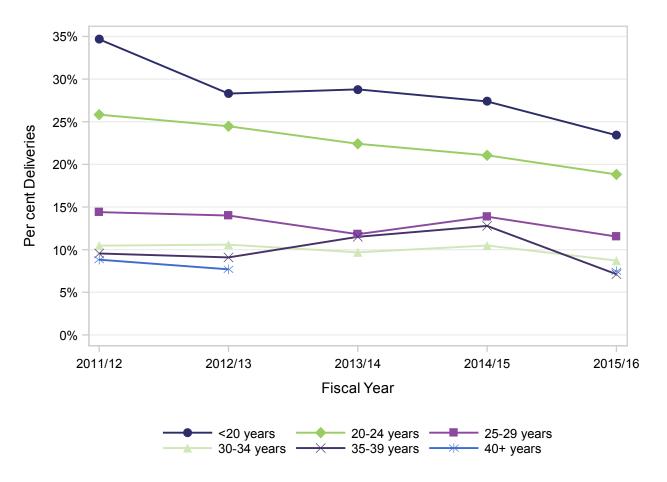
	Fiscal Year						
Type of Diabetes	2011/12	2012/13	2013/14	2014/15	2015/16		
Pre-Existing Diabetes	0.8%	0.6%	0.7%	0.8%	0.8%		
Gestational Diabetes	3.9%	4.5%	4.9%	5.1%	4.9%		
Any Diabetes	4.7%	5.1%	5.6%	5.9%	5.7%		

## Substance Use During Pregnancy Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Substance	2011/12	2012/13	2013/14	2014/15	2015/16		
Cigarette Use	17.0%	15.8%	14.5%	15.0%	12.2%		
Alcohol as Risk	5.9%	6.5%	4.0%	5.4%	3.9%		
Binge Drinking	2.0%	2.6%	2.1%	1.4%	1.0%		
Other Drug Use	7.8%	9.0%	9.4%	9.5%	8.6%		

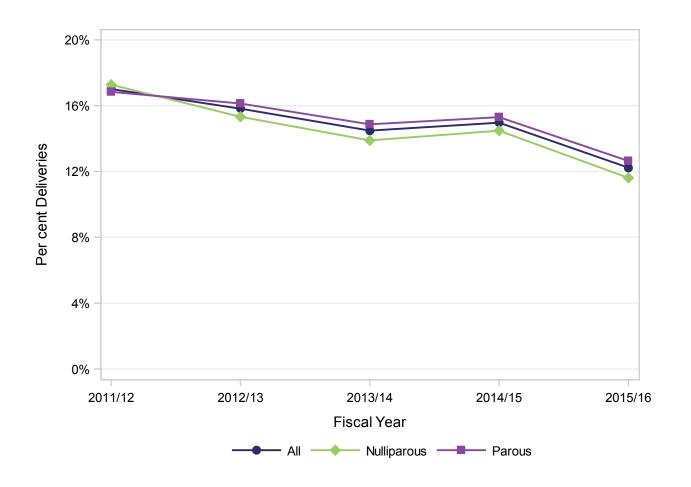
## **Cigarette Use at Any Time During Pregnancy** by Maternal Age Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16	
<20 years	34.7%	28.3%	28.8%	27.4%	23.4%	
20-24 years	25.8%	24.5%	22.4%	21.1%	18.8%	
25-29 years	14.4%	14.0%	11.8%	13.9%	11.5%	
30-34 years	10.5%	10.6%	9.7%	10.5%	8.7%	
35-39 years	9.6%	9.1%	11.5%	12.8%	7.1%	
40+ years	8.8%	7.7%	NR	NR	7.5%	

NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

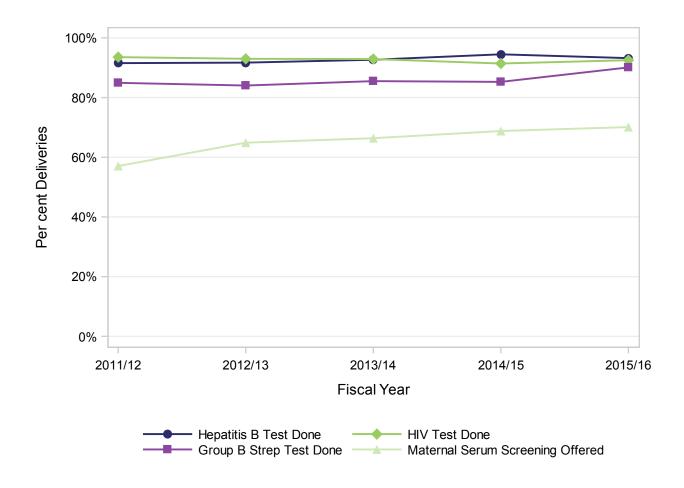
## **Cigarette Use at Any Time During Pregnancy** by Parity Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Parity	2011/12	2012/13	2013/14	2014/15	2015/16		
All	17.0%	15.8%	14.5%	15.0%	12.2%		
Nulliparous	17.3%	15.3%	13.9%	14.5%	11.6%		
Parous	16.8%	16.1%	14.9%	15.3%	12.6%		

### **Maternal Screening Tests**

Residents of Northern Health: April 1, 2011 - March 31, 2016

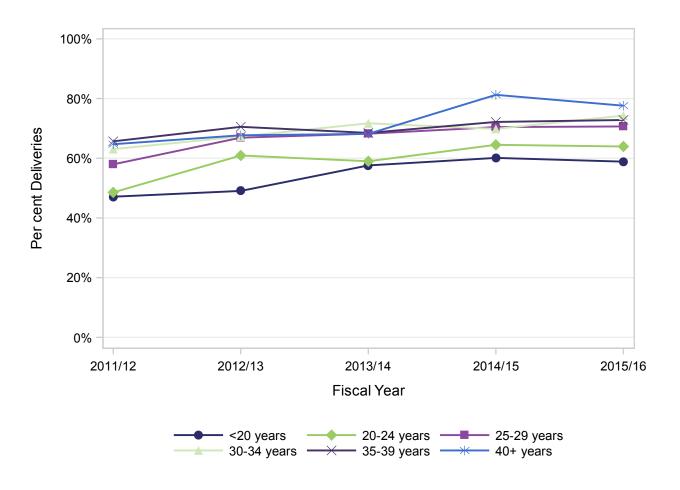


	Fiscal Year						
Type of Screening	2011/12	2012/13	2013/14	2014/15	2015/16		
Hepatitis B Test Done	91.5%	91.7%	92.7%	94.5%	93.2%		
HIV Test Done	93.5%	93.0%	92.9%	91.4%	92.5%		
Group B Strep Test Done	84.9%	84.0%	85.5%	85.3%	90.1%		
Maternal Serum Screening Offered	57.1%	64.9%	66.4%	68.8%	70.1%		

Maternal serum screening refers to screening offered through the BC Prenatal Genetic Screening Program and to privately paid screening tests. Click here for information on the BC Prenatal Genetic Screening Program.

Woman who delivered a baby at 35 weeks gestation or more was screened for Group B Streptococcus. Definitions and specifications begin on Page 86 of this document.

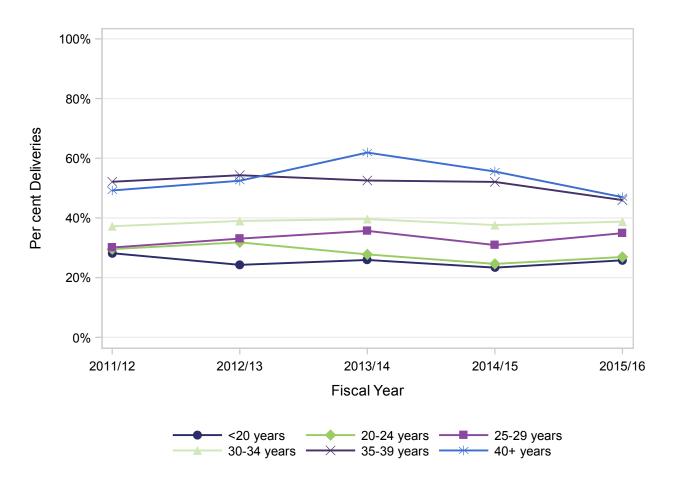
### Offer of Maternal Serum Screening **by Maternal Age**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16		
<20 years	47.1%	49.1%	57.6%	60.1%	58.9%		
20-24 years	48.6%	60.9%	59.0%	64.5%	63.9%		
25-29 years	58.0%	66.9%	68.2%	70.4%	70.7%		
30-34 years	63.1%	67.3%	71.7%	69.8%	74.3%		
35-39 years	65.7%	70.5%	68.5%	72.2%	72.8%		
40+ years	64.7%	67.7%	68.2%	81.3%	77.6%		

Maternal serum screening refers to screening offered through the BC Prenatal Genetic Screening Program and to privately paid screening tests. Click here for information on the BC Prenatal Genetic Screening Program.

### **Uptake of Prenatal Genetic Screening** by Maternal Age Residents of Northern Health: April 1, 2011 - March 31, 2016



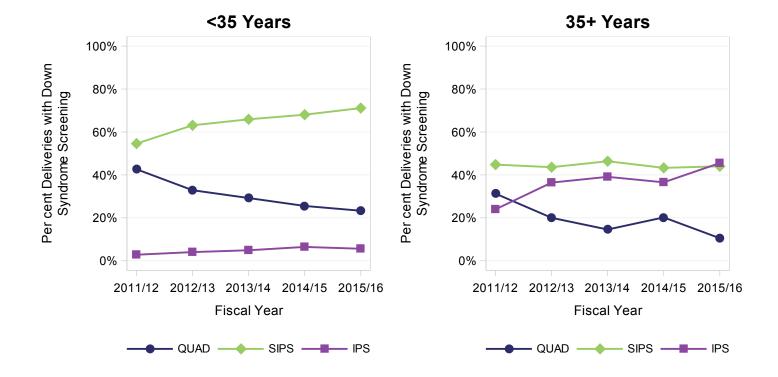
	Fiscal Year						
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16		
<20 years	28.2%	24.3%	25.9%	23.4%	25.8%		
20-24 years	29.6%	31.8%	27.8%	24.6%	26.9%		
25-29 years	30.1%	33.1%	35.7%	30.9%	34.9%		
30-34 years	37.2%	39.0%	39.6%	37.6%	38.8%		
35-39 years	52.1%	54.3%	52.5%	52.1%	46.0%		
40+ years	49.2%	52.5%	61.9%	55.6%	47.0%		

Prenatal Genetic Screening includes blood tests, amniocentesis, or chorionic villus sampling performed as part of the BC Prenatal Genetic Screening Program.

Click here for information on the BC Prenatal Genetic Screening Program.

## Types of Down Syndrome Screening Performed by Maternal Age

Residents of Northern Health: April 1, 2011 - March 31, 2016

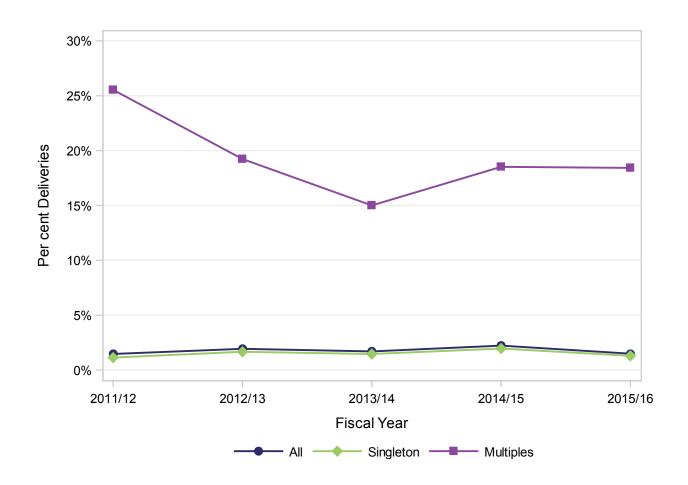


		Fiscal Year					
Maternal Age	Types of Screening	2011/12	2012/13	2013/14	2014/15	2015/16	
<35 years	QUAD	42.6%	32.9%	29.2%	25.5%	23.3%	
	SIPS	54.6%	63.1%	65.9%	68.0%	71.1%	
	IPS	2.8%	4.0%	4.9%	6.4%	5.6%	
35+ years	QUAD	31.3%	20.0%	14.5%	20.2%	10.5%	
	SIPS	44.8%	43.6%	46.4%	43.3%	44.0%	
	IPS	24.0%	36.4%	39.1%	36.5%	45.5%	

QUAD, SIPS, and IPS are publicly funded Down Syndrome screening performed as part of the BC Prenatal Genetic Screening Program. Data are limited to delivereies with Down Syndrome Screening performed (35% of all deliveries in 2015/16).

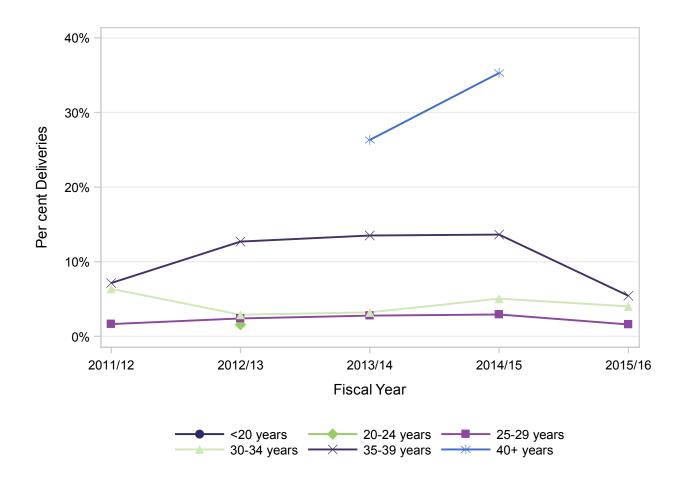
 $\label{lem:click} \mbox{Click here for information on the BC Prenatal Genetic Screening Program}.$ 

# Use of Artificial Reproductive Technology by Plurality Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Plurality	2011/12	2012/13	2013/14	2014/15	2015/16		
All	1.5%	1.9%	1.7%	2.2%	1.5%		
Singleton	1.1%	1.7%	1.5%	2.0%	1.3%		
Multiples	25.5%	19.2%	15.0%	18.5%	18.4%		

### **Use of Artificial Reproductive Technology** Nulliparous Women by Age Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16		
<20 years	NR	NR	NR	NR	NR		
20-24 years	NR	1.6%	NR	NR	NR		
25-29 years	1.6%	2.4%	2.8%	2.9%	1.6%		
30-34 years	6.4%	2.9%	3.2%	5.1%	4.0%		
35-39 years	7.1%	12.7%	13.5%	13.6%	5.4%		
40+ years	NR	NR	26.3%	35.3%	NR		

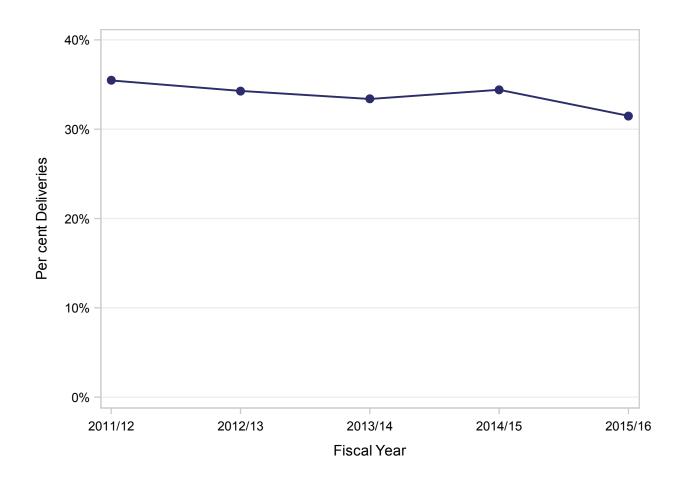
NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

Section 1: Maternal Health.

### Perinatal Health Report 2011/12 to 2015/16 Residents of Northern Health

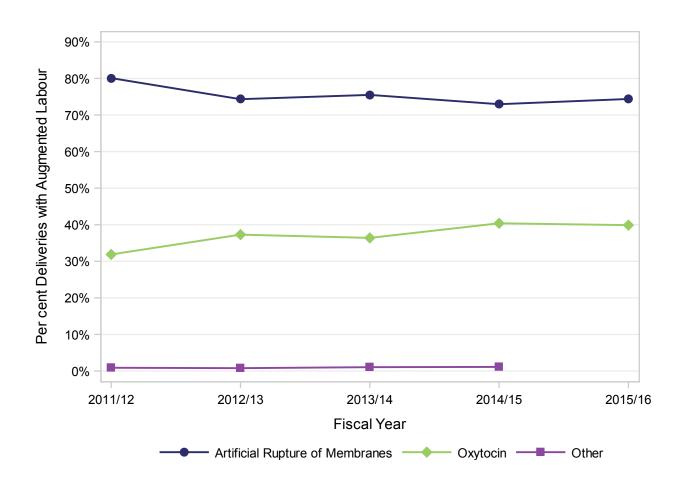
**Section 2: Labour and Delivery** 

**Labour Augmentation**Residents of Northern Health: April 1, 2011 - March 31, 2016



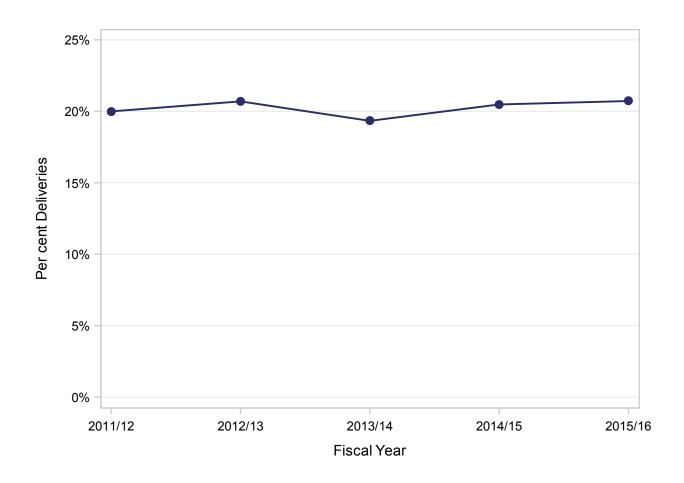
	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Labour Augmentation	35.5%	34.3%	33.4%	34.4%	31.5%		

## Method of Labour Augmentation Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Method of Labour Augmentation	2011/12	2012/13	2013/14	2014/15	2015/16		
Artificial Rupture of Membranes	80.1%	74.3%	75.5%	73.0%	74.4%		
Oxytocin	31.9%	37.3%	36.4%	40.4%	39.9%		
Other	0.9%	0.8%	1.0%	1.1%	NR		

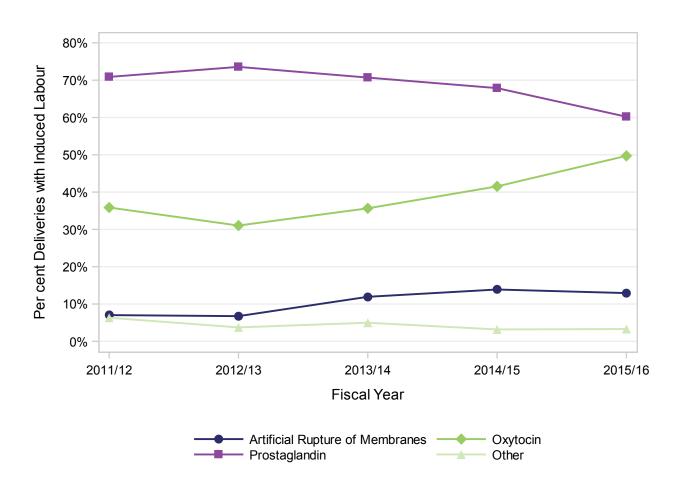
**Labour Induction**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Labour Induction	20.0%	20.7%	19.3%	20.5%	20.7%		

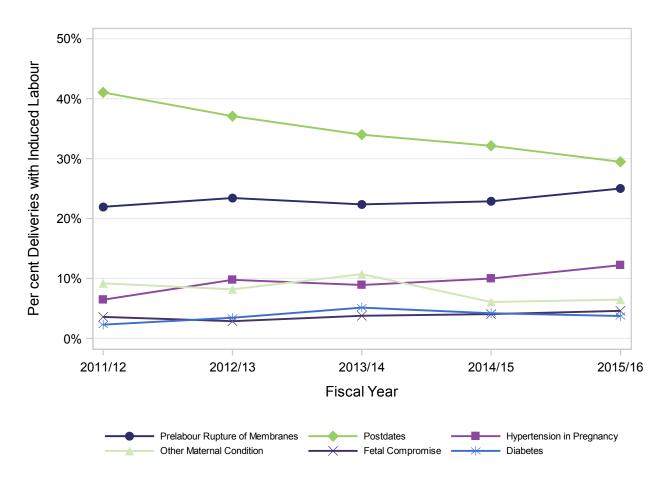
### **Method of Labour Induction**

Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Method of Labour Induction	2011/12	2012/13	2013/14	2014/15	2015/16		
Artificial Rupture of Membranes	7.0%	6.8%	11.9%	13.9%	12.9%		
Oxytocin	35.9%	31.0%	35.6%	41.5%	49.7%		
Prostaglandin	70.9%	73.6%	70.7%	67.9%	60.2%		
Other	6.3%	3.7%	5.0%	3.2%	3.3%		

## **Primary Indication for Labour Induction** Residents of Northern Health: April 1, 2011 - March 31, 2016



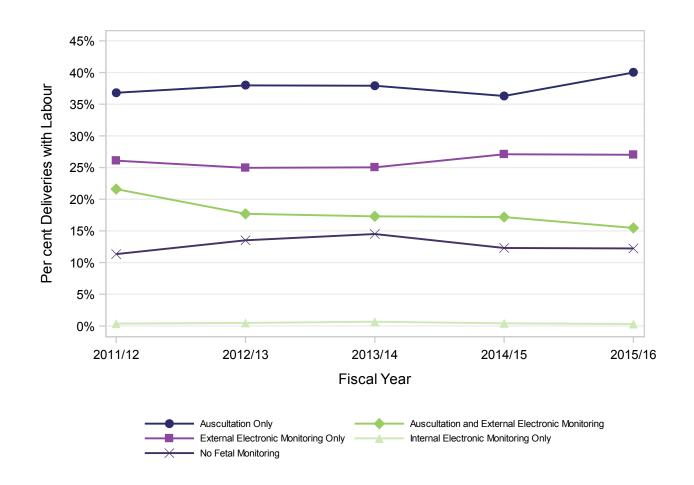
	Fiscal Year						
Primary Indication for Labour Induction	2011/12	2012/13	2013/14	2014/15	2015/16		
Prelabour Rupture of Membranes	22.0%	23.4%	22.4%	22.9%	25.0%		
Post Dates	41.0%	37.1%	34.0%	32.1%	29.5%		
Hypertension in Pregnancy	6.5%	9.8%	8.9%	10.0%	12.2%		
Other Maternal Condition	9.2%	8.2%	10.7%	6.1%	6.5%		
Fetal Compromise	3.6%	2.9%	3.8%	4.1%	4.6%		
Diabetes	2.3%	3.4%	5.1%	4.2%	3.7%		
Fetal Demise	1.4%	1.6%	1.7%	2.3%	1.0%		
Logistics	2.9%	1.4%	1.5%	1.7%	0.9%		
Antepartum Hemorrhage	NR	NR	NR	NR	NR		
Chorioamnionitis	NR	NR	NR	NR	NR		
Other	7.7%	8.5%	8.8%	14.0%	14.9%		
Unknown	2.4%	3.7%	3.2%	2.5%	1.6%		

Selected indications are included in the figure; all indications are included in the table.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

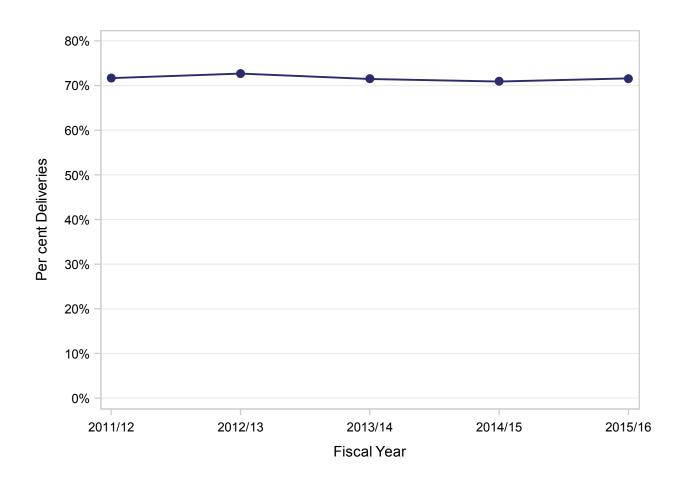
### **Method of Fetal Surveillance During Labour**

Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year				
Method of Fetal Surveillance During Labour	2011/12	2012/13	2013/14	2014/15	2015/16
Auscultation Only	36.8%	38.0%	37.9%	36.3%	40.0%
Auscultation and External Electronic Monitoring	21.6%	17.7%	17.3%	17.2%	15.5%
External Electronic Monitoring Only	26.1%	25.0%	25.0%	27.1%	27.0%
Internal Electronic Monitoring Only	0.4%	0.5%	0.7%	0.4%	0.3%
No Fetal Monitoring	11.3%	13.5%	14.5%	12.3%	12.2%

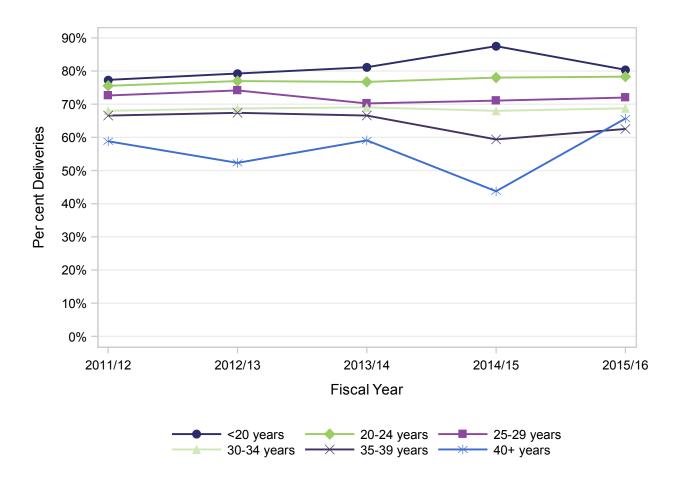
**Vaginal Delivery**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12 2012/13 2013/14 2014/15 2015						
Vaginal Delivery	71.7%	72.7%	71.5%	70.9%	71.6%		

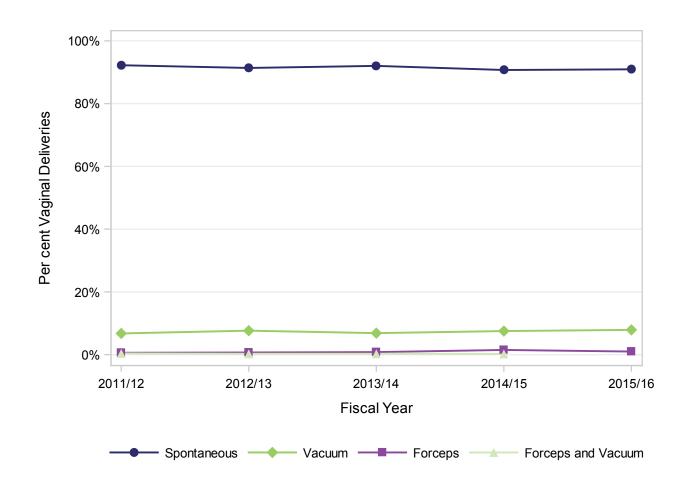
## **Vaginal Delivery**

by Maternal Age
Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16	
<20 years	77.3%	79.2%	81.2%	87.5%	80.4%	
20-24 years	75.5%	77.0%	76.7%	78.0%	78.3%	
25-29 years	72.6%	74.2%	70.2%	71.1%	72.0%	
30-34 years	68.0%	68.7%	69.0%	68.0%	68.8%	
35-39 years	66.6%	67.4%	66.6%	59.4%	62.5%	
40+ years	58.8%	52.3%	59.1%	43.8%	65.7%	

Type of Vaginal Delivery
Residents of Northern Health: April 1, 2011 - March 31, 2016

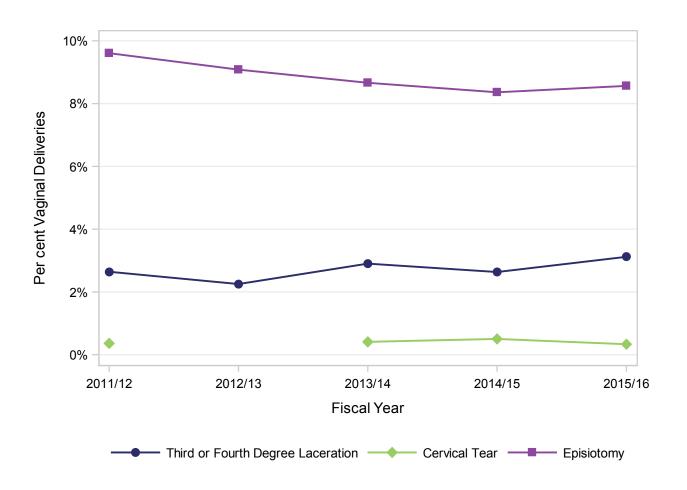


	Fiscal Year						
Type of Vaginal Delivery	2011/12	2012/13	2013/14	2014/15	2015/16		
Spontaneous	92.2%	91.4%	92.0%	90.7%	90.9%		
Vacuum	6.8%	7.7%	6.9%	7.5%	7.9%		
Forceps	0.6%	0.7%	0.8%	1.5%	1.0%		
Forceps and Vacuum	0.4%	0.3%	0.3%	0.3%	NR		

NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

### **Perineal Trauma**

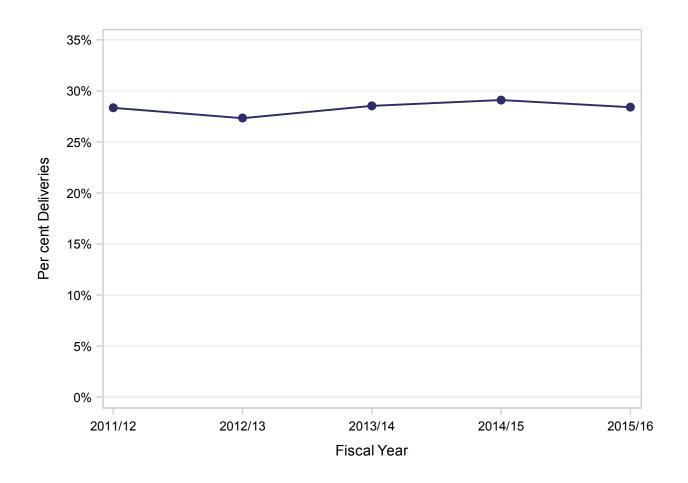
Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Perineal Trauma	2011/12	2012/13	2013/14	2014/15	2015/16	
Third or Fourth Degree Laceration	2.6%	2.3%	2.9%	2.6%	3.1%	
Cervical Tear	0.4%	NR	0.4%	0.5%	0.3%	
Episiotomy	9.6%	9.1%	8.7%	8.4%	8.6%	

NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

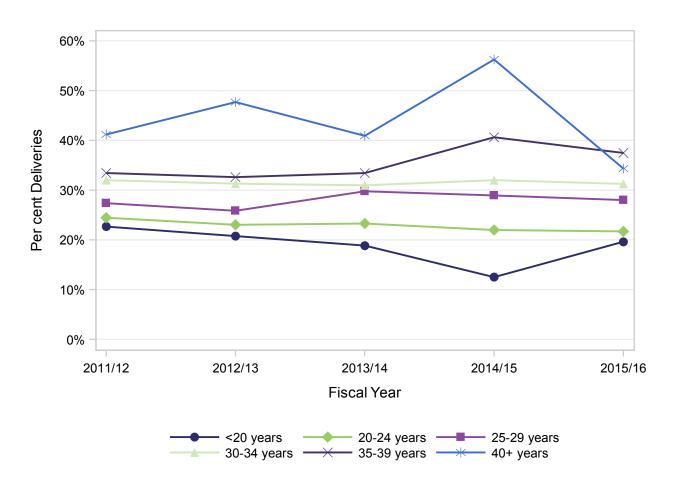
Cesarean Delivery
Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12 2012/13 2013/14 2014/15 201						
Cesarean Delivery	28.3%	27.3%	28.5%	29.1%	28.4%		

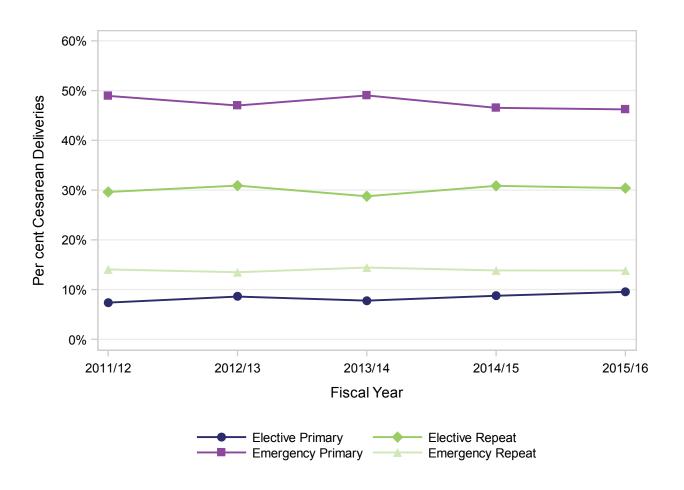
## **Cesarean Delivery**

by Maternal Age
Residents of Northern Health: April 1, 2011 - March 31, 2016



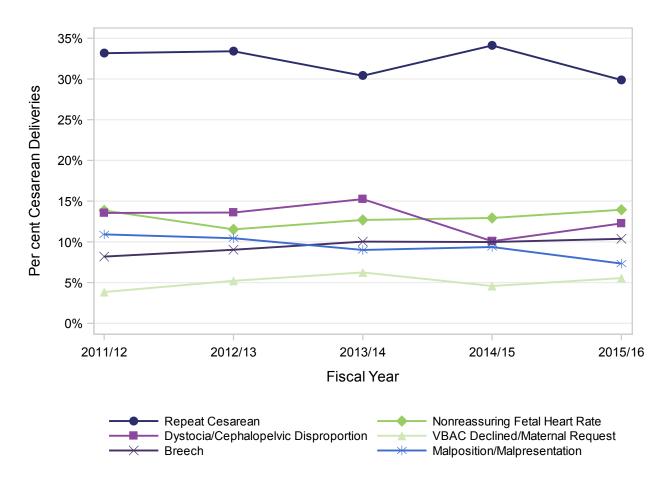
	Fiscal Year					
Maternal Age	2011/12	2012/13	2013/14	2014/15	2015/16	
<20 years	22.7%	20.8%	18.8%	12.5%	19.6%	
20-24 years	24.5%	23.0%	23.3%	22.0%	21.7%	
25-29 years	27.4%	25.8%	29.8%	28.9%	28.0%	
30-34 years	32.0%	31.3%	31.0%	32.0%	31.2%	
35-39 years	33.4%	32.6%	33.4%	40.6%	37.5%	
40+ years	41.2%	47.7%	40.9%	56.3%	34.3%	

Type of Cesarean Delivery
Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Type of Cesarean Delivery	2011/12	2012/13	2013/14	2014/15	2015/16		
Elective Primary	7.4%	8.6%	7.8%	8.8%	9.5%		
Elective Repeat	29.6%	30.9%	28.8%	30.9%	30.4%		
Emergency Primary	48.9%	47.0%	49.0%	46.5%	46.2%		
Emergency Repeat	14.1%	13.5%	14.4%	13.8%	13.8%		

## **Primary Indication for Cesarean Delivery** Residents of Northern Health: April 1, 2011 - March 31, 2016



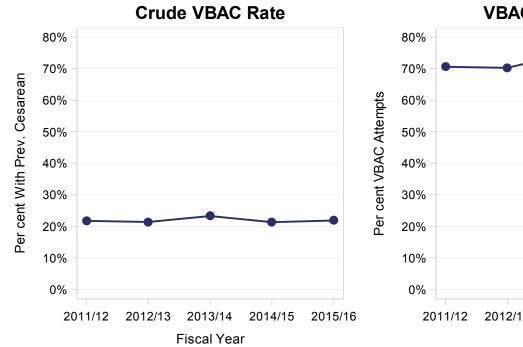
	Fiscal Year						
Primary Indication for Cesarean Delivery	2011/12	2012/13	2013/14	2014/15	2015/16		
Repeat Cesarean	33.2%	33.4%	30.4%	34.1%	29.9%		
Nonreassuring Fetal Heart Rate	13.9%	11.5%	12.7%	12.9%	13.9%		
Dystocia/Cephalopelvic Disproportion	13.5%	13.6%	15.3%	10.1%	12.3%		
VBAC Declined/Maternal Request	3.8%	5.2%	6.2%	4.6%	5.6%		
Breech	8.2%	9.0%	10.0%	10.0%	10.4%		
Malposition/Malpresentation	10.9%	10.4%	9.0%	9.4%	7.3%		
Placenta Previa	1.4%	0.7%	1.2%	1.5%	1.3%		
Abruptio Placenta	1.0%	0.8%	1.0%	1.0%	0.5%		
Active Herpes	NR	NR	1.0%	0.6%	0.7%		
Other	13.8%	14.7%	13.0%	15.8%	18.0%		
Unknown	NR	NR	NR	NR	NR		

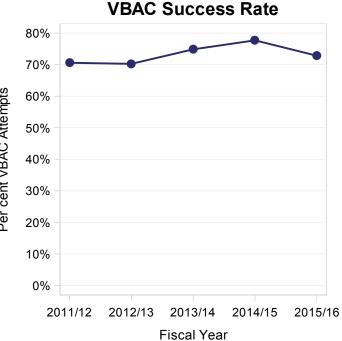
Selected indications are included in the figure; all indications are included in the table.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

### **Vaginal Birth After Cesarean (VBAC)**

Residents of Northern Health: April 1, 2011 - March 31, 2016





### Vaginal Birth After Cesarean (VBAC)

	Fiscal Year							
	2011/12	2012/13	2013/14	2014/15	2015/16			
Crude VBAC Rate	21.7%	21.4%	23.3%	21.3%	21.9%			
VBAC Eligible Rate	73.0%	73.6%	73.3%	81.9%	77.2%			
VBAC Attempted Rate	42.2%	41.4%	41.4%	32.4%	38.8%			
VBAC Success Rate	70.6%	70.3%	74.9%	77.7%	72.8%			

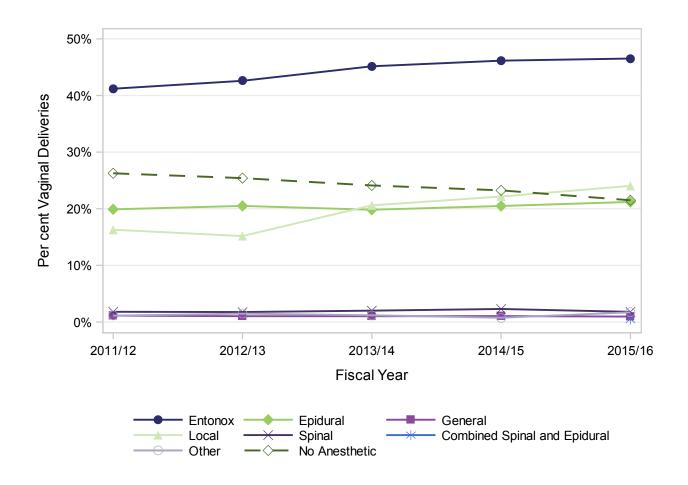
**Crude VBAC Rate:** Total number vaginal deliveries / Women with a previous cesarean **VBAC Eligible Rate:** Women considered eligible for VBAC / Women with a previous cesarean

VBAC Attempted Rate: Women who attempted a VBAC / Women considered eligible for VBAC

VBAC Success Rate: Women with a vaginal delivery / Women who were eligible for and attempted VBAC

## Anesthesia or Analgesia During Labour and Delivery Vaginal Deliveries

Residents of Northern Health: April 1, 2011 - March 31, 2016

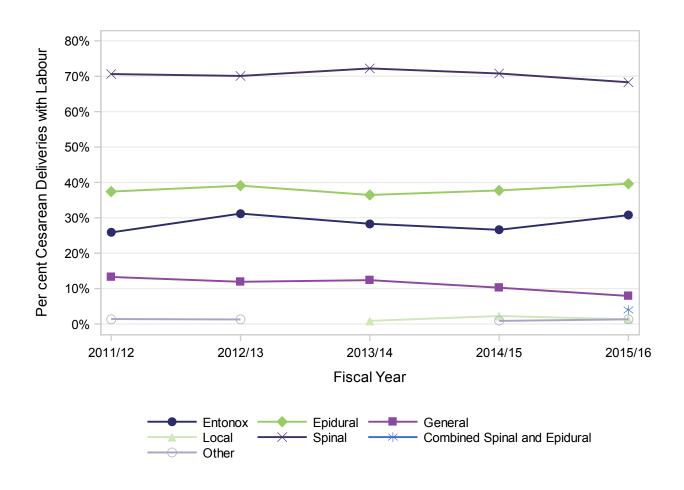


	Fiscal Year					
Anesthesia or Analgesia	2011/12	2012/13	2013/14	2014/15	2015/16	
Entonox	41.2%	42.6%	45.2%	46.2%	46.5%	
Epidural	19.9%	20.5%	19.8%	20.5%	21.2%	
General	1.1%	1.0%	1.0%	1.0%	1.0%	
Local	16.3%	15.2%	20.6%	22.2%	24.0%	
Spinal	1.8%	1.8%	2.0%	2.3%	1.8%	
Combined Spinal and Epidural	-	-	-	-	0.4%	
Other	1.1%	1.5%	1.2%	0.8%	1.7%	
No Anesthetic	26.3%	25.4%	24.1%	23.2%	21.5%	

Effective April 2015, Combined spinal and epidural anaesthetic (CSE) is coded when a combined spinal and epidural are given at the same time. Multiple agents may be used.

## Anesthesia or Analgesia During Labour and Delivery Cesarean Deliveries with Labour

Residents of Northern Health: April 1, 2011 - March 31, 2016

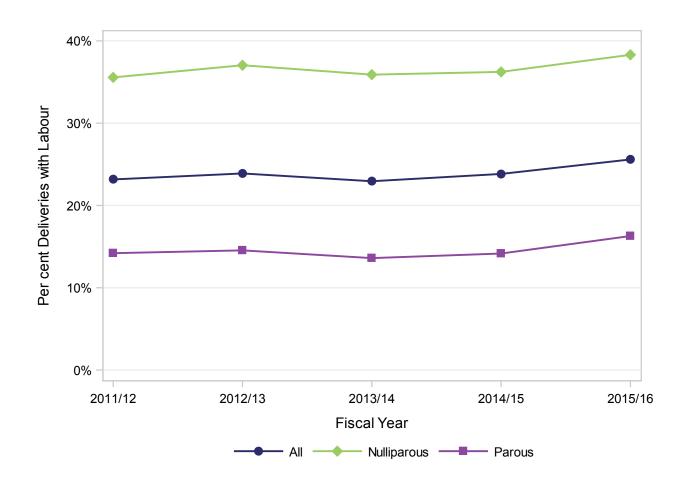


	Fiscal Year					
Anesthesia or Analgesia	2011/12	2012/13	2013/14	2014/15	2015/16	
Entonox	25.9%	31.2%	28.3%	26.6%	30.8%	
Epidural	37.4%	39.1%	36.5%	37.7%	39.6%	
General	13.3%	11.9%	12.4%	10.3%	7.9%	
Local	NR	NR	0.9%	2.3%	1.3%	
Spinal	70.6%	70.1%	72.2%	70.8%	68.3%	
Combined Spinal and Epidural	-	-	-	-	4.0%	
Other	1.4%	1.3%	NR	0.9%	1.3%	

Effective April 2015, Combined spinal and epidural anaesthetic (CSE) is coded when a combined spinal and epidural are given at the same time. Multiple agents may be used.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

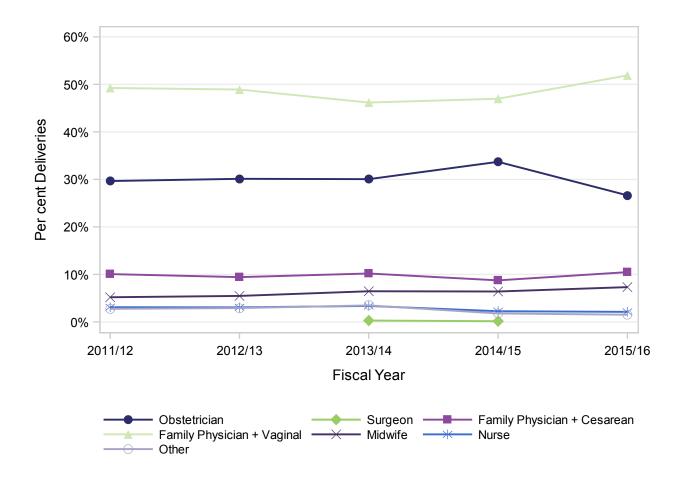
### **Epidural Anesthesia or Analgesia During Labour and Delivery by Parity**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Parity	2011/12	2012/13	2013/14	2014/15	2015/16	
All	23.2%	23.9%	22.9%	23.8%	25.6%	
Nulliparous	35.6%	37.0%	35.9%	36.2%	38.3%	
Parous	14.2%	14.5%	13.6%	14.2%	16.3%	

Effective April 2015, Combined spinal and epidural anaesthetic (CSE) is coded when a combined spinal and epidural are given at the same time. Includes Combined spinal and epidural anaesthetic (CSE).

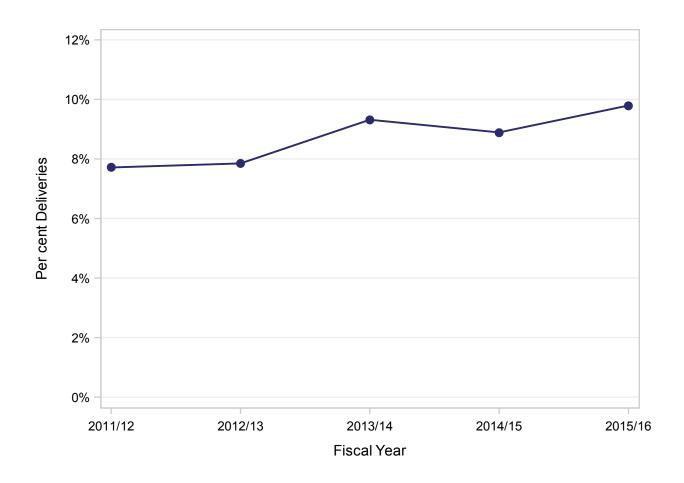
**Delivery Provider**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year							
Delivery Provider	2011/12	2012/13	2013/14	2014/15	2015/16			
Obstetrician	29.7%	30.1%	30.1%	33.7%	26.6%			
Surgeon	NR	NR	0.3%	0.1%	NR			
Family Physician + Cesarean	10.1%	9.4%	10.2%	8.7%	10.5%			
Family Physician + Vaginal	49.2%	48.9%	46.2%	47.0%	51.9%			
Midwife	5.2%	5.5%	6.5%	6.4%	7.3%			
Nurse	3.1%	3.1%	3.4%	2.3%	2.1%			
Other	2.8%	2.9%	3.5%	1.8%	1.5%			

Describes the training of the provider who delivered the baby. This may not be the same type of health care professional who provided antenatal care. NR: Rates and per cents based on numerators of 1 to 4 are not reported.

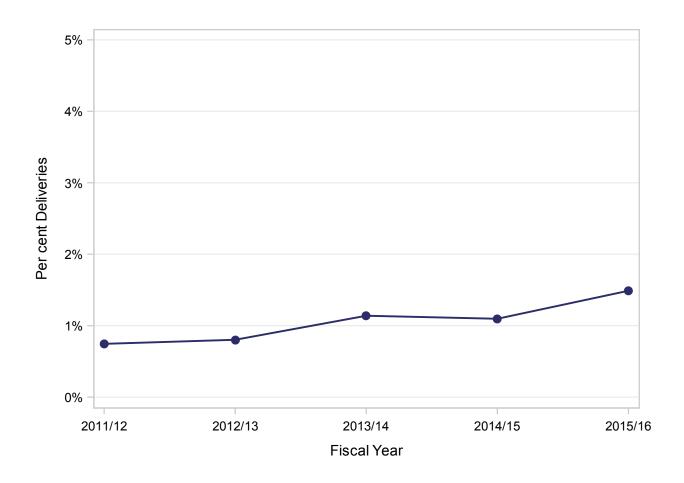
## **Deliveries with Midwifery-Involved Care** Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year							
	2011/12	2012/13	2013/14	2014/15	2015/16			
Deliveries with Midwifery-Involved Care	7.7%	7.9%	9.3%	8.9%	9.8%			

Indicates if a registered midwife was involved at any point in maternal or newborn care. May not be the provider who performs the delivery. Definitions and specifications begin on Page 86 of this document.

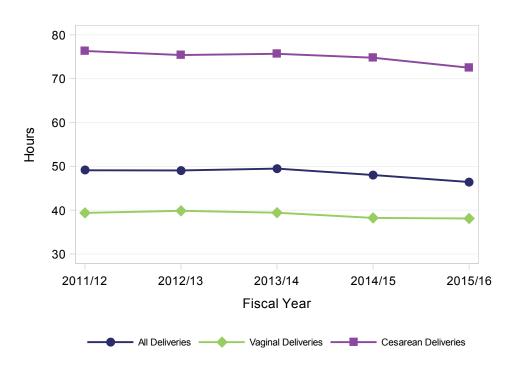
## **Deliveries at Home with a Registered Midwife** Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year							
	2011/12	2012/13	2013/14	2014/15	2015/16			
Deliveries at Home	0.7%	0.8%	1.1%	1.1%	1.5%			

### Length of Stay for the Delivery Episode of Care by Mode of Delivery Residents of Northern Health: April 1, 2011 - March 31, 2016

Median Total Length of Stay (Hours)



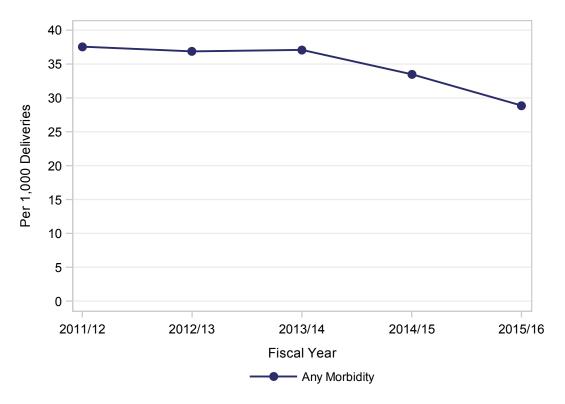
### Median Antepartum, Postpartum, and Total Length of Stay for the Delivery Episode of Care

	Antepartum LOS (Hours)			Po	ostpartı	um LOS (Hours)			Total LOS (Hours)						
		Fis	scal Yea	ır			Fiscal Year				Fiscal Year				
Mode of Delivery	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16
All Deliveries	3.6	3.6	3.5	3.7	3.6	42.3	41.5	42.5	40.9	40.2	49.1	49.1	49.5	48.0	46.4
Vaginal Deliveries	3.5	3.6	3.5	3.7	3.5	35.0	34.9	34.8	33.6	33.6	39.4	39.9	39.4	38.2	38.1
Cesarean Deliveries	3.8	3.5	3.6	3.8	3.7	69.1	66.6	67.1	65.2	63.1	76.3	75.4	75.7	74.8	72.5

Deliveries outside acute care facilities are excluded. Definitions and specifications begin on Page 86 of this document.

### **Maternal Morbidity**

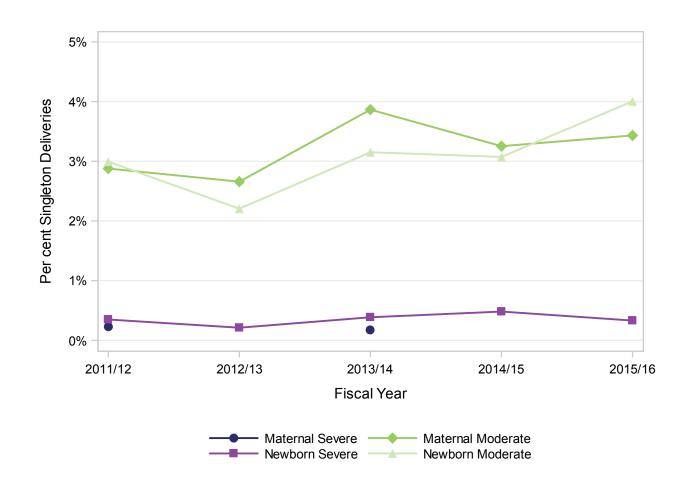
Residents of Northern Health: April 1, 2011 - March 31, 2016



### **Specific Maternal Morbidities**

			Fiscal Year		
	2011/12	2012/13	2013/14	2014/15	2015/16
Type of Morbidity	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000
Liver Complications	5.4	3.6	5.5	5.3	7.7
Postpartum Hemorrhage with Transfusion	7.2	5.4	9.9	6.5	5.7
Urinary Tract Infection	16.6	17.5	9.6	12.7	5.1
Sepsis	2.3	3.6	5.0	5.0	3.6
Wound Infection	4.3	2.7	3.8	4.1	3.6
HELLP	3.2	2.7	5.3	5.0	3.6
Anesthetic Complications	2.6	1.5	1.8	NR	NR
Antepartum Hemorrhage with Transfusion	NR	1.8	2.9	NR	NR
Eclampsia	1.7	2.1	2.0	NR	1.8
Shock	NR	0.0	NR	NR	NR
Pulmonary Embolism	NR	1.5	NR	NR	NR
Postpartum Hemorrhage with Hysterectomy	NR	0.0	0.0	0.0	0.0
Stroke	0.0	NR	0.0	0.0	NR

## Adverse Outcome of Labour or Delivery Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year							
	2011/12	2012/13	2013/14	2014/15	2015/16			
Any Adverse Outcome	6.3%	5.0%	7.3%	6.7%	7.6%			
Maternal Severe Adverse Outcome	0.2%	NR	0.2%	NR	NR			
Maternal Moderate Adverse Outcome	2.9%	2.7%	3.9%	3.3%	3.4%			
Neonatal Severe Adverse Outcome	0.3%	0.2%	0.4%	0.5%	0.3%			
Neonatal Moderate Adverse Outcome	3.0%	2.2%	3.2%	3.1%	4.0%			

NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

Maternal Hospital Transfers
Residents of Northern Health: April 1, 2011 - March 31, 2016

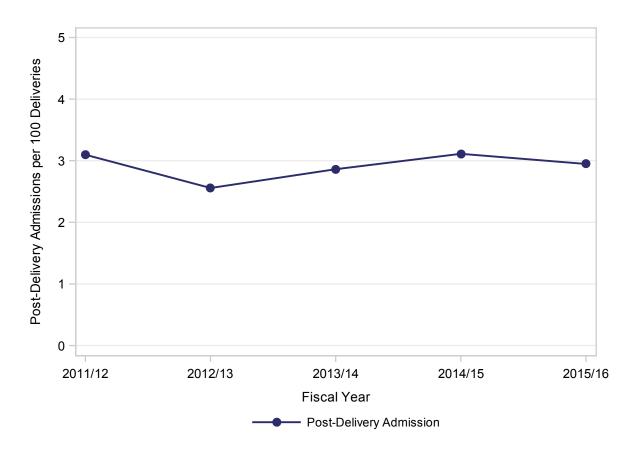


	Fiscal Year							
	2011/12	2012/13	2013/14	2014/15	2015/16			
Type of Transfer	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000			
Any Transfer	18.4	13.7	14.6	18.7	19.1			
Higher Level	13.5	10.4	11.7	14.2	16.1			

Women may be transferred to another hospital for either maternal or neonatal indications.

Includes transfers from an inpatient Delivery Admission directly to another acute care facility. Effective 2014/15 may also include women transferred directly to acute care from a delivery at home.

**Post-Delivery Admissions**Residents of Northern Health: April 1, 2011 - March 31, 2016



### **Leading Diagnoses Associated with Post-Delivery Admissions Per cent Post-Delivery Admissions**

			Fiscal Year		
Most Responsible Diagnosis	2011/12	2012/13	2013/14	2014/15	2015/16
Routine Postpartum Care	30.6%	36.0%	31.6%	41.0%	42.4%
Postpartum Infection	13.9%	16.3%	17.3%	16.2%	16.2%
Postpartum Hemorrhage	10.2%	11.6%	13.3%	13.3%	11.1%
Other Diseases Complicating Pregnancy	7.4%	5.8%	11.2%	4.8%	10.1%
Complications of Anesthesia	NR	0.0%	0.0%	0.0%	0.0%
Other Wound Issues	NR	7.0%	7.1%	4.8%	NR
Hypertension or Eclampsia	7.4%	NR	5.1%	NR	NR
Retained Placenta Without Hemorrhage	NR	NR	NR	NR	NR
Care of Breasts	NR	NR	NR	0.0%	NR
Pregnancy-Associated Mental Health	NR	NR	NR	NR	NR

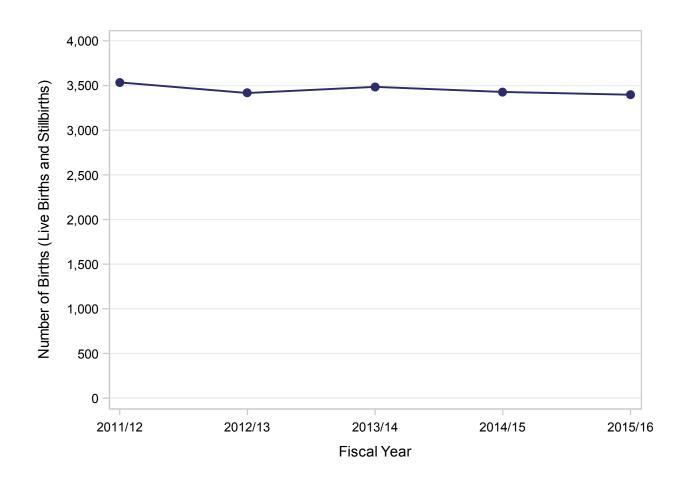
Post-Delivery Admissions include inter-hospital transfers and readmissions from home.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

### Perinatal Health Report 2011/12 to 2015/16 Residents of Northern Health

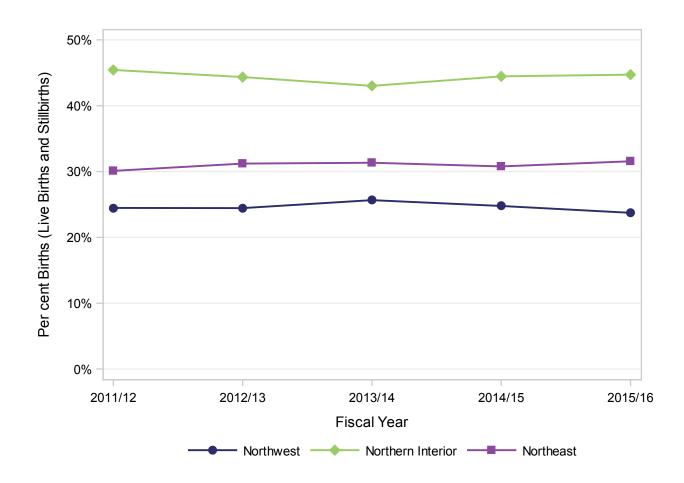
**Section 3: Newborn Health** 

**Total Births**Residents of Northern Health: April 1, 2011 - March 31, 2016



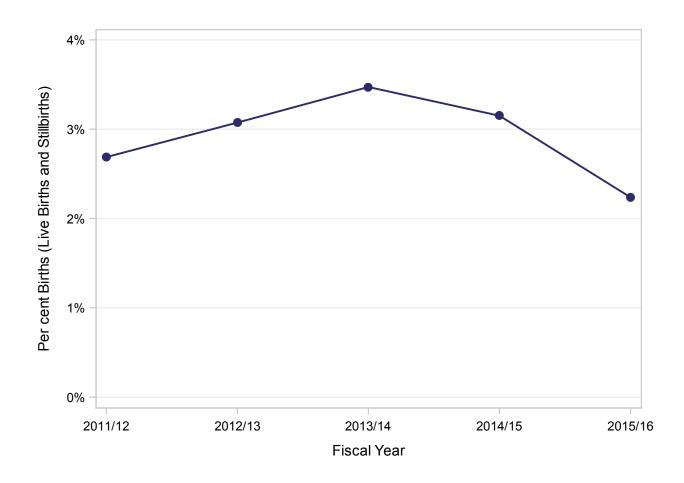
			Fiscal Year		
	2011/12	2012/13	2013/14	2014/15	2015/16
Northern Health	3,535	3,416	3,485	3,428	3,397

## Total Births by Resident Health Service Delivery Area Residents of Northern Health: April 1, 2011 - March 31, 2016



		Fiscal Year									
	201	1/12	201	2012/13 2013/14		2014/15		2015/16			
Health Service Delivery Area	Count	Per cent	Count	Per cent	Count	Per cent	Count	Per cent	Count	Per cent	
Northwest	865	24.5%	835	24.4%	894	25.7%	849	24.8%	806	23.7%	
Northern Interior	1,606	45.4%	1,515	44.4%	1,499	43.0%	1,524	44.5%	1,519	44.7%	
Northeast	1,064	30.1%	1,066	31.2%	1,092	31.3%	1,055	30.8%	1,072	31.6%	

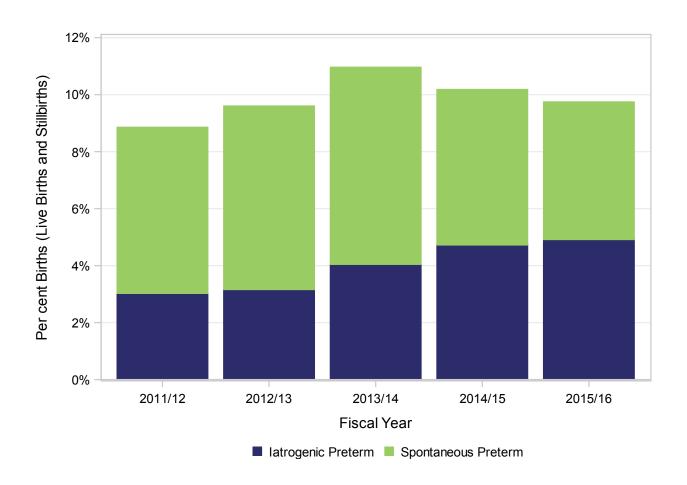
## **Births Part of a Multiple Gestation** Residents of Northern Health: April 1, 2011 - March 31, 2016



			Fiscal Year		
	2011/12	2012/13	2013/14	2014/15	2015/16
Multiple Gestation	2.7%	3.1%	3.5%	3.2%	2.2%

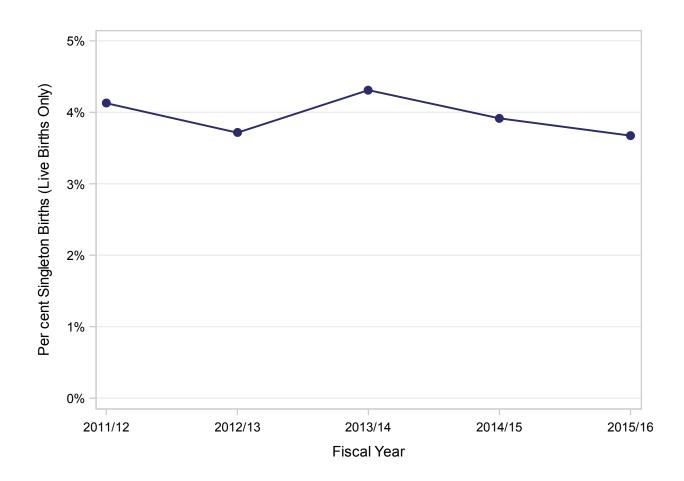
### **Preterm Birth**

Residents of Northern Health: April 1, 2011 - March 31, 2016



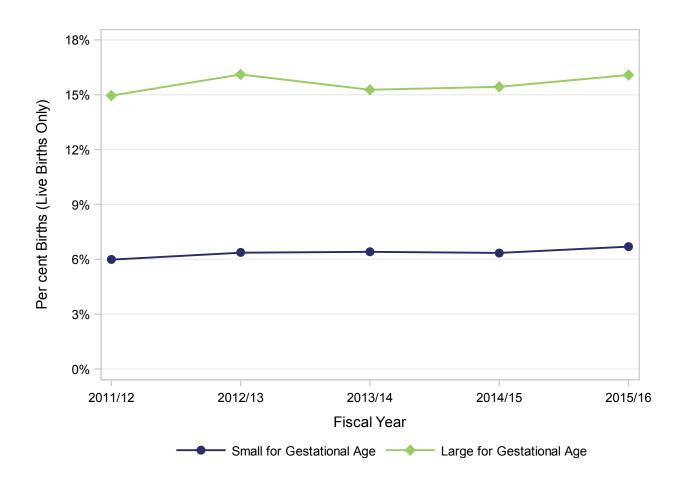
			Fiscal Year		
	2011/12	2012/13	2013/14	2014/15	2015/16
latrogenic Preterm	3.0%	3.2%	4.0%	4.7%	4.9%
Spontaneous Preterm	5.8%	6.4%	6.9%	5.5%	4.8%
Total Preterm	8.9%	9.7%	11.0%	10.2%	9.7%

**Low Birthweight Singletons**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Low Birthweight	4.1%	3.7%	4.3%	3.9%	3.7%		

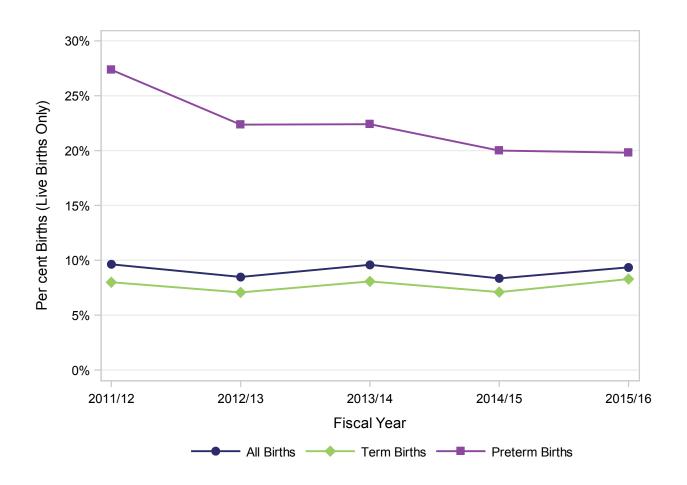
Weight for Gestational Age Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Small for Gestational Age	6.0%	6.4%	6.4%	6.3%	6.7%		
Large for Gestational Age	15.0%	16.1%	15.3%	15.4%	16.1%		

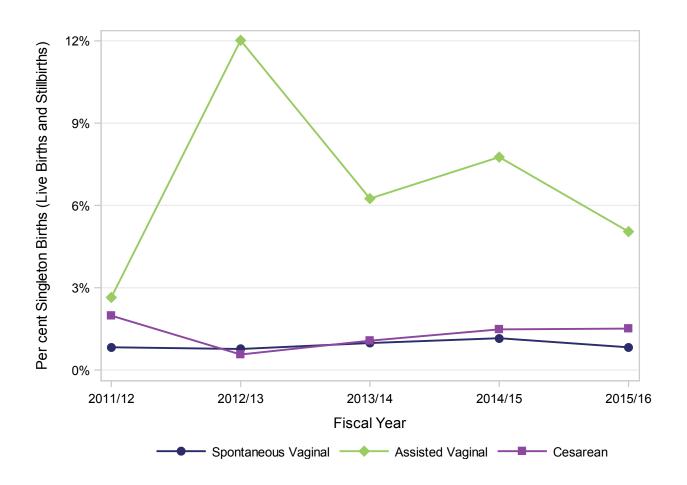
## **Newborn Resuscitation**

**by Gestational Age**Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
Gestational Age	2011/12	2012/13	2013/14	2014/15	2015/16		
All Births	9.5%	8.4%	9.5%	8.3%	9.3%		
Term Births	8.0%	7.0%	8.0%	7.1%	8.3%		
Preterm Births	26.2%	22.6%	21.8%	19.6%	19.5%		

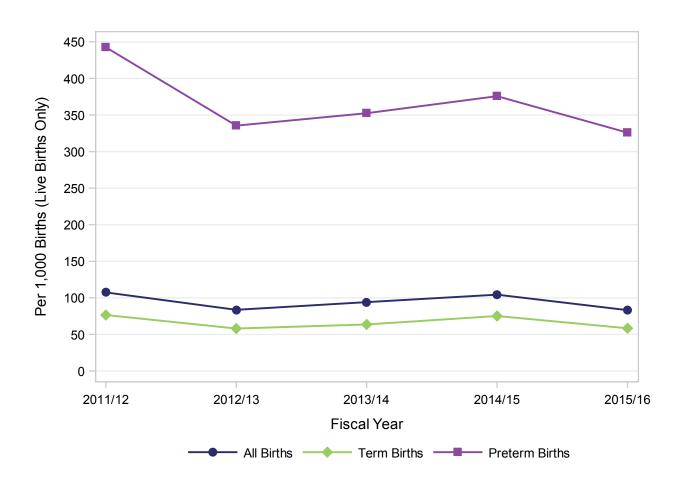
# Birth Injury by Mode of Delivery Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year					
Mode of Delivery	2011/12	2012/13	2013/14	2014/15	2015/16	
Spontaneous Vaginal	0.8%	0.8%	1.0%	1.2%	0.8%	
Assisted Vaginal	2.6%	12.0%	6.3%	7.8%	5.0%	
Cesarean	2.0%	0.6%	1.1%	1.5%	1.5%	

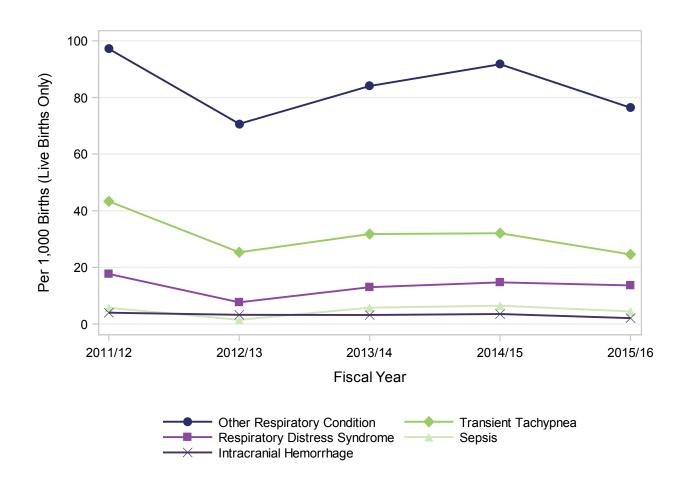
## **Neonatal Morbidity**

by Gestational Age
Residents of Northern Health: April 1, 2011 - March 31, 2016



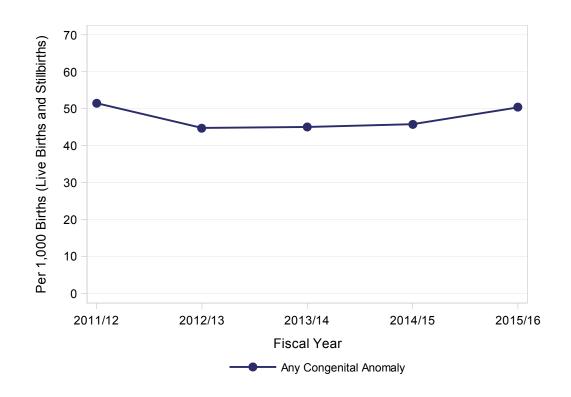
	Fiscal Year						
	2011/12 2012/13 2013/14		2014/15	2015/16			
Gestational Age	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000		
All Births	107.4	83.7	94.2	104.4	83.2		
Term Births	76.6	58.1	63.6	75.2	58.4		
Preterm Births	442.6	335.5	352.5	375.8	325.9		

Type of Neonatal Morbidity
Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Type of Morbidity	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000		
Other Respiratory Condition	97.2	70.7	84.1	91.7	76.4		
Transient Tachypnea	43.3	25.3	31.8	32.0	24.6		
Respiratory Distress Syndrome	17.7	7.7	13.0	14.7	13.6		
Sepsis	5.7	1.5	5.8	6.5	4.4		
Intracranial Hemorrhage	4.0	3.2	3.2	3.5	2.1		

Congenital Anomalies
Residents of Northern Health: April 1, 2011 - March 31, 2016

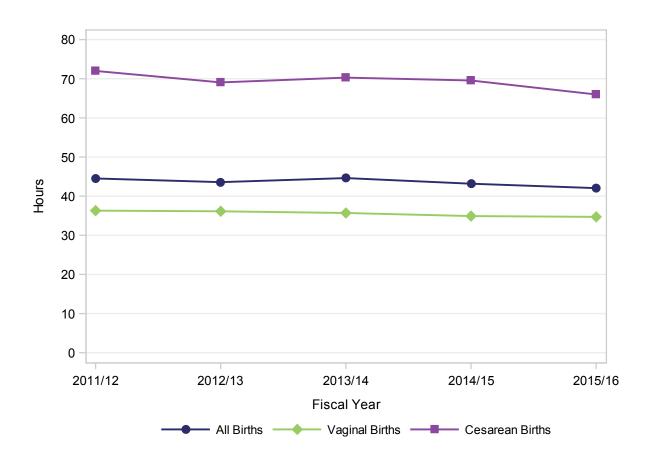


Specific Congenital Anomalies Per 1,000 Live Births and Stillbirths

		Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16			
Type of Congenital Anomaly	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000			
Chromosomal	1.7	1.5	1.4	NR	2.1			
Circulatory System	13.3	7.3	13.5	9.0	10.9			
Cleft Lip or Palate	NR	3.5	2.6	2.0	2.4			
Digestive System	8.5	8.2	7.2	7.9	10.9			
Eye, Ear, Face, or Neck	3.1	1.8	2.0	2.9	2.1			
Genital Organs	6.2	3.2	2.6	7.6	6.8			
Musculoskeletal System	12.4	14.1	12.1	13.1	13.2			
Nervous System	1.7	1.5	2.0	1.5	1.8			
Respiratory System	2.3	NR	NR	1.8	NR			
Urinary System	4.0	4.7	2.6	4.7	5.0			
Other Specific Anomaly	5.1	5.0	5.7	3.2	3.2			

NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

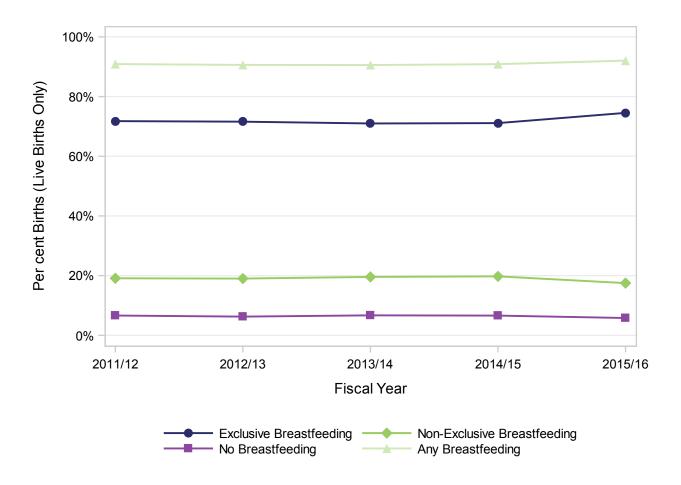
### Median Length of Stay (Hours) for the Birth Episode of Care Live Births by Mode of Delivery Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
All Births	44.5	43.6	44.6	43.2	42.1		
Vaginal Births	36.3	36.1	35.7	34.9	34.7		
Cesarean Births	72.0	69.1	70.3	69.6	66.0		

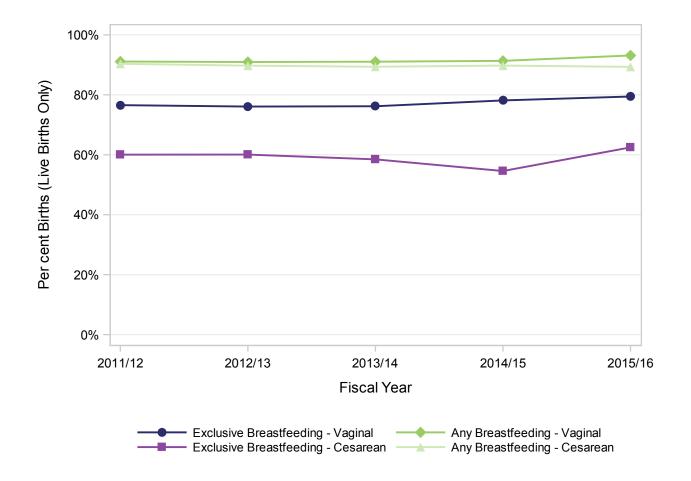
Delivery method is based on maternal information. Multifetal pregnancies where any newborn was born by cesarean are included in the Cesarean births category.

## **Breastfeeding During the Birth Admission** Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Exclusive Breastfeeding	71.8%	71.6%	71.0%	71.1%	74.5%		
Non-Exclusive Breastfeeding	19.1%	19.0%	19.6%	19.8%	17.5%		
No Breastfeeding	6.6%	6.3%	6.7%	6.6%	5.8%		
Any Breastfeeding	90.9%	90.6%	90.6%	90.9%	92.0%		

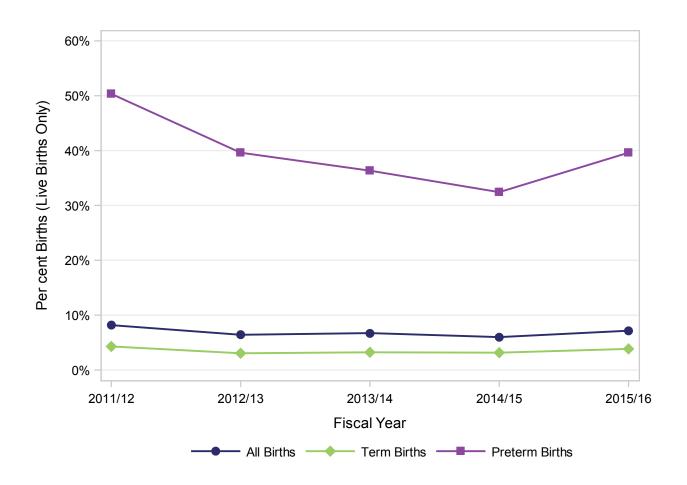
### **Breastfeeding During the Birth Admission** by Mode of Delivery Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
Exclusive Breastfeeding - Vaginal	76.6%	76.1%	76.2%	78.1%	79.4%		
Any Breastfeeding - Vaginal	91.1%	91.0%	91.1%	91.3%	93.1%		
Exclusive Breastfeeding - Cesarean	60.0%	60.1%	58.5%	54.6%	62.5%		
Any Breastfeeding - Cesarean	90.4%	89.7%	89.4%	89.8%	89.3%		

## Neonatal Intensive Care Use During Birth Episode of Care by Gestational Age

Residents of Northern Health: April 1, 2011 - March 31, 2016

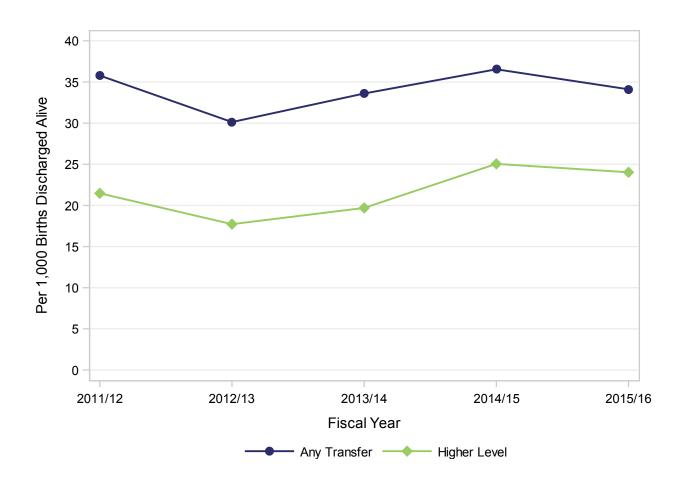


### Median Length of Stay (Days) in Neonatal Intensive Care During Birth Episode of Care by Gestational Age

	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
All Births	10.0	11.5	13.5	11.5	13.0		
Term Births	4.0	4.5	5.0	5.0	6.0		
Preterm Births	26.5	20.5	32.0	21.0	28.5		

NICU days are assigned based on baby's needs as defined by PSBC Neonatal Daily Classification Tool. Click here to access resources on the Neonatal Daily Classification Tool.

# Transfer to Another Hospital from the Birth Admission Residents of Northern Health: April 1, 2011 - March 31, 2016



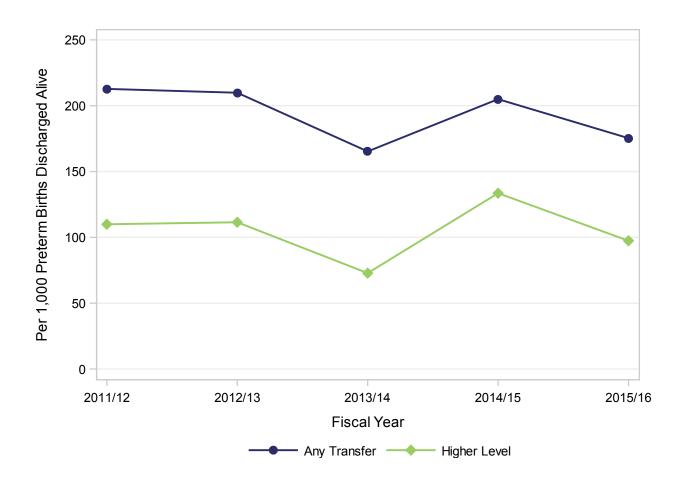
			Fiscal Year		
	2011/12	2012/13	2013/14	2014/15	2015/16
	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000
Any Transfer	35.8	30.1	33.6	36.5	34.1
Higher Level	21.5	17.7	19.7	25.1	24.0

Neonates may be transferred to another hospital for either maternal or neonatal indications.

Includes transfers from an inpatient Birth Admission directly to another acute care facility. Effective 2014/15 may also include neonates transferred directly to acute care from a birth at home.

# Transfer to Another Hospital from the Birth Admission Preterm Births

Residents of Northern Health: April 1, 2011 - March 31, 2016



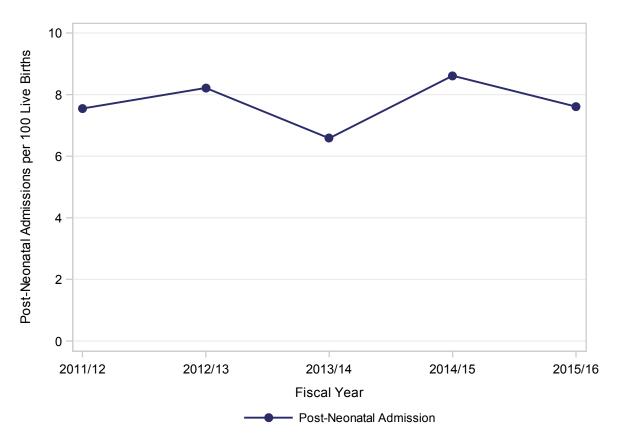
			Fiscal Year		
	2011/12	2012/13	2013/14	2014/15	2015/16
	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000
Any Transfer	212.8	209.8	165.3	205.0	175.3
Higher Level	109.9	111.5	72.8	133.5	97.4

Neonates may be transferred to another hospital for either maternal or neonatal indications.

Includes transfers from an inpatient Birth Admission directly to another acute care facility. Effective 2014/15 may also include neonates transferred directly to acute care from a birth at home.

#### **Post-Neonatal Admissions**

Residents of Northern Health: April 1, 2011 - March 31, 2016



Leading Diagnoses Associated with Post-Neonatal Admissions Per cent Post-Neonatal Admissions

			Fiscal Year		
Most Responsible Diagnosis	2011/12	2012/13	2013/14	2014/15	2015/16
Jaundice	27.5%	35.5%	23.7%	26.3%	25.7%
Low Birth Weight or Preterm Birth	19.2%	24.0%	19.3%	22.9%	16.3%
Feeding Problems	6.4%	2.9%	4.4%	3.1%	8.2%
Congenital Anomalies	6.0%	7.2%	9.6%	4.8%	5.8%
Respiratory Distress	6.0%	3.6%	5.3%	5.8%	5.1%
Respiratory Infections	4.9%	5.4%	4.8%	6.5%	3.9%
Apnea	3.4%	1.8%	2.6%	NR	2.3%
Isoimmunization	NR	1.8%	NR	1.7%	1.9%
Urinary Tract Infections	NR	NR	NR	2.0%	0.0%
Other Infections	NR	3.2%	3.1%	3.8%	NR

Post-Neonatal Admissions include inter-hospital transfers and readmissions from home.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

## **In-Hospital Perinatal Mortality**

Residents of Northern Health: April 1, 2011 - March 31, 2016

	Fiscal Year						
	2011/12	2012/13	2013/14	2014/15	2015/16		
In-Hospital Perinatal Mortality	per 1,000	per 1,000	per 1,000	per 1,000	per 1,000		
Crude Stillbirth Rate = Total Stillbirths / (Live Births + Stillbirths)	11.3	10.5	12.5	14.2	11.7		
Stillbirth Rate = Stillbirths >=500g / (Live Births + Stillbirths >=500g)	3.7	4.7	4.3	4.1	2.7		
Early Neonatal Mortality Rate = Early Neonatal Deaths / Live Births	4.6	3.5	2.3	3.2	1.5		
Perinatal Mortality Rate = Perinatal Deaths / (Live Births + Stillbirths >=500g)	8.2	8.2	6.6	7.3	4.1		
Late Neonatal Mortality Rate = Late Neonatal Deaths / Live Births	NR	0.0	0.0	1.5	NR		
Total Neonatal Mortality Rate = Total Neonatal Deaths / Live Births	4.8	3.5	2.3	4.7	2.4		
Post-Neonatal Mortality Rate = Post-Neonatal Deaths / Live Births	NR	NR	NR	0.0	NR		
Infant Mortality Rate = Infant Deaths / Live Births	5.1	3.8	3.2	4.7	2.7		

#### **DEFINITIONS:**

**Crude Stillbirths:** Infant born deceased at any birthweight. Includes late pregnancy terminations. **Stillbirths >=500g:** Infant born deceased weighing >=500g. Excludes late pregnancy terminations.

**Early Neonatal Deaths:** Infant born alive died in hospital between 0 and 6 days after birth.

**Perinatal Deaths:** Stillbirths >=500g + early neonatal deaths.

**Late Neonatal Deaths:** Infant born alive died in hospital between 7 and 27 days after birth.

**Total Neonatal Deaths:** Early neonatal deaths + late neonatal deaths.

Post-Neonatal Deaths: Infant born alive died in hospital between 28 and 364 days after birth.

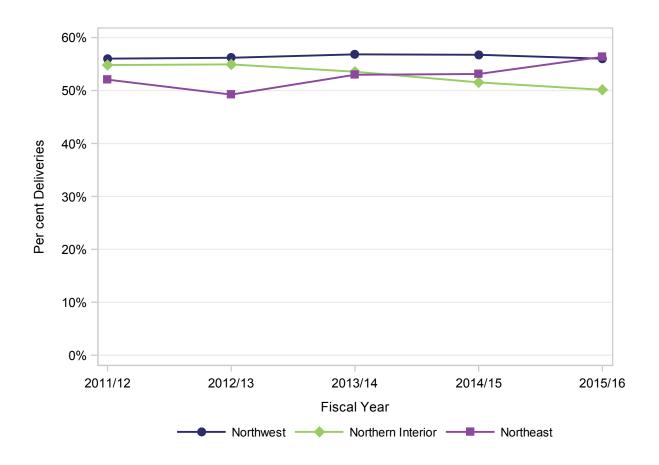
**Infant Deaths:** Total neonatal death + post-neonatal deaths.

Section 3: Newborn Health.

## Perinatal Health Report 2011/12 to 2015/16 Residents of Northern Health

**Section 4: 'Normal Labour'** 

## **Deliveries with 'Normal Labour'** by Resident Health Service Delivery Area Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year									
Health Service Delivery Area	2011/12	2012/13	2013/14	2014/15	2015/16					
Northwest	56.0%	56.2%	56.8%	56.8%	56.0%					
Northern Interior	54.8%	54.9%	53.5%	51.5%	50.1%					
Northeast	52.1%	49.2%	53.0%	53.1%	56.4%					

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

## **Cervical Dilation at Admission**

#### Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year									
Cervical Dilation at Admission	2011/12	2012/13	2013/14	2014/15	2015/16					
0-3cm	19.9%	20.0%	18.5%	19.6%	17.8%					
4-10cm	80.1%	80.0%	81.5%	80.4%	82.2%					
Missing	13.9%	17.5%	18.7%	17.1%	19.9%					

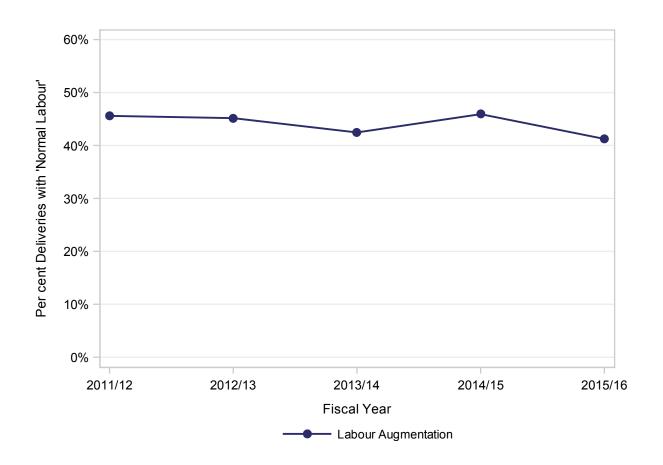
Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

The proportion of women dilated 0-3 or 4-10cm is based on women with non-missing dilation at admission. Definitions and specifications begin on Page 86 of this document.

## **Labour Augmentation**

## Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



## **Labour Augmentation by Mode of Delivery**

Deliveries with 'Normal Labour'

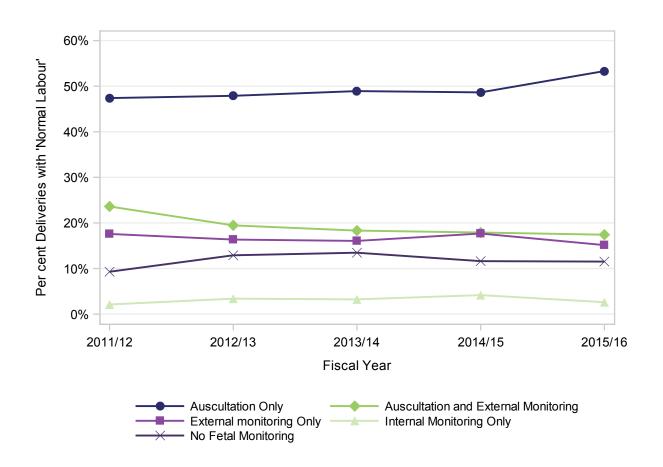
			Fiscal Year		
Mode of Delivery	2011/12	2012/13	2013/14	2014/15	2015/16
Spontaneous Vaginal	42.7%	42.4%	39.3%	41.3%	37.8%
Assisted Vaginal	66.1%	59.4%	54.2%	65.4%	61.2%
Cesarean	57.6%	59.1%	60.5%	70.9%	61.0%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

## **Method of Fetal Surveillance During Labour**

## Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



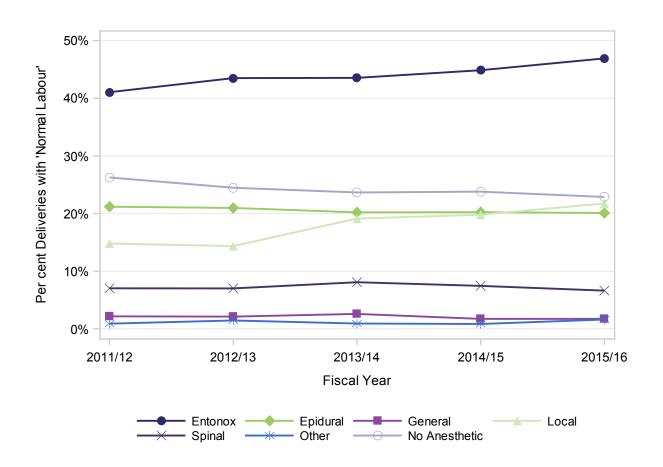
	Fiscal Year									
Method of Fetal Surveillance	2011/12	2012/13	2013/14	2014/15	2015/16					
Auscultation Only	47.4%	47.9%	48.9%	48.6%	53.3%					
Auscultation and External Monitoring	23.6%	19.5%	18.3%	17.9%	17.4%					
External Monitoring Only	17.6%	16.4%	16.1%	17.7%	15.1%					
Internal Monitoring Only	2.1%	3.4%	3.2%	4.2%	2.6%					
No Fetal Monitoring	9.3%	12.9%	13.5%	11.6%	11.5%					

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

## **Anesthesia and Analgesia During Labour and Delivery**

### Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



			Fiscal Year		
Anesthesia or Analgesia	2011/12	2012/13	2013/14	2014/15	2015/16
Entonox	41.0%	43.5%	43.5%	44.9%	46.9%
Epidural	21.2%	21.0%	20.2%	20.2%	20.1%
General	2.2%	2.1%	2.6%	1.7%	1.7%
Local	14.8%	14.3%	19.1%	19.8%	21.8%
Spinal	7.0%	7.0%	8.1%	7.4%	6.6%
Combined Spinal and Epidural	-	-	-	-	NR
Other	0.9%	1.4%	0.9%	0.8%	1.6%
No Anesthetic	26.3%	24.5%	23.7%	23.8%	22.9%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

Effective April 2015, Combined spinal and epidural anaesthetic (CSE) is coded when a combined spinal and epidural are given at the same time. NR: Rates and per cents based on numerators of 1 to 4 are not reported.

Multiple agents may be used.

# Median Length of Labour Stages (Hours) by Mode of Delivery Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016

			Second Stage (Hours)							
Mode of Delivery	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16
Spontaneous Vaginal	4.2	4.2	4.1	4.3	3.9	0.3	0.3	0.3	0.3	0.3
Assisted Vaginal	6.7	6.6	7.8	6.8	6.4	1.6	1.6	1.8	1.6	1.5
Cesarean	8.4	9.0	8.6	8.1	8.8	3.9	3.7	3.6	4.3	3.6

	Antepartum LOS (Hours)			P	Postpartum LOS (Hours)				Total LOS (Hours)						
Mode of Delivery	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16
Spontaneous Vaginal	2.9	3.0	2.6	2.8	2.8	33.1	33.6	33.3	32.0	32.0	36.3	37.2	36.5	36.0	35.5
Assisted Vaginal	7.8	7.1	7.1	7.3	7.4	43.6	42.7	43.2	41.5	42.4	53.0	52.5	52.6	49.2	52.1
Cesarean	10.3	10.8	10.5	10.9	10.8	70.3	69.2	67.5	66.5	67.9	80.8	79.6	80.3	77.2	78.4

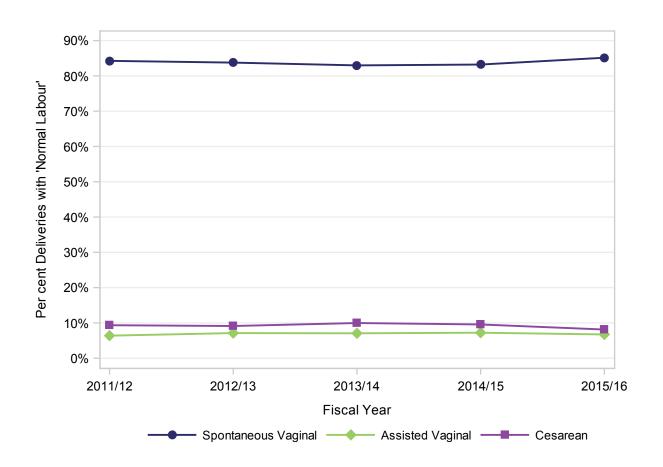
Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

Deliveries outside acute care facilities are excluded.

## **Mode of Delivery**

## Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



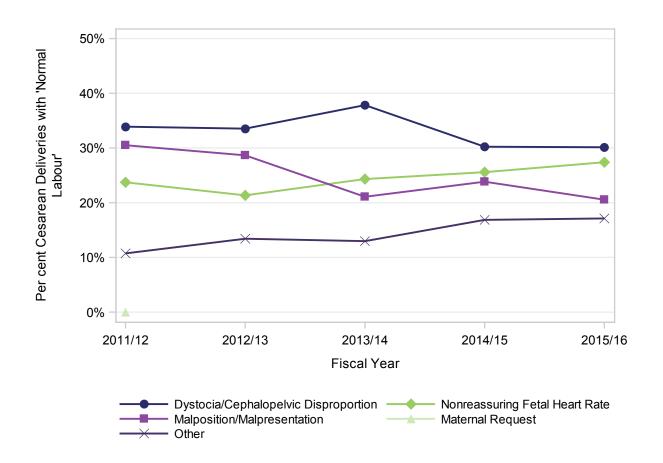
			Fiscal Year		
Mode of Delivery	2011/12	2012/13	2013/14	2014/15	2015/16
Spontaneous Vaginal	84.3%	83.8%	83.0%	83.2%	85.1%
Assisted Vaginal	6.4%	7.1%	7.1%	7.2%	6.7%
Cesarean	9.4%	9.1%	10.0%	9.6%	8.1%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

## **Primary Indication for Cesarean Delivery**

## Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



			Fiscal Year		
Primary Indication for Cesarean Delivery	2011/12	2012/13	2013/14	2014/15	2015/16
Dystocia/Cephalopelvic Disproportion	33.9%	33.5%	37.8%	30.2%	30.1%
Nonreassuring Fetal Heart Rate	23.7%	21.3%	24.3%	25.6%	27.4%
Malposition/Malpresentation	30.5%	28.7%	21.1%	23.8%	20.5%
Maternal Request	0.0%	NR	NR	NR	NR
Abruptio Placenta	NR	NR	NR	NR	NR
Placenta Previa	NR	NR	0.0%	0.0%	NR
Active Herpes	0.0%	0.0%	NR	NR	NR
Other	10.7%	13.4%	13.0%	16.9%	17.1%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

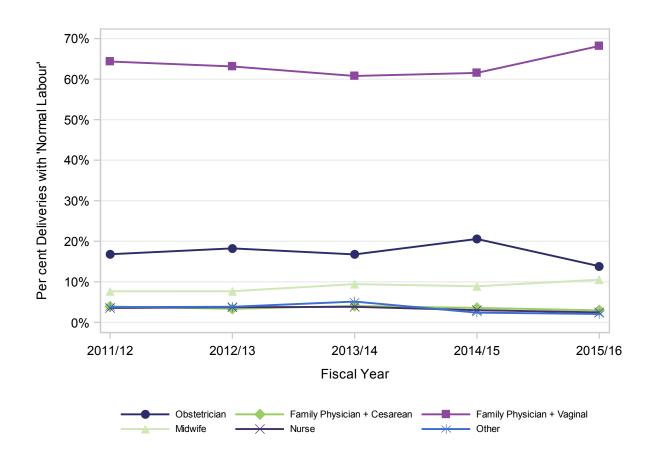
Selected indications are included in the figure; all indications are included in the table.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

## **Delivery Provider**

## Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year				
Delivery Provider	2011/12	2012/13	2013/14	2014/15	2015/16
Obstetrician	16.8%	18.2%	16.8%	20.6%	13.9%
Surgeon	NR	NR	NR	NR	NR
Family Physician + Cesarean	3.9%	3.3%	4.0%	3.6%	2.9%
Family Physician + Vaginal	64.3%	63.1%	60.8%	61.5%	68.2%
Midwife	7.7%	7.7%	9.4%	8.9%	10.5%
Nurse	3.5%	3.7%	3.8%	3.0%	2.4%
Other	3.8%	3.8%	5.1%	2.4%	2.1%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

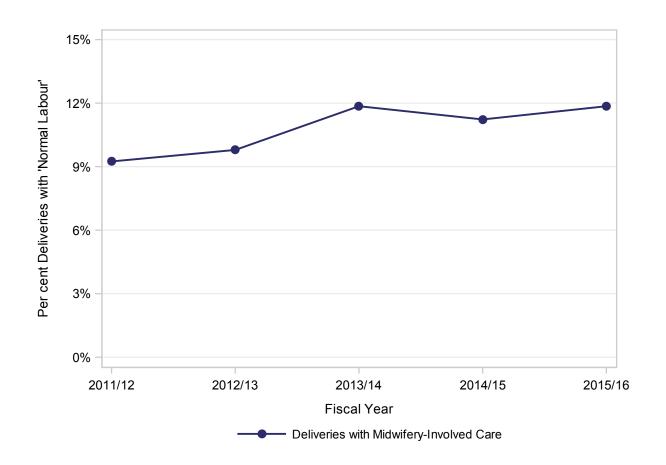
Describes the training level of the provider who delivered the baby. This may not be the same type of health care professional who provided antenatal care. NR: Rates and per cents based on numerators of 1 to 4 are not reported.

Definitions and specifications begin on Page 86 of this document.

## **Deliveries with Midwifery-Involved Care**

#### Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



## Deliveries with Midwifery-Involved Care by Mode of Delivery Deliveries with 'Normal Labour'

		Fiscal Year			
	2011/12	2012/13	2013/14	2014/15	2015/16
Spontaneous Vaginal	9.8%	10.0%	12.7%	11.5%	12.9%
Assisted Vaginal	NR	9.4%	8.4%	6.2%	NR
Cesarean	7.9%	8.5%	7.0%	12.8%	7.5%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

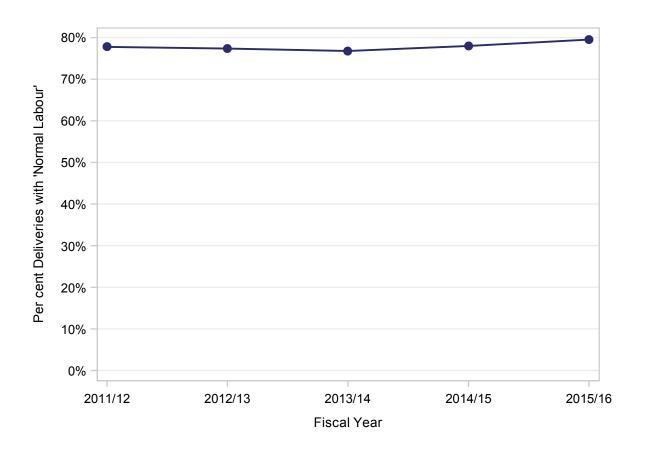
Indicates if a registered midwife was involved at any point during prenatal care or the delivery episode. May not be the provider who performs the delivery. NR: Rates and per cents based on numerators of 1 to 4 are not reported.

Definitions and specifications begin on Page 86 of this document.

## **Deliveries with 'Normal Childbirth'**

### Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



	Fiscal Year				
	2011/12	2012/13	2013/14	2014/15	2015/16
'Normal Childbirth'	77.8%	77.4%	76.8%	78.0%	79.5%

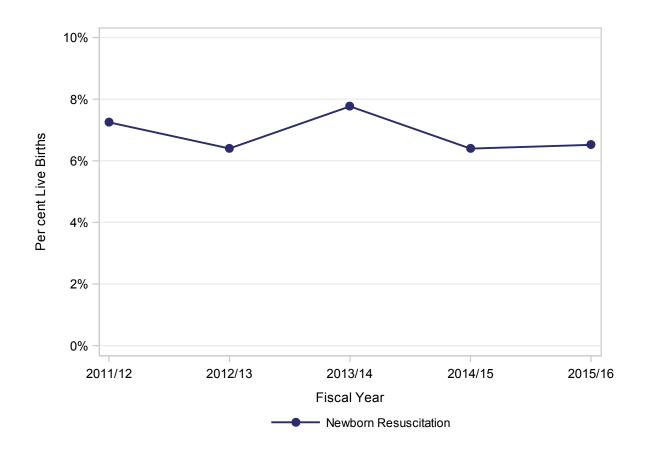
Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

'Normal Childbirth' excludes the following: spinal anaesthesia, general anaesthesia, vacuum-assisted delivery, forceps-assited delivery, cesarean delivery, or episiotomy.

#### **Newborn Resuscitation**

### Babies Born from Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



## Newborn Resuscitation by Mode of Delivery

Babies Born from Deliveries with 'Normal Labour'

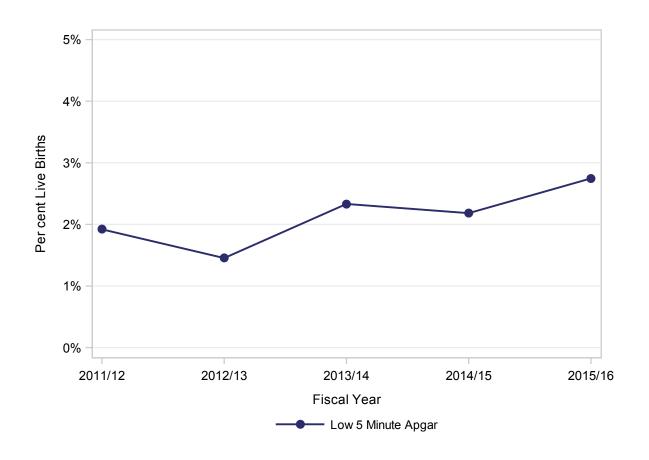
	Fiscal Year				
Mode of Delivery	2011/12	2012/13	2013/14	2014/15	2015/16
Spontaneous Vaginal	6.3%	5.2%	6.4%	5.2%	5.8%
Assisted Vaginal	9.2%	12.5%	15.3%	11.5%	5.0%
Cesarean	14.1%	12.8%	13.6%	12.9%	16.0%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

## **Low 5 Minute Apgar Score**

## Babies Born from Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



## Low 5 Minute Apgar Score by Mode of Delivery Babies Born from Deliveries with 'Normal Labour'

	Fiscal Year				
Mode of Delivery	2011/12	2012/13	2013/14	2014/15	2015/16
Spontaneous Vaginal	1.6%	1.1%	1.9%	1.8%	2.2%
Assisted Vaginal	NR	3.9%	5.3%	4.6%	5.0%
Cesarean	4.5%	3.0%	3.8%	3.5%	6.9%

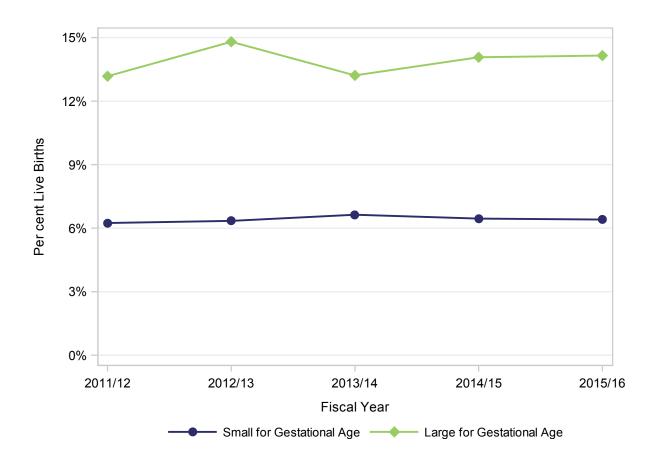
Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

NR: Rates and per cents based on numerators of 1 to 4 are not reported. Definitions and specifications begin on Page 86 of this document.

## Weight for Gestational Age

## Babies Born from Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



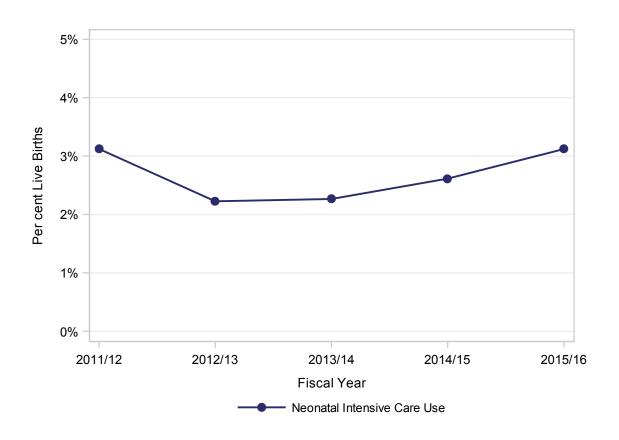
	Fiscal Year				
	2011/12	2012/13	2013/14	2014/15	2015/16
Small for Gestational Age	6.2%	6.3%	6.6%	6.5%	6.4%
Large for Gestational Age	13.2%	14.8%	13.2%	14.1%	14.2%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

## **Neonatal Intensive Care Use During Birth Episode of Care**

Babies Born from Deliveries with 'Normal Labour'

Residents of Northern Health: April 1, 2011 - March 31, 2016



## Neonatal Intensive Care Use During Birth Episode by Mode of Delivery Babies Born from Deliveries with 'Normal Labour'

	Fiscal Year				
Mode of Delivery	2011/12	2012/13	2013/14	2014/15	2015/16
Spontaneous Vaginal	2.6%	1.5%	1.8%	2.0%	2.6%
Assisted Vaginal	4.2%	NR	5.3%	5.4%	4.1%
Cesarean	6.8%	8.5%	4.3%	5.8%	7.6%

Deliveries with 'Normal Labour' are those where the woman has no history of cesarean delivery and delivers a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour.

NICU days are assigned based on baby's needs as defined by PSBC Neonatal Daily Classification Tool.

Click here to access resources on the Neonatal Daily Classification Tool.

NR: Rates and per cents based on numerators of 1 to 4 are not reported.

## **Definitions**

### **Section 1: Maternal Health**

#### **Delivery Within Home Health Authority**

- Woman delivered in the Health Authority in which she lives.
  - Deliveries at home with a registered midwife as delivery provider are always considered within the home health authority
  - Residents of Vancouver Coastal who deliver at BC Women's Hospital & Health Centre deliver within their home Health Authority.

#### **Deliveries to Residents of Other Health Authorities**

- Deliveries to women who reside in a different Health Authority.
  - Deliveries at home with a registered midwife are always considered within the home Health Authority.
  - o For deliveries in the Provincial Health Services Authority, this represents women who are not residents of Vancouver Coastal.

#### **Parity**

 Indicates whether a woman delivered a previous pregnancy ≥20 weeks gestation or ≥500g. For nulliparous women, this is the first pregnancy meeting these criteria. Parous women have had at least one previous pregnancy meeting these criteria.

#### Maternal Age at Delivery

Maternal age, in completed years, at delivery.

#### **Antenatal Care Visits**

- <5 Visits Women with fewer than five antenatal care visits documented in the PDR.
- Missing Women with no information documented about the number of antenatal care visits.

#### **Pre-Pregnancy Body Mass Index (BMI)**

Calculated only where pre-pregnancy weight and height are complete.

- Pre-pregnancy weight (kg)/(height (in cm))<sup>2</sup>
- Underweight BMI <18.5.</li>
- Normal Weight BMI between 18.5 and 24.9.
- Overweight BMI between 25.0 and 29.9.
- Obese BMI ≥ 30.0.
- BMI Missing pre-pregnancy weight and/or height are not documented.

#### **Appropriate Weight Gain During Pregnancy**

Calculated only where pre-pregnancy weight, admission weight, and height are complete.

 Categorizes weight gain during pregnancy into low, appropriate, or high according to guidelines published by the Institute of Medicine.

#### **Hypertensive Disorders of Pregnancy**

Reflects only the most severe form of hypertension according to the hierarchy below. Women may have more than one type of hypertension diagnosed.

- 1. <u>Eclampsia</u> mother had eclampsia diagnosed during pregnancy. Mother may have had pre-existing or gestational hypertension.
- 2. <u>HELLP</u> mother had HELLP syndrome (<u>Hemolysis</u>, <u>Elevated Liver enzymes</u>, and <u>Low Platelet count</u>) diagnosed during pregnancy.
- 3. <u>Pre-Existing Hypertension with Pre-Eclampsia</u> mother had a documented hypertensive disorder before pregnancy and also had pre-eclampsia diagnosed in pregnancy.
- 4. <u>Pre-Eclampsia</u> mother had pre-eclampsia diagnosed during pregnancy. Mother may also have had gestational hypertension.
- 5. <u>Pre-Existing Hypertension</u> mother had a documented hypertensive disorder before pregnancy. Mother may also have had gestational hypertension.
- 6. <u>Gestational Hypertension</u> mother had hypertension diagnosed during pregnancy.
- 7. Unspecified Hypertension mother had hypertension diagnosed during pregnancy, but the specific type is not recorded.
- 8. No Hypertension no hypertensive conditions were documented by a care provider.
  - NOTE: diagnosis codes for gestational hypertension and pre-eclampsia changed significantly effective April 1, 2012 discharges.

#### **Diabetes Mellitus in Pregnancy**

- <u>Pre-Existing Diabetes</u> mother had a diagnosis of diabetes mellitus type 1 or 2 documented by care provider before pregnancy.
- <u>Gestational Diabetes</u> mother had gestational diabetes documented by care provider during pregnancy.

#### **Substance Use During Pregnancy**

- <u>Cigarette Use</u> care provider documented mother reports smoking cigarettes at any time during the pregnancy. Includes women who stopped or reduced smoking during pregnancy.
- <u>Alcohol as Risk</u> care provider documents alcohol as a risk in the pregnancy. Alcohol use prior to the woman knowing she was pregnant is not included.
- <u>Binge Drinking</u> care provider documents mother consumed ≥ 4 alcoholic drinks at one time during the current pregnancy.
- Other Drug Use care provider documented that mother reports use of drugs (heroin/opiates, methadone, cannabinoids, stimulants, or solvents) at any time during the pregnancy OR care provider lists use of prescription, 'other' or unknown other drug as a risk to the pregnancy. Drug use prior to the woman knowing she was pregnant may be included.

#### **Maternal Screening Tests**

- <u>Hepatitis B Test Done</u> mother was screened for the Hepatitis B virus (Hepatitis B surface antigen, or HBsAg) during pregnancy.
- <u>HIV Test Done</u> mother was screened for the Human Immunodeficiency Virus (HIV) during pregnancy.
- <u>Group B Strep Test Done</u> Woman who delivered a baby at 35 weeks gestation or more was screened for Group B Streptococcus.
- <u>Maternal Serum Screening Offered</u> mother was offered blood test(s) to screen for fetal abnormalities (extra chromosomes or neural tube defects). Refers to screening offered through the <u>BC Prenatal Genetic Screening Program</u> and to privately paid screening tests.

#### **Uptake of Prenatal Genetic Screening Program**

- Indicates whether the woman had sufficient biological markers tested to complete screening for at least one of the following conditions: open neural tube defect, trisomy, 18, or trisomy 21.
- Includes women with any of the following combinations of samples on prenatal genetic screening or diagnostic tests: Integrated Prenatal Screen (IPS), Serum Integrated Prenatal Screen (SIPS), Quad screen (QUAD), nuchal translucency (NT) ultrasound plus QUAD, NT plus pregnancy-associated plasma protein A (PAPP-A), NT ultrasound, Alpha-fetoprotein (AFP), amniocentesis, or chorionic villus sampling during pregnancy as offered by the <u>BC Prenatal Genetic Screening Program</u>.
- Women who exclusively undergo privately paid screening tests are not included.

#### Types of Down Syndrome Screening Performed

- Calculated only for women who had prenatal genetic screening for trisomy 21 performed as offered by the <u>BC Prenatal Genetic Screening Program.</u>
- Indicates the types of prenatal genetic screening for trisomy 21 performed.
- NT ultrasound plus QUAD, NT ultrasound plus PAPP-A, and NT ultrasound are included as part of IPS.
- Women who exclusively undergo privately paid screening tests are not included.

#### **Use of Artificial Reproductive Technology**

 Use of in vitro fertilization or other artificial reproductive technology (e.g. ovulation induction, intracytoplasmic sperm injection [ICSI], embryo transfer) to conceive the current pregnancy.

## **Section 2: Labour and Delivery**

#### **Labour Augmentation**

Labour for the current delivery was augmented by a care provider. Any of the following methods may be used:

- Artificial Rupture of Membranes
- Oxytocin woman received oxytocin, pitocin, or syntocinon to augment labour.
- Other a method not specified above was used to augment labour.

#### **Labour Induction**

Labour for the current delivery was induced by a care provider. Any of the following methods may be used:

- Artificial Rupture of Membranes
- Oxytocin woman received oxytocin, pitocin, or syntocinon to initiate labour.
- Prostaglandin woman received a prostaglandin to initiate labour.
- Other a method not specified above was used to initiate labour.

#### **Primary Indication for Labour Induction**

Primary reason noted in the maternal chart for labour induction. In the case of multiples, the reason noted for the first baby is assigned to the entire delivery.

• <u>Prelabour Rupture of Membranes</u> – rupture of membranes before the onset of uterine contractions at term.

- <u>Post Dates</u> the pregnancy has continued past the due date (41 completed weeks gestation).
- <u>Hypertension in Pregnancy</u> woman had high blood pressure, including pre-existing or gestational hypertension.
- Other Maternal Condition woman had a condition other than those specified above.
- Fetal Compromise medical concern about the health of the fetus.
- <u>Diabetes</u> woman had diabetes of any type (gestational, type 1, or type 2).
- Fetal Demise
- Logistics inability for woman to access supportive health care in reasonable time.
- Antepartum Hemorrhage woman had bleeding after 20 weeks' gestation but before labour.
- <u>Chorioamnionitis</u> woman had a cervicovaginal infection.
- Other other reason not captured above.
- <u>Unknown</u> reason for induction is unclear, unknown, or not documented.

#### **Fetal Surveillance During Labour**

- <u>Auscultation Only</u> fetal surveillance was conducted only using intermittent auscultation.
- <u>Auscultation and External Electronic Monitoring</u> fetal surveillance was conducted using intermittent auscultation and external electronic fetal monitoring.
- External Electronic Monitoring Only fetal surveillance was conducted only using external electronic fetal monitoring.
- <u>Internal Electronic Monitoring Only</u> fetal surveillance was conducted only using internal electronic fetal monitoring.
- No Fetal Monitoring no fetal monitoring was conducted during labour.

#### **Mode of Delivery**

- Vaginal
  - Spontaneous the baby was delivered vaginally without assistance of vacuum or forceps extractors.
  - Assisted Vaginal the newborn was delivered vaginally with the assistance of vacuum and/or forceps extraction.
    - <u>Vacuum</u> the baby was delivered vaginally with the assistance of a vacuum extractor.
    - <u>Forceps</u> the baby was delivered vaginally with the assistance of forceps.
    - <u>Forceps and Vacuum</u> the baby was delivered vaginally with the assistance of vacuum and forceps extractors.
- Cesarean the baby was delivered by an incision in the mother's abdomen.
  - <u>Elective Primary</u> woman without a previous cesarean had a cesarean delivery with elective timing.
  - <u>Elective Repeat</u> woman with a history of cesarean delivery had a cesarean delivery with elective timing.
  - Emergency Primary woman without a previous cesarean had a cesarean delivery with urgent or emergent timing.
  - Emergency Repeat woman with a history of cesarean delivery had a cesarean delivery with urgent or emergent timing.

#### **Perineal Trauma**

 <u>Third or Fourth Degree Laceration</u> – the woman experienced a significant perineal tear during delivery.

- Cervical Tear the woman experienced a cervical tear during delivery.
- Episiotomy an episiotomy was performed during delivery.

#### **Primary Indication for Cesarean Delivery**

Primary reason noted in the maternal chart for cesarean delivery. For multifetal pregnancies, this reflects the reason the first baby was delivered by cesarean. This may not be the first baby delivered (e.g. if the first baby was delivered vaginally and the second baby by cesarean).

- Repeat Cesarean woman with a history of cesarean is not a VBAC candidate and has a medical indication for repeat cesarean delivery.
- <u>Nonreassuring Fetal Heart Rate</u> increased or decreased fetal heart rate (tachycardia or bradycardia), especially during and after uterine contractions.
- <u>Dystocia/Cephalopelvic Disproportion</u> abnormal of difficult labour. Includes failure to progress, incoordinate uterine activity, and cephalopelvic disproportion (large baby for maternal pelvis).
- <u>VBAC Declined/Maternal Request</u> woman was eligible for a vaginal birth after previous cesarean (VBAC) but declines, OR woman with or without a previous cesarean requests a cesarean delivery.
- <u>Breech</u> the fetus' buttocks were the presenting part.
- <u>Malposition/Malpresentation</u> the orientation of the fetal head and or body to the maternal pelvis is not favourable for a vaginal delivery (e.g. occipitoposterior position or transverse lie). Excludes breech presentation.
- <u>Placenta Previa</u> the placenta is low in the uterus, partially or completely covering the cervix.
- Abruptio Placenta premature separation of the placenta from the uterus.
- <u>Active Herpes</u> mother had an active herpes outbreak that could be transmitted to the infant during vaginal delivery.
- Other other reason not captured.
- <u>Unknown</u> reason for cesarean is unclear, unknown, or not documented.

#### Vaginal Birth after Cesarean

- <u>VBAC Eligible</u> woman was either noted by a care provider as being eligible for VBAC
  in this pregnancy, OR whose eligibility was unknown and had a singleton pregnancy with
  the head as the presenting part.
- <u>VBAC Attempted</u> women was were either noted by a care provider as having attempted a VBAC, OR whose attempt at VBAC was unknown but whose labour was either augmented or induced.
- <u>VBAC Success</u> women who were eligible for and attempted a VBAC and delivered vaginally.

#### Anesthetic/Analgesic Use During Labour and Delivery

- Entonox the mother received entonox (nitrous oxide gas) for pain management.
- <u>Epidural</u> the mother received anesthesia in the epidural space of the spine for pain management.
- General the mother received general anesthesia for pain management.
- Local the mother received localized anesthetic agents for pain management.
- <u>Spinal</u> the mother received anesthesia in the subarachnoid space of the spine for pain management.
- <u>Combined Spinal and Epidural</u> the mother received anesthesia both in the subarachnoid space and epidural space of the spine for pain management.

- Other mother received another type of anesthetic or analgesic agent including pudendal anesthesia not specified above.
- No Anesthetic no analgesic or anesthetic agents were used for pain management.

#### **Health Care Providers**

- <u>Delivery Provider</u> describes the training level of the individual who delivered the baby. May not be the same type of care provider as a woman used for her antenatal care. In the case of multifetal pregnancies, the highest training level of any delivering provider is assigned to the delivery.
  - o Family Physician + Vaginal a family physician performed a vaginal delivery.
  - <u>Family Physician + Cesarean</u> a family physician performed a cesarean delivery.
- <u>Deliveries With Midwifery-Involved Care</u> A registered midwife was involved at any
  point in maternal or newborn care. A registered midwife may not have been the delivery
  provider.

#### **Deliveries at Home**

Woman delivered at home with a registered midwife as delivery provider.

#### **Length of Stay for Delivery Episode of Care**

- <u>Antepartum Length of Stay</u> hours between when a woman is admitted to an acute care facility and when she delivers a baby.
- <u>Postpartum Length of Stay</u> hours between when a woman delivers a baby in an acute care facility and her discharge from the Delivery Episode of Care.
- <u>Total Length of Stay</u> hours between when a woman is admitted to an acute care facility for delivery and her discharge from the Delivery Episode of Care.

#### **Maternal Morbidity**

Morbidity may be documented during any Maternal Admission.

- <u>Liver Complications</u> mother had confirmed or suspected cholestatis, acute fatty liver, or liver hematoma.
- <u>Postpartum Hemorrhage with Transfusion</u> mother had a postpartum bleed and received blood products via transfusion.
- Urinary Tract Infection
- Sepsis mother had confirmed or suspected sepsis, including puerperal sepsis.
- <u>Wound Infection</u> mother had confirmed or suspected infection or disruption of an obstetric or surgical wound.
- <u>HELLP</u> mother had confirmed or suspected HELLP syndrome (Hemolysis, Elevated Liver enzymes, and Low Platelet count).
- Anesthetic Complications mother had a confirmed or suspected complication related to the anesthetic administered during the delivery episode. Spinal or epidural headache and unspecified complications are excluded.
- Antepartum Hemorrhage with Transfusion mother had an antepartum (≥20 weeks' gestation) or intrapartum bleed and received blood products via transfusion during the delivery episode.
- Eclampsia mother had confirmed or suspected eclampsia.
- Shock mother had confirmed or suspected obstetric shock.
- Pulmonary Embolism mother had a confirmed or suspected blood clot in the lungs.
- <u>Postpartum Hemorrhage with Hysterectomy</u> mother had a postpartum bleed and underwent a complete or subtotal (partial) hysterectomy.

• Stroke – mother had a confirmed or suspected stroke.

#### **Adverse Outcome of Labour or Delivery**

Maternal adverse events are included during the Delivery Admission. Among singleton deliveries.

- <u>Maternal Severe Adverse Event</u> woman experienced uterine rupture during labour, assisted ventilation or resuscitation, or in-hospital death.
- <u>Maternal Moderate Adverse Event</u> woman experienced third or fourth degree perineal tear; blood transfusion; or unanticipated operative procedure
- Newborn Severe Adverse Event singleton baby was stillborn or died in-hospital
- Newborn Moderate Adverse Event
  - o Singleton baby ≥2,000 grams at birth experienced birth trauma, OR
  - Singleton baby at term ≥2,500 grams at birth without a congenital anomaly or hydrops was born at a facility without a NICU and transferred to a facility with a NICU within 24 hours, admitted to NICU ≥ 2 days, or had an Apgar at 5 minutes
     <7.</li>

#### **Maternal Transfer to Another Hospital**

- Women may be transferred to another hospital for either maternal or neonatal indicatons.
  - NOTE: Effective April 1, 2014, women transferred directly to acute care from a delivery at home may be included in these transfer indicators. See page vi for more information.
- <u>Any Transfer</u> woman was transferred from the Delivery Admission to a(n) (different) acute care facility.
- <u>Higher Level</u> woman was transferred directly from the location at which she delivered to a facility that is capable of providing a higher intensity of care.
  - Third tier facilities BC Women's Hospital & Health Centre, St. Paul's Hospital Royal Columbian Hospital, and Victoria General Hospital.
  - Second tier facilities Surrey Memorial Hospital (effective April 1, 2013 discharges), Kelowna General Hospital, Nanaimo Regional General Hospital, Royal Inland Hospital, and University Hospital of Northern British Columbia.

#### **Post-Delivery Admissions**

- Total number of eligible inter-hospital transfers or readmissions among women who
  delivered a baby. A woman can have more than one Post-Delivery Admission. Ratio of
  Post-Delivery Admissions per 100 deliveries.
  - Admissions with a most responsible diagnosis of Z76.3 (Healthy person accompanying sick person) are excluded.
- <u>Diagnosis associated with Post-Delivery Admission</u> the diagnosis that accounted for the majority of time the woman stayed in hospital. May not be the reason for admission. Per 100 Post-Delivery Admissions.
  - The following account for 91.8 per cent of diagnoses associated with Post-Delivery Admissions for 2011/12 to 2015/16, inclusive:
    - Routine Postpartum Care —care and examination immediately after delivery or routine postpartum follow-up, including change or removal of drains and planned wound closure.
    - Postpartum Hemorrhage
    - <u>Postpartum Infection</u> includes sepsis, obstetric wound infection, urinary tract infection, or post-procedural infection.

- Other Diseases Complicating Pregnancy Diseases of organ systems that complicate or are aggravated by pregnancy.
- <u>Hypertension or Eclampsia</u> includes essential hypertension, gestational hypertension, pre-eclampsia, eclampsia, or HELLP.
- Other Wound Issues includes care of perineal or vaginal tears, uterine rupture or dehiscence, disruption or hematoma of surgical wound, or cardiac surgical complications.
- <u>Complications of Anesthesia</u> reactions to or complications of anesthesia.
- <u>Care of Breasts</u> includes breast infection, lactation problems, or supervision of lactation mother.
- Retained Placenta Without Hemorrhage.
- <u>Pregnancy-Associated Mental Health</u> includes postpartum depression and puerperal psychosis.

#### Section 3: Newborn Health

#### **Birth Type**

Defined in accordance with BC Vital Stats.

- <u>Live Birth</u> baby displayed signs of life (breathing, heart beat, pulsation of umbilical cord, or movement of voluntary muscle) at birth.
- <u>Stillbirth</u> baby born at ≥20 weeks' estimated gestation or ≥500 grams birthweight does not display any of the above signs. Fetal death may have occurred <20 weeks' gestation.

#### **Multiple Gestation**

There was more than one fetus in the pregnancy (twin, triplet, or quadruplet).

#### **Gestational Age**

- <u>Term</u> baby was delivered at or after 37 completed weeks' estimated gestation.
- Preterm baby was delivered before 37 completed weeks' estimated gestation.
  - <u>latrogenic Preterm</u> baby was delivered following induced labour or by cesarean delivery without labour, before 37 completed weeks' estimated gestation.
  - Spontaneous Preterm baby was delivered following onset of spontaneous labour before 37 completed weeks' estimated gestation.

#### Weight for Gestational Age

- <u>Small for Gestational Age</u> babies born weighing less than the 10<sup>th</sup> percentile of weight for their sex and gestational age. Based on BC-specific growth curves available <u>here</u>.
- <u>Large for Gestational Age</u> babies born weighing more than the 90<sup>th</sup> percentile of weight for their sex and gestational age. Based on BC-specific growth curves available here.

#### **Low Birthweight Singletons**

 Singleton babies born weighing less than 2,500 grams. Includes both preterm and term babies.

#### **Newborn Resuscitation**

 Baby received resuscitation by intermittent positive pressure, chest compressions, or drugs. Captures interventions up to 60 minutes of age or until admission to neonatal intensive care, whichever came first. o NOTE: Drugs may be given for either resuscitation or stabilization.

#### **Birth Injury**

 Baby sustained a confirmed or suspected injury to the skeleton, organs, or nerves during birth.

#### **Neonatal Morbidity**

Morbidity may be documented during any Baby Admission.

- Other Respiratory Condition baby had a confirmed or suspected respiratory condition (other than respiratory distress syndrome or transient tachypnea).
- <u>Transient Tachypnea</u> baby had confirmed or suspected transient tachypnea.
- <u>Respiratory Distress Syndrome</u> baby had confirmed or suspected respiratory distress syndrome.
- Sepsis baby had confirmed or suspected sepsis.
- Intracranial Hemorrhage baby had a confirmed or suspected brain bleed.

#### **Congenital Anomalies**

Anomaly may be diagnosed during any Baby Admission.

- Baby has a confirmed or suspected congenital anomaly noted by a care provider.
  - <u>Chromosomal</u> includes Trisomy 13, 18, and 21; sex chromosome abnormalities (i.e. Turner's syndrome, Kleinfelter's syndrome); and other monosomies, deletions, and chromosomal reattangements.
  - <u>Circulatory System</u> includes malformations of the heart chambers, septa, valves, veins and arteries.
  - o Cleft Lip or Palate
  - <u>Digestive System</u> includes malformation of the tongue, mouth, pharynx, esophagus, stomach, intestines, liver, gallbladder, bild ducts, and pancreas.
  - Eye, Ear, Face, or Neck includes malformations of the eye and its structures, tear ducts, internal and external ear, neck, and lips.
  - Genital Organs includes malformations of male or female genitals, and indeterminate sex or hermaphroditism.
  - Musculoskeletal System includes malformations of hip, feet, fingers, limbs, skull, spine, diaphragmatic hernia, and other malformations of the abdominal wall (including gastroschisis).
  - Nervous System includes anencephaly, microcephaly, hydrocephalus, spina bifida, and other malformations of the brain and spinal cord.
  - Respiratory System includes malformation of the nose, larynx, trachea, bronchus, and lung.
  - <u>Urinary System</u> includes malformation of the kidneys, bladder, and ureter.
  - Other Specific Anomaly includes disorders of the skin, breast, hair, nails, syndromes affecting multiple systems, malformations due to outside causes (including alcohol and drugs), and all malformations not otherwise classified.

#### Length of Stay for the Birth Episode of Care

 Hours between a baby's birth at an acute care facility and his/her discharge from the Birth Episode of Care.

#### **Breastfeeding**

Reflects feeding during the Birth Admission only, including at time of discharge.

- <u>Exclusive Breastfeeding</u> baby received only breast milk (via the breast, a bottle, or other feeding method).
- No Breastfeeding baby received only breast milk substitute.
- <u>Non-Exclusive Breastfeeding</u> baby received both breast milk and breast milk substitute.
- Any Breastfeeding baby received breast milk (via the breast, a bottle, or other feeding method) at any time during the Birth Admission. Baby may also have received breast milk substitute.

#### **Neonatal Intensive Care Use During Birth Episode of Care**

- During the Birth Episode of Care, baby required Level 2a, 2b, 3a, OR 3b care (as
  defined by the PSBC Neonatal Daily Classification Tool) for at least one day.
  - Length of stay in days is calculated as (discharge date admission date). If admission and discharge are on the same date, length of stay is one day.
  - o Click here to access resources on the PSBC Neonatal Daily Classification Tool.

#### **Transfer to Another Hospital**

- Babies may be transferred to another hospital for either maternal or neonatal indications.
  - NOTE: Effective April 1, 2014, babies transferred directly to acute care from a birth at home may be included in these transfer indicators. See page vii for more information.
- Any Transfer baby was transferred from the Birth Admission to a different acute care facility.
- <u>Higher Level</u> baby was transferred directly from the facility of birth to a facility that is capable of providing a higher intensity of care. Baby was transferred from any site without a neonatal intensive care unit (NICU) to one with a NICU, or from a site with a Level II NICU to a site with a Level III NICU.
  - <u>Facilities with a Level III NICU</u> BC Women's Hospital & Health Centre, Royal Columbian Hospital, Surrey Memorial Hospital, and Victoria General Hospital.
  - <u>Facilities with a Level II NICU</u> Abbotsford Regional Hospital & Cancer Centre, Burnaby Hospital, Kelowna General Hospital, Lions Gate Hospital, Nanaimo Regional General Hospital, Richmond Hospital, Royal Inland Hospital, St. Paul's Hospital, and University Hospital of Northern British Columbia.
- <u>Same or Lower Level</u> baby was transferred directly from the facility of birth to a facility that provides a similar or lower intensity of care.

#### **Post-Neonatal Admissions**

- <u>Post-Neonatal Admission</u> total number of baby transfer or readmission episodes. A
  baby can have more than one Post-Neonatal Admission. Ratio of Post-Neonatal
  Admissions per 100 live births.
  - Admissions with a most responsible diagnosis of Health supervision and care of other healthy infant and child, Healthy person accompanying sick person, or Other boarder in health-care facility (Z76.2, Z76.4, or Z76.4) are excluded.
- <u>Diagnosis Associated with Post-Neonatal Admission</u> the diagnosis that accounted for the majority of time the baby stayed in hospital. May not be the reason for admission. Per 100 Post-Neonatal Admissions.
  - The following account for 77.2 per cent of diagnoses associated with Post-Neonatal Admissions for 2011/12 to 2015/16, inclusive:
    - Jaundice
    - Low Birth Weight or Preterm Birth

- <u>Feeding Problems</u> includes reflux, feeding difficulties, abnormal weight loss, and dehydration.
- <u>Congenital Anomalies</u> includes all congenital malformations, deformations, and chromosomal abnormalities.
- Respiratory Infections includes whooping cough, pneumonias, and upper and lower respiratory tract infections.
- Other Infections major inclusions are bacterial and viral infections, sepsis, external and middle ear infections, select abscesses, impetigo, cellulitis, osteomyelitis, congenital infections, and post-procedural infection.
- Isoimmunization
- Apnea obstructed sleep apnea or apnea of the newborn.
- Urinary Tract Infections

#### **Perinatal Mortality**

Death occurred during any Baby Admission. Includes only deaths that occurred at an acute care facility. Complete pregnancy terminations are included only in the Crude Stillbirth Rate.

- Crude Stillbirths baby was born deceased.
  - o Crude Stillbirth Rate = stillbirths / (live births + stillbirths) x 1,000.
- <u>Stillbirths >=500g</u> baby weighing ≥500g was born deceased.
  - o Stillbirth Rate = stillbirths ≥500g / (live births + stillbirths ≥500g) x 1,000.
- Early Neonatal Death baby born alive died in hospital between 0 and 6 days after birth.
  - Early Neonatal Mortality Rate = early neonatal death / live births x 1,000.
- <u>Perinatal Death</u> stillbirth ≥500g OR baby born alive died in hospital between 0 and 6 days after birth.
  - Perinatal Mortality Rate = (stillbirths ≥500g + early neonatal deaths) / (live births + stillbirths ≥500g) x 1,000.
- <u>Late Neonatal Death</u> baby born alive died in hospital between 7 and 27 days after birth.
  - Late Neonatal Mortality Rate = late neonatal death / live births x 1,000.
- Post Neonatal Death baby born alive died in hospital between 28 and 364 days after birth
  - Post Neonatal Mortality Rate = post neonatal death / live births x 1,000.
- Infant Death baby born alive died in hospital before 365 days after birth.
  - Infant Mortality Rate = (early neonatal + late neonatal + post-neonatal deaths) / live births x 1,000.

### Section 4: 'Normal Labour'

Women with 'Normal Labour' are identified in accordance with the <u>Joint Policy Statement on Normal Childbirth</u>. Women with 'Normal Labour' deliver a singleton infant with the head as the presenting part between 37 and 41 estimated weeks' gestation after spontaneous onset of labour. Women with 'Normal Labour' do not have a history of cesarean delivery.

#### **Cervical Dilation at Admission**

 Dilation, in centimetres, of the cervix at the time the woman was admitted to acute care for delivery.

#### **Duration of Labour Stages**

- <u>Length of First Stage of Labour</u> hours between the onset of regular contractions and complete cervical dilation (10cm).
- <u>Length of Second Stage of Labour</u> hours between complete cervical dilation and the delivery of the baby.

#### 'Normal Childbirth'

According to the <u>Joint Policy Statement on Normal Childbirth</u>, 'Normal Childbirth' excludes the following: spinal anesthesia, general anesthesia, vacuum-assisted delivery, forceps-assited delivery, cesarean delivery, or episiotomy.

### **Low 5 Minute Apgar Score**

• Babies whose Apgar score – a composite of five criteria that assesses an infant's need for medical attention – is below 7 out of 10 at five minutes after birth.

# **Episodes Included in the Perinatal Health Report**This report is based on delivery admissions meeting the following minimum criteria:

**Delivery Admission** 

Include:	
Delivery	MOTHER_ADMISSION.screen_source = "DL" AND
	April 1, 2011 ≤ discharge_date ≤ March 31, 2016
Linked maternal-newborn records	BABY_ADMISSION.screen_source = "NB" AND BABY_ADMISSION.mother_id is not null
Exclude from all but Crude Stillbirth	
Rate:	
Complete termination of pregnancy	(DIAGNOSES.diagnosis_cd begins with O04 (Mother) or    (PROCEDURES_PERFORMED.procedure_code begins with 5CA88 OR 5CA89    (Mother) and woman delivered a singleton pregnancy)) OR DIAGNOSES.diagnosis_cd begins with P96.4 (Baby) for all babies linked to mother

**Other Maternal Admissions** 

Admission t	ype	Criteria		
Maternal Adn	<u>nission</u>	MOTHER_ADMISSION.screen_source = "DL" or "PP"		
		For any woman whose Delivery Admission meets the inclusion criteria, above.		
Post-Delivery	<u>/ Admission</u>	MOTHER_ADMISSION.screen_source = "PP" or (MOTHER_ADMISSION.screen_source =		
		"DL" and actual_place_of_delivery=2)		
		AND		
		most responsible diagnosis is not Z76.3		
		For any woman whose Delivery Admission meets the inclusion criteria, above.		
<u>Delivery</u>	Episode start	MOTHER_ADMISSION.screen_source = "DL" and April 1, 2011 ≤ discharge_date ≤ March		
Episode of		31, 2016		
<u>Care</u>	Include all admissions	MOTHER_ADMISSION.screen_source = "PP" and 101 ≤ institution_to <973		
	linked to the delivery where:			
	Episode end	(MOTHER_ADMISSION.screen_source = "DL" or "PP") and institution_to <101		
		For any woman whose Delivery Admission meets the inclusion criteria, above.		

## **Baby Admissions**

Admission t	type	Criteria
Birth Admiss	<u>iion</u>	BABY_ADMISSION.screen_source = "NB"
		For any baby linked to a woman whose Delivery Admission meets the inclusion criteria, above.
Newborn Ad	mission_	BABY_ADMISSION.screen_source = "NB" or "XF"
		For any baby linked to a mother whose Delivery Admission meets the inclusion criteria, above.
Post-Neonat	al Admission	(BABY_ADMISSION.screen_source = "NB" and MOTHER.actual_place_of_delivery=2) or BABY_ADMISSION.screen_source = "XF" AND
		most responsible diagnosis is not Z76.2, Z76.3, or Z76.4
		For any baby linked to a mother whose Delivery Admission meets the inclusion criteria, above.
<u>Birth</u>	Episode start	BABY_ADMISSION.screen_source = "NB"
Episode of	Include all admissions	BABY_ADMISSION.screen_source = "XF" and
<u>Care</u>	linked to the birth where:	discharge_to = "O" and
		101 ≤ institution_to <973
	Episode end	BABY_ADMISSION.screen_source = "NB" or "XF" AND
	•	(discharge_to ≠ "O" or institution_to = 973 or 974)
		For any baby linked to a mother whose Delivery Admission meets the inclusion criteria, above.

## **Detailed Specifications for Selected Variables**

	PDR variables	CIHI Codes
Fiscal year		
2011/12	screen_source = "DL" AND April 1, 2011 ≤ MOTHER_ADMISSION.discharge_date ≤ March 31, 2012	
2012/13	screen_source = "DL" AND April 1, 2012 ≤ MOTHER_ADMISSION.discharge_date ≤ March 31, 2013	
2013/14	screen_source = "DL" AND April 1, 2013 ≤ MOTHER_ADMISSION.discharge_date ≤ March 31, 2014	
2014/15	screen_source = "DL" AND April 1, 2014 ≤ MOTHER_ADMISSION.discharge_date ≤ March 31, 2015	
2015/16	screen_source = "DL" AND April 1, 2015 ≤ MOTHER_ADMISSION.discharge_date ≤ March 31, 2016	
Parity		
Nulliparous	(term = 0 and premature = 0 and prev_cesarian_deliv = 0 and prev_vaginal_deliv = 0) OR (term = null and premature = null and prev_cesarian_deliv = null and prev_vaginal_deliv = null and living = 0) OR (any of term, premature, prev_cesarian_deliv, or prev_vaginal_deliv = null and gravida = 1)	
Parous	(term ≥ 1 or premature ≥1 or prev_cesarian_deliv ≥1 or prev_vaginal_deliv ≥1) OR (term = null and premature = null and prev_cesarian_deliv = null and prev_vaginal_deliv = null and living ≥1)	

	PDR variables		CIHI Codes
Hypertensive Disorders of Pregnancy			
(hierarchy)			
Eclampsia			diagnosis_code begins with O15
HELLP syndrome	pp_hellp = "Y"		
•	discharge_date ≥ April 1, 2012	AND	diagnosis_code begins with O142
Pre-Existing Hypertension with Pre-Eclampsia			diagnosis_code begins with O11
Pre-Eclampsia	discharge_date < April 1, 2012 AND pp_hellp ≠ "Y"	AND	diagnosis_code begins with O14
	discharge_date ≥ April 1, 2012 AND pp_hellp ≠ "Y"	AND	diagnosis_code begins with O140, O141, or O149
Pre-Existing Hypertension			diagnosis_code begins with O10
Gestational Hypertension			diagnosis_code begins with O13
(includes mild pre-eclampsia for discharges before April 1, 2012)			
Unspecified Hypertension			diagnosis_code begins with O16
Diabetes Mellitus in Pregnancy			
Gestational Diabetes	risk_code = 13 or 14	OR	diagnosis_code begins with O248
Pre-Existing Diabetes	risk_code = 15 or 16	OR	diagnosis_code begins with O245, O246, or O247
Artificial Reproductive Technology	ivf = "Y"	OR	diagnosis_code for mother = Z37xx1 or baby = Z38xx1
Augmentation of Labour	labour_aug_flg = "Y"		
Induction of Labour	labour_ind_flg = "Y"		
Method of Fetal Surveillance During Labour			
Auscultation Only	auscultation = "Y" and		
	elec_fetal_monitor_external ≠ "Y" and		
	elec_fetal_monitor_internal ≠ "Y" and		
	no_fetal_monitoring ≠ "Y"		
Auscultation and External Electronic	auscultation = "Y" and		
Monitoring	elec_fetal_monitor_external = "Y" and		
	elec_fetal_monitor_internal ≠ "Y" and		
	no_fetal_monitoring ≠ "Y"		
External Electronic Monitoring Only	auscultation ≠ "Y" and		
	elec_fetal_monitor_external = "Y" and		
	elec_fetal_monitor_internal ≠ "Y" and		
	no_fetal_monitoring ≠ "Y"		
Internal Electronic Monitoring Only	auscultation ≠ "Y" and		
	elec_fetal_monitor_external ≠ "Y" and elec_fetal_monitor_internal = "Y" and		
No Fetal Monitoring	no_fetal_monitoring ≠ "Y" (auscultation ≠ "Y" and		
NO Fetal Monitoring	elec_fetal_monitor_internal ≠ "Y" and		
	elec_fetal_monitor_external ≠ "Y" and		
	no_fetal_monitoring= "Y")		
	OR		

	PDR variables		CIHI Codes
	(avery)tation of IIVII and		
	(auscultation ≠ "Y" and elec fetal monitor internal ≠ "Y" and		
	elec_fetal_monitor_internal ≠ Y and elec_fetal_monitor_external ≠ "Y" and		
	no_fetal_monitoring ≠ "Y")		
Delivery Provider	Tio_letal_flioriitoriiig + 1 )		
Obstetrician	delivered_by = 2 or 6 for any infant		
Surgeon	else if delivered_by = 12		
Family Practice + Cesarean	else if delivered_by = 1 or 8	AND	procedure_code begins with 5MD60 (cesarean delivery)
Family Practice + Vaginal	else if delivered_by = 1 or 8	AND	procedure code does not begin with 5MD60
Midwife	else if delivered_by = 3 or 7	71110	procedure_code decernor begin with one become
Nurse	else if delivered_by = 4		
Other	else if delivered_by = 5, 9, 10, or 11		
Deliveries with Midwifery-Involved Care	institution_id = 976 or 977 or	OR	doctor_service = 11004
	midwife case = "Y" or	O.C	on DOCTORS or PROCEDURES_PERFORMED for mother
	delivered_by = 3 or 7 for any infant or		or baby record
	actual_place_of_delivery = 1 or 2		
Delivery at Home	institution_id = 976 or 977 or		
	actual_place_of_delivery = 2		
Anesthesia or Analgesia	***************************************		
Entonox	entonox_flg = "Y"		
Epidural	epidural_flg = "Y"	OR	<pre>anesthetic_type = 3 for a procedure_code beginning with 5MD</pre>
General	general_flg = "Y"	OR	<pre>anesthetic_type = 1 or 4 for a procedure_code beginning with 5MD</pre>
Local	local_flg = "Y"	OR	<pre>anesthetic_type = 7 for a procedure_code beginning with 5MD</pre>
Narcotic	narcotic_flg = "Y"		
Spinal	spinal_flg = "Y"	OR	<pre>anesthetic_type = 2 for a procedure_code beginning with 5MD</pre>
Combined Spinal and Epidural			anesthetic_type = C for a procedure code beginning with 5MD
Other	other_flg = "Y" or pudendal_flg = " Y"		
No Anesthetic	none_flg = "Y"		
Perineal Trauma			
Third or Fourth Degree Laceration	laceration_flg = "Y" AND laceration_degree = 3 or 4	OR	diagnosis_code begins with O702 or O703
Episiotomy	episiotomy_flg = "Y"		
Cervical Tear	cervical_tear_flg = "Y"	OR	diagnosis_code begins with O713
Mode of Delivery			
Spontaneous Vaginal			procedure_code begins with 5MD50, 5MD51, 5MD52, 5MD56AA, 5MD56NL, 5MD56NP, 5MD56NU, 5MD56NM,

	PDR variables		CIHI Codes
			5MD56NQ, 5MD56NV, 5MD56GH, 5MD56PA, 5MD56PD,
			5MD56PG, 5MD56PB, 5MD56PE, or 5MD56PH
Assisted Vaginal			procedure_code begins with 5MD53, 5MD54, 5MD55,
			5MD56NN, 5MD56NR, 5MD56NW, 5MD56PC, 5MD56PF, or
			5MD56PJ
Vacuum			procedure_code begins with 5MD54
Forceps			procedure_code begins with 5MD53, 5MD56NN, 5MD56NR, 5MD56NW, 5MD56PC, 5MD56PF, or 5MD56PJ
Forceps and Vacuum			procedure_code begins with 5MD55
·			procedure_code begins with 5MD54 AND
			any of the following procedure codes is also on the abstract: 5MD53, 5MD55, 5MD56NN, 5MD56NR, 5MD56NW,
			5MD56PC, 5MD56PF, or 5MD56PJ
Cesarean			procedure_code begins with 5MD60
Cesarean	csection_type = 1, 2, 3, or 4	AND	no procedure code begins with 5MD5 or 5MD60
Emergency Primary	csection_type = 1, 2, 3, or 4  csection_type = 2	AND	procedure_code begins with 5MD60
Emergency Repeat	csection_type = 2 csection_type = 4	AND	procedure_code begins with 5MD60
Elective Primary	csection_type = 4	AND	procedure_code begins with 5MD60
Elective Repeat	csection_type = 1	AND	procedure_code begins with 5MD60
Vaginal Birth After Cesarean (VBAC)	CSection_type = 3	AIND	procedure_code begins with SiMDoo
VBAC Eligible	(vbac_eligible = "Y" and		
VB/(0 Eligible	prev_cesarian_deliv ≥1)		
	OR		
	(vbac_eligible = "U" or " " and		
	baby_presentation_delivery = 6 and		
	prev_cesarian_deliv ≥1 and		
	Maximum(baby_sequence) = 1)		
	(vbac_eligible = "U" or " " and	AND	procedure_code begins with 5MD5
	baby_presentation_delivery = 9 and		-
	gestational age ≥ 37 and		
	prev_cesarian_deliv ≥1 and		
	Maximum(baby_sequence) = 1)		
VBAC Attempted	(vbac_attempted = "Y" and		
	prev_cesarian_deliv is ≥1)		
	OR		
	(vbac_attempted = "U", "A", or " " and		
	prev_cesarian_deliv ≥1 and		
	((labour_ind_flg = "Y") or (labour_spont_flg = "Y" and labour_aug_flg = "Y")))		
VBAC Success	Woman VBAC Eligible and VBAC Attempted (above)	AND	procedure_code begins with 5MD5
Maternal Morbidity			

	PDR variables		CIHI Codes
Liver Complications (updated 2016)	pp_fatty_liver = "Y" or pp_liver_hematoma = "Y"	OR	diagnosis_code begins with K760, O266, or O904
Urinary Tract Infection (updated 2016)	pp_uti = "CY", "PY", "OT", "UN"	OR	diagnosis_code begins with N10, N11, N12, N15, N30, N34, N390, O23, O861, O862, or O863
Sepsis (updated 2016)	pp_pos_blood_culture = "Y"	OR	diagnosis_code begins with A40, A41, O753, or O85
Wound Infection	pp_wound_infection = "Y"	OR	diagnosis_code begins with O860 or T814
Postpartum Hemorrhage with Transfusion	blood_transfusion_flg = "Y"	AND	diagnosis_code begins with O72
Postpartum Hemorrhage with Hysterectomy			diagnosis_code begins with O72 AND (procedure_code begins with 5MD60CB, 5MD60KE, 5MD60RC, or 5MD60RD; OR procedure_code begins with 1RM87LAGX and extent = SU; OR procedure_code begins with 1RM89 AND there is no
			procedure_code beginning with 1PL74, 1RS74, or 1RS80)
Antepartum Hemorrhage with Transfusion	blood_transfusion_flg = "Y" and risk_code = 8		procedure_code beginning with TPL74, TRS74, OF TRS80)
Antepartum nemormage with transitision	blood_transfusion_flg = "Y"	AND	diagnosis_code begins with O441, O45, O46, O67, or O694
Eclampsia	blood_transrusion_rig = 1	AIND	diagnosis code begins with O15
HELLP	pp_hellp = "Y"		diagnosis_code begins with O15
HELLF	discharge date ≥ April 1, 2012	AND	diagnosis_code begins with O142
Anesthetic Complications	ulscriarge_uate 2 April 1, 2012	AIND	diagnosis_code begins with O29, O740, O741, O742, O743, O744, O747, O748, O749, O89, or T885
Shock			diagnosis_code begins with O751
Stroke			diagnosis_code begins with G459, I6, or I7
Pulmonary Embolism			diagnosis_code begins with O88
Adverse Outcome of Labour or Delivery			<u> </u>
Moderate Maternal Adverse Outcome	screen_source = "DL" AND blood_transfusion_flg = "Y" OR (laceration_flg = "Y" AND laceration_degree = 3 or 4)	OR	diagnosis_code begins with O702 or O703 OR procedure_code begins with 5PC73JT, 5PC80JM, 5PC91GA, or 5PC91GC OR (diagnosis_code begins with O722 AND procedure_code begins with 1KT51, 1RM13, 1RM87LAGX, 1RM89, 5MD60CB, 5MD60KE, 5MD60RC, 5MD60RD, 5PC91HT, or 5PC91LA)
Moderate Neonatal Adverse Outcome	screen_source = "NB" and admission_weight ≥ 2,500 and gestational age ≥ 37 and ((nicu_ii+nicu_iii ≥ 2) OR (Length of stay <24 hours and institution_to = 104, 202, 109, 116, 703, 609, 501, 401, 302, 130, 115,	AND	diagnosis_code does not begin with P832 or Q

	PDR variables		CIHI Codes
	112, or 102)		
	OR		
	(0 ≤ apgar_5 minutes <7))		
Severe Maternal Adverse Outcome	screen_source = "DL"	AND	diagnosis_code begins with O7118, O95 or O97 OR
			procedure_code begins with 1GZ30CJ, 1GZ30JH, 1GZ31CAND, 1GZ31CBND, 1GZ31CRND, 1GZ31GPND, 1GZ38JAND, 1GZ38JANE, 1GJ50CANG, or 1GJ50CATS
Severe Neonatal Adverse Outcome	screen_source = "NB" and	AND	diagnosis_code does not begin with P832 or Q
	admission_weight ≥ 2,500 and		
	gestational age ≥ 37 and		
	(discharge_to = "D" or stillbirth = "A")		
	screen_source = "NB" and	AND	diagnosis_code begins with P100, P101, P104, P108, P109,
	admission_weight ≥ 2,000		P113, P114, P115, P122, P13 (excluding P134), P140, P141, P142, P143, P148, or P149
Maternal Length of Stay			
Antepartum Length of Stay	For the Delivery Episode of Care, hours between		
	(delivery_date  delivery_time -		
	admission_date  admission_time)		
	where		
	institution_id for the Delivery Admission ≠ 976 or		
Destructum Longth of Ctoy	977		
Postpartum Length of Stay	For the Delivery Episode of Care, hours between (discharge_date  discharge_time -		
	delivery_date  delivery_time		
	where		
	institution_id for the Delivery Admission ≠ 976 or		
	977		
Total Length of Stay	For the Delivery Episode of Care, hours between		
3 ,	(discharge_date  discharge_time -		
	admission_date  admission_time)		
	where		
	institution_id for the Delivery Admission ≠ 976 or		
	977		
Maternal Transfers			
Transferred to Acute Care	screen_source= "DL" and		
	institution_to = 101, 102, 104, 105, 106, 107, 109,		
	111, 112, 113, 115, 116, 121, 123, 128, 130, 131,		
	134, 135, 136, 201, 202, 203, 204, 206, 217, 301,		
	302, 303, 305, 309, 401, 402, 403, 404, 405, 406,		
	408, 409, 417, 419, 501, 502, 507, 508, 510, 511, 601, 602, 603, 604, 606, 609, 651, 654, 655, 701,		
	702, 703, 704, 705, 707, 708, 713, 714, 715, 716,		
	102, 103, 104, 103, 101, 100, 113, 114, 113, 110,		

	PDR variables		CIHI Codes
	717, 752, 753, 754, 755, 756, 801, 803, 804, 851, 854, 859, 901, 902, 903, 904, 906, 907, 912, 917, 918, 929, 973, or 974		
Transfer to a Higher Level of Care	screen_source = "DL" AND discharge_date < April 1, 2013 AND (institution_id ≠ 104, 109, 202, 102, 302, 401, 703, or 501 AND institution_to = 104, 105, 109, 202, 102, 302, 401, 703, or 501)		
	OR		
	(institution_id ≠ 104, 109, 202, or 102 AND institution_to =104, 105, 109, 202, or 102)		
	screen_source = "DL" AND discharge_date ≥ April 1, 2013 AND (institution_id ≠ 104, 109, 202, 102, 116, 302, 401, 703, or 501 AND institution_to = 104, 105,109,116, 202, 102, 302, 401, 703, or 501)		
	OR (institution_id ≠104, 109, 202, or 102		
Post-Delivery Admission Diagnoses	AND institution_to = 104, 105, 109, 202, or 102)		
Routine Postpartum Care (updated 2016)	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with Z390, Z392, or Z488
Postpartum Hemorrhage	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with O72
Postpartum Infection (updated 2016)	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with A40, A41, N10, N11, N12, N15, N30, N34, N390, O753, O85, O86, or T814
Other Diseases Complicating Pregnancy	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with O99
Hypertension or Eclampsia (updated 2016)	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with I100, O10, O11, O13, O14, O15, or O16
Other Wound Issues	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with O70, O71, O75404, O900, O901, O902, or T813
Care of Breasts	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with O91, O92, or Z391
Retained Placenta Without Hemorrhage	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with O73
Pregnancy-Associated Mental Health	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with F53
Complications of Anesthesia	Post-Delivery Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with O74,

	PDR variables		CIHI Codes
			O89, or T885
Multiple Gestation	multiple_birth_count >1		
In-Hospital Perinatal Mortality			
Crude Stillbirths (includes complete late	stillbirth = "A", "P", or "U"		
pregnancy terminations)			
Stillbirth >=500g	stillbirth = "A", "P", or "U" and		
	admission_weight ≥ 500		
Early Neonatal Death	stillbirth = "N" and		
	discharge_to = "D" and		
	(discharge_date – date_of_birth ) <7 days		
Late Neonatal Death	stillbirth = "N" and		
	discharge_to = "D" and		
	7 days ≤ (discharge_date – date_of_birth) ≤ 27		
Doct No contal Docth	days stillbirth = "N" and		
Post Neonatal Death	discharge to = "D" and		
	28 days ≤ (discharge_date – date_of_birth) ≤ 364		
	days		
	uays		
Birth Injury			diagnosis_code begins with P100, P101, P104, P108, P109,
N			P11, P12, P13, P14, or P15
Neonatal Morbidity	behavings blood sultime IIVII		diamandia and a hagina with A40 A44 as D20
Sepsis	baby_pos_blood_culture = "Y"	OR	diagnosis_code begins with A40, A41, or P36
Intracranial Hemorrhage			diagnosis_code begins with P10 or P52 diagnosis_code begins with P220
Respiratory Distress Syndrome Transient Tachypnea			diagnosis code begins with P221
Other Respiratory Condition			diagnosis_code begins with A481, J, P228, P229, P23-P27,
Other Respiratory Condition			P280, P281, P282, P283, P284, P288, P289, Q30-Q34,
			Q791, R091, or Z902
	0 ≤ apgar_5_minutes <7	AND	diagnosis_code begins with P285
Any Neonatal Morbidity	0 - apgar_o_minates </td <td>71110</td> <td>diagnosis_code begins with A40, A41, A481, J, P10, P220,</td>	71110	diagnosis_code begins with A40, A41, A481, J, P10, P220,
7 try (Voorhatal Worldidity			P221, P228, P229, P23-P27, P36, P280, P281, P282, P283,
			P284, P288, P289, P52, Q30-Q34, Q791, R091, or Z902
	0 ≤ apgar_5_minutes <7	AND	•
Congenital Anomalies	10 = -		<u> </u>
Any Congenital Anomaly			diagnosis_code begins with Q
Chromosomal			diagnosis_code begins with Q90-Q99
Circulatory System			diagnosis_code begins with Q20-Q28
Cleft Lip or Palate			diagnosis_code begins with Q35-Q37
Digestive System			diagnosis_code begins with Q38-Q45
Eye, Ear, Face, or Neck			diagnosis_code begins with Q10-Q18
Genital Organs			diagnosis_code begins with Q50-Q56
Musculoskeletal System			diagnosis_code begins with Q65-Q79

	PDR variables		CIHI Codes
Nervous System			diagnosis_code begins with Q00-Q07
Respiratory System			diagnosis_code begins with Q30-Q34
Urinary System			diagnosis_code begins with Q60-Q64
Other Specific Anomaly			diagnosis_code begins with Q80-Q89
Newborn Length of Stay	For the Birth Episode of Care, hours between (discharge_date  discharge_time – admission_date  admission_time) where institution_id for the Birth Admission ≠ 976 or 977		
Newborn Feeding			
Exclusive Breastfeeding	newborn_feeding = "BR"		
Non-Exclusive Breastfeeding	newborn_feeding = "BF"		
No Breastfeeding	newborn_feeding = "FR"		
Any Breastfeeding	newborn_feeding = "BR" or "BF"		
Weight for Gestational Age			
Small for Gestational Age	Baby's weight is below the 10 <sup>th</sup> percentile for gestational age and sex Based on gestational age, sex, multiple_birth_count, and admission_weight where screen_source = "NB" and sex = "M" or "F"		
Large for Gestational Age	Baby's weight is above the 90 <sup>th</sup> percentile for gestational age and sex Based on gestational age, sex, multiple_birth_count, and admission_weight where screen_source = "NB" and sex = "M" or "F"		
Low Birthweight Singletons	screen_source = "NB" and 5 ≤ admission_weight < 2500 and stillbirth = "N" and multiple_birth_count = 1		
Premature Birth			
Spontaneous Preterm	gestational age <37 and labour_spont_flg = "Y" gestational age <37 and labour_none_flg = "Y" and (cesarean_type = 0	OR	Mother does not have a procedure_code beginning with 5MD60)
latrogenic Preterm	gestational age <37 and labour_ind_flg = "Y" gestational age <37 and labour_none_flg = "Y" and cesarean_type = 1, 2, 3, or 4		

	PDR variables	CIHI Codes
Neonatal Intensive Care Use	nicu_ii > 0 or nicu_iii > 0 for the Birth Episode of	
	Care	
Neonatal Transfer		
Transferred to Acute Care	screen_source= "NB" and	
	discharge_to= "O" and	
	institution_to = 101, 102, 104, 105, 106, 107, 109, 111, 112, 113, 115, 116, 121, 123, 128, 130,	
	131, 134, 135, 136, 201, 202, 203, 204, 206,	
	217, 301, 302, 303, 305, 309, 401, 402, 403,	
	404, 405, 406, 408, 409, 417, 419, 501, 502,	
	507, 508, 510, 511, 601, 602, 603, 604, 606,	
	609, 651, 654, 655, 701, 702, 703, 704, 705,	
	707, 708, 713, 714, 715, 716, 717, 752, 753,	
	754, 755, 756, 801, 803, 804, 851, 854, 859,	
	901, 902, 903, 904, 906, 907, 912, 917, 918,	
	929, 973, or 974	
Transfer to Higher Level of Care	screen_source = "NB" and	
	institution_id ≠ 102, 104, 109, 112, 116, 121, 130,	
	202, 302, 401, 501, 609, or 703 and	
	discharge_to = "O" and	
	instititution_to = 102, 104, 105, 109, 112, 116,	
	121, 130, 202, 302, 401, 501, 609, or 703 screen_source = "NB" and	
	discharge_to = "O" and	
	institution_id ≠ 104, 109, 116, or 202 and	
	institution_to = 104, 105, 109, 116, or 202	
Transfer to Acute Care Facility with Equal or	screen_source = "NB" and	
Lower Level of Care	discharge_to = "O" and	
	institution_id = 104, 109, 116, or 202 and	
	institution_to = 101, 102, 104, 105, 106, 107, 109,	
	111, 112, 113, 115, 116, 121, 123, 128, 130,	
	131, 134, 135, 136, 201, 202, 203, 204, 206,	
	217, 301, 302, 303, 305, 309, 401, 402, 403,	
	404, 405, 406, 408, 409, 417, 419, 501, 502, 507, 508, 510, 511, 601, 602, 603, 604, 606,	
	609, 651, 654, 655, 701, 702, 703, 704, 705,	
	707, 708, 713, 714, 715, 716, 717, 752, 753,	
	754, 755, 756, 801, 803, 804, 851, 854, 859,	
	901, 902, 903, 904, 906, 907, 912, 917, 918, or 929	
	screen_source= "NB" and	
	discharge_to = "O" and	

	PDR variables		CIHI Codes
	institution_id = 102, 112, 121, 130, 302, 401, 501,		
	609, or 703 and		
	institution_to = 101, 102, 106, 107, 111, 112, 113,		
	115, 121, 123, 128, 130, 131, 134, 135, 136,		
	201, 203, 204, 206, 217, 301, 302, 303, 305,		
	309, 401, 402, 403, 404, 405, 406, 408, 409,		
	417, 419, 501, 502, 507, 508, 510, 511, 601,		
	602, 603, 604, 606, 609, 651, 654, 655, 701,		
	702, 703, 704, 705, 707, 708, 713, 714, 715,		
	716, 717, 752, 753, 754, 755, 756, 801, 803,		
	804, 851, 854, 859, 901, 902, 903, 904, 906,		
	907, 912, 917, 918, or 929		
Resuscitation After Birth	ippv_mask_flg = "Y" or		
	ippv_ett_flg = "Y" or		
	chest_compress_flg = "Y" or		
	drugs = "Y"		
Post-Neonatal Admission Diagnoses			
Jaundice	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with P58, P59, or R17
Low Birth Weight or Preterm Birth	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with P07
Congenital Anomalies	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with G901, P293, or Q
Feeding Problems	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with K21, P741, P7881, P92, R633, or R634
Respiratory Infections	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with A37, J00-J06, J12-J18, J20-J22, or P23
Respiratory Distress	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with P22
Other Infections	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with A (except
			A37), B, H60-H66, K61, L0, M86, P027, P35-P38, P39
			(except P393), P77, R572, T802, T814, T827, or T835
Apnea	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with G4730, P283, P284, or R068
Urinary Tract Infections	Post-Neonatal Admission	AND	diagnosis_type = "M" and diagnosis_cd begins with N390 or P393
Isoimmunization			diagnosis_type = "M" and diagnosis_cd begins with P55
"Normal Labour"	labour_spont_flg = "Y" and		
	prev_cesarian_deliv = 0 and		
	multiple_birth_count = 1 and		
	baby_presentation_delivery = 6 and		
	gestational age is between 37 and 41		
"Normal Childbirth"	general_flg ≠ "Y" and	AND	procedure_code does not begin with 5MD53, 5MD54,
	spinal_flg ≠ "Y" and		5MD55, 5MD56NN, 5MD56NR, 5MD56NW, 5MD56PC,
	episiotomy_flg ≠ "Y"		5MD56PF, 5MD56PJ, or 5MD60

	PDR variables	CIHI Codes
		AND
		anesthetic_type ≠ 1, 2, or 4 for a procedure_code beginning with 5MD
Cervical Dilation on Admission		
0-3cm	0 ≤ cervical_dilation_on_admis < 4	
4-10cm	cervical_dilation_on_admis ≥ 4	
Unknown	cervical_dilation_on_admis = null	
Duration of Labour Stages		
Duration of First Stage	hours between	
	(second_stage_date  second_stage_time -	
	first_stage_date  first_stage_time)	
	where	
	first_stage_date and second_stage_date ≠ null	
	and labour_none_flg ≠ "Y"	
Duration of Second Stage	hours between (delivery_date  delivery_time -	
	second_stage_date  second_stage_time)	
	where	
	second_stage_date ≠ null and	
	labour_none_flg ≠ "Y"	
Low Apgar Score	0 ≤ apgar_5_minutes <7	

## **Gestational Age Algorithm**

Gestational age at delivery is calculated using an algorithm consistent with that recommended by the Society of Obstetricians and Gynaecologists of Canada. The algorithm takes into account the last menstrual period (LMP), early ultrasound (EUS) before 20 weeks, newborn clinical exam, and chart documented estimate of gestational age. Accurate documentation of each of these on patient charts, including the estimated weeks and days gestation at early ultrasound, permits the most accurate calculation by PSBC.

Gestational age in completed weeks§ based on LMP and EUS is calculated as follows:

- 1. If LMP\* is recorded and there is no EUS, use GA from LMP.
- 2. If LMP is recorded, there is no EUS^, but clinical exam of baby gives a GA at least 3 weeks different than LMP, use GA from newborn clinical exam.
- 3. If LMP is recorded and equal to GA in weeks from EUS at <14 weeks, use GA from LMP. If estimates are not equal, use GA from EUS.
- 4. If LMP is recorded and within 1 week of GA from EUS at 14-20 weeks, use GA from LMP. If difference is more than 1 week, use GA from EUS.
- 5. If LMP is not recorded but GA from EUS <20 weeks is recorded, use GA from EUS.
- 6. If LMP and EUS are not recorded, use GA from newborn clinical exam.
- 7. If LMP, EUS, and newborn clinical exam are not recorded, use GA from chart documentation.
- 8. If all are missing or out of range, GA is missing.

<sup>§</sup> Completed weeks of gestation is a term used in the estimated age of the fetus calculated from the first day of the LMP or US. A completed week increments at 7-day intervals. For instance 37 completed weeks includes the time span from 37 weeks and 0 days to 37 weeks and 6 days.

<sup>\*</sup> only LMP estimates of 15-45 weeks are considered. All others are treated as missing.

<sup>^</sup> only GA estimates of 17-43 weeks from EUS are considered. All others are treated as missing.