

Midwifery Legacy Data Dictionary

BORN ID	Data Element Name	Data Element Definition	Pick List Value
Course of Care Identification			
MWL0007	Transfer Payment Agency (TPA) number	The TPA code is a number between 1 and 20.	
MWL0008	Midwifery Practice Group number	The practice group code is a three-digit number between 100-199.	
MWL0030	Billing Month		
MWL0011	Client Code Maternal	A non-recyclable number using up to 9 characters (letters and numbers). Previously used Client Tracking Sheet codes must not be re-used.	
MWL0028	Date of Birth Maternal	Enter the Maternal birth date using the format YYYY/MM/DD.	
MWL0012	Postal Code-Maternal	For residents of Ontario (with or without an OHIP Health Card), enter the woman's home postal code.	
MWL0005	Billable Y/N	Select Yes if this was a billable course of care; if not, select No.	No Yes
MWL0009	Billable Course of Care Type	Billable Course of Care and Type.	Yes - 12 weeks of care and/or midwife attended birth Yes - Partial payment No - Less than 12 weeks of care and no midwife attended birth No - Care also provided and billed by another practice No - Non-resident or privately insured
MWL0010	Care by other Ontario MPG	Indicate if care was provided to this woman by another Ontario Midwifery Practice Group.	No Yes
MWL0013	Coordinating Midwife Provider Number	The provider number is a 6-digit number starting with 70, and can be found on each midwife's laboratory requisition	

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		form. On the laboratory requisition form the number is referred to as “Physician/Practitioner Number”.	
MWL0001	Coord MW bill for CC True/False	Did Coordinating Midwife bill for this client?	False True
MWL0014	Midwife Attended Birth	Indicate whether a midwife attended the birth	Yes No
MWL0016	Billing Midwife Provider Number	The provider number is a 6-digit number starting with 70, and can be found on each midwife’s laboratory requisition form. On the laboratory requisition form the number is referred to as “Physician/Practitioner Number”.	
MWL0015	Primary MW billing for course of care	If yes to MWL0014 did primary attending midwife bill for this client?	True False
MWL0006	Second Midwife Provider Number	Enter the provider number of the second midwife attending the labour, birth or postpartum. This number must be different than the provider number of the primary attending midwife.	
MWL0018	Second Attendant Type	If the birth was not attended by a second midwife, please indicate alternate second attendant.	TAPA Second Attendant (Temporary Alternate Practice Arrangement) Senior Student Not eligible for second attendant fee
MWL0026	CMO Approved TAPA	Indicate whether a College of Midwives of Ontario (CMO) approved Temporary Alternate Practice Arrangement (TAPA) was utilized.	Yes No
Services			
MWL0019	Date-Booking into MW Care	Enter the date the client began midwifery care as YYYY/MM/DD. The booking date on the form should be the first clinical entry on the Antenatal Record.	
MWL0020	Date of Miscarriage/Abortion	Enter the date of the miscarriage or abortion at <20 weeks gestation as YYYY/MM/DD. If exact date is not known	

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		provide closest approximate date.	
MWL0021	Date of Birth Infant First	Enter infant date of birth as YYYY/MM/DD. If more than one baby born to this woman, enter date the first baby was born	
MWL0022	Date Discharge From MW Care	Date of Discharge from midwifery care (date of last midwife visit). Enter the date of the last midwife visit provided to the client as YYYY/MM/DD.	
MWL0023	Gestational Age at Booking	Enter the gestational age that corresponds to the client's booking date.	
MWL0024	Gestational Age at Birth or Miscarriage/Abortion	Enter the gestational age at birth. If no life or stillbirth took place while in midwifery care, leave this field blank. If the client had a miscarriage or abortion, enter the gestational age at miscarriage/abortion.	
MWL0025	Gestational Age at Discharge if left care in pregnancy	If the client was discharged prior to birth, enter the gestational age at discharge.	
Maternal General			
MWL0031	Maternal Record ID	Maternal Record Identification	
MWL0032	Repeat Midwifery Client	Indicate Yes if the client received midwifery care in Ontario in a previous pregnancy; otherwise indicate No.	Yes No
MWL0033	Maternal Smoking	Maternal Smoking Status	Unknown No Smoking <=20 weeks GA >20 weeks GA Smoking Entire Pregnancy
MWL0034	Aboriginal Status	Maternal self-reported Aboriginal identity.	Unknown Not Applicable 1 st Nations Metis Inuit
MWL0035	Obstetrical History: Gravida	Indicate number of pregnancies the woman has	

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		experienced, including current pregnancy.	
MWL0036	Obstetrical History: # of previous term pregnancies	Number of previous term pregnancies.	
MWL0037	Obstetrical History: # Previous Pre-Term	Number of previous pre-term pregnancies (<37 weeks).	
MWL0038	Obstetrical History: # Previous Abortions/Miscarriages	Number of previous abortions/miscarriages.	
MWL0039	Obstetrical History: # Previous Vaginal Births	Number of previous vaginal births (not including VBACs).	
MWL0040	Obstetrical History: # Previous C-Sections	Number of previous cesarean sections.	
MWL0041	Obstetrical History: # Previous VBAC	Number of previous vaginal birth after cesarean section (VBAC)	
MWL0042	MW Visits-Prenatal Clinic	Indicate the number of prenatal midwife visits that took place in a clinic.	
MWL0043	MW Visits-Prenatal Home	Indicate the number of prenatal midwife visits that took place in at home.	
MWL0044	MW Visits-Prenatal Hospital	Indicate the number of prenatal midwife visits that took place in a hospital.	
MWL0045	MW Visits-Postnatal Hospital	Indicate the number of postnatal midwife visits that took place in a hospital.	
MWL0046	MW Visits-Postnatal Home	Indicate the number of postnatal midwife visits that took place at home.	
MWL0047	MW Visits-Postnatal Clinic	Indicate the number of postnatal midwife visits that took place in a clinic.	
Maternal - Antepartum			
MWL0048	Prenatal Visit <12 weeks Gestational Age	Indicate if client had one (or more) prenatal clinical appointment(s) before 12 weeks gestational age and with which provider or provider combination.	Unknown
			No
			Yes - Midwife
			Yes - Other

BORN ID	Data Element Name	Data Element Definition	Pick List Value
			Yes - Midwife and other
MWL0159	Folic Acid	Select Yes if the woman used supplementation before and/or after conception.	No
			Yes
			Unknown
MWL0160	Maternal Height CM	Enter the maternal height (pre-pregnancy) using metric units.	
MWL0161	Maternal Height FT	Enter the maternal height (pre-pregnancy) by selecting "Use Imperial Units" and the system will convert to metric.	
MWL0162	Maternal Height IN	Enter the maternal height (pre-pregnancy) by selecting "Use Imperial Units" and the system will convert to metric.	
MWL0163	Maternal Weight KG	Enter the maternal weight (pre-pregnancy) using metric units.	
MWL0164	Maternal Weight LB	Enter the maternal weight (pre-pregnancy) by selecting "Use Imperial Units" and the system will convert to metric.	
MWL0171	Maternal Height Unknown	Maternal Height - unknown	False
			True
MWL0172	Maternal Weight Unknown	Maternal Weight - unknown	False
			True
MWL0165	Maternal BMI	Maternal pre-pregnancy Body Mass Index (BMI) defined as weight in kilograms divided by the square of the height in metres (kg/m ²).	
MWL0049	Discharge MW Care While Still Pregnant	If the woman was discharged prior to the birth, select the reason why she was discharged. If the woman remained in midwifery care until after the birth, select NO.	No
			Yes - moved out of area
			Yes - left for another reason
MWL0050	Miscarriage/Abortion <20 weeks Gestational Age	Select YES if the woman had a miscarriage or abortion prior to 20 weeks gestation.	Yes
			No
MWL0051	Multiple Gestation	Select whichever multiple of pregnancy applies; select NO for singleton pregnancy.	No
			Twin
			Triple
			Other

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0052	Group B Screen	Select Yes if GBS test was done between 35-37 weeks gestation.	Yes
			No
			Unknown
			Not Applicable
MWL0053	Group B Results	Select a GBS result only if test was done.	Negative
			Positive
			Unknown
Maternal - Intrapartum			
MWL0054	Labour Type	Select one	Spontaneous
			Induced
			No Labour
MWL0055	Induction Method: Amniotomy	The induction method used to initiate and establish effective labour was an amniotomy.	False
			True
MWL0056	Induction Method: Mechanical	The induction method used to initiate and establish effective labour was mechanical.	False
			True
MWL0057	Induction Method: Prostaglandin	The induction method used to initiate and establish effective labour was the use of prostaglandins.	False
			True
MWL0058	Induction Method: Oxytocin	The induction method used to initiate and establish effective labour was the use of oxytocin.	False
			True
MWL0059	Induction Method Other	The induction method used to initiate and establish effective labour not listed above.	False
			True
MWL0060	Induction Indication: Diabetes	The primary medical or non-medical reason for labour induction was diabetes.	False
			True
MWL0061	Induction Indication: IUGR	The primary medical or non-medical reason for labour induction was intrauterine growth restriction/ small for gestational age.	False
			True
MWL0062	Induction Indication: LGA	The primary medical or non-medical reason for labour induction was fetus was large for gestational age.	False
			True
MWL0063	Induction Indication: Multiple	The primary medical or non-medical reason for labour	False

BORN ID	Data Element Name	Data Element Definition	Pick List Value
	Gestation	induction was a multiple gestation.	True
MWL0064	Induction Indication: Nonstress	The primary medical or non-medical reason for labour induction was NST/BPP Results.	False True
MWL0065	Induction Indication: Post Term	The primary medical or non-medical reason for labour induction was gestational period post-term.	False True
MWL0066	Induction-Indication: PROM	The primary medical or non-medical reason for labour induction was premature rupture of membranes.	False True
MWL0067	Induction-Indication: Pregnancy Induced HTN	The primary medical or non-medical reason for labour induction was pregnancy-induced hypertension.	False True
MWL0068	Induction-Indication: Pre-Existing Condition	The primary medical or non-medical reason for labour induction was a pre-existing health condition.	False True
MWL0069	Induction-Indication: Elective	The primary medical or non-medical reason for labour induction was elective.	False True
MWL0070	Induction-Indication: Other Maternal	The primary medical or non-medical reason for labour induction was other maternal.	False True
MWL0071	Induction-Indication: Other Fetal	The primary medical or non-medical reason for labour induction was other fetal.	False True
MWL0072	Total Induction Attempts	Total number of induction attempts.	1 2 ≥3
MWL0073	Augmentation: None	If NO induction, choose the method of augmentation. If labour was INDUCED, the answer must be NONE.	False True
MWL0074	Augmentation: Amniotomy	If NO induction, the method of augmentation was amniotomy.	False True
MWL0075	Augmentation: Oxytocin	If NO induction, the method of augmentation was oxytocin.	False True
MWL0076	Augmentation: Prostaglandin	If NO induction, the method of augmentation was prostaglandins.	False True
MWL0077	Augmentation: Other	If NO induction, the method of augmentation was not	False

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		listed above.	True
MWL0078	Pain Relief: None	No pain relief was administered during intrapartum care.	False
			True
MWL0079	Pain Relief: Non-Pharmacologic	The pain relief administered during intrapartum care was non-pharmacologic.	False
			True
MWL0080	Pain Relief: Sterile Water	The pain relief administered during intrapartum care was sterile water/saline injection.	False
			True
MWL0081	Pain Relief: Nitrous Oxide	The pain relief administered during intrapartum care was nitrous oxide.	False
			True
MWL0082	Pain Relief: Narcotics	The pain relief administered during intrapartum care was narcotic analgesic-IM or IV.	False
			True
MWL0083	Pain Relief: Pudendal	The pain relief administered during intrapartum care was a pudendal anaesthetic.	False
			True
MWL0084	Pain Relief: Epidural	The pain relief administered during intrapartum care was an epidural.	False
			True
MWL0085	Pain Relief: Spinal	The pain relief administered during intrapartum care was a spinal.	False
			True
MWL0086	Pain Relief: Spinal Epidural	The pain relief administered during intrapartum care was a combination spinal/epidural.	False
			True
MWL0087	Pain Relief: General	The pain relief administered during intrapartum care was a general anesthetic.	False
			True
MWL0088	Pain Relief: Other	The pain relief administered during intrapartum care was not listed above (other).	False
			True
MWL0089	Episiotomy	Indication whether episiotomy was performed and type of incision.	None
			Midline
			Medio-lateral
MWL0090	Laceration: None	No perineal laceration.	False
			True
MWL0091	Laceration: 1st Degree	Indicate whether 1st degree tear of perineum occurred	False

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		during intrapartum period.	True
MWL0092	Laceration: 2nd Degree	Indicate whether 2nd degree tear of perineum occurred during intrapartum period.	False True
MWL0093	Laceration: 3rd Degree	Indicate whether 3rd degree tear of perineum occurred during intrapartum period.	False True
MWL0094	Laceration: 4th Degree	Indicate whether 4th degree tear of perineum occurred during intrapartum period.	False True
MWL0095	Laceration: Cervical	Indicate whether cervical tear occurred during intrapartum period.	False True
MWL0096	Laceration: Labial	Indicate whether labial tear occurred during intrapartum period.	False True
MWL0097	Laceration: Vaginal	Indicate whether vaginal tear occurred during intrapartum period.	False True
MWL0098	Laceration: Other	Indicate whether other type of tear occurred during intrapartum period; specify type of laceration.	
MWL0099	Planned Location of Birth	Select the location the client intended for birth to occur at the onset of labour. For a scheduled Cesarean, select hospital.	Home Hospital Undecided Unknown
MWL0100	Actual Location of Birth	Select the location where the baby was born. If born in hospital, indicate the hospital's postal code.	Home Hospital Other
MWL0101	Location of Birth-Hospital Postal Code	The postal code of the birth hospital.	
MWL0175	Location Birth-Hospital Name	Name of birth hospital (implemented 2009)	
MWL0102	Health Professional Who Conducted Birth	Select the care provider who caught the baby.	Midwife Midwifery student Obstetrician Other

BORN ID	Data Element Name	Data Element Definition	Pick List Value
			Family Physician
			Unattended
MWL0330	EMS called to home	Indicate whether emergency medical services were called to HOME at any part of the labour, birth or immediate post-partum.	Yes
			No
MWL0173	Admitted Hospital-Date	If birth took place at hospital, Intrapartum Date of Admission to hospital	
MWL0103	Time of Hospital Admission	If birth took place in hospital, indicate the time the woman was admitted to the hospital for birth as hh:mm. Use 24 hour clock.	
Maternal - Postpartum			
MWL0174	Discharge from Hospital-Postpartum Date	If birth took place at hospital, Postpartum date of discharge from hospital	
MWL0104	Time of Postpartum Hospital Discharge	If birth took place in hospital, indicate the time the woman was discharged from the hospital after birth as hh:mm. Use 24 hour clock.	
MWL0331	Discharge reason	Indicate reason for postpartum hospital stay if hospital stay was > 60 hours	
Maternal - Mortality			
MWL0166	Maternal Death	Select Yes, No or Unknown for maternal death.	Yes
			No
			Unknown
MWL0167	Maternal Death: Reason	If yes, select reason	Indirect Obstetric
			Direct Obstetric
			Other, specify
MWL0168	Maternal Death: Reason Other	If maternal death reason "Other", please specify	
MWL0169	Maternal Death Date	Indicate date of maternal death.	
Maternal – Conditions and Complications			
MWL0105	Maternal Conditions: None	There were no maternal health conditions or complications.	False
			True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0106	Maternal History: Congenital	Family history of congenital anomaly/genetic disorders.	False
			True
MWL0107	Maternal History: Uterine	Previous uterine surgery including Cesarean section.	False
			True
MWL0108	Maternal History: Adverse	Previous adverse pregnancy related outcome.	False
			True
MWL0109	Maternal History: More	More than one previous low birth weight infant.	False
			True
MWL0110	Maternal Health: Alcohol/Drug	Select True if the client is alcohol and/or drug dependent; if not, select False.	False
			True
MWL0111	Maternal Health: Asthma	Select True if the client has asthma; if not, select False.	False
			True
MWL0112	Maternal Health: Chronic	Select True if the client has chronic hypertension; if not, select False.	False
			True
MWL0113	Maternal Health: Diabetes-Insulin Dependent	Select True if the client has insulin dependent diabetes; if not, select False.	False
			True
MWL0114	Maternal Health: Non-insulin Dependent	Select True if the client has non-insulin dependent diabetes; if not, select False.	False
			True
MWL0115	Maternal Health: Heart Disease	Select True if the client has a heart condition; if not, select False.	False
			True
MWL0116	Maternal Health: Hepatitis B	Select True if the client has hepatitis B; if not, select False.	False
			True
MWL0117	Maternal Health: HIV	Select True if the client is HIV positive; if not, select False.	False
			True
MWL0118	Maternal Health: Isoimmunization	Select True if the client experienced isoimmunization; if not, select False.	False
			True
MWL0119	Maternal Health: Mental Health	Select True if the client experienced mental health concerns; if not, select False.	False
			True
MWL0120	Maternal Health: Thyroid	Select True if the client has a thyroid condition; if not,	False

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		select False.	True
MWL0121	Maternal Health: Other	Select True if the client has other maternal medical conditions; if not, select False.	False
			True
MWL0122	Pregnancy Complication: Laceration	Select True if the client experienced 3rd or 4th degree laceration; if not, select False.	False
			True
MWL0123	Pregnancy Complication: Abdominal Pain	Select True if the client experienced abdominal pain/cramping; if not, select False.	False
			True
MWL0124	Pregnancy Complication: Anemia	Select True if the client experienced anemia that is unresponsive to therapy; if not, select False.	False
			True
MWL0125	Pregnancy Complication: Antepartum	Select True if the client experienced antepartum bleeding; if not, select False.	False
			True
MWL0126	Pregnancy Complication: Augmentation	Select True if the client experienced labour augmentation; if not, select False.	False
			True
MWL0127	Pregnancy Complication: Breastfeeding	Select True if the client experienced breastfeeding problems; if not, select False.	False
			True
MWL0128	Maternal Consult Pregnancy Complication: Cord Prolapse	Select True if the client experienced cord prolapse; if not, select False.	False
			True
MWL0129	Pregnancy Complication: Eclampsia	Select True if the client experienced breastfeeding; if not, select False.	False
			True
MWL0130	Pregnancy Complication: Fetal Anomaly	Select True if the client experienced a fetal anomaly; if not, select False.	False
			True
MWL0131	Pregnancy Complication: Fetal Concerns	Select True if the client displays fetal concerns/Non-reassuring fetal status; if not, select False.	False
			True
MWL0132	Pregnancy Complication: GBS	Select True if the client receives GBS antibiotic prophylaxis; if not, select False.	False
			True
MWL0133	Pregnancy Complication: Gestational Diabetes	Select True if the client has gestational diabetes; if not, select False.	False
			True
MWL0134	Pregnancy Complication: Hyperemesis Gravidarum	Select True if the client experienced hyperemesis gravidarum; if not, select False.	False
			True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0135	Pregnancy Complication: Induction	Select True if the client experienced labour induction; if not, select False.	False
			True
MWL0136	Pregnancy Complication: Infection	Select True if the client experienced an infection (not UTI); if not, select False.	False
			True
MWL0137	Pregnancy Complication: IUGR	Select True if the client experienced IUGR/SGA; if not, select False.	False
			True
MWL0138	Pregnancy Complication: LGA	Select True if the client has a fetus that is LGA; if not, select False.	False
			True
MWL0139	Pregnancy Complication: Meconium	Select True if the client experienced meconium staining; if not, select False.	False
			True
MWL0140	Pregnancy Complication: Multiple Gestation	Select True if the client has a multiple gestation pregnancy; if not, select False.	False
			True
MWL0141	Pregnancy Complication: Non Progressive	Select True if the client experienced non-progressive labour/lack of descent; if not, select False.	False
			True
MWL0142	Pregnancy Complication: Oligohydramnios	Select True if the client experienced oligohydramnios; if not, select False.	False
			True
MWL0143	Pregnancy Complication: Pain Control	Select True if the client received pain control; if not, select False.	False
			True
MWL0144	Pregnancy Complication: Placenta Previa	Select True if the client experienced placenta previa; if not, select False.	False
			True
MWL0145	Pregnancy Complication: Placental Abruptio	Select True if the client experienced placental abruptio; if not, select False.	False
			True
MWL0146	Pregnancy Complication: Polyhydramnios	Select True if the client experienced polyhydramnios; if not, select False.	False
			True
MWL0147	Pregnancy Complication: Postpartum Depression	Select True if the client experienced postpartum depression; if not, select False.	False
			True
MWL0148	Pregnancy Complication: Hemorrhage	Select True if the client experienced postpartum hemorrhage; if not, select False.	False
			True
MWL0149	Pregnancy Complication: Post	Select True if the client experienced post-dated pregnancy;	False

BORN ID	Data Element Name	Data Element Definition	Pick List Value
	Dates Pregnancy	if not, select False.	True
MWL0150	Pregnancy Complication: Pregnancy Induced Hypertension	Select True if the client experienced pregnancy-induced hypertension; if not, select False.	False
			True
MWL0151	Pregnancy Complication: Prelabour Rupture	Select True if the client experienced prelabour rupture of membranes (PROM); if not, select False.	False
			True
MWL0152	Pregnancy Complication: Presentation Cephalic	Select True if the client experienced a presentation other than cephalic at 38 weeks; if not, select False.	False
			True
MWL0153	Pregnancy Complication: Preterm Labour	Select True if the client experienced preterm labour; if not, select False.	False
			True
MWL0154	Pregnancy Complication: Retained Placenta	Select True if the client had retained placenta; if not, select False.	False
			True
MWL0155	Pregnancy Complication: Shoulder Dystocia	Select True if the client experienced shoulder dystocia; if not, select False.	False
			True
MWL0156	Pregnancy Complication: Uterine Rupture	Select True if the client experienced uterine rupture/dehiscence experienced; if not, select False.	False
			True
MWL0157	Pregnancy Complication: Urinary Infection	Select True if the client had a urinary tract infection (UTI); if not, select False.	False
			True
MWL0158	Pregnancy Complications: Other Text	Select True if the client other conditions or complications; please specify.	
Maternal – Hospital Care, Consultations and Transfers of care			
MWL0201	Maternal Consult: None	Select True if there was no maternal consult; if there was a consult, select False.	False
			True
MWL0181	Maternal Consult: Family history congenital anomaly	Select True if reason for maternal consult was a congenital anomaly/genetic disorder; if not, select False.	False
			True
MWL0182	Maternal Consult: Previous uterine surgery	Select True if reason for maternal consult was a previous uterine surgery (including Cesarean); if not, select False.	False
			True
MWL0183	Maternal Consult: Previous adverse pregnancy outcome	Select True if reason for maternal consult was for a previous adverse pregnancy-related outcome; if not, select False.	False
			True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0184	Maternal Consult: Previous low birth weight	Select True if reason for maternal consult was because the client had experienced more than one previous low birth weight infant; if not, select False.	False
			True
MWL0185	Maternal Consult: Alcohol/drug dependent	Select True if reason for maternal consult was for a client who was alcohol and/or drug dependent; if not, select False.	False
			True
MWL0186	Maternal Consult: Asthma	Select True if reason for maternal consult was because the client had asthma; if not, select False.	False
			True
MWL0187	Maternal Consult: Chronic hypertension	Select True if reason for maternal consult was for chronic hypertension; if not, select False.	False
			True
MWL0188	Maternal Consult: Diabetes insulin dependent	Select True if reason for maternal consult was for insulin dependent diabetes; if not, select False.	False
			True
MWL0189	Maternal Consult: Diabetes non-insulin dependent	Select True if reason for maternal consult was for non-insulin dependent diabetes; if not, select False.	False
			True
MWL0190	Maternal Consult: Heart disease	Select True if reason for maternal consult was for a heart condition; if not, select False.	False
			True
MWL0191	Maternal Consult: Hepatitis B	Select True if reason for maternal consult was for hepatitis B; if not, select False.	False
			True
MWL0192	Maternal Consult: HIV	Select True if reason for maternal consult was for HIV; if not, select False.	False
			True
MWL0193	Maternal Consult: Isoimmunization	Select True if reason for maternal consult was for Isoimmunization; if not, select False.	False
			True
MWL0194	Maternal Consult: Mental Health	Select True if reason for maternal consult was for mental health concerns; if not, select False.	False
			True
MWL0195	Maternal Consult: Thyroid	Select True if reason for maternal consult was for a thyroid condition; if not, select False.	False
			True
MWL195A	Maternal Consult: Laceration	Select True if reason for maternal consult was for a laceration; if not, select False.	False
			True
MWL0196	Maternal Consult: Other	Select True if reason for maternal consult was for other	Yes

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		maternal medical conditions; if not, select False.	No
MWL0197	Maternal Consult: Physician	Indicate whether the midwife consulted a physician.	Yes
			No
MWL0198	Maternal Consult: Transfer of Care	Indicate whether there was a transfer of care.	Yes
			No
MWL0199	Maternal Consult: Emergency	Indicate whether out-patient care (including emergency services) was utilized.	Yes
			No
MWL0200	Maternal Consult: Hospital	Indicate whether there was admission to hospital in pregnancy / postpartum (not intrapartum).	Yes
			No
MWL0293	Maternal Consult Pregnancy Complication: Abdominal Pain	Select True if the reason for maternal consult was abdominal pain; if not, select False.	False
			True
MWL0294	Maternal Consult Pregnancy Complication: Anemia	Select True if the reason for maternal consult was anemia that is unresponsive to therapy; if not, select False.	False
			True
MWL0295	Maternal Consult Pregnancy Complication: Antepartum	Select True if the reason for maternal consult was antepartum bleeding; if not, select False.	False
			True
MWL0296	Maternal Consult Pregnancy Complication: Augmentation	Select True if the reason for maternal consult was labour augmentation; if not, select False.	False
			True
MWL0297	Maternal Consult Pregnancy Complication: Breastfeeding	Select True if the reason for maternal consult was breastfeeding problems; if not, select False.	False
			True
MWL0298	Maternal Consult Pregnancy Complication: Cord Prolapse	Select True if the reason for maternal consult was cord prolapse; if not, select False.	False
			True
MWL0299	Maternal Consult Pregnancy Complication: Eclampsia	Select True if the reason for maternal consult was eclampsia; if not, select False.	False
			True
MWL0300	Maternal Consult Pregnancy Complication: Fetal Anomaly	Select True if the reason for maternal consult was a fetal anomaly; if not, select False.	False
			True
MWL0301	Maternal Consult Pregnancy Complication: Fetal Concerns	Select True if the reason for maternal consult was fetal concerns; if not, select False.	False
			True
MWL0302	Maternal Consult Pregnancy Complication: GBS	Select True if the reason for maternal consult was GBS; if not, select False.	False
			True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0303	Maternal Consult Pregnancy Complication: Gestational Diabetes	Select True if the reason for maternal consult was gestational diabetes; if not, select False.	False
			True
MWL0304	Maternal Consult Pregnancy Complication: Hyperemesis Gravidarum	Select True if the reason for maternal consult was hyperemesis gravidarum; if not, select False.	False
			True
MWL0305	Maternal Consult Pregnancy Complication: Induction	Select True if the reason for maternal consult was induction; if not, select False.	False
			True
MWL0306	Maternal Consult Pregnancy Complication: Infection	Select True if the reason for maternal consult was an infection (not UTI); if not, select False.	False
			True
MWL0307	Maternal Consult Pregnancy Complication: IUGR	Select True if the reason for maternal consult was intrauterine growth restriction/fetus small for gestational age; if not, select False.	False
			True
MWL0308	Maternal Consult Pregnancy Complication: LGA	Select True if the reason for maternal consult was a fetus large for gestational age; if not, select False.	False
			True
MWL0309	Maternal Consult Pregnancy Complication: Meconium	Select True if the reason for maternal consult was meconium staining; if not, select False.	False
			True
MWL0310	Maternal Consult Pregnancy Complication: Multiple Gestation	Select True if the reason for maternal consult was a multiple gestation; if not, select False.	False
			True
MWL0311	Maternal Consult Pregnancy Complication: Non Progressive	Select True if the reason for maternal consult was non-progressive labour/lack of descent; if not, select False.	False
			True
MWL0312	Maternal Consult Pregnancy Complication: Oligohydramnios	Select True if the reason for maternal consult was oligohydramnios; if not, select False.	False
			True
MWL0313	Maternal Consult Pregnancy Complication: Pain Control	Select True if the reason for maternal consult was pain control; if not, select False.	False
			True
MWL0314	Maternal Consult Pregnancy Complication: Placenta Previa	Select True if the reason for maternal consult was placenta previa if not, select False.	False
			True
MWL0315	Maternal Consult Pregnancy Complication: Placental	Select True if the reason for maternal consult was placental abruption if not, select False.	False
			True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
	Abruption		
MWL0316	Maternal Consult Pregnancy Complication: Polyhydramnios	Select True if the reason for maternal consult was polyhydramnios; if not, select False.	False True
MWL0317	Maternal Consult Pregnancy Complication: Postpartum Depression	Select True if the reason for maternal consult was postpartum depression; if not, select False.	False True
MWL0318	Maternal Consult Pregnancy Complication: Postpartum Hemorrhage	Select True if the reason for maternal consult was postpartum hemorrhage; if not, select False.	False True
MWL0319	Maternal Consult Pregnancy Complication: Post Dates Pregnancy	Select True if the reason for maternal consult was post-dated pregnancy; if not, select False.	False True
MWL0320	Maternal Consult Pregnancy Complication: Pregnancy Induced Hypertension	Select True if the reason for maternal consult was pregnancy induced hypertension; if not, select False.	False True
MWL0321	Maternal Consult Pregnancy Complication: Prelabour Rupture	Select True if the reason for maternal consult was for prelabour rupture of membranes (PROM); if not, select False.	False True
MWL0322	Maternal Consult Pregnancy Complication: Presentation Cephalic	Select True if the reason for maternal consult was presentation other than cephalic at 38 weeks; if not, select False.	False True
MWL0323	Maternal Consult Pregnancy Complication: Preterm Labour	Select True if the reason for maternal consult was preterm labour; if not, select False.	False True
MWL0324	Maternal Consult Pregnancy Complication: Retained Placenta	Select True if the reason for maternal consult was retained placenta; if not, select False.	False True
MWL0325	Maternal Consult Pregnancy Complication: Shoulder Dystocia	Select True if the reason for maternal consult was shoulder dystocia if not, select False.	False True
MWL0326	Maternal Consult Pregnancy Complication: Uterine Rupture	Select True if the reason for maternal consult was uterine rupture; if not, select False.	False True
MWL0327	Maternal Consult Pregnancy Complication: Urinary Infection	Select True if the reason for maternal consult was a urinary tract infection (UTI); if not, select False.	False True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0328	Maternal Consult Pregnancy Complication: Other	Select True if the reason for maternal consult was classified as “other”; if not, select False.	False
			True
MWL0329	Maternal Consult Pregnancy Complication: Hospital Services	Select True if infant consult required the use of outpatient hospital services; if not, select false.	False
			True
Infant Record - Birth			
MWL0203	Client Code Infant	The infant client code is identical to the maternal with a letter “B” added on to the end to indicate infant client code. If there are multiple infants born indicate as: B1, B2, or B3.	
MWL0272	Infant Birth Date	Enter infant date of birth as YYYY/MM/DD. If more than one baby born to this woman, enter the date first baby born.	
MWL0204	Infant Birth Time	Enter infant time of birth as hh:mm. Use 24 hour clock.	
MWL0205	Birth Presentation: Breech	Select True if the birth presentation was breech; if not, select False.	False
			True
MWL0205A	Birth Presentation: Vertex	Select True if the birth presentation was vertex; if not, select False.	False
			True
MWL0205B	Birth Presentation: Other	If the birth presentation was classified as “other” please specify	
MWL0250	Mode of Birth	Indicate how the baby was born.	Spontaneous Vaginal
			Vaginal with Forceps
			Vaginal with Vacuum
			Vaginal with Forceps and Vacuum
			Cesarean Section
			Cesarean Section (Forceps)
			Cesarean Section (Vacuum)
Cesarean Section (Forceps and Vacuum)			
MWL0251	Cesarean: Indication - Breech	Select True if the primary medical or non-medical reason	False

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		for cesarean section was a breech presentation; if not, select False.	True
MWL0252	Cesarean: Indication - Cord prolapse	Select True if the primary medical or non-medical reason for cesarean section was a cord prolapse; if not, select False.	False
			True
MWL0253	Cesarean: Indication - Failed Forceps	Select True if the primary medical or non-medical reason for cesarean section was the unsuccessful use of forceps/vacuum; if not, select False.	False
			True
MWL0254	Cesarean: Indication - Nonprogressive	Select True if the primary medical or non-medical reason for cesarean section was nonprogressive labour/descent/dystocia; if not, select False.	False
			True
MWL0255	Cesarean: Indication - Anomaly	Select True if the primary medical or non-medical reason for cesarean section was a fetal anomaly; if not, select False.	False
			True
MWL0256	Cesarean: Indication - Diabetes	Select True if the primary medical or non-medical reason for cesarean section was diabetes; if not, select False.	False
			True
MWL0257	Cesarean: Indication - IUGR	Select True if the primary medical or non-medical reason for cesarean section was intrauterine growth restriction; if not, select False.	False
			True
MWL0258	Cesarean: Indication - LGA	Select True if the primary medical or non-medical reason for cesarean section was a fetus that was large for gestational age; if not, select False.	False
			True
MWL0259	Cesarean: Indication - Multiple Gestation	Select True if the primary medical or non-medical reason for cesarean section was a multiple gestation; if not, select False.	False
			True
MWL0260	Cesarean: Indication - Non reassuring	Select True if the primary medical or non-medical reason for cesarean section was a non-reassuring fetal status; if not, select False.	False
			True
MWL0261	Cesarean: Indication - Placenta Previa	Select True if the primary medical or non-medical reason for cesarean section was placenta previa; if not, select False.	False
			True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0262	Cesarean: Indication - Placental Abruption	Select True if the primary medical or non-medical reason for cesarean section was placental abruption; if not, select False.	False
			True
MWL0263	Cesarean: Indication - Pre-Eclampsia	Select True if the primary medical or non-medical reason for cesarean section was pregnancy-induced hypertension; if not, select False.	False
			True
MWL0264	Cesarean: Indication - Prematurity	Select True if the primary medical or non-medical reason for cesarean section was prematurity; if not, select False.	False
			True
MWL0265	Cesarean: Indication - Previous Cesarean	Select True if the primary medical or non-medical reason for cesarean section was previous cesarean; if not, select False.	False
			True
MWL0266	Cesarean: Indication - PROM	Select True if the primary medical or non-medical reason for cesarean section was the prelabour rupture of membranes (PROM); if not, select False.	False
			True
MWL0267	Cesarean: Indication - Elective	Select True if the primary medical or non-medical reason for cesarean section was elective; if not, select False.	False
			True
MWL0268	Cesarean: Indication - Other - Maternal	Select True if the primary medical or non-medical reason for cesarean section was considered other – maternal; if not, select False.	False
			True
MWL0269	Cesarean: Indication - Other - Fetal	Select True if the primary medical or non-medical reason for cesarean section was considered other – fetal; if not, select False.	False
			True
MWL0270	Cesarean: Indication - Other - Specify	Select True if the primary medical or non-medical reason for cesarean section was considered other; please specify	
MWL0207	Infant Birth-Live/Stillbirth	Indicate whether a live birth or stillbirth occurred.	Live birth (≥20 weeks)
			Stillbirth (≥20 weeks Gestational Age)
MWL0208	Infant Birth-Stillbirth time-during /before labour	If Stillbirth (>= 20 weeks), indicate when fetal demise occurred.	Fetal Demise before labour
			Fetal Demise during labour
Infant Record - Neonatal			
MWL0209	Apgar 1 Minute	Indicate Apgar score at 1 minute.	

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0210	Apgar 5 Minutes	Indicate Apgar score at 5 minutes.	
MWL0206	Infant Birth Weight	Infant birth weight	
MWL0211	Infant Resuscitation: None	Select True if no method of resuscitation was used; if not, select False.	False True
MWL0212	Infant resuscitation: Oxygen	Select True if the method of resuscitation used was free flow oxygen; if not, select False.	False True
MWL0213	Infant resuscitation: CPAP	Select True if the method of resuscitation used was continuous positive airway pressure; if not, select False.	False True
MWL0214	Infant resuscitation: PPV	Select True if the method of resuscitation used was positive pressure ventilation; if not, select False.	False True
MWL0215	Infant resuscitation: Intubation	Select True if the method of resuscitation used was intubation; if not, select False.	False True
MWL0216	Infant resuscitation: Compressions	Select True if the method of resuscitation used was chest compressions; if not, select False.	False True
MWL0217	Infant resuscitation: Drugs	Select True if the method of resuscitation used was medication; if not, select False.	False True
MWL0218	Infant Congenital Anomalies: None	Select True if there were no congenital anomalies; if not, select False.	False True
MWL0219	Infant Congenital Anomalies: Cardiovascular	Select True if the congenital anomaly was cardiovascular; if not, select False.	False True
MWL0220	Infant Congenital Anomalies: Down Syndrome	Select True if the congenital anomaly was Down Syndrome; if not, select False.	False True
MWL0221	Infant Congenital Anomalies: Facial Anomalies	Select True if the congenital anomaly was a facial anomaly; if not, select False.	False True
MWL0222	Infant Congenital Anomalies: Gastro-intestinal	Select True if the congenital anomaly was gastro-intestinal; if not, select False.	False True
MWL0223	Infant Congenital Anomalies: Genito-urinary	Select True if the congenital anomaly was genito-urinary; if not, select False.	False True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0224	Infant Congenital Anomalies: Musculoskeletal	Select True if the congenital anomaly was musculoskeletal; if not, select False.	False
			True
MWL0225	Infant Congenital Anomalies: Neural Tube Defects	Select True if the congenital anomaly was a neural tube defect; if not, select False.	False
			True
MWL0226	Infant Congenital Anomalies: Other CNS	Select True if the congenital anomaly was classified as “other central nervous system”; if not, select False.	False
			True
MWL0227	Infant Congenital Anomalies: Respiratory	Select True if the congenital anomaly was respiratory; if not, select False.	False
			True
MWL0228	Infant Congenital Anomalies: Other	Select True if the congenital anomaly was classified as “other”; if not, select False.	False
			True
MWL0229	Infant Discharge: With mother	Select True if infant was born in hospital; if not, select False.	False
			True
MWL0230	Infant Discharge: Date	Enter the infant date of discharge if different from mother’s as YYYY/MM/DD.	
MWL0231	Infant Discharge: Time	Enter the infant time of discharge if different from mother’s as hh:mm. Use 24 hour clock.	
MWL0232	Neonatal Death	Indicate whether neonatal death occurred.	N/A
			<7 completed days
			7-28 completed days
MWL0233	Infant Hearing Test	If infant hearing test was performed, select provider who performed the test.	Midwife
			Hospital staff
			Community clinic
			Unknown
			Client chose not to be screened
Infant Record - Feeding			
MWL0234	Infant Feeding at Birth	Indicate infant feeding at birth.	Breastmilk only (may include drops of vitamins, minerals or medicines)
			Breastmilk and other liquids or food (includes formula,

BORN ID	Data Element Name	Data Element Definition	Pick List Value
			water/glucose water, evaporated milk, goat's milk, teas, cereals etc.) No breastmilk (Other liquids or food only)
MWL0235	Infant Feeding Discharge	Indicate infant feeding at discharge from hospital or 3 days postpartum; this can include any feeding any time after initiation to up to 3 days postpartum.	Breastmilk only (may include drops of vitamins, minerals or medicines) Breastmilk and other liquids or food (includes formula, water/glucose water, evaporated milk, goat's milk, teas, cereals etc.) No breastmilk (Other liquids or food only)
MWL0236	Infant Feeding 3 days - 4 weeks	Indicate infant feeding at the time between 3 days and 4 weeks postpartum.	Breastmilk only (may include drops of vitamins, minerals or medicines) Breastmilk and other liquids or food (includes formula, water/glucose water, evaporated milk, goat's milk, teas, cereals etc.) No breastmilk (Other liquids or food only)
MWL0237	Infant Feeding 5 weeks - 12 weeks	Indicate infant feeding at discharge from midwifery care between 5 and 12 weeks postpartum.	Breastmilk only (may include drops of vitamins, minerals or medicines) Breastmilk and other liquids or food (includes formula, water/glucose water, evaporated milk, goat's milk, teas, cereals etc.)

BORN ID	Data Element Name	Data Element Definition	Pick List Value
			etc.)
			No breastmilk (Other liquids or food only)
Infant Record – Conditions and Complications			
MWL0238	Infant Complications: None	Select True if there were no infant conditions or complications; if there were complications select False.	False
			True
MWL0239	Infant Complications: Screening	Select True if the infant complication was an abnormal result of newborn serum screening; if not, select false.	False
			True
MWL0240	Infant Complications: Birth Weight <2500g	Select True if the infant complication was a birth weight <2500g; if not, select false.	False
			True
MWL0241	Infant Complications: Dehydration	Select True if the infant complication was dehydration; if not, select false.	False
			True
MWL0242	Infant Complications: Cardiac	Select True if the infant complication was a cardiac condition; if not select false.	False
			True
MWL0243	Infant Complications: Jaundice	Select True if the infant complication was jaundice (any); if not, select false.	False
			True
MWL0244	Infant Complications: Respiratory	Select True if the infant complication was a respiratory condition: if not, select false.	False
			True
MWL0245	Infant Complications: Suspected	Select True if the infant complication was a suspected or actual infection; if not, select false.	False
			True
MWL0246	Infant Complications: Weight loss > 10%	Select True if the infant complication was a weight loss >10%; if not, select false.	False
			True
MWL0247	Infant Complications: Other	Indicate if the infant complication was classified as “other”; if not, select false.	False
			True
MWL0248	Infant Complications: Physical exam	Select True if the infant complication was indicated on the newborn physical exam; if not, select false.	False
			True
MWL0249	Infant Complications: Physical exam description	If the infant complication was indicated on the newborn physical exam please provide a description.	
MWL0271	Infant Consult: None	Indication of whether there was NO consultation with a	

BORN ID	Data Element Name	Data Element Definition	Pick List Value
		physician.	
Infant record – Hospital care, Consultations and Transfers of Care			
MWL0291	Infant Consult: None	Select True if there was no infant consultation; if not, select False.	False True
MWL0275	Infant Consult: Screening	Select True if the reason for a consultation with a physician was an abnormal result of newborn serum screening; if not, select False.	False True
MWL0276	Infant Consult: Birth Weight	Select True if the reason for a consultation with a physician was the infant birth weight; if not, select False.	False True
MWL0277	Infant Consult: Dehydration	Select True if the reason for a consultation with a physician was dehydration; if not, select False.	False True
MWL0278	Infant Consult: Cardiac	Select True if the reason for a consultation with a physician was a cardiac condition; if not, select False.	False True
MWL0279	Infant Consult: Jaundice	Select True if the reason for a consultation with a physician was jaundice (any); if not, select False.	False True
MWL0280	Infant Consult: Respiratory	Select True if the reason for a consultation with a physician was respiratory; if not, select False.	False True
MWL0281	Infant Consult: Suspected	Select True if the reason for a consultation was a suspected or actual infection; if not, select False.	False True
MWL0282	Infant Consult: Weight Loss	Select True if the reason for a consultation was infant weight loss; if not, select False.	False True
MWL0283	Infant Consult: Other	Select True if the reason for a consultation was classified as “other”; if not, select False.	False True
MWL0284	Infant Consult: Physical Exam	Select True if the reason for a consultation was the infant’s physical exam; if not, select False.	False True
MWL0285	Infant Consult: Physical Exam Description	Physical exam description.	
MWL0286	Infant Consult: Physician	Select True if there was a consultation with a physician for each listed infant condition or complication; if not, select False	False True

BORN ID	Data Element Name	Data Element Definition	Pick List Value
MWL0287	Infant Consult: TOC	Select True if the reason for a consultation a transfer of care; if not, select False.	False
			True
MWL0288	Infant Consult: NICU	Select True if the reason for a consultation was admission to the neonatal intensive care unit; if not, select False.	False
			True
MWL0289	Infant Consult: Admission Date	Indicate infant consultation admission date in the form YYYY/MM/DD.	
MWL0290	Infant Consult: Comment	Infant consultation comment.	
MWL0292	Infant Consult: Other - Text	Please provide description if reason for infant consultation is classified as "other".	