

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
Reason Cancelled	ART0330	CARTR+	Reason for cancellation of oocyte collection Select all applicable	Patient illness	
				Patient personal reason	
				Patient error	
				Low ovarian response	
				High ovarian response	
				Premature ovulation	
				Premature luteinization	
				Donor illness	
				Donor personal reason	
				Donor error	
Reason comments for no definitive diagnosis established	NDERFNODEFC	Newborn Screening Follow-up		No access to ovaries	
				Other	
Reason for admission to NICU/SCN	N0140	NICU/SCN	Indicate the primary reason for an NICU admission	Acute Care	
				Border	
				Hypoglycemia	
				Observation	
				Other Neonatal Health Problem	
				Palliative Care	
				Prematurity	
Unknown					
Reason for Amniocentesis	MMSS0078	Prenatal Screening	Primary indication for amniocentesis as recorded by the PSO Screening Lab. Options include: advanced maternal age, increased risk of Down Syndrome, Trisomy 18 Syndrome, or open neural tube defect (NTD).	Raised MS-AFP	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Suspicion of NTD on ultrasound	
				Previous suspicious AF-AFP/ACHE	
				Family history of NTD	
				Increased risk of Down syndrome	
				Unrelated to NTD or Down syndrome risk	
				Advanced maternal age	
				Abnormal ultrasound finding	
				Increased risk for Trisomy 18	
Reason For Breast Milk Substitute	N0020	NICU/SCN	Indicates the reason why any newborn received any breast milk substitution while in hospital and/or in midwifery care. NOT at discharge from hospital	Infant Medical \ Hypoglycemia	
				Infant Medical \ Inborn Errors of Metabolism	
				Infant Medical \ Significant weight loss in the presence of clinical indications	
				Infant Medical \ Other clinical indications	
				Infant Medical \ Pre-term (<32 weeks)	
				Infant Medical \ Very low birth weight (<1500gms)	
				Maternal Medical \ Active herpes on breast	
				Maternal Medical \ Additional Health Concerns	
				Maternal Medical \ Contraindicated maternal medication	
				Maternal Medical \ HIV infection	
				Maternal Medical \ Severe maternal illness	
				Informed Parent Decision to use any Breast Milk Substitute	
				Birth mother not involved in care	
				Parental Consent not documented	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Unknown	
Reason For Breast Milk Substitute	N0020	Postpartum Child	Indicates the reason why any newborn received any breast milk substitution while in hospital and/or in midwifery care. NOT at discharge from hospital	Infant Medical \ Hypoglycemia	
				Infant Medical \ Inborn Errors of Metabolism	
				Infant Medical \ Significant weight loss in the presence of clinical indications	
				Infant Medical \ Other clinical indications	
				Maternal Medical \ Active herpes on breast	
				Maternal Medical \ Additional Health Concerns	
				Maternal Medical \ Contraindicated maternal medication	
				Maternal Medical \ HIV infection	
				Maternal Medical \ Severe maternal illness	
				Informed Parent Decision to use any Breast Milk Substitute	
				Birth mother not involved in care	
				Parental Consent not documented	
				Unknown	
Reason for Breast Milk substitute (on day of discharge)	N0230	NICU/SCN	Reason for Breast Milk substitute (on day of discharge)	Infant Medical \ Hypoglycemia	
				Infant Medical \ Inborn Errors of Metabolism	
				Infant Medical \ Significant weight loss in the presence of clinical indications	
				Infant Medical \ Other clinical indications	
				Infant Medical \ Pre-term (<32 weeks)	
				Infant Medical \ Very low birth weight (<1500gms)	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Maternal Medical \ Active herpes on breast	
				Maternal Medical \ Additional Health Concerns	
				Maternal Medical \ Contraindicated maternal medication	
				Maternal Medical \ HIV infection	
				Maternal Medical \ Severe maternal illness	
				Informed Parent Decision to use any Breast Milk Substitute	
				Birth mother not involved in care	
				Parental Consent not documented	
				Unknown	
Reason for Breast Milk Substitute in Hospital	N0220	NICU/SCN	Reason for Breast Milk Substitute in Hospital	Infant Medical \ Hypoglycemia	
				Infant Medical \ Inborn Errors of Metabolism	
				Infant Medical \ Significant weight loss in the presence of clinical indications	
				Infant Medical \ Other clinical indications	
				Infant Medical \ Pre-term (<32 weeks)	
				Infant Medical \ Very low birth weight (<1500gms)	
				Maternal Medical \ Active herpes on breast	
				Maternal Medical \ Additional Health Concerns	
				Maternal Medical \ Contraindicated maternal medication	
				Maternal Medical \ HIV infection	
				Maternal Medical \ Severe maternal illness	
				Informed Parent Decision to use any Breast Milk Substitute	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Birth mother not involved in care	
				Parental Consent not documented	
				Unknown	
Reason for maternal transfer (From)	R0052	Birth Mother	Indicates the primary Reason for maternal transfer (From)	Fetal health concern	
				Lack of nursing coverage	
				Lack of physician coverage	
				Maternal medical/obstetrical problem	
				No beds available	
				Organization evacuation	
				Birth outside of hospital prior to admission	
				Care closer to home	
				Condition improved	
				Other	
				Unknown	
Reason for maternal transfer (From)	R0052	Labour	Indicates the primary Reason for maternal transfer (From)	Fetal health concern	
				Lack of nursing coverage	
				Lack of physician coverage	
				Maternal medical/obstetrical problem	
				No beds available	
				Organization evacuation	
				Birth outside of hospital prior to admission	
				Care closer to home	
				Condition improved	
				Other	
				Unknown	
Reason for maternal transfer (From)	R0052	Postpartum Mother	Indicates the primary Reason for maternal transfer (From)	Lack of nursing coverage	
				Lack of physician coverage	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				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	Birth Mother	Indicates the primary Reason for maternal transfer (To)	Fetal health concern	
				Lack of nursing coverage	
				Lack of physician coverage	
				Maternal medical/obstetrical problem	
				No beds available	
				Organization evacuation	
				Birth outside of hospital prior to admission	
				Care closer to home	
				Condition improved	
				Other	
				Unknown	
Reason for maternal transfer (To)	R0052TO	Labour	Indicates the primary Reason for maternal transfer (To)	Fetal health concern	
				Lack of nursing coverage	
				Lack of physician coverage	
				Maternal medical/obstetrical problem	
				No beds available	
				Organization evacuation	
				Birth outside of hospital prior to admission	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Care closer to home	
				Condition improved	
				Other	
				Unknown	
Reason for maternal transfer (To)	R0052TO	Postpartum Mother	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	
				Care closer to home	
				Condition improved	
				Other	
				Unknown	
Reason for Neonatal Transfer	N0039	Birth Child	Indicates the primary reason why a newborn was transferred to a NICU/SCN.	Bed needed for sicker baby	
				Condition improved	If baby was palliative but then improved; other instances?
				Lack of physician coverage	
				Lack of RN coverage	
				No bed available	
				Requires further investigation	
				Requires higher level of care	
				Care closer to home	
				Other	
				Unknown	
Reason for Neonatal Transfer	N0039	Postpartum Child	Indicates the primary reason why a newborn was transferred to a NICU/SCN.	Bed needed for sicker baby	
				Condition improved	If baby was palliative but then improved; other instances?

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
					Lack of physician coverage
					Lack of RN coverage
					No bed available
					Requires further investigation
					Requires higher level of care
					Keeping baby and mother together
					Care closer to home
					Other
					Unknown
Reason for no definitive diagnosis established	NDERFNODEF	Newborn Screening Follow-up	Please make a selection if the infant was lost to follow-up, or was deceased prior to establishment of diagnosis, or if no definitive diagnosis could be established for some reason. ** IF INFANT IS UNAFFECTED or a CARRIER (PRESUMED OR CONFIRMED), this is a Definitive Diagnosis . Please click below and select unaffected or carrier .		
Reason infant not retrieved	NDERF0123	Newborn Screening Follow-up	Indicates the reason(s) that an infant has not been retrieved at the time Retrieval Confirmation Information is submitted to BORN	Triaged	
					Awaiting call back from parents
					Incorrect contact information
					No contact information for primary health care provider
					Family has moved
					Phone number out of service
					Awaiting call back from primary health care provider
					Unable to contact health care provider
					Infant is deceased
					Transferred to another treatment centre
					Incorrect health care provider listed
					No voice mail to leave message

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Registered mail undeliverable	
				CAS involved to help locate	
				Family / parents out of country	
				Appointment pending	
				Other	
				No health care provider indicated	
				Parents contacted directly	
				No contact information for family	
Reason infant not retrieved - Other	NDERF0123O	Newborn Screening Follow-up	The reason that an infant has not been retrieved at the time Retrieval Confirmation Information is submitted to BORN not represented in the pick list		
Reason Infant Was Not Referred NSO Followup	NDERFNRR	Newborn Screening Follow-up	Reason Infant Was Not Referred for NSO Followup	Infant under 24 hours at sample collection and a normal repeat received	
				Other	
Reasons for male factor	ART0155	CARTR+	Detailed male factor(s) related to reasons for treatment cycle. Select all applicable	Aspermia (no semen)	
				Azoospermia	
				Oligozoospermia	
				Asthenozoospermia	
				Teratozoospermia	
				Globozoospermia	
				Necrozoospermia	
				High Sperm DNA Fragmentation	
				Retrograde Ejaculation	
				Erectile Dysfunction	
				Sperm Antibodies	
				Klinefelter Syndrome	
				Not Specified	
				Other	
Reasons for no ET	ART0740	CARTR+	If embryo transfer is not done, indicate the reason. Select one only	No oocytes	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				No utilizable oocytes	
				No sperm	
				No normal fertilization	
				No utilizable embryos	
				Freeze all, OHSS risk	
				Freeze all, other reason than OHSS risk	
				Inadequate uterine lining	
Reasons for no use	ART0550	CARTR+	Reasons for not using some of the COCs or thawed/warmed oocytes. Select all applicable.	Immaturity	
				Degeneration	
				Religious belief	
				No sperm	
				Inadequate number of sperm	
				Information not available	
				Donated to another patient	
				Donated to research	
Reasons for Reclassification from Positive	MMMSS0089	Prenatal Screening Follow-up	Reason(s) a prenatal screen result was amended	Discrepancy between ultrasound and LMP dating	
				Incomplete data provided on requisition	
				Incorrect data provided on requisition	
				IDDM	
				IVF	
				Multiple pregnancy	
				Race	
				Smoking	
				Weight	
				Other	
Reasons for treatment cycle	ART0150	CARTR+	Reasons for treatment cycle. Select all applicable. Preimplantation Genetic Diagnosis (PGD): analysis of polar bodies, blastomeres or trophectoderm from oocytes, zygotes or embryos for the detection of specific genetic, structural and/or chromosomal	Male factor	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
			alterations. Preimplantation Genetic Screening (PGS): analysis of polar bodies, blastomeres or trophectoderm from oocytes, zygotes or embryos for the detection of aneuploidy, mutation and/or DNA rearrangement.		
				Endometriosis	
				Tubal factor	
				PCOS	
				Other ovulatory disorder	
				Diminished ovarian reserve	
				Advanced female age	
				Uterine factor	
				Peritoneal factor or severe adhesions	
				Gonadotoxic therapy	
				Other female factor	
				No male partner	
				No female partner	
				Unexplained infertility	
				PGD for known genetic factor	
				PGS for aneuploidy screening	
				Oocyte banking - cancer treatment	
				Oocyte banking - social reasons	
				Embryo banking - cancer treatment	
				Embryo banking - social reasons	
Red blood cells	MMMSS0117	Prenatal Screening	An indication of whether the amniotic fluid is visibly contaminated with red blood cells		
Referral Date to FMU	FAN0021	Antenatal Specialty	Date referral was received by the Fetal Medicine Unit in current pregnancy using standard date format.		
Referral Date to FMU Is Unknown	FAN0021UN	Antenatal Specialty	Indicates that the referral date to the Fetal Medicine Unit is unknown		
Referral for genetic counselling	MMMSS0090	Prenatal Screening Follow-up	Indication as to whether clinical follow-up services were offered and/or accepted.	Accepted	
				Declined	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Not offered	
				No Response	
Referral to FMU	NEW0008	Antenatal Specialty	Indicates whether mother was referred to fetal medicine unit during current pregnancy.		
Referral to Prenatal Genetics	NEW0007	Antenatal Specialty	Indicates whether mother was referred to prenatal genetics during current pregnancy.		
Referred to FAN by	FAN0024	Antenatal Specialty	Name and provider number of health care provider who initiates referral to Fetal Alert Network.	Family Physician	
				Medical Genetics	
				Medical Specialist	
				Midwife	
				Nursing practitioner	
				Obstetrician	
				Perinatologist	
				Other	
				Unknown	
Regional Treatment Centre Name	NBS0011	Newborn Screening	Name of the Regional Treatment Centre newborn screen positive infant was referred to for diagnostic evaluation		
Regional Treatment Centre Responsible Physician	NBS0129	Newborn Screening Follow-up	The name of the physician at the Regional Treatment Centre who was / is responsible for the care of the infant / child	ATHALE, DR. UMA (Hamilton Health Sciences Centre)	
				BABIC, DR. BOJANA (Hamilton Health Sciences Centre)	
				BOLAND, DR. MARGARET PATRICIA (Children's Hospital of Eastern Ontario)	
				BORICI-MAZI, DR.	
				CHAKRABORTY, DR. PRANESH (Children's Hospital of Eastern Ontario)	
				CLARSON, DR. CHERIL LINDA (London Health Sciences Centre - Endocrinology)	
				DEAN, HEATHER	
				DENT, DR. PETER	
				ELLIS, DR ANNE	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				GALLEGO, DR. P (London Health Sciences Centre - Endocrinology)	
				GERAGHTY, DR. MICHAEL (Children's Hospital of Eastern Ontario)	
				GOOBIE, DR. SHARAN LYNN (London Health Sciences Centre - Genetics)	
				GRASEMANN, HARTMUT (Hospital for Sick Children)	
				HADIYANNAKIS, DR. ANASTASIA (Children's Hospital of Eastern Ontario)	
				HAMILTON, DR. JILL KRYSTI (Hospital for Sick Children)	
				JARDINE, DR. Lawrence (London Health Sciences Centre - Genetics)	
				JUSKEY, LIA (Hospital for Sick Children)	
				Karp, Dr. Natalya (London Health Sciences Center)	
				KIRBY, DR. MELANIE-ANN (Hospital for Sick Children)	
				KLAASSEN, DR. ROBERT JOHN (Children's Hospital of Eastern Ontario)	
				KOVESI, DR. THOMAS ANDREW (Children's Hospital of Eastern Ontario)	
				KOZENKO, DR. MARIYA (Hamilton Health Sciences Centre)	
				KRONICK, DR. JONATHAN (Hospital for Sick Children)	
				LAPIERRE, DR. JEAN GUY (CHU St Justine)	
				LAWRENCE, DR. SARAH ELIZABETH (Children's Hospital of Eastern Ontario)	
				LI, DR. CHUMEI (Hamilton Health Sciences Centre)	
				MACKENZIE, DR. JENNIFER JANE (Kingston General Hospital)	
				MAHMUD, DR. FARID HUSSAIN (Hospital for Sick Children)	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				MAHMUTOGLU, DR. SAADET (Hospital for Sick Children)	
				MAZZA, DR. J.	
				McASSEY, DR. KAREN LYNN (Hamilton Health Sciences Centre)	
				MHANNI, DR AZIZ (WRHA Genetics & Metabolism Program)	
				MOOTE, DR. B.	
				NOWACZYK, DR. MALGORZATA JOANNA (Hamilton Health Sciences Centre)	
				ODAME, DR. ISAAC (Hospital for Sick Children)	
				PALMERT, DR. MARK RANEY (Hospital for Sick Children)	
				PASTERKAMP, DR. HANS (CHILDREN'S HOSPITAL OF WINNIPEG)	
				PEDDER, DR. LINDA (Hamilton Health Sciences Centre)	
				PERLMAN, DR. KUSIEL (Hospital for Sick Children)	
				PHAM-HUY, DR. ANNE (CHEO Infectious Diseases)	
				POTTER, DR. MURRAY ALEXANDER (Hamilton Health Sciences Centre)	
				PRASAD, DR. CHITRA (London Health Sciences Centre - Genetics)	
				PRICE, DR. APRIL KATHERINE (London Health Sciences Centre - Genetics)	
				RAIMAN, DR. JULIAN ANDREW JONATHON (Hospital for Sick Children)	
				RATJEN, DR. FELIX ALEXANDER (Hospital for Sick Children)	
				ROIFMAN, DR. CHAIM	
				ROCKMAN-GREENBERG, DR. CHERYL (WRHA Genetics & Metabolism Program)	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				SALEH, DR.DAVID (Kingston General Hospital)	
				SAMAAN, DR. CONSTANTINE (Hamilton Health Sciences Centre)	
				SCHULZE, DR. ANDREAS (Hospital for Sick Children)	
				SELLERS, ELIZABETH	
				SILVA, DR. MARIANA (Kingston General Hospital)	
				SIRIWARDENA, DR. KOMUDI PULSARA (Hospital for Sick Children)	
				SIU, DR. V.	
				SOCHETT, ETIENNE (Hospital for Sick Children)	
				SOLOMON, MELINDA (Hospital for Sick Children)	
				SOTTOSANTI, DR. M (London Health Sciences Centre - Endocrinology)	
				STEIN, DR. ROBERT IAN (London Health Sciences Centre - Endocrinology)	
				URBACH, DR. STACEY LISA (Hospital for Sick Children)	
				VAN WYLICK, DR. RICHARD CECIL (Kingston General Hospital)	
				VANDERMEULEN, DR. JOHN AUGUST (Hamilton Health Sciences Centre)	
				WASSERMAN, DR. JONATHAN (Hospital for Sick Children)	
				WHERRETT, DR. DIANE KATHERINE (Hospital for Sick Children)	
				WICKLOW, BRANDY	
				BASSILIOUS, DR. ERENY (McMaster Children's Hospital)	
				SIMPSON, EWURABENA (Children's Hospital of Eastern Ontario)	
				REISMAN, JOE (Children's Hospital of Eastern Ontario)	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				BERUBE, DR. DENIS (CHU St Justine)	
				WALIA, DR.JAGDEEP (Kingston General Hospital)	
				Kumar, Dr. Gautam (Sudbury CF Clinic)	
				Al-Somali, Dr. Faisal (WRHA Respiriology)	
				Marcotte, Dr. Jacques (CHU St Justine)	
				BRUNEL-GUITTON, DR.CATHARINE (CHE Sainte Justine, Medical Genetics)	
Report address	MMMSS0126	Prenatal Screening	Address for screening result		
Report address 2	MMMSS0127	Prenatal Screening	Address for screening result		
Report address 3	MMMSS0128	Prenatal Screening	Address for screening result		
Respiratory Support in Hospital	N0217	NICU/SCN	Types of respiratory support used on the child in the hospital	Invasive High Frequency Ventilation	
				Intermittent Positive Pressure Ventilation	
				Non-Invasive Ventilation	
				Oxygen	
				Other	
				Nitric Oxide	
				Unknown	
				None	
Result Amendment	MMMSS0087	Prenatal Screening Follow-up	Indication maternal serum screening result was amended.		
ROP Eye Screening Type	N0221	NICU/SCN	ROP Eye Screening Type	Physical exam	
				RetCam	
				Unknown	
ROP Screening	D0104	NICU/SCN	Indicate whether Retinopathy Of Prematurity (ROP) Screening initiated as per protocol		
ROP Treatment	N0223	NICU/SCN	ROP Treatment	None	
				Left eye - Cryotherapy	
				Left eye - Laser Therapy	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Left eye - Anti VEGF injections	
				Left eye - Other eye surgery	
				Right eye -Cryotherapy	
				Right eye -Laser Therapy	
				Right eye - Anti VEGF injections	
				Right eye - Other eye surgery	
				Both eyes - Cryotherapy	
				Both eyes - Laser Therapy	
				Both eyes - Anti VEGF injections	
				Both eyes - Other eye surgery	
				Unknown	
ROP Worst Stage	N0222	NICU/SCN	ROP Worst Stage	None	
				Left eye - I	
				Left eye - II	
				Left eye - III	
				Left eye - IV	
				Left eye - V	
				Left eye - immature	
				Right eye - I	
				Right eye - II	
				Right eye - III	
				Right eye - IV	
				Right eye - V	
				Right eye - immature	
				Both eyes - I	
				Both eyes - II	
				Both eyes - III	
				Both eyes - IV	
				Both eyes - V	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Both eyes - immature	
				Unknown	
RSV Prophylaxis Administered	N0225	NICU/SCN	Indicates whether RSV prophylaxis was administered		
RSV Prophylaxis Criteria	N0224	NICU/SCN	RSV Prophylaxis Criteria	Infant < =32 6/7 weeks and less than or equal to 6 months at the start of RSV season	
				RSV Risk Assessment Tool score > 49 for infants 33 0/7 to 35 6/7	
				Confirmed Downs syndrome	
				Confirmed Bronchopulmonary dysplasia	
				Confirmed hemodynamically significant congenital heart disease	
				Special Consideration with physician letter and medical justification	
				Birth Sibling qualifies	
				Unknown	
Sample appearance	MMSS0116	Prenatal Screening	The appearance of amniotic fluid sample: Clear; Cloudy; Frankly bloodstained; Significantly discoloured	Clear	
				Cloudy	
				Frankly bloodstained	
				Significantly discolored	
Scan Gestational Age (GA) at First PSO sample	F0014	Prenatal Screening	Gestational age in days determined by Ultrasound (US) at date second Maternal Multiple Marker Serum Screen sample is obtained.		
Scan Gestational Age (GA) at Second PSO sample	F0016	Prenatal Screening	Gestational age in days determined by Ultrasound (US) at date second Maternal Multiple Marker Serum Screen sample is obtained.		
Screen Positive Comments	NDERF02325	Newborn Screening Follow-up			
Second trimester total hCG assay date	MMSS0121	Prenatal Screening	Date of 2nd trimester total hCG measurement		
Semen volume	ART0490	CARTR+	Volume of fresh (neat, pre-wash) semen sample - only applicable for fresh partner semen.		
Share information with NSO	NDERFSHARE	Newborn Screening Follow-up	Parents/guardians have requested that the diagnostic evaluation information not be shared with NSO.		

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
Simulated primary cycle	ART1090	CARTR+	A primary cycle that originally occurred either in another clinic and/or prior to January 1, 2013.		
Site Of NICU/SCN admission	D0136	NICU/SCN	Hospital where neonate was admitted to Neonatal Intensive Care Unit or Special Care Nursery		
SLOS prior risk	MMMSS0105	Prenatal Screening	SLOS population risk		
SLOS prior risk (unrounded)	MMMSS0106	Prenatal Screening	SLOS population risk unrounded		
SLOS risk	MMMSS0107	Prenatal Screening	SLOS risk		
SLOS risk (unrounded)	MMMSS0108	Prenatal Screening	SLOS unrounded		
SLOS risk LHS	MMMSS0109	Prenatal Screening	Numerator part of term Trisomy SLOS risk calculation.		
SLOS risk RHS (unrounded)	MMMSS0110	Prenatal Screening	Denominator part of term Trisomy SLOS risk calculation.		
Smoking (PSO)	MMMSS0030	Prenatal Screening	An indication that a women smoked at time of conception as recorded on the prenatal screening requisition		
Soft markers of ultrasound	PNFU0080-1	Antenatal Specialty	Variants of normal development detected by obstetrical ultrasound at specific periods during gestation which may increase the risk of a fetal anomaly and / or adverse obstetrical outcome	Anhydramnios	
				Brachycephaly	
				Choroid plexus cysts	
				Clinodactyly	
				Cystic hygroma	
				Ductus venosus blood flow	
				Echogenic yolk sac	
				Enlarged cisterna magna	
				Frontomaxillary facial angle	
				Hydronephrosis	
				Hyperechogenic bowel	
				Iliac angle	
				Intracardiac echogenic focus / focii	
				Intrauterine growth retardation	
				Nasal bone, absent	
				Nasal bone, hypoplastic	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Nuchal fold / edema, increased	
				Nuchal translucency, increased	
				Oligohydramnios	
				Pericardial effusion	
				Placental thickness	
				Pleural effusion	
				Polyhydramnios	
				Renal pelves	
				Pyelectasis	
				Sandal gap	
				Short femur	
				Short humerus	
				Small ear length	
				Tricuspid valve regurgitation	
				Two vessel cord / single umbilical artery	
				Umbilical cord cyst	
				Uterine artery notching	
				Ventriculomegaly	
Soft markers of ultrasound	PNFU0080-1	Prenatal Screening Follow-up	Variants of normal development detected by obstetrical ultrasound at specific periods during gestation which may increase the risk of a fetal anomaly and / or adverse obstetrical outcome	Anhydramnios	
				Brachycephaly	
				Choroid plexus cysts	
				Clinodactyly	
				Cystic hygroma	
				Ductus venosus blood flow	
				Echogenic yolk sac	
				Enlarged cisterna magna	
				Frontomaxillary facial angle	
				Hydronephrosis	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Hyperechogenic bowel	
				Iliac angle	
				Intracardiac echogenic focus / foci	
				Intrauterine growth retardation	
				Nasal bone, absent	
				Nasal bone, hypoplastic	
				Nuchal fold / edema, increased	
				Nuchal translucency, increased	
				Oligohydramnios	
				Pericardial effusion	
				Placental thickness	
				Pleural effusion	
				Polyhydramnios	
				Renal pelves	
				Pyelectasis	
				Sandal gap	
				Short femur	
				Short humerus	
				Small ear length	
				Tricuspid valve regurgitation	
				Two vessel cord / single umbilical artery	
				Umbilical cord cyst	
				Uterine artery notching	
				Ventriculomegaly	
Soft markers of ultrasound (level 2)	PNFU0080-2	Antenatal Specialty	The detailed description of the soft marker or obstetrical ultrasound finding where available	Mild	
				Moderate	
				Severe	
				Septated	
				Not septated	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Normal	
				Abnormal (reversed)	
				Not otherwise specified	
				Biventricular	
				L ventricle	
				R ventricle	
				L atrium	
				R atrium	
				Single	
				Multiple	
				Grade I (less bright than bone)	
				Grade II (as bright as bone)	
				Grade III (brighter than bone)	
				Right	
				Left	
				Bilateral	
				Unilateral	
				Right artery absent	
				Left artery absent	
				Symmetrical	
				Asymmetrical	
				N/a	
				Unknown	
Soft markers of ultrasound (level 2)	PNFU0080-2	Prenatal Screening Follow-up	The detailed description of the soft marker or obstetrical ultrasound finding where available	Mild	
				Moderate	
				Severe	
				Septated	
				Not septated	
				Normal	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Abnormal (reversed)	
				Not otherwise specified	
				Biventricular	
				L ventricle	
				R ventricle	
				L atrium	
				R atrium	
				Single	
				Multiple	
				Grade I (less bright than bone)	
				Grade II (as bright as bone)	
				Grade III (brighter than bone)	
				Right	
				Left	
				Bilateral	
				Unilateral	
				Right artery absent	
				Left artery absent	
				Symmetrical	
				Asymmetrical	
				N/a	
				Unknown	
Soft markers of ultrasound Measurement Name	PNFU0080-3	Antenatal Specialty	Name of the soft marker or obstetrical imaging finding	Right Dimension (mm)	
				Left Dimension (mm)	
				Measurement (mm)	
				Right Measurement (mm)	
				Left Measurement (mm)	
				HC Percentile	
				BPD Percentile	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				AC Percentile	
				FL Percentile	
				AFI (amniotic fluid index)	
				Right Percentile	
				Left Percentile	
				Degree of Angle	
				NT MoM	
				Delta NT	
Soft markers of ultrasound Measurement Name	PNFU0080-3	Prenatal Screening Follow-up	Name of the soft marker or obstetrical imaging finding	Right Dimension (mm)	
				Left Dimension (mm)	
				Measurement (mm)	
				Right Measurement (mm)	
				Left Measurement (mm)	
				HC Percentile	
				BPD Percentile	
				AC Percentile	
				FL Percentile	
				AFI (amniotic fluid index)	
				Right Percentile	
				Left Percentile	
				Degree of Angle	
				NT MoM	
				Delta NT	
Soft markers of ultrasound Measurement Value	PNFU0080-4	Antenatal Specialty	Measurement of the soft marker or obstetrical imaging finding		
Soft markers of ultrasound Measurement Value	PNFU0080-4	Prenatal Screening Follow-up	Measurement of the soft marker or obstetrical imaging finding		
Sonographer	MMSS0006	Prenatal Screening	Prenatal Screening Ontario-assigned unique identification code for the sonographer performing Nuchal Translucency Measurement.		

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
Sonographer coefficient set A from ALPHA	D0033	Prenatal Screening	Sonographer coefficient set used for generating NT sonographer specific curve		
Sonographer coefficient set B from ALPHA	PS0010	Prenatal Screening	B value of a sonographer's coefficient set		
Source of Gametes	NEW0004	Antenatal Specialty	Source of sperm and egg for this pregnancy; reflects biological parents as documented or source(s) if reproductive assistance was required.	Donor egg	
				Donor Sperm	
				Donor sperm and egg	
				Parents as documented	
				Unknown	
Source of transferred embryos	ART0810	CARTR+	Origin of embryos for this transfer. Select all applicable	Fresh embryos from own oocytes-partner sperm	
				Fresh embryos from own oocytes-donor sperm	
				Fresh embryos from donor oocytes-partner sperm	
				Fresh embryos from donor oocytes-donor sperm	
				Frozen embryos from own oocytes-partner sperm	
				Frozen embryos from own oocytes-donor sperm	
				Frozen embryos from donor oocytes-partner sperm	
				Frozen embryos from donor oocytes-donor sperm	
Unable to provide					
Specify jurisdiction	NDERFOBTJURS	Newborn Screening Follow-up	The location where the infant's newborn screening sample was obtained if it was obtained in a jurisdiction other than Ontario		
Sperm count	ART0500	CARTR+	Sperm concentration in fresh (neat, pre-wash) semen sample – only applicable for fresh partner semen		
Sperm donor ID	ART0450	CARTR+	Unique code to identify the sperm donor		
Sperm donor status	ART0460	CARTR+	Type of donation	Anonymous	
				Non-anonymous	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
Sperm motility	ART0510	CARTR+	Percentage of motile sperm in fresh (neat, pre-wash) semen sample – only applicable for fresh partner semen.		
Sperm origin	ART0440	CARTR+	Origin of male gametes used to create embryos. Select all applicable.	Fresh partner sperm	
				Frozen partner sperm	
				Frozen donor sperm	
Sperm source	ART0480	CARTR+	Source of collected sperm (for partner if both partner and donor sperm used). Select one only	Semen	
				Epididymal	
				Urine (retrograde)	
				Testicular-NOA	
				Testicular-OA	
Sperm too low to count	ART0505	CARTR+	Too few sperm to make an accurate count.		
Submitter Unique ID	NSO235401	Newborn Screening	A unique number assigned to the infant and / or the infant's dried blood spot by the submitting institution / health care provider and recorded on the newborn screening requisition		
Submitting Organization	NSOSUBORG	Newborn Screening			
Subspecialty Consults	FAN0012	Antenatal Specialty	Any sub-specialty consults undertaken during the course of prenatal care.	Anesthesia	
				Cardiology	
				Chaplaincy	
				Clinical Nurse Specialist/Advanced Practice Nurse (CNS/APN)	
				Endocrine	
				General Surgery	
				Genetic Counsellor	
				Geneticist	
				MFM second opinion	
				Neonatology	
				Nephrology	
				Neurology	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Neurosurgery	
				None	
				Orthopaedics	
				Other	
				Palliative care	
				Plastic Surgery	
				Psychiatry	
				Psychology	
				Rehab Centre	
				Social Work	
				Urology	
				Unknown	
Termination of Pregnancy	PS0015	Prenatal Screening	Termination of pregnancy indicated by Lab feeds	Fetal Demise	
				Fetal Demise - Triplet	
				Fetal Demise - Twin	
				Fetal Demise - Twin A	
				Fetal Demise - Twin B	
				Miscarried	
				Termination	
Test Not Done	NDERFTND	Newborn Screening Follow-up	Indicates that the diagnostic investigation was not performed		
Thawed embryo cryo method	ART0690	CARTR+	Method used to cryopreserve the thawed/warmed embryos.	Slow freezing	
				Vitrification	
				Mixed	
Thawed embryo stage at freezing	ART0680	CARTR+	Type of embryos thawed/warmed in this FET cycle. Select all applicable.	2PN	
				Cleavage stage	
				Morula	
				Blastocyst	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Unknown	
Time between Referral and first visit to FMU in days	FAN105	Antenatal Specialty	Calculated. Measured in days		
Time between Referral and first visit to PNU/Genetics in days	FAN104	Antenatal Specialty	A calculated Time between Referral and first visit to PNU/Genetics in days		
Time Fully Dilated	M0524	Birth Mother	The time (24 hour clock) at complete cervical dilation (dilatation). If Time Fully Dilated (e.g. baby born on route to hospital) is unknown then estimate based on Time Started Pushing and Time of Birth. If Time Started Pushing is prior to Time Fully Dilated then Time Started Pushing=Time Fully Dilated.		
Time of Birth	N0006	Birth Child	The time (24 hour clock) when baby is born		
Time of Birth	N0006	Birth Mother	The time (24 hour clock) when baby is born		
Time of Birth	N0006	Newborn Screening	The time (24 hour clock) when baby is born		
Time of Birth	N0006	Patient Profile	The time (24 hour clock) when baby is born		
Time of Birth	N0006	Postpartum Mother	The time (24 hour clock) when baby is born		
Time of NSO Collection	NBS0009T	Newborn Screening	Time of collection of Newborn Screening Ontario (NSO) sample		
Time prenatal PRBC transfusion	D0073	Antenatal Specialty	The time that the prenatal (in utero) PRBC transfusion was performed (if there were multiple performed, enter the most recent)		
Time Pushing	D0050	Birth Mother	Calculation: Time Started Pushing to Time of Birth		
Time Started Pushing	M0525	Birth Mother	The time (24 hour clock) when mother initiates pushing. If Time Started Pushing (e.g. baby born on route to hospital) is unknown then estimate based on Time of Birth.		
Time Waiting	D0049	Birth Mother	Calculation: Time Fully Dilated to Time Started Pushing		
Total dose of FSH	ART0260	CARTR+	Total IU of FSH received in cycle – does not include dose of LH.		
Total Number of affected siblings of affected newborn screen positive child	NBS0031	Newborn Screening Follow-up	Number of full siblings to the infant / child who are affected with the disease in question.	Unknown	
				0	
				1	
				2	
				3	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				4	
				5	
				6	
				7	
				8	
				9	
				10	
				>10	
Total Number of deceased sibs of affected newborn screen positive child	NBS0108	Newborn Screening Follow-up	Number of full siblings to the infant / child that are deceased.	Unknown	
				0	
				1	
				2	
				3	
				4	
				5	
				6	
				7	
				8	
				9	
				10	
				>10	
Total Number of midwives providing care	MW0062	Antenatal General	Total Number of midwives providing care determined at time of discharge from care		
Total Number of midwives providing care	MW0062	Birth Mother	Total Number of midwives providing care determined at time of discharge from care		
Total Number of midwives providing care	MW0062	Postpartum Mother	Total Number of midwives providing care determined at time of discharge from care		
Total Number of siblings of affected newborn screen positive child	NBS0030	Newborn Screening Follow-up	Total number of full siblings to the infant / child.	Unknown	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				0	
				1	
				2	
				3	
				4	
				5	
				6	
				7	
				8	
				9	
				10	
				>10	
Total Second Stage	D0051	Birth Mother	Calculation: Time Fully Dilated to Time of Birth		
Transfer Date	ART0750	CARTR+	Date of embryo transfer. If embryos are transferred on more than one day, enter the first transfer date.		
Transport Personnel (Discharge)	N0123	NICU/SCN	Identify the personnel who accompanied the neonate during transport to another hospital/site	CNS/NP	
				MD	
				Paramedic	
				RN	
				RRT	
				Transport team	
				Other	
Transport Personnel In (Admission)	N0212	NICU/SCN	Identify the personnel who accompanied the neonate during transport from another hospital/site	CNS/NP	
				MD	
				Paramedic	
				RN	
				RRT	
				Transport team	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Other	
Treatment outcome	ART0860	CARTR+	Outcome of treatment cycle. To be completed for ALL treatment cycles (except Oocyte Banking and Simulated Primary Cycles), including cycles that were cancelled, had no insemination, no fertilization, or no embryo transfer. Patients lost in follow-up are included as unknown.	Cycle not completed to transfer	
				Negative beta-hCG	
				Positive beta-hCG	
				Unknown	
Trigger medication	ART0240	CARTR+	Medication received by oocyte provider to complete oocyte maturation before collection. If more than one medication is used, enter other and describe under other trigger medication description	U-hCG	
				Rec-hCG	
				GnRH agonist	
				None	
				Other	
Trisomy 18 prior risk	MMMSS0113	Prenatal Screening	Age related Trisomy 18 risk		
Trisomy 18 prior risk (unrounded)	MMMSS0065	Prenatal Screening	Maternal age related risk of Trisomy 18		
Trisomy 18 risk	MMMSS0067	Prenatal Screening	Calculated term risk of Trisomy 18.		
Trisomy 18 risk (unrounded)	MMMSS0068	Prenatal Screening	Calculated maternal risk of Trisomy 18 expressed as an unrounded figure.		
Trisomy 18 risk LHS	MMMSS0069	Prenatal Screening	Numerator part of term Trisomy 18 risk calculation.		
Trisomy 18 risk RHS (unrounded)	MMMSS0071	Prenatal Screening	Term risk of Trisomy 18 calculated from right hand side of the maternal age specific risk and multiplied by the likelihood ratio, expressed as an unrounded figure. (Cunningham, 2005)		
Type of Birth	M0503	Birth Child	Indicate how the baby was born	Spontaneous Vaginal	
				Assisted Vaginal	
				Induced or Spontaneous Labour Cesarean Section	
				No Labour - Cesarean Section	
Type of Birth	M0503	Birth Mother	Indicate how the baby was born	Spontaneous Vaginal	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Assisted Vaginal	
				Induced or Spontaneous Labour Cesarean Section	
				No Labour - Cesarean Section	
Type of Birth	M0503	Postpartum Child	Indicate how the baby was born	Spontaneous Vaginal	
				Assisted Vaginal	
				Induced or Spontaneous Labour Cesarean Section	
				No Labour - Cesarean Section	
Type of Birth	M0503	Postpartum Mother	Indicate how the baby was born	Spontaneous Vaginal	
				Assisted Vaginal	
				Induced or Spontaneous Labour Cesarean Section	
				No Labour - Cesarean Section	
Type of Conception	M0201	Antenatal General	Method of conception for this pregnancy; indicates if reproductive assistance was required to achieve current pregnancy	Spontaneous	Assisted reproductive technology was not used
				Intrauterine insemination alone	Sperm is instilled directly into the uterine cavity through a syringe and catheter. Can be partner or donor sperm. Referred to as IUI.
				Intrauterine insemination with ovulation induction but no IVF	Same as intrauterine insemination (IUI) but woman received drugs to stimulate ovulation prior to the IUI. The woman may produce one or many eggs as the result of the stimulation protocol. Multiple births are a risk with this procedure. Sometimes, an ultrasound is performed prior to the IUI to determine how many follicles have matured and the procedure may not be carried out if many eggs are produced.
				Ovulation Induction without IVF (ie clomid or FSH)	Drugs are given to stimulate ovulation. Normal intercourse, IUI (intrauterine insemination) or vaginal insemination follows but no other manipulation of the egg or sperm.

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				IVF	In Vitro fertilization - Eggs are retrieved from the ovaries through a transvaginal (usually) procedure, guided by ultrasound that shows where the mature follicles are. Eggs are then placed in a sperm solution and fertilization occurs. Fertilized embryos are grown in the lab for a few days (3 or 5) and then a certain number are transferred back into the uterus. The remainder of viable embryos may be frozen for future use.
				IVF ICSI	In Vitro Fertilization with Intra Cellular Sperm Injection - A single sperm is chosen from the sperm sample and injected directly into the egg for fertilization. The embryo(s) fertilized are then transferred into the uterus as in a regular IVF procedure and/or frozen for future use.
				Surrogate	A Gestational Carrier. Another woman carries the embryo/fetus for the couple who are unable to carry a pregnancy for whatever reason. The baby is surrendered at birth to the fertility patient.
				Vaginal insemination	
				Unknown	
Type of Conception	M0201	Antenatal Specialty	Method of conception for this pregnancy; indicates if reproductive assistance was required to achieve current pregnancy	Spontaneous	Assisted reproductive technology was not used
				Intrauterine insemination alone	Sperm is instilled directly into the uterine cavity through a syringe and catheter. Can be partner or donor sperm. Referred to as IUI.
				Intrauterine insemination with ovulation induction but no IVF	Same as intrauterine insemination (IUI) but woman received drugs to stimulate ovulation prior to the IUI. The woman may produce one or many eggs as the result of the stimulation protocol. Multiple births are a risk with this procedure. Sometimes, an ultrasound is performed prior to

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
					the IUI to determine how many follicles have matured and the procedure may not be carried out if many eggs are produced.
				Ovulation Induction without IVF (ie clomid or FSH)	Drugs are given to stimulate ovulation. Normal intercourse, IUI (intrauterine insemination) or vaginal insemination follows but no other manipulation of the egg or sperm.
				IVF	In Vitro fertilization - Eggs are retrieved from the ovaries through a transvaginal (usually) procedure, guided by ultrasound that shows where the mature follicles are. Eggs are then placed in a sperm solution and fertilization occurs. Fertilized embryos are grown in the lab for a few days (3 or 5) and then a certain number are transferred back into the uterus. The remainder of viable embryos may be frozen for future use.
				IVF ICSI	In Vitro Fertilization with Intra Cellular Sperm Injection - A single sperm is chosen from the sperm sample and injected directly into the egg for fertilization. The embryo(s) fertilized are then transferred into the uterus as in a regular IVF procedure and/or frozen for future use.
				Surrogate	A Gestational Carrier. Another women carries the embryo/fetus for the couple who are unable to carry a pregnancy for whatever reason. The baby is surrendered at birth to the fertility patient.
				Vaginal insemination	
				Unknown	
Type of Conception	M0201	Birth Mother	Method of conception for this pregnancy; indicates if reproductive assistance was required to achieve current pregnancy	Spontaneous	Assisted reproductive technology was not used
				Intrauterine insemination alone	Sperm is instilled directly into the uterine cavity through a syringe and catheter. Can be partner or

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
					donor sperm. Referred to as IUI.
				Intrauterine insemination with ovulation induction but no IVF	Same as intrauterine insemination (IUI) but woman received drugs to stimulate ovulation prior to the IUI. The woman may produce one or many eggs as the result of the stimulation protocol. Multiple births are a risk with this procedure. Sometimes, an ultrasound is performed prior to the IUI to determine how many follicles have matured and the procedure may not be carried out if many eggs are produced.
				Ovulation Induction without IVF (ie clomid or FSH)	Drugs are given to stimulate ovulation. Normal intercourse, IUI (intrauterine insemination) or vaginal insemination follows but no other manipulation of the egg or sperm.
				IVF	In Vitro fertilization - Eggs are retrieved from the ovaries through a transvaginal (usually) procedure, guided by ultrasound that shows where the mature follicles are. Eggs are then placed in a sperm solution and fertilization occurs. Fertilized embryos are grown in the lab for a few days (3 or 5) and then a certain number are transferred back into the uterus. The remainder of viable embryos may be frozen for future use.
				IVF ICSI	In Vitro Fertilization with Intra Cellular Sperm Injection - A single sperm is chosen from the sperm sample and injected directly into the egg for fertilization. The embryo(s) fertilized are then transferred into the uterus as in a regular IVF procedure and/or frozen for future use.
				Surrogate	A Gestational Carrier. Another woman carries the embryo/fetus for the couple who are unable to carry a pregnancy for whatever reason. The baby is surrendered

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
					at birth to the fertility patient.
				Vaginal insemination	
				Unknown	
Type of Conception	M0201	Labour	Method of conception for this pregnancy; indicates if reproductive assistance was required to achieve current pregnancy	Spontaneous	Assisted reproductive technology was not used
				Intrauterine insemination alone	Sperm is instilled directly into the uterine cavity through a syringe and catheter. Can be partner or donor sperm. Referred to as IUI.
				Intrauterine insemination with ovulation induction but no IVF	Same as intrauterine insemination (IUI) but woman received drugs to stimulate ovulation prior to the IUI. The woman may produce one or many eggs as the result of the stimulation protocol. Multiple births are a risk with this procedure. Sometimes, an ultrasound is performed prior to the IUI to determine how many follicles have matured and the procedure may not be carried out if many eggs are produced.
				Ovulation Induction without IVF (ie clomid or FSH)	Drugs are given to stimulate ovulation. Normal intercourse, IUI (intrauterine insemination) or vaginal insemination follows but no other manipulation of the egg or sperm.
				IVF	In Vitro fertilization - Eggs are retrieved from the ovaries through a transvaginal (usually) procedure, guided by ultrasound that shows where the mature follicles are. Eggs are then placed in a sperm solution and fertilization occurs. Fertilized embryos are grown in the lab for a few days (3 or 5) and then a certain number are transferred back into the uterus. The remainder of viable embryos may be frozen for future use.
				IVF ICSI	In Vitro Fertilization with Intra Cellular Sperm Injection - A single sperm is chosen from the sperm

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
					sample and injected directly into the egg for fertilization. The embryo(s) fertilized are then transferred into the uterus as in a regular IVF procedure and/or frozen for future use.
				Surrogate	A Gestational Carrier. Another women carries the embryo/fetus for the couple who are unable to carry a pregnancy for whatever reason. The baby is surrendered at birth to the fertility patient.
				Vaginal insemination	
				Unknown	
Type of CS	M512	Birth Mother	Indicate if cesarean section was planned (as scheduled), planned (not as scheduled), or unplanned.	Planned (as scheduled)	Planned and completed as scheduled
				Planned (not as scheduled)	Planned and completed but not as it was scheduled or completed but the date was not yet scheduled
				Unplanned	
Type of cycle	ART0160	CARTR+	Primary cycle: A cycle that includes an oocyte collection that results in IVF, IVM, or Oocyte banking. Secondary cycle: A cycle that does not include an oocyte collection but instead uses thawed oocytes or thawed embryos	IVF	
				IVM	
				Oocyte banking	
				Frozen oocyte IVF	
				FET	
Type of Labour	M0502	Birth Mother	Indicates whether the labour started spontaneously, was induced mechanically or pharmalogically or did not labour prior to C/Section	Spontaneous	
				Induced	
				No Labour	
Type of Labour	M0502	Labour	Indicates whether the labour started spontaneously, was induced mechanically or pharmalogically or did not labour prior to C/Section	Spontaneous	
				Induced	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				No Labour	
Type of pregnancy	ART0870	CARTR+	Type of pregnancy achieved. Select one only		
Type of Prenatal Diagnostic Procedure	PSDP002	Antenatal Specialty	The type of prenatal diagnostic procedure that was offered.	Amniocentesis	
				Biopsy	
				Chorionic Villus Sampling (CVS)	
				Embryoscopy/Fetoscopy	
				Fetal Blood Sampling (FBS)	
Type of Prenatal Diagnostic Procedure	PSDP002	Prenatal Screening Follow-up	The type of prenatal diagnostic procedure that was offered.	Amniocentesis	
				Biopsy	
				Chorionic Villus Sampling (CVS)	
				Embryoscopy/Fetoscopy	
				Fetal Blood Sampling (FBS)	
Type of Prenatal Screen	MMMSS0012	Prenatal Screening Follow-up	Type of Prenatal Screen (screen modality)	Fetus A	
				Fetus B	
				Fetus C	
				Fetus D	
				Fetus E	
				Fetus F	
				Fetus G	
				Fetus H	
				Fetus I	
				Fetus J	
Type of Prenatal Screen Amended	MMMSS0016	Prenatal Screening Follow-up	What is the new type of prenatal screen (screen modality)		
Type of screening	MMMSS0134	Prenatal Screening	Type of prenatal screening (e.g. integrated prenatal screening, first trimester screening, quad screening, etc).	FTS with Free β -hCG	
				FTS with Total hCG	
				NT Only	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				IPS	
				SIPS	
				NT+QUAD	
				MSS QUAD	
				MS-AFP	
				2-Marker FTS (Free ?-hCG, PAPP-A)	
				2-Marker FTS (NT, Free ?-hCG)	
				2-Marker FTS (NT, PAPP-A)	
				2-Marker FTS (Total hCG, PAPP-A)	
				2-Marker FTS (NT, Total hCG)	
				4-Marker IPS without NT	
				4-Marker IPS without PAPP-A	
				IPS6	
				Triple Test	
				PAPP-A Only	
				AF-AFP	
				Other Uncommon Tests	
Type of stimulation protocol	ART0210	CARTR+	Ovarian stimulation protocol received by oocyte provider	Natural cycle	
			Select one only	Modified natural cycle	
				Mild stimulation	
				Antagonist	
				Antagonist-poor responder	
				Long agonist	
				Flare agonist	
				Microdose flare agonist	
				IVM protocol	
				Other	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
uE3 assay date	MMMSS0120	Prenatal Screening	Date of uE3 measurement		
uE3 level	MMMSS0013	Prenatal Screening	Reported measurement level of unconjugated estriol level (uE3) assay result based on maternal serum screen. (Cunningham, 2005)		
uE3 MoM	MMMSS0035	Prenatal Screening	Reported measurement level of unconjugated estriol level (uE3) assay result based on maternal serum screen. (Cunningham, 2005)		
Ultrasound Fetal Assessment (Level II)	MMMSS0092	Prenatal Screening Follow-up	Indication that a level II ultrasound was offered by the follow up clinic where the woman was seen. If the level II ultrasound was offered by the woman's primary health care provider, select By Physician	Accepted	
				Declined	
				Not offered	
				By physician	
Unsatisfactory Code	D0122	Newborn Screening	The Numeric Unsatisfactory code		
Unwell at retrieval	NBS0111-01	Newborn Screening Follow-up	The symptom(s) and / or reason(s) the screen positive infant was unwell at the time of retrieval		
Valid version record	PSOVALVERS	Prenatal Screening	Valid version record		
VBAC Attempted Flag	M0705	Birth Mother	Indicates if VBAC was attempted.		
VBAC Eligible at Onset of Labour	M0704	Birth Mother	Indicates if patient was eligible for VBAC at onset of labour.	Yes	
				No	
				Declined	
				Unknown	
VBAC Planned Flag	M0703	Birth Mother	Indicates if VBAC was ever planned during this pregnancy.		
Venous cord blood base excess / deficit	FAN0100	Birth Child	Indicate results of venous umbilical cord blood sampling indicating base excess or deficit reported by birth hospital		
Venous cord blood base excess / deficit	FAN0100	NICU/SCN	Indicate results of venous umbilical cord blood sampling indicating base excess or deficit reported by birth hospital		
Venous cord blood base excess / deficit	FAN0100	Postpartum Child	Indicate results of venous umbilical cord blood sampling indicating base excess or deficit reported by birth hospital		

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
Venous cord blood pH	FAN0101	Birth Child	Indicate results of venous umbilical cord blood pH as reported by birth hospital. If results include '<' enter the next lowest value to one decimal place.		
Venous cord blood pH	FAN0101	NICU/SCN	Indicate results of venous umbilical cord blood pH as reported by birth hospital. If results include '<' enter the next lowest value to one decimal place.		
Venous cord blood pH	FAN0101	Postpartum Child	Indicate results of venous umbilical cord blood pH as reported by birth hospital. If results include '<' enter the next lowest value to one decimal place.		
Venous cord blood test status	Y0030	Birth Child	Indicate venous umbilical cord blood test status	Done	
				Not Done	
				Unsatisfactory Specimen	
				Unknown	
Venous cord blood test status	Y0030	NICU/SCN	Indicate venous umbilical cord blood test status	Done	
				Not Done	
				Unsatisfactory Specimen	
				Unknown	
Venous cord blood test status	Y0030	Postpartum Child	Indicate venous umbilical cord blood test status	Done	
				Not Done	
				Unsatisfactory Specimen	
				Unknown	
Was newborn screening obtained in another jurisdiction?	NDERFOBTJURFG	Newborn Screening Follow-up	An indication of whether a dried blood spot or other sample type was obtained for newborn screening in a location other than Ontario as reported to the health care provider completing the SDRF.		
Was NSO obtained?	NDERFOBT	Newborn Screening Follow-up	An indication of whether a dried blood spot was obtained for newborn screening in Ontario as reported to the health care provider completing the SDRF		
Was the baby born in water	MW0125	Birth Mother	Was the baby born in water		
Was the diagnosis made in the infant?	NDERFDDINF	Newborn Screening Follow-up	An indication of whether the definitive diagnosis was made in the infant.		
Was the diagnosis made in the mother?	NDERFDDMOTH	Newborn Screening Follow-up	An indication of whether the definitive diagnosis was made in the mother.		
Was this a planned water birth?	MW0127	Birth Mother	Was this a planned water birth?		

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
Weight of embryo recipient	ART0835	CARTR+	Weight of female patient at ET or FET, or weight of surrogate receiving the embryo. This field is automatically filled in with the weight of the oocyte provider. If donor oocytes or a gestational carrier is used, this field should be filled in manually.		
Weight of oocyte provider	ART1110	CARTR+	Weight of oocyte provider. Must be reported in kg. Must be between 25kg and 227kg		
Woman Abuse	D0019	Antenatal General	The self-disclosed threat of or actual physical, sexual, psychological, emotional or financial abuse.	No disclosure	Asked but no abuse disclosed or asked and responded 'No'
				Disclosure	
				Unable to ask	Not asked, for any reason. Not documented in the chart.
Woman Abuse	D0019	Antenatal Specialty	The self-disclosed threat of or actual physical, sexual, psychological, emotional or financial abuse.	No disclosure	Asked but no abuse disclosed or asked and responded 'No'
				Disclosure	
				Unable to ask	Not asked, for any reason. Not documented in the chart.
Woman Abuse	D0019	Birth Mother	The self-disclosed threat of or actual physical, sexual, psychological, emotional or financial abuse.	No disclosure	Asked but no abuse disclosed or asked and responded 'No'
				Disclosure	
				Unable to ask	Not asked, for any reason. Not documented in the chart.
Woman Abuse	D0019	Labour	The self-disclosed threat of or actual physical, sexual, psychological, emotional or financial abuse.	No disclosure	Asked but no abuse disclosed or asked and responded 'No'
				Disclosure	
				Unable to ask	Not asked, for any reason. Not documented in the chart.
Zygoty	M0200	Antenatal Specialty	The nature of the zygotes from which individuals are derived; e.g., whether by separation of the division of one zygote (monozygotic) , in which case they will be genetically identical, or from two separate fertilized ova (dizygotic).	Monochorionicity	
				Dichorionicity	
				Unknown	
Zygoty	M0200	Prenatal Screening	The nature of the zygotes from which individuals are derived; e.g., whether by separation of the division of one zygote (monozygotic) , in which case they will be genetically identical, or from two separate fertilized ova (dizygotic).	Monochorionicity	

Data Element Name	BORN ID	Encounter Name	Data Element Definition	Pick List Value	Pick List Definition
				Dichorionicity	
				Unknown	