

# The BORN Brief

SUPPORTING PEOPLE WHO SUBMIT BORN DATA

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## BORN Data Entry is Important!

Hospital sites, the ministry, researchers, midwives, and many other health care providers request and use BORN data regularly to look at ways to **improve the care of birthing people and the smallest and often sickest of patients in the province.**

BORN thanks you for all you do to care for Ontario's pregnant individuals and their families.



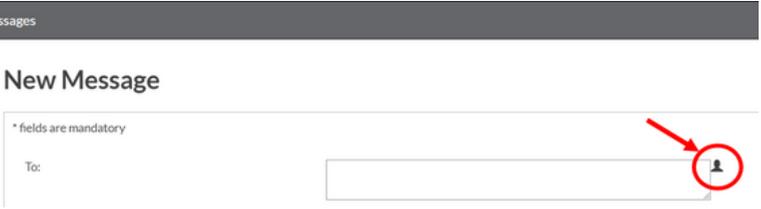
### REMINDER: PLEASE DO NOT EMAIL PHI

As always, protecting the privacy and confidentiality of patient information is our top priority. **Please do not include any patient or client personal health information (PHI) in email or voicemail messages to BORN.**

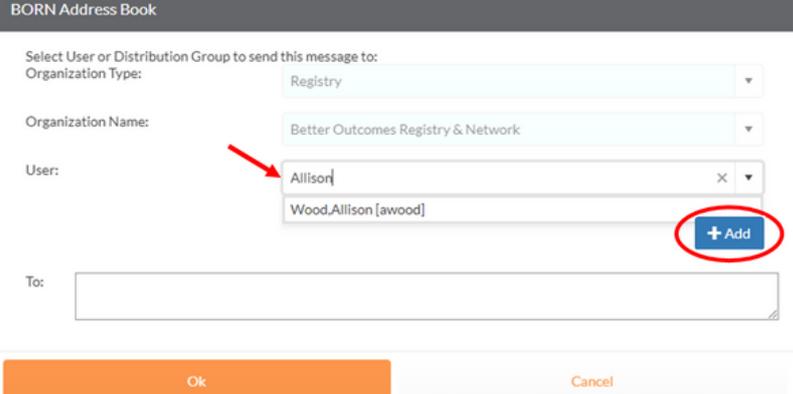


If you need to share information with BORN that may contain PHI (e.g. names, OHIP numbers, chart numbers, client codes, or record-level information), please use BIS Messaging, BORN's secure messaging system.

### HOW TO USE BIS MESSAGING:

- 1 Click on "Messages" at the top right side of the screen. 
- 2 Click on the "New Message" button at the top of the window. 
- 3 Add a recipient to your message by clicking on the person icon. 

- 4 Type the name of the BORN employee that you are contacting. Click "Add" to add this person to the "To" box and click "Ok".



- 5 Type your message and click "Send".



Questions about using BIS Messaging or sending PHI?

**Contact your BORN Regional Coordinator!**

## ENHANCED MIDWIFERY ACTIVE PRACTICE REPORT (APR): NOW LIVE IN THE BORN INFORMATION SYSTEM!

The BORN Midwifery Active Practice report has been updated to align with the College of Midwives of Ontario (CMO) reporting requirements to make it easier for midwives to enter their birth numbers!

### What is the Active Practice Report (APR)?

The BORN APR provides a total of all births a midwife has attended, by place of birth and the role of the midwife (primary or second midwife) for midwives' yearly reporting requirements to the CMO.

### What changed?

- This enhanced BORN report can now be run for **any time period, and provides monthly and grand totals of births attended** as primary or second midwife for each actual place of birth, and planned place of birth.
- For midwives who have worked at more than one midwifery practice group (MPG) in the timeframe for which the report is run, all those clients will be in the report.

### How to run the report?

- 1 Log in to the BIS under your MPG.
- 2 Select Reports in the top banner. Then select Administrative Reports, scroll down and select **Midwives Active Practice**. This will open the report in a new window.
- 3 Enter start and end date for the time period you wish to count your births for (CMO reporting period is July 1 – June 30), and select your name as the Midwife.



Midwives Active Practice

Newborn DOB Start:

Newborn DOB End:

Midwife:

- 4 Click on View Report.

**NOTE:** If you are a midwife who is not currently associated with a midwifery practice group and need access to your birth numbers, please contact a [BORN Regional Coordinator](#).

## TIMING OF DATA ENTRY MATTERS: NEWBORN SCREENING ONTARIO MISSED SCREEN ALERTS

BORN matches every Newborn Screening Ontario (NSO) record with a child record in the BORN Information System (BIS). An NSO Missed Screen Alert (MSA) will prompt NSO to follow up with the appropriate hospital/care provider if a child record does not have an associated NSO screen in the BIS. To take advantage of this safety net, the child record must be entered before the infant is 8 days old.

### HOW TO ENSURE THAT ANY MISSED NSO SCREENS ARE CAUGHT

- Ensure that child records are created within **8 days of life**.
- Include the **child's OHIP in the BORN child record**, if possible. This facilitates the process of matching an NSO record to the child record.
- Sending standard messages from **hospital admitting departments (ADT - admissions, discharges, and transfers feed)** to automatically create BORN child records.

**CONTACT US**

Questions or comments?  
Contact your [BORN Regional Coordinator](#)!



**Subscribe to [Prenatal Screening Ontario \(PSO\)](#) to keep up-to-date on provincial standards and options!**

PSO is Ontario's authoritative source of prenatal screening information keeping practitioners up-to-date on changes to requisitions, educational materials, and additional screening programs being developed.

## PCMCH TIP SHEET: PROVIDING INCLUSIVE, AFFIRMING, AND SAFER PERINATAL CARE TO 2SLGBTQIA+ INDIVIDUALS

The Provincial Council for Maternal and Child Health (PCMCH) has developed an educational resource to support healthcare providers in [Providing Inclusive, Affirming, and Safer Perinatal Care to 2SLGBTQIA+ Individuals](#).

The perinatal period can uniquely impact the mental health and wellbeing of Two-Spirit, lesbian, gay, bisexual, trans, queer or questioning, intersex and asexual (2SLGBTQIA+) people. Previous or anticipated experiences of discrimination and invisibility, in addition to system-level inequities, can affect trust in perinatal HCPs and the broader healthcare system. These barriers can also impact equitable access to timely, quality healthcare, thereby contributing to poor physical and mental health outcomes and traumatic experiences.

PCMCH's Tip Sheet can be used as a resource to reflect on and take actionable steps towards improving the quality and cultural safety of the care they provide features:

- Evidence-based information
- Practical examples
- Continuing education opportunities



You can find the [Tip Sheet on PCMCH's website](#).



Please direct any feedback on the Tip Sheet to [info@pcmch.on.ca](mailto:info@pcmch.on.ca).

**NEW**

## DATA QUALITY UPDATE: FETAL PRESENTATION DISCREPANCIES ADDED TO MATERNAL-INFANT CROSS-ENCOUNTER DISCREPANCY REPORT

It is helpful to run the **Maternal-Infant Cross-Encounter Discrepancies (Miced)** report in the BORN Information System (BIS) monthly as part of your practice's BORN data quality and completeness processes. As of June 2023, records with **different fetal presentation documented for the Maternal and Child encounters** were added to the report.

### WHY?

- Consistent review and correction of discrepant fetal presentation will help to **improve the quality of data used in analyses**

### HOW TO FIX PRESENTATION DISCREPANCIES?

- Review the birthing person's and/or the infant's chart(s) to verify the fetal presentation at birth. The presentation documented in the BORN maternal or pregnant individual data should be the same as the presentation documented in the BORN infant data.
- Edit the Labour-Birth or Birth Child encounter "Presentation" data element, as required.

	Presentation (Labour-Birth Encounter)		Presentation (Birth Child Encounter)
	Cephalic \ Vertex		Breech \ Frank
	Breech \ Footling		Unknown
	Breech \ Complete		Cephalic \ Vertex
	Transverse/Malpresentation		Breech \ Complete



Questions?

Contact your **BORN Regional Coordinator!**



## BORN TECHNICAL UPDATES TO FACILITATE DATA ENTRY

We have made some technical changes to the system to **decrease the burden of data entry, lower the amount of error correction required, and alleviate some unnecessary work for you.** The goal of each of the changes below is to make it easier to submit BORN data, while ensuring the highest possible data quality.

Description of Change	How it Helps
<p><b>Auto-population for ‘Indication for Cesarean’ and ‘Indication for Induction’</b> The system now automatically includes any value documented in “Primary Indication for Induction” into “All Indications for Induction”, and any value documented in “Primary Indication for Cesarean” into “All Indications for Cesarean”.</p>	<ul style="list-style-type: none"> <li>• Reduces duplicate data entry</li> <li>• Reduces errors that can prevent the submission of encounters</li> </ul>
<p><b>Some data elements are now Optional</b> The following data elements are now optional in the BIS (e.g. they can be left blank):</p> <ul style="list-style-type: none"> <li>• GBS Screening Date</li> <li>• Consent for Use of Breast Milk Substitute</li> <li>• Healthy Babies Healthy Children (HBHC) Screen (completion status in the Postpartum Mother and Postpartum Child encounters)</li> </ul> <div data-bbox="82 869 1018 945" style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>Healthy Baby Healthy Children (HBHC) Screen: <input type="text" value="Select"/></p> </div>	<ul style="list-style-type: none"> <li>• Reduces errors that can prevent the submission of encounters</li> </ul>
<p><b>“Unknown” option added to “Date started pushing” and “Time started pushing”</b> This is applicable for situations where the date and time started pushing are not readily available and “unknown” is the most appropriate response (e.g. births not under the care of a midwife that occur out of hospital).</p>	<ul style="list-style-type: none"> <li>• Reduces errors that can prevent the submission of encounters</li> </ul>
<p><b>Automatic entry of “insulin” under “Antenatal Exposure to Medications” when “Type I”, “Gestational diabetes\Insulin”, or “Type II\Insulin” is selected for “Diabetes and Pregnancy”</b> Note that this change only applies for data entered in the BIS through upload or clinical data integration (ORU) processes. Sites that manually log in to the BIS to enter data will still need to manually select “Insulin” under “Antenatal Exposure to Medications”.</p>	<ul style="list-style-type: none"> <li>• Reduces errors that can prevent the submission of encounters</li> </ul>

## THANK YOU FROM BORN, AND COVID-19 FINAL REPORT

BORN Ontario thanks you and your organization for your partnership and support of our work on COVID-19 and pregnancy.

BORN Ontario has now finished its current research and surveillance activities on both COVID-19 illness and vaccination and our data collection ended as of December 31, 2022. You and your organization were integral to helping us learn that:

- Pregnant individuals had higher rates of illness, hospitalization and ICU admission associated with COVID-19 infection than non-pregnant individuals in the same age range.

- Newborns of pregnant individuals with COVID-19 were more likely born preterm (<37 weeks’ gestation) compared to the general population of pregnant individuals.
- Vaccination against COVID-19 administered during pregnancy has NOT been associated with an increased risk of adverse pregnancy or birth outcomes. Nevertheless, COVID-19 vaccine coverage in the pregnant population remained lower than in the general female population of reproductive age.

The full report of the results of our work is available here: [Pregnancy and COVID-19 in Ontario - Final Surveillance Report - BORN Ontario](#). Thank you for your valuable contributions to this work!