

Niday Perinatal Database Legacy Data Dictionary

Data Element Name	Data Element Definition	Pick List Value
Mother's Chart #	Data located on addressograph.	
Mother's Birth Date	Mother's date of birth. Use format MM/DD/YYYY.	
Postal Code	Postal code of maternal place of residence.	
City/Town	City/Town of maternal place of residence.	
Province	Province of maternal place of residence. If postal code is unknown, you can still select province of residence, i.e. patient lives in Ontario but postal code not known.	Out of Country Unknown Ontario Quebec Alberta British Columbia Manitoba New Brunswick Newfoundland Northwest Territories and Nova Scotia Prince Edward Island Saskatchewan Yukon
Language	Choose primary language spoken at home.	Unknown (Default) English French Arabic Bengali Chinese – Cantonese Chinese – Mandarin Dutch German

Data Element Name	Data Element Definition	Pick List Value
		Greek
		Hungarian
		Italian
		Japanese
		Korean
		Persian (Farsi)
		Polish
		Portuguese
		Punjabi
		Russian
		Spanish
		Somali
		Tamil
		Urdu
		Vietnamese
		Other
Aboriginal	Aboriginal background - self identified.	Unknown (default)
		Not Applicable
		1 st Nations
		Metis
		Inuit
Antenatal Care Provider	Select primary care provider(s) after first trimester. Include only if patient saw provider more than once (i.e. brief consults should not be counted).	None
		Family Physician
		Midwife
		Nurse Practitioner
		Obstetrician
		Other
First Trimester Visit	Indicate whether or not woman attended an antenatal visit with a health care	Unknown (default)

Data Element Name	Data Element Definition	Pick List Value
	provider in the first trimester.	No
		Yes
Prenatal Classes	Indicate whether or not patient attended prenatal classes before 20 weeks gestational age.	Unknown (default)
		<20 weeks
		>20 weeks
		<20 and >20 weeks
		None
Smoking	Check smoking if any smoking occurred during the specified time period, regardless of amount.	Unknown (default)
		<20 weeks
		>20 weeks
	If smoking time period is unknown, select both ≤20 and >20 weeks.	<20 and >20 weeks
		None
Intention to Breastfeed	Indicate whether the mother intended to breastfeed at the time of admission, regardless if any feeding occurs	Yes
		No
		Unknown
Maternal Height	Mother's height measured in cm.	
Maternal Weight	Mother's preconception weight closest to conception.	
Maternal BMI	Body Mass Index measure of a healthy weight (auto calculated).	
Previous C/S	Indicates whether this woman has had a previous cesarean section.	No
		Yes
		Unknown
# of Previous C/S	Indicates the number of previous C/S this woman had, not including this delivery.	
Maternal Health Problems	Select one or more maternal health problems that pre-existed this pregnancy.	None
		Alcohol dependence syndrome (alcoholism)
		Asthma
		Chronic Hypertension
		Diabetes insulin dependent

Data Element Name	Data Element Definition	Pick List Value
		Diabetes non-insulin dependent Heart disease HIV Lupus Psychiatric disorders Thyroid disease Other
Obstetrical Complications	Indicate all obstetrical complications during this pregnancy.	None Gestational diabetes Hypertension (gestational, transient) IUGR/SGA LGA Periodontal infection Placenta previa Placental abruption Pre-eclampsia Premature rupture of membranes (PROM) Preterm labour UTI Other cervical/vaginal infection Other
Group B Strep Screening	Was the woman screened for GBS between 35-37 weeks gestational age?	No Yes Unknown
Maternal Transfer From	Include cases where woman was transferred from another hospital (or planned homebirth) to give birth.	No transfer Planned home birth

Data Element Name	Data Element Definition	Pick List Value
		Out of region
		List of hospitals
Reason for Maternal Transfer	Select the primary reason for maternal transfer, if applicable. If the reason is not included on the list, select "other".	Not applicable
		Fetal health concern
		Lack of physician coverage
		Lack of nursing coverage
		Maternal medical/obstetrical problem
		No beds available
		Other
		Unknown
No. Previous Term Babies	The number of previous term babies, excluding this pregnancy. From the GTPAL information, record the number listed under "T".	Unknown
		0-15
No. of Previous Preterm	The number of previous pre-term babies, excluding this pregnancy. From the GTPAL information record the number listed under "P".	Unknown
		0-15
Reproductive Assistance	Indicate if any reproductive assistance was used for this pregnancy.	None
		IUI
		IVF (fresh or frozen)
		IVF ICSI (fresh or frozen)
		Ovulation induction
Multiple Gestation	Indicate number of babies in this pregnancy (after 20 weeks gestation).	1-6
Maternal History	Include any relevant notes or comments here as required.	
Baby Chart #	Enter baby's Chart # (in current hospital).	
Baby's Birth date	Newborn Date of Birth Use format MM/DD/YYYY.	
Labour Type	Indicate the type of labour for this birth.	Spontaneous
		Induced
		No Labour
Indication for	Indicate reason for induction, if applicable.	None

Data Element Name	Data Element Definition	Pick List Value
induction		Diabetes Elective IUGR/SGA LGA Maternal obstetrical conditions Multiple gestation Non-reactive NST Oligohydramnios Poor biophysical score Post-dates PROM Pre-eclampsia Pre-existing maternal medical Other – Maternal Other – Fetal
Method of induction	Indicate the method of induction used this pregnancy.	None Amniotomy Cervidil Cytotec / Misoprostol Mechanical Oxytocin Other prostaglandin Other
Number of Induction Attempts	Indicate the total number of induction attempts for this pregnancy. All attempts during the same admission are to be counted as “1” attempt. If the woman is re-admitted to the L&D unit for another induction, it is considered an additional attempt. If the first attempt was successful, enter “1”.	Not applicable (NA) 1-10

Data Element Name	Data Element Definition	Pick List Value
Augmentation	Indicate if this labour was augmented.	None Amniotomy Oxytocin Prostaglandin Other
Intrapartum Complications	Indicate any intrapartum complications during this labour and birth.	None Cord prolapse Intrapartum Bleeding Meconium Non-progressive labour/lack of descent Non-reassuring fetal status Postpartum hemorrhage Shoulder dystocia Suspected chorioamnionitis Suspected sepsis (unexplained fever) Uterine rupture/dehiscence Other
Maternal Pain Relief	Indicate all methods of anesthesia and/or pharmacologic pain relief utilized for this birth.	None Epidural General Local Narcotics Nitrous Oxide Non-pharmacologic Pudendal Spinal

Data Element Name	Data Element Definition	Pick List Value
		Spinal-Epidural combination
		Unknown
Fetal Surveillance	Indicate which fetal surveillance methods were used at any time during this admission (including admission EFM strips).	No Monitoring
		Admission EFM strip
		Auscultation
		Intrapartum electronic
		Intrapartum electronic
		Unknown
		No
		Yes
		Unknown
Group B Strep - Antibiotics	Indicate if antibiotics for GBS were given to mom in labour.	No
		Yes
		Unknown
Antenatal Steroids	For all pregnancies <34 weeks gestational age, indicate whether a complete course of antenatal steroids was administered to the mother.	None
		1 dose <24 hours (before time of birth)
		2 doses: Last Dose <24 hours (before the birth)
		2 doses: Last Dose =>24 hours (from the time of the last dose to the time of birth).
Episiotomy	Type of episiotomy	Unknown
	The term episiotomy is used synonymously with perineotomy to describe incision of the pudenda or the perineum. The incision may be made in the midline creating a median or midline episiotomy, or it may begin in the midline but be directed laterally and downward away from the rectum, termed a mediolateral episiotomy.	None
		Medial
		Medio-lateral

Data Element Name	Data Element Definition	Pick List Value
Laceration	Type of Laceration Lacerations of the vagina and perineum are classified as first, second, third, or fourth degree. First-degree lacerations involve the fourchette, perineal skin, and vaginal mucous membrane. Second-degree lacerations also involve the fascia and muscles of the perineal body. Third-degree lacerations extend through the skin, mucous membrane, perineal body, and involve the sphincter. A fourth-degree laceration extends through the rectal mucosa to expose the lumen of the rectum.	Unknown
		None
		1 st degree
		2 nd degree
		3 rd degree
Presentation	Enter the type of presentation for this delivery. Presentation refers to how the fetus is situated in the uterus, while the part of fetus that is closest to the cervix is termed the presenting part. There are a few different types of presentation. Vertex or cephalic presentation: where the baby's head is the presenting part. Breech: where the baby's buttocks presents first. Select Other if presentation is not breech or vertex.	Unknown
		Vertex
		Breech
		Other
Delivery Type	Indicate the type of delivery for this baby's birth.	Vaginal
		Cesarean
		Unknown
Indication for C/S	Reasons for cesarean for this pregnancy, if applicable.	None
		Breech
		CPD/ Failure of descent/progress (dystocia)
		Cord prolapse
		Diabetes
		Failed forceps / vacuum
		Fetal anomaly
		IUGR/SGA
		LGA
Maternal request		

Data Element Name	Data Element Definition	Pick List Value
		Multiple gestation
		Non-reassuring fetal status
		Placental abruption
		Placenta previa
		Pre-eclampsia
		Prematurity
		Previous cesarean
		PROM
		Other – fetal health problem
		Other – Maternal health problem
Cesarean Type	Indicate whether this was a planned (elective) or emergency caesarean, if applicable. Note: Planned means planned prior to onset of labour.	Unknown
		Planned/elective
		Unplanned
Cervical dilation at C/S	If there was a C/S, indicate the last documented cervical dilation (in cm), if applicable.	Unknown
		1-10
Time fully dilated	Time of day. Use 24 hour format, include colon (i.e. 08:35, 21:25, etc.).	
Time started pushing	Time of day. Use 24 hour format, include colon (i.e. 08:35, 21:25, etc.).	
Time of Birth	Time of day. Use 24 hour format, include colon (i.e. 08:35, 21:25, etc.).	
Delivered By	Indicate who delivered the baby (primary provider).	Unknown
		Family Physician
		Midwife at home
		Midwife at hospital
		Nurse Practitioner
		Obstetrician
		Other
Midwife Group	If the delivery was performed in hospital by a midwife, indicate the practice group that to which the midwife is a member.	

Data Element Name	Data Element Definition	Pick List Value
Labour/Birth	Include and relevant comments as required.	
Newborn Resuscitation	Indicate all interventions that were utilized, regardless of duration.	None
		FFO2
		PPV
		Intubation
		Chest Compression
		Drugs
		Unknown
Newborn Resuscitation	Indicate all interventions that were utilized, regardless of duration.	None
		FFO2
		PPV
		Intubation
		Chest Compression
		Drugs
		Unknown
Baby's Sex	Enter this baby's sex.	Male
		Female
		Ambiguous
		Unknown
Forceps/vacuum (Operative Vaginal Delivery)	Indicates whether this was an operative vaginal birth.	Unknown
		None
		Forceps
		Vacuum
Gestational Age at Birth	Number of completed weeks' gestation at birth. Enter this information in twice to ensure accuracy.	20-45
		Unknown
Group B Strep Results	Indicate the results of the GBS screening (if applicable).	Negative
		Positive



Early health. Lifelong health.
Début en santé. Longue vie en santé.

Data Element Name	Data Element Definition	Pick List Value
		Unknown

Appendix 2 Key Terms Defined – Niday Database 2004

Maternal/Labour & Birth Terms:

<p>Reproductive Assistance</p>	<ul style="list-style-type: none"> • IUI – intrauterine insemination is a fertility procedure in which sperm are washed, concentrated, and injected directly into a woman's uterus • IVF (fresh or frozen) – in vitro fertilization is the uniting of egg and sperm in vitro (in the lab). Subsequently the embryos are transferred into the uterus through the cervix • IVF ICSI (fresh or frozen) – Intracytoplasmic Sperm Injection (ICSI): is a procedure in which a single sperm is injected directly into an egg • ovulation induction – induction of ovulation involves the use of medication to stimulate development of one or more mature follicles (e.g. clomiphene citrate, injectable gonadotropins, GnRH pump, and bromocriptine)
<p>Maternal Health Problems</p>	<ul style="list-style-type: none"> • chronic hypertension – hypertension that predates the pregnancy (before the 20th week of gestation) • diabetes insulin dependent - Type 1 • diabetes non-insulin dependent - Type 2 • heart disease – any pre-existing cardiac disease (including dysrhythmias, congenital anomalies etc.) • thyroid disease – hypothyroidism, hyperthyroidism
<p>Obstetrical Complications</p>	<ul style="list-style-type: none"> • gestational diabetes – carbohydrate intolerance of varying severity with onset of first recognition during present pregnancy (glucose tolerance test) • hypertension (gestational) – No proteinuria. Rise in systolic pressure of at least 30 mmHg, rise in diastolic pressure of at least 15 mmHg or a diastolic pressure of at least 90 mmHg. A BP of 140/90 on at least 2 occasions at least 6 hours apart. Mean arterial pressure of 105. • IUGR/SGA – fetus/baby below 10 percentile of mean weight for gestation • LGA – fetus/baby above the 90 percentile of mean weight for gestation • placental abruption – premature separation of a normally implanted placenta that results in retroplacental bleeding after the 20th week of gestation and before the fetus is delivered • placenta previa – implantation of the placenta low in the uterus either overlying or reaching the vicinity of the cervical os • pre-eclampsia – the development of hypertension with proteinuria, occurring after the 20th week of gestation (hypertension - see above; proteinuria in a concentration greater than 3g on 24 hour urine collection) • preterm labour – initiation of labour when fetus < 37 weeks gestation and >20 weeks • premature rupture of membranes (PROM) – rupture of membranes

	<p>prior to onset of labour (diagnosed with nitrazine paper or ferning)</p> <ul style="list-style-type: none"> • preterm premature rupture of membranes (PPROM) – rupture of membranes prior to onset of labour and fetus < 37 weeks gestation and >20 weeks • UTI – urinary tract infection as evidenced by bacteria in the urine (may be asymptomatic or not)
Admission EFM strip	<ul style="list-style-type: none"> • admission EFM strip = includes initial EFM strip done during triage or admission to labour & birth unit when woman ends up giving birth (i.e. exclude triage EFM strip if she is not admitted)
Indication for induction	<ul style="list-style-type: none"> • elective (non-urgent, non-emergency) • IUGR/SGA – fetus/baby below 10 percentile of mean weight for gestation • LGA – fetus/baby above the 90 percentile of mean weight for gestation • multiple gestation – more than one fetus in this pregnancy • oligohydramnios – amniotic fluid pocket < 2 cm • post-dates – greater than 41 completed weeks gestation • pre-eclampsia - the development of hypertension with proteinuria, occurring after the 20th week of gestation (hypertension - see above; proteinuria in a concentration greater than 3g in 24 hr urine collection) • pre-existing maternal medical conditions – other conditions which affect mother and/or fetus, e.g. chronic diseases (asthma, hypertension, diabetes, heart disease, and other pre-existing diseases). • PPROM – preterm premature rupture of membranes (PPROM) – rupture of membranes prior to onset of labour and fetus < 37 weeks gestation and >20 weeks
Intrapartum complications	<ul style="list-style-type: none"> • cord prolapse – displacement of the umbilical cord to a position at or below the presenting part • meconium – presence of meconium in the amniotic fluid • intrapartum bleeding - more than show • non-reassuring fetal status - included non-reactive NST, poor biophysical profile • non progressive labour/lack of descent • post-partum hemorrhage – loss of more than 500 ml of blood during or after the third stage of labour • shoulder dystocia – baby is born but shoulders cannot be delivered by the usual means • suspected chorioamnionitis – infection of chorion, amnion and amniotic fluid (considered suspected because confirmation requires lab results) – symptoms include premature labour < 34 weeks, maternal fever, tachycardia, increased fetal heart rate, uterine tenderness, purulent or malodorous discharge • suspected sepsis (unexplained fever) – maternal temp >38 C

<p>Indication for C/S</p>	<ul style="list-style-type: none"> • cord prolapse – displacement of the umbilical cord to a position at or below the presenting part • CPD – cephalopelvic disproportion • failed forceps / vacuum – forceps and/or vacuum unsuccessful in assisting delivery of baby • fetal anomaly – any fetal anomaly which lead to decision to perform cesarean • IUGR/SGA – fetus/baby below 10 percentile of mean weight for gestation • idopathic thrombocytopenia purpura – acquired immunologic disorder caused by abnormal development of IgG immunoglobulin which attaches to platelets and results in their removal • maternal request – cesarean at request of mother • non-reassuring fetal status = non-reassuring fetal heart rate characteristics (by intermittent auscultation or EFM) or scalp sampling or other methods of surveillance • placental abruption – premature separation of a normally implanted placenta after the 20th week of gestation and before the fetus is delivered • placenta previa – implantation of the placenta low in the uterus either overlying or reaching the vicinity of the cervical os • pre-eclampsia – the development of hypertension with proteinuria, occurring after the 20th week of gestation (hypertension - see above; proteinuria in a concentration greater than 3g in 24 hr urine collection) • prematurity – fetus < 37 weeks gestation and >20 weeks • previous cesarean - • PROM – Premature rupture of membranes – rupture of membranes prior to onset of labour (not usually indication on own for cesarean, indicate what other problem(s) present)
<p>Infant feeding – supplementation reason</p>	<ul style="list-style-type: none"> • clinical evidence of severe dehydration – weight loss >10%, dry mucosa, decreased skin turgor, flat or sunken fontanel, increasing tachycardia, irritability, lethargy, decreasing voiding or stools • hypoglycemia unresponsive to feeding – glucose levels below accepted range (2.6mmol/L) 30 minutes after breastfeeding • inborn errors of metabolism – e.g. PKU, maple syrup disease, galactosemia, G6PD etc. • infant unable to feed at breast – due to illness, prematurity, separation from mother • mom taking contraindicated medication – very few meds are contraindicated (e.g. antineoplastics)