

BORN Data Dictionary

Rationale & Examples

- A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.
 - **Missed cases** - identify false negative screens and informing the relevant health care provider in order to enable them to offer parents appropriate care for their baby
 - **Congenital anomaly follow-up** - flag women/pregnancies/fetuses that need complex care facilitation due to the identification of an anomaly
 - **Gestational diabetes screening** - provide system-wide reminders to health care providers about follow-up strategies to improve short and long term health care
 - **Missed screen** - link prenatal screening data, birth data, and newborn screening data to follow-up screening opportunities that were missed
- B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.
 - **Screening algorithms** - improve screening algorithms and cut-offs to maximize true positives and minimize missed screens
 - **NTQA** - identify lab-related quality indicators that will affect the ability to accurately cue health care providers to complex pregnancies
- C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.
 - **Increased anomalies** - increase in congenital anomalies associated with a specific geographic region suggesting an exposure
 - **Discrepant care** - identify sites or providers having higher rates of interventions (e.g. episiotomies or cesarean sections) as compared to peers, which impacts maternal or newborn outcomes
 - **Unexplained poor outcomes** - monitor fetal, maternal, pregnancy and child health outcomes associated with preexisting risk factors, complications arising, and care provided

- D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks
- **Key performance indicators** – establish key performance indicators and dashboards for routine and high risk care during pregnancy, labour, birth and the newborn period
 - **Benchmarks** – provide access to benchmarking information such as c-section rates, screening rates, length of stay and readmission rates to facilitate evaluation and drive best practice
 - **Access to aggregate data** - provide sites with access to their own aggregated information to facilitate program planning and evaluation.
- E. Identify areas where best practice evidence needs implementation (knowledge translation strategies) to improve the quality and efficiency of care for mothers, infants and children.
- **Prevalence of risk** - monitor changes in prevalence of risk factors that impact fetal, maternal, pregnancy, or child outcomes
- F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children
- **LHIN reports** - support effective planning and management of health care delivery for mothers, babies and children in the province.
 - **PHU reports** - contribute to pre-established de-identified minimum data sets to external surveillance programs that guide policy decisions
 - **System planning reports** - identify socioeconomic inequities or disparities in care that affect outcomes
- G. Facilitate administration and billing for the Ontario Midwifery Program
- **Midwifery billing**

	Data Element Name	Data Element Definition	Rationale	Example
Antenatal	Antenatal: Process	Timing and providers involved in the care of high-risk pregnancies	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Discrepant Practice
Birth	Birth: Complications	Complications during the intrapartum period	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Discrepant Practice
	Birth: Location	Location of birth	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Birth in the right place, at the right time
	Birth: Outcome	Status and clinical indicators of newborn at time of birth	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
	Birth: Timing	Durations of phases of labour	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Key performance indicators
	Birth: Type	Indications of how the baby was delivered	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Discrepant Practice
Child	Child: Outcome	Status and clinical outcome indicators of child at point of encounter	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes

	Child: Transfer of Care	Timing and providers involved in transfer of care	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	3: Birth in the right place, at the right time
Fetus	Fetus: Clinical Measurements	Key clinical measurements tracked in the growth of the fetus	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Fetus: Complications	Suspected or confirmed Congenital Anomalies	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Increased anomalies
	Fetus: Interventions	Fetal procedures or surgical interventions that were performed on the fetus during this pregnancy	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	3: Discrepant Practice
Hospital	Hospital: Length of Stay	Dates and durations of hospital stay encounters	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Hospital: Services	Maternal-Child services available at reporting hospital	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	3: Birth in the right place, at the right time
Identifier	Identifier: Child Chart Number	The patient's unique file number assigned by HIC	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and	1: Missed Screen

			children.	
Identifier: Child date of birth	Newborn's date of birth using standard date format.		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Child health card number	Newborn Ontario Health Insurance Plan (OHIP) Number without version code.		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Child name	Name of the Child		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Child Sex	Sex of the baby		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Hospital address	Address of submitting hospital		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Hospital city	City of submitting hospital		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Hospital LHIN	LHIN of submitting hospital		D. Enable health care providers to	4: Benchmarks

			improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	
Identifier: Hospital name	Name of submitting hospital		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Hospital number	Number of submitting hospital		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Hospital PHU	PHU of submitting hospital		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
Identifier: LHIN city	City of submitting providers LHIN		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: LHIN Reports
Identifier: LHIN name	Name of submitting providers LHIN		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: LHIN Reports
Identifier: LHIN number	Number of submitting		F. Create reports that can be used to	6: LHIN Reports

		providers LHIN	provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	
Identifier: LHIN postal code		Postal code of submitting providers LHIN	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: LHIN Reports
Identifier: Maternal Age		Calculated based on date of birth	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
Identifier: Maternal chart		The patient's unique file number assigned by care provider	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Maternal city		The city or municipality of the mother's mailing or permanent address at time of delivery	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Maternal date of birth		Mother's date of birth in the format of day, month, year.	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Maternal health card number		1) Maternal Ontario Health Insurance Plan Number without version code 2) equivalent where OHIP is	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and	1: Missed Screen

		not available	children.	
Identifier: Maternal name	Maternal name as it appears on official maternal Health Card. If not available, full legal name.		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Maternal postal code	Maternal name as it appears on official maternal Health Card at each relevant encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: Maternal province	The province of residence of the mother's mailing address at the encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Identifier: PHU city	City of public health unit		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
Identifier: PHU name	Name of public health unit		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
Identifier: PHU number	Number of public health unit		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for	6: PHU Reports

			mothers, babies and children	
Identifier: Provider address	Address of provider associated with encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
Identifier: Provider city	City of provider associated with encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
Identifier: Provider id	Id of provider associated with encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
Identifier: Provider LHIN	LHIN associated with designated provider		F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: LHIN Reports
Identifier: Provider name	Name of provider associated with encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
Identifier: Provider phone number	Phone number of provider associated with encounter		A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder

Identifier: Provider PHU	Public health unit associated with designated provider	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
Identifier: Provider postal code	Postal code of provider associated with encounter	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
Identifier: Provider province	Province of provider associated with encounter	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
Identifier: Provider TPA	Transfer payment agency associated with designated midwifery practice group	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
Identifier: Provider type	Type of provider associated with encounter	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: NTQA
Identifier: TPA address	Address of transfer payment agency	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
Identifier: TPA city	City of transfer payment agency	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
Identifier: TPA Name	Name of transfer payment agency	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
Identifier: TPA number	Number of transfer payment agency	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing

	Identifier: TPA phone number	Phone number of transfer payment agency	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
	Identifier: TPA postal code	Postal code of transfer payment agency	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
Labour	Labour: Augmentation	Indications and interventions associated with the augmentation of labour	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Key performance indicators
	Labour: C-Section	Indications for and type of c-section	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Discrepant Practice
	Labour: Interventions	The use of medications and monitoring for the management of labour	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Benchmarks
Maternal	Maternal: Aboriginal identity	Mother's Aboriginal identify documented	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: System Planning reports
	Maternal: BMI	Maternal pre-pregnancy Body Mass Index (BMI) defined as weight in kilograms divided by the square of the height in metres (kg/m ²).	E. Identify areas where best practice evidence needs implementation (knowledge translation strategies) to improve the quality and efficiency of care for mothers, infants and children.	5: Prevalence of risk
	Maternal: Demographics	Maternal education, height, weight, marital status,	D. Enable health care providers to improve care by providing information &	4: Access to aggregate

		ethnicity and occupation used in calculation of risk	tools to compare their outcomes and performance with peers and/or benchmarks.	data
	Maternal: Diabetic Status	Indication of diabetic status during pregnancy	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
	Maternal: Family History	Family health history of mother at time of data collection.	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
	Maternal: Mental Health	An indication of maternal mental health status and pregnancy	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: System Planning reports
	Maternal: Outcome	Maternal mortality associated with pregnancy, birth and postpartum period	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
	Maternal: Pre Existing Health Problems	Maternal medical history of previous and current (at time of reporting) maternal health problems. Can include but not limited to cancer, congenital anomalies, diabetes, chronic hypertension, hemoglobinopathies, etc	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
	Maternal: Referral	Timing and providers involved in referrals and	C. Determine where maternal and/or newborn outcomes are clinically or	3: Birth in the right place, at the right time

		transfer of care	statistically discrepant with accepted norms and raise alerts where necessary.	
	Maternal: Woman Abuse	The self-reported actual or threat of physical, sexual, financial or emotional abuse.	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
Midwifery	Midwifery: Billing	Data elements required by provincial midwifery billing requirements	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
	Midwifery: Consultations	Timing and providers involved in consultation and transfer of care to and from midwifery	G. Facilitate administration and billing for the Ontario Midwifery Program	7: Midwifery Billing
Newborn Screening	Newborn Screening: Follow-up	Location and key clinical observations required for newborn screen positive follow-up	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
	Newborn Screening: Missed case	The way by which an individual affected with a disease screened for by newborn screening in Ontario came to medical attention	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
	Newborn Screening: Outcome	Results, diagnostics and symptom onset for the identified NSO conditions	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
	Newborn Screening: Process	Timing, individuals, and actions associated with the newborn screening process	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms

	Newborn Screening: Test	Ratios and levels associated with newborn screen	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Missed Screen
Newborn	Newborn: Clinical Measurements	Fundamental clinical measurements associated with high-risk newborns	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Newborn: Complications	Occurrence of newborn complications or conditions	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Increased anomalies
	Newborn: Drug Screen	Indication that baby had a drug screen of blood, urine, stool (meconium) or hair following delivery for the presence of maternal illicit substance use	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: System Planning reports
	Newborn: Feeding	Type of feeding at three timepoints following birth	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Newborn: Growth Parameters	Fundamental growth indicators for the newborn including height, weight and head circumference	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Newborn: Interventions	Interventions used to support baby in the neonatal period	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted	3: Discrepant Practice

			norms and raise alerts where necessary.	
	Newborn: Outcome	Status and clinical indicators of newborn at end of neonatal period	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
NICU	NICU: Follow-up	Indication that NICU follow up was completed.	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Key performance indicators
Other Screening	Other Screening: HBHC	Indication that HBHC Screen has been completed and results of screen.	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
	Other Screening: Hearing	The result of the newborn hearing screen test done during the hospital stay	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: System Planning reports
	Other Screening: ROP	Indicates whether ROP Screening initiated as per protocol	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: System Planning reports
Paternal	Paternal: Demographics	Occupation, age and ethnic background of father	H. Futures	8: Centralized Risk Calculation
	Paternal: Health History	Health history of father at time of data collection.	H. Futures	8: Centralized Risk Calculation

Pregnancy	Pregnancy: Alcohol	Self-reported consumption of alcohol during pregnancy	E. Identify areas where best practice evidence needs implementation (knowledge translation strategies) to improve the quality and efficiency of care for mothers, infants and children.	5: Prevalence of risk
	Pregnancy: Amniocentesis	Indication that amniocentesis procedure was performed.	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Key performance indicators
	Pregnancy: Doctor visits	Indication and provider type that mother visited a provider during the first trimester (<13 weeks of pregnancy) of current pregnancy for prenatal care	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
	Pregnancy: Exposure	Self-reported drug, substance, medication, radiation and alcohol exposure during pregnancy	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Pregnancy: Hypertension	An indication of hypertensive disorders in pregnancy	D. Enable health care providers to improve care by providing information & tools to compare their outcomes and performance with peers and/or benchmarks.	4: Access to aggregate data
	Pregnancy: Infection	Indications of infections during current pregnancy which can put mother or child at risk. Many can be managed to reduce risk	A. Identify individuals or settings where appropriate care has not been received and facilitate access to care and treatment for mothers, infants and children.	1: Gestational Diabetes Screening reminder
	Pregnancy: Interventions	Number and description of diagnostic procedures	F. Create reports that can be used to provide the Ministry of Health and Long-	6: Screening reports

		performed in the prenatal period	Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	
	Pregnancy: Other Complications	Complications arising during the course of the current pregnancy	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Increased anomalies
	Pregnancy: Outcome	Indicates the outcome of this pregnancy	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
	Pregnancy: Pregnancy History	History of previous and current pregnancy	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
	Pregnancy: Prenatal classes	Indication that mother attended prenatal education classes (of any kind) during the current pregnancy.	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports
	Pregnancy: Reproductive assistance	Details of reproductive assistance associated with current pregnancy, required for prenatal screening	C. Determine where maternal and/or newborn outcomes are clinically or statistically discrepant with accepted norms and raise alerts where necessary.	3: Unexplained poor outcomes
	Pregnancy: Smoking	Self-reported amount of smoking per day at two times during the pregnancy	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: PHU Reports

	Pregnancy: Ultrasound	Ultrasound scan for direct visualization of fetal structures for the purposes of monitoring fetal growth and detecting/monitoring congenital anomalies	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: NTQA
Prenatal Screening	Prenatal Screening: Follow-up	Indication that if follow-up services were provided and/or accepted	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
	Prenatal Screening: Outcome	Results, and diagnostics for prenatal screen	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
	Prenatal Screening: Process	Timing, individuals, and actions associated with the prenatal screening process	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
	Prenatal Screening: Test	Ratios and levels associated with prenatal screen	B. Facilitate continuous improvement of healthcare delivery tools to minimize adverse outcomes.	2: Screening algorithms
Other	Comments	Used by HICs as part of data collection		
	Genetic testing	Molecular, chromosomal or biochemical testing completed on parents either prior to or during current pregnancy to identify chromosome and/or other inherited disorders.	F. Create reports that can be used to provide the Ministry of Health and Long-Term Care, Local Health Integration Networks and Public Health Units with comprehensive and timely information for mothers, babies and children	6: Screening reports