

Extract By Encounter Type

Encounter: Postpartum Mother

Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
Admission Healthcare Provider PPM	ADMHCPPPM	Admission Healthcare Provider PPM	Obstetrician	
			Family Physician	
			Midwife	
			Nurse Practitioner (APN/CNS)	This could apply to a birth centre or non-acute hospital.
			Other	For example, surgeon.
Birth Hospital	Y02091	The name of the hospital where the birth occurred if Birth Location =hospital. Includes all Ontario hospitals with and without birthing units and some out of province and out of country hospitals.		
Birth Location	N0005	The location where the birth occurred (hospital, home, other)	Hospital	
			Home	
			Nursing Station	Primary health care facilities on First Nation reserves.
			Other Ontario location	
			Outside of Ontario	
Generic Comment	D0021	Hospital specific comment		
HBHC Reason not Completed	N0030	Indicate reason that HBHC (Parkyn) Screen not completed	Parent/Guardian declined	
			Unable to access - Language barrier – no translator available	
			Planned HBHC Screening in community (e.g. midwife)	
			Other	
Healthy Baby Healthy Children (HBHC) Screen	N0029	Indicate Healthy Baby Healthy Children (HBHC or Parkyn) Screen completion status	Completed	

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Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
Healthy Baby Healthy Children (HBHC) Screen	N0029	Indicate Healthy Baby Healthy Children (HBHC or Parkyn) Screen completion status	Completed and not sent to H.U.	
			Not completed	
			Unknown	
HOSP Name	ORGHOSP001	Hospital Site Name		
Maternal Admission time PPM	ADMPPM	Maternal Admission time PPM		
Maternal Date of Admission	M0500	The date of maternal admission to hospital that results in the birth of her baby. Most often admission is inpatient but birth and transfer may occur without inpatient admission- may use ambulatory care admit time or ER triage time.		
Maternal Disposition Date	M0523-1	The day/month/year of Maternal discharge from hospital or transfer from the unit or hospital.		
Maternal Disposition Time	M0523	The time (24 hour clock) of Maternal discharge from hospital or transfer from the unit or hospital.		
Maternal Hospital Length of Stay	M0081	Length of stay in hospital (in hours) calculated from Maternal admission date/time to Maternal discharge date/time.		
Maternal Outcome	M0537	Maternal disposition	No Transfer	
			Discharged Home	
			Transfer to other hospital	
			Transfer to ICU/CCU	Refers to same hospital
			Transfer to other non-obstetrical unit, same hospital	Includes psychiatry, surgery, medicine, cardiology, etc. Excludes ICU/CCU (same hospital).
			Maternal Death - Not related to Pregnancy or Birth	
			Maternal Death - Related to Pregnancy or Birth	
Maternal Transfer Back Date	M0600	The date on which the patient transferred back or was re-admitted.		
Maternal Transfer Back Time	M0601	The time at which the patient transferred back or was re-admitted.		

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Maternal Transfer from	D0044	Indicate whether Maternal transfer occurred or not. If there was a Maternal transfer, select originating location. Otherwise, select No Transfer.	Hospital - Name	
			Home Birth/MW Care	
			Home	This value is only available on the stand-alone PPM encounter. Select if mother was admitted for postpartum care only and came from home after being discharged from an Ontario birthing hospital or birth centre submitting to BORN.
			Nursing Station	Primary health care facilities on First Nation Reserves.
			Birth Centre	
			Other unit, same hospital	
			Other	Other includes all other locations not identified in the pick list values. On the Labour encounter, select Other if the birth occurred outside of your facility prior to admission and no other pick list value applies. Then select 'Birth outside of hospital prior to admission' in Reason for Maternal Transfer From.
Maternal Transfer Hospital From	D0044HOSP			
Maternal Transfer Hospital To	D0045	Indicates which hospital a women goes to when a mother is transferred out		
MPG Name	ORGMPG001	MPG Name		
MW - Billability Type	MW0009	Indication of whether the record is Billable or non-Billable and selection of determination information.	No-Care also provided and billed by another practice	
			No-Non-resident or privately insured	
MW - Care by other MPG	MW0011	Indication that care was provided to this client by another Ontario midwifery Practice Group.		
MW - Client OHIP coverage	MW0025	Indication of maternal OHIP coverage.		
MW - Consult Reason Comments	MW0105	Comments about the reason for the consult, transfer of care or the use of hospital/outpatient/emergency services.		
MW - Consult/Transfer of Care/Emergency Flag	MW0100	Indicates if there were there any consults, transfers of care, or use of hospital/outpatient/emergency services during that period.		

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Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
MW - Discharge Date from Midwifery Care	MW0069	The calendar date of the last midwife visit provided to the client.		
MW - Discharge from Care during postpartum	MW0016P			
MW - EMS Attend Home	M0532	Indication that Emergency Medical Services were called to home during pregnancy, intrapartum or immediate post-partum period.		
MW - EMS Attend Home Flag	MW0110	Indicates if EMS attended the home during the period.		
MW - EMS Transport Barrier	MW0112	Indicates if there was any barrier to transport by EMS.	None	
			Delayed arrival time of EMS	
			Delayed departure of EMS	
			Delay on route	
			Other	
MW - EMS Transport Flag	MW0111	Indicates if EMS was used to transport to hospital during that period.		
MW - Infant Discharged with Mother	N0057	For hospital births, indication of whether newborn was discharged with mother.		
MW - Maternal Admission to Hospital in Postpartum Flag	MW0120	Indicates if there was maternal admission to hospital in postpartum period for a postpartum complication.		
MW - Maternal Consult Reason Other	MW0101	Other maternal condition or complication		
MW - Maternal Transport to Hospital Flag	MW0106	Indicates if there was Maternal transport to hospital during that period.		
MW - Midwife Attend Birth	MW0007	Indication of whether a midwife attended the birth.		
MW - Midwife Number - Billing	NEW0002	The provider number of midwife billing for this Course of Care.		
MW - Midwife Number - Coordinating	MW0001	The provider number of the midwifery Care Co-ordinator. This can be the same or a different provider number as that selected as the billing midwife.		

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MW - Midwife Number - Primary Attending	MW0002	The provider number of the Primary Attending Midwife at the birth. Leave blank if no Midwife attended the labour, birth or immediate postpartum.		
MW - Midwife Number - Second Midwife	MW0003	The provider number of the Second Midwife at the labour, birth or immediate postpartum. Leave blank if no Second Midwife attended. This number must be different than the provider number of the Primary Attending Midwife.		
MW - Number Postpartum Visits Clinic	MW0067-3	The number of postpartum visits (appointments) that took place during at the midwifery clinic.		
MW - Number Postpartum Visits Home	MW0067-1	The number of postpartum visits (appointments) that took place at home.		
MW - Number Postpartum Visits Hospital	MW0067-2	The number of postpartum visits (appointments) that took place at the hospital.		
MW - Number Visits Postpartum-Primary MW	MW0065-1	The total number of postpartum visits (appointments) with the Primary Midwife.		
MW - Number Visits Postpartum-Second MW	MW0065-2	The total number of postpartum visits (appointments) with the Second Midwife.		
MW - Number Visits Postpartum-Student MW	MW0065-3	The total number of postpartum visits (appointments) with midwifery students.		
MW - Postpartum Admission to hospital	MW0056	For each listed postpartum maternal condition or complication, indication of need for admission to hospital in the postpartum period?		
MW - Postpartum Consult	MW0015	Indication of whether there was a consultation with a physician for each listed maternal condition or complication in the postpartum period.		
MW - Postpartum Outpatient (+ Emergency) Services	D0109	For each listed postpartum maternal condition or complication, indication of need for outpatient hospital services in the postpartum period?		
MW - Postpartum Period Transfer of Care Returned	MW0058	For each transfer from midwifery care, indication of whether care was returned in the postpartum period.		
MW - Postpartum Reason for Consult	MW0057	List of postpartum maternal conditions or complications resulting in consultation with physician and/or transfer of care and/or use of hospital services.	Abdominal Incision Infection	

Amniotic Fluid Embolus

Breastfeeding problems

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Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
MW - Postpartum Reason for Consult	MW0057	List of postpartum maternal conditions or complications resulting in consultation with physician and/or transfer of care and/or use of hospital services.	Fever	
			Hysterectomy	
			Mastitis	
			Other neonatal clinical indication	
			Perineal Hematoma	
			Perineal Infection	
			Postpartum - Other maternal medical conditions	
			Postpartum depression	
			Postpartum hemorrhage	
			Pulmonary Embolism	
			Retained placenta	
			Thrombophlebitis	
			Urinary Tract Infection	
Uterine Atony				
Other, specify:				
MW - Postpartum Reason for Consult All	MW0057A		Abdominal Incision Infection	
			Amniotic Fluid Embolus	
			Breastfeeding problems	
			Fever	
			Hysterectomy	
			Mastitis	
			Other neonatal clinical indication	
Perineal Hematoma				

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MW - Postpartum Reason for Consult All	MW0057A		Perineal Infection	
			Postpartum - Other maternal medical conditions	
			Postpartum depression	
			Postpartum hemorrhage	
			Pulmonary Embolism	
			Retained placenta	
			Thrombophlebitis	
			Urinary Tract Infection	
			Uterine Atony	
			Other, specify:	
MW - Postpartum Transfer of Care	MW0018	For each listed postpartum maternal condition or complication, indication whether there was a transfer from midwifery care in the postpartum period.		
MW - Primary Reason for Transport	MW0109	Primary reason for transport to hospital during that period; chosen from the list of reason(s) for transport.	Postpartum hemorrhage	
			Repair of laceration	
			Other maternal clinical indication	
		Neonatal clinical indication		
MW - Rationale for Consult	MW0103	Rationale for consult.	College/Regulatory Body	
			Hospital/physician protocol	
			Midwife's discretion	
			Parental request	
		Other, specify:		
MW - Rationale for Consult (Other)	MW0121	NULL		

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Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
MW - Rationale for Transfer of Care	MW0104	Rationale for transfer of care.	College/Regulatory Body	
			Hospital/physician protocol	
			Midwife's discretion	
			Parental request	
			Other, specify:	
MW - Rationale for Transfer of Care (Other)	MW0122	NULL		
MW - Reason(s) for Transport	MW0108	Reason(s) for transport to hospital during that period.	Postpartum hemorrhage	
			Repair of laceration	
			Other maternal clinical indication	
			Neonatal clinical indication	
MW - Second Attendant Type if no Second Midwife	MW0006	If no Second Midwife, indication of type of second attendant at birth.	CMO approved APA	
			Not Eligible	
			Senior Student	
MW - Unreturned Transfer of Care	MWUNRETC			
MW - Was care of client transferred back to midwifery	MWPM011			
Newborn Date of Birth	N0002	Newborn day/month/year of birth		
Postpartum Breastfeeding Support	N0051	Indicate breastfeeding support provided in the first 48 hrs	Provided assistance with breastfeeding within six hours of delivery after initial feeding	
			Consult with lactation consultant	
			Frequent skin to skin	
			Hand expression/pumping	

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Postpartum Breastfeeding Support	N0051	Indicate breastfeeding support provided in the first 48 hrs	Latch achieved prior to discharge	
			Referred mother to breastfeeding clinic, community health or peer support	
			Declined	Select 'Declined' if none of the types of postpartum breastfeeding support listed were provided because the mother declined.
			Not Provided	Select 'Not provided' if none of the types of postpartum breastfeeding support listed were provided, whether or not the mother is intending to or is breast feeding.
			Unknown	
Postpartum Complication	M0529	Indicate Maternal medical complications occurring in the post partum period	None	
			Late Postpartum Hemorrhage	
			Uterine Atony	
			Fever	
			Perineal Hematoma	
			Hysterectomy	
			Perineal Infection	
			Abdominal Incision Infection	
			Urinary Tract Infection	
			Amniotic Fluid Embolus	
			Pulmonary Embolism	
			Thrombophlebitis	
			Mastitis	
			Post Partum Depression	
Other				
Unknown				

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Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
PPM Only Flag	PPMONLY	Was the patient admitted to this organization for Postpartum Care only? (The birth did not occur at the admitting hospital). Select Yes - if the mother was admitted for postpartum care only after delivery at another Ontario birthing facility or at home under midwifery care. Enter the new fields that become visible. Note: A Labour encounter and/or Birth Mother encounter is needed for births that occurred outside of a birthing facility or at home without midwifery attendance.		
Reason for maternal transfer (From)	R0052	Indicates the primary Reason for maternal transfer (From)	Lack of nursing coverage	
			Lack of physician coverage	
			Maternal medical/obstetrical problem	
			No beds available	
			Organization evacuation	
			Birth outside of hospital prior to admission	
			Keeping baby and mother together	
			Care closer to home	
			Condition improved	
			Other	
Unknown				
Reason for maternal transfer (To)	R0052TO	Indicates the primary Reason for maternal transfer (To)	Lack of nursing coverage	
			Lack of physician coverage	
			Maternal medical/obstetrical problem	
			No beds available	
			Organization evacuation	
			Birth outside of hospital prior to admission	
			Keeping baby and mother together	

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Data Element Name	BORN ID	Data Element Definition	Pick List Value	Pick List Definition
Reason for maternal transfer (To)	R0052TO	Indicates the primary Reason for maternal transfer (To)	Care closer to home	
			Condition improved	
			Other	
			Unknown	
Time of Birth	N0006	The time (24 hour clock) when baby is born		
Total Number of midwives providing care	MW0062	Total Number of midwives providing care determined at time of discharge from care		
Type of Birth	M0503	Indicate how the baby was born	Spontaneous Vaginal	Vaginal birth that did not require assistance of forceps and/or vacuum extractor.
			Assisted Vaginal	Vaginal birth that required assistance of forceps and/or vacuum extractor.
			Induced or Spontaneous Labour Cesarean Section	
			No Labour - Cesarean Section	