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The BORN Brief

SUPPORTING PEOPLE WHO SUBMIT BORN DATA

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NEW — BORN ENHANCES INFORMATION SYSTEM TO IMPROVE DATA ACCURACY AND CLINICAL CARE

BORN Ontario launched its enhancements to perinatal data collection in the BORN Information System (BIS) on May 1, 2024. The enhancements implemented in this cycle primarily focus on addressing system errors, removing obsolete data elements, and introducing new data fields to better reflect current clinical needs. Working with our external data partners, these changes were meticulously designed to improve clarity, streamline data collection processes, ensure relevance in clinical practice, and ultimately assist in enhancing patient care outcomes.

KEY UPDATES INCLUDE:

- Revisions to 'Type of Labour' options (see below), with standardized SOGC definitions specified;
- Revisions to 'Type of Birth' options (cesarean and vaginal);
- New data elements for Fetal Blood Group genotyping;
- Comprehensive tracking of Oxytocin administration; and
- Enhanced data collection on hyper/hypoglycemia screening and treatment across infant data.

○ **Active labour achieved without any intervention** - Onset of active phase labour without any induction measures used (including cervical ripening, medical or mechanical). Active phase is the presence of regular contractions leading to cervical effacement and dilation at 4 cm or greater in a nulliparous person, or 4 to 5 cm dilation in a multiparous person.

○ **Induced labour in latent phase** - induction measures used prior to the onset of active labour. Latent phase is a period of time, not necessarily continuous, when there are painful contractions and there is some cervical change including cervical effacement and dilation up to 4 cm.

○ **Induced labour prior to onset of contractions ('cold induction')** - induction measures used prior to the onset of contractions (including cervical ripening, medical or mechanical).

○ **No labour or latent phase only** - No attempt to induce labour or ripen the cervix, medical or mechanical. Includes patients in latent phase, where active labour is not achieved.

Updated Type of Labour picklist in the BIS.

Additionally, significant expansions were made in neonatal resuscitation data elements within birth records, underscoring BORN's commitment to capturing critical clinical details.

The success of these enhancements is attributed to the invaluable contributions of BORN's data partners. Through active engagement with BORN, partners provided essential feedback, posed critical questions, and collaborated throughout the enhancement process. We extend our heartfelt gratitude to all our data partners for their unwavering support, dedication, and commitment to ensuring the accuracy and high-quality of the data collected in the BIS. Your contributions are instrumental in advancing both our understanding and delivery of healthcare data, ultimately improving outcomes for families throughout Ontario.

Want to know more about 2024 BIS System Enhancements? **Contact your BORN Regional Coordinator!**

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DATA ENTRY TIP: HOW TO AVOID CREATING DUPLICATE RECORDS IN THE BORN INFORMATION SYSTEM (BIS)

Duplicate records in the BIS can cause many problems, from challenges with BORN data entry to complex data cleaning at the time of analysis. There are some ways that you can avoid creating duplicate records for a pregnant person or infant in the BORN system:

1. Search using OHIP, whenever possible. Since the OHIP is a unique identifier used across different organizations, it is a good way to reduce the chance of creating a second record for a person that already exists in the BIS. Remember, if someone gave birth in Ontario in the last 10 years or had prenatal genetic screening in their current pregnancy, there should be an existing record for them in the BIS.

2. If the birthing person does not have an OHIP, try searching using the infant's OHIP. You may find the birthing person's record linked to the baby in the BIS.

3. If neither the birthing person or the infant have an OHIP, try searching for the birthing person using their last name and date of birth. Note that, if someone has recently changed their last name, the BIS record might be found under their previous name.

4. Do not search by chart number/medical record number (MRN)/client code. Since these identifiers are unique to your organization, you will not be able to find the record unless it has already been created by you or someone else at your organization.

Think you've found a duplicate record in the BIS? Contact your **BORN Regional Coordinator through secure BIS messaging** to have them merge the records.

REMINDER: NO ACCESS TO THE BIS, MIDWIFERY INVOICING SYSTEM (MIS), AND CARTR PLUS OUTSIDE CANADA

When logging in to the BORN Information System (BIS), you may have noticed an addition to the BIS landing page noting that the BIS **cannot be accessed outside of Canada**.

Restricting BIS access to within Canada is a privacy and security requirement to maintain the integrity of BORN as a Registry. Accessing BORN outside of Canada may subject the database to other countries' data privacy and labour laws, international government monitoring, and unauthorized access from unfriendly sources.

As a reminder, the BIS should **not** be accessed from:
- A computer in an area where others may view the information (for example, internet café, public transportation, other non-private setting);
- A shared device; or
- An insecure network (for example, on a hotel computer or through a Wi-Fi hot spot).

You can access your BIS Acceptable Use Agreement, which includes the terms of using the BIS, at any time through your Profile when logged in to the BIS (steps below).

1

HOMEPAGE | DATA DICTIONARY | HELP | PROFILE | SELECT ORGANIZATION
Edit My Profile
Change Password
BORN Ontario

2

Homepage → My Profile → Edit User Profile
Edit User Profile
MY ACCEPTABLE USE AGREEMENT

STUDY: OPPORTUNITY TO INFORM IMPLEMENTATION OF MEWS

Maternal Early Warning Score (MEWS) is a bedside screening tool used in obstetrics to promptly detect clinical deterioration.

Researchers at McGill University are developing a process to build and enhance capacity to implement new care protocols in pregnancy care units in Canada, as part of a CIHR-funded project being carried out in partnership with the Canadian Perinatal Programs Coalition (CPPC). The group is interested in hearing about your experiences with any type of MEWS protocol or early response system set up at your centre. Your perspectives would be helpful in ensuring that the materials developed through the study are useful for as many units as possible in Canada.

Interested in sharing insights about barriers and facilitators in implementing a Maternal Early Warning Signs (MEWS) protocol at your centre?

FILL OUT THE SURVEY HERE!

DOCUMENTING LIVE BIRTHS, STILLBIRTHS, AND EARLY LOSSES IN THE BIS

The accurate documentation of pregnancy outcomes in the BORN Information System (BIS) is important for many analyses, including understanding rates of stillbirth in Ontario.

WHY SHOULD I ENTER STILLBIRTH INFORMATION?

- Helps identify areas for improvement within Ontario to reduce stillbirths
- Provides essential data for public health planning and resource allocation regarding bereavement support and counselling
- Helps determine the provincial rate of congenital anomalies

HOW DO I ENTER STILLBIRTH INFORMATION?

All stillbirths greater than or equal to 20 weeks gestational age require a Labour Birth encounter and an infant record with a Birth Child encounter.

> ### DO I NEED TO DOCUMENT PREGNANCY LOSSES <20 WEEKS?
>
> BORN Ontario encourages hospitals to create a Labour Birth encounter for all pregnancy losses <20 weeks.

There are 3 options for pregnancy outcomes related to stillbirth in the BIS:

1. **Stillbirth at ≥20wks or ≥500gms \ Spontaneous - Occurred during antepartum period**
   - Spontaneous stillbirth where fetal death occurred during the antepartum period (prior to the onset of labour)

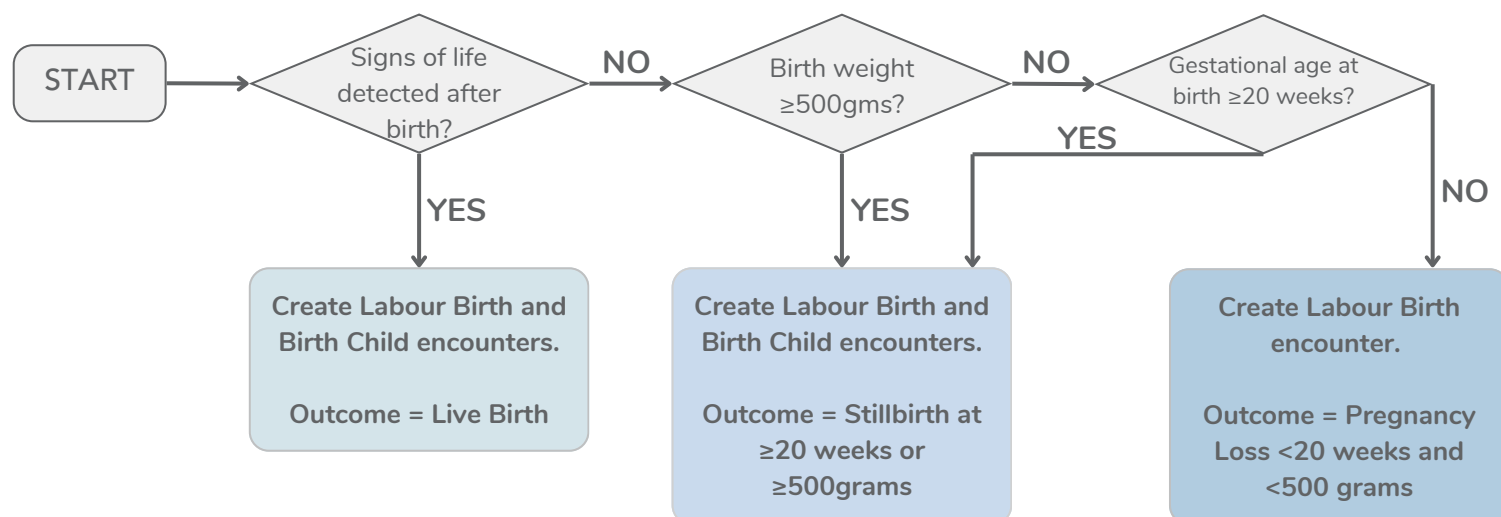2. **Stillbirth at ≥20wks or ≥500gms \ Spontaneous - Occurred during intrapartum period**
   - Spontaneous stillbirth where fetal death occurred during the intrapartum period (after the onset of labour)

3. **Stillbirth at ≥20wks or ≥500gms \ Termination**
   - Stillbirth where fetal death occurred as a result of termination of pregnancy

DO I HAVE TO ENTER A BIRTH CHILD ENCOUNTER FOR A STILLBIRTH?

Yes. A Birth Child encounter must be created for all stillbirths and terminations ≥ 20 weeks or ≥500 grams for a birth record to be considered complete in the BIS. The birth will not be included in your site's birth count until the Birth Child encounter is created.

MY HOSPITAL DOES NOT REGISTER STILLBIRTHS. HOW DO I CREATE AN INFANT RECORD IN THE BIS?

You can create an infant's chart number by adding a prefix or suffix (e.g. SB) to the birthing individual's chart number when manually creating the infant record in the BIS.

For hospitals that have the clinical data feed solution (e.g. automatic data flow from your EHR to the BIS) or uploading capabilities, you will need to manually create the infant record and the Birth Child encounter.

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BLACK HEALTH EDUCATION COLLABORATIVE: EDUCATIONAL TOOL ON RACISM AND BLACK HEALTH IN CANADA

The Black Health Education Collaborative is a group of Black scholars and health care practitioners who are committed to transforming medical and health professional education in service of improved health of Black communities across Canada. In response to gaps in education and training on Black health and anti-Black racism in health care in Canada, the group has created the Black Health Primer, a set of courses founded in critical race theory. The program is available for medical and health profession learners, faculty, educators, professionals, and practitioners (including administrative and other staff), and allows opportunities to learn how to identify anti-Black racism in health care, understand the effects of racism on health, and implement practices to address inequities in health care.

The Black Health Primer is a valuable step towards improving health care for Black people and communities across Canada. Please visit the Black Health Education Collaborative website for more details on this opportunity.

LEARN MORE

NEED HELP WITH THE BIS?

Have you experienced an issue with the BORN Information System (BIS), or had a question and were not sure who to contact?

The BORN Helpdesk and your BORN Regional Coordinators are here to help!

BORN HELP DESK

The BORN Help Desk is available to provide 24/7 technical support.

The BORN Help Desk can help with:

- Resetting your password
- Changing your security questions
- Validating E-mail address
- Assisting with Multi-factor authentication (Phone or PIN access)
- Accessing the BORN Information System Website
- Technical Challenges

CONTACT THE HELP DESK:

Phone: 1-855-881-BORN (2676)
Email: helpdesk@bornontario.ca

Note that the Help Desk email is not monitored after hours (Monday-Friday, 7am to 5pm). If the issue is urgent/time sensitive, please call the Help Desk.

BORN REGIONAL COORDINATOR

Your Regional Coordinator can support you in navigating the BORN Information System and can help direct your inquiry within BORN Ontario, if needed.

Your BORN Regional Coordinator can help with:

- Creating Maternal and/or Child Records
- Resolving incomplete records that won't submit/have red flags present
- Understanding specific data elements
- Removing incorrect records or resolving errors
- Merging duplicate records and/or correcting patient IDs, chart numbers, or client codes
- The Midwifery Invoicing System such as billing, unaccommodated client list questions and more (MIDWIFERY ONLY)
- Documenting unique clinical scenarios
- Generating reports and helping your site to utilize its data using the BIS reporting system

CONTACT YOUR REGIONAL COORDINATOR:

Find your BORN Regional Coordinator