

The BORN Brief

SUPPORTING PEOPLE WHO SUBMIT BORN DATA

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NEW

RSV DATA UPDATE

We are grateful for the collaborative efforts that make Ontario's expanded RSV prevention program possible, providing protection for all infants and high-risk children up to 24 months of age this season and into the future. With the shift to the new monoclonal antibody Beyfortus® and the availability of the Abrysvo® vaccine for pregnant individuals, there is a unique opportunity to reduce the burden of RSV across the province. Early projections show remarkable potential for reduced hospitalizations and intensive care admissions, emphasizing the critical role of high uptake.

The BORN Information System (BIS) plays a vital part in tracking and supporting this initiative, enabling real-time data collection to inform quality improvement, surveillance, and care coordination.

BORN RSV PREVENTION PROGRAM REPORT

A new BORN report is now available, where people with access to BORN "Hospital Clinical Reports" can log in to view their hospital's data on:

- **Number of infant immunizations;**
- **Infants at high risk for RSV;**
- **Reasons for infants not being immunized;**
- **Missing infant RSV data; and**
- **Pregnant person vaccine administration and timing.**

This report also provides Ontario comparators, offering valuable insights for continuous improvement and alignment with provincial benchmarks.

Thank you to all healthcare providers, caregivers, and partners for your dedication to improving outcomes for infants and their families.



Interested in learning more?
Reach out to **Dana Radke**,
**BORN Neonatal Clinical
Content Specialist**,
dradke@bornontario.ca.

For a glimpse at the initial data shaping this work, see the last page of this issue!



DATA ELEMENT HIGHLIGHT: TYPE OF LABOUR

The onset of labour is a critical and complex clinical judgment that varies among healthcare providers, particularly when determining if labour was induced or augmented. Accurate and consistent documentation is essential, as many data elements within the BIS rely on the core variable of when **active labour** begins. To address this, BORN was tasked with standardizing the terminology used to define the onset of labour and clarify whether labour was induced and/or augmented. BORN has adopted **Active Labour as a benchmark classification** for its "Type of Labour" dataset.

This change addresses variability in clinical judgment when documenting labour onset, particularly regarding interventions like induction and augmentation. These definitions align with those of the Society of Obstetricians and Gynaecologists of Canada (SOGC):

- **Active Labour:** Regular contractions resulting in cervical effacement and dilation at 4 cm or greater in nulliparous individuals, or 4–5 cm in multiparous individuals.
- **Latent Labour:** A period (not necessarily continuous) marked by painful contractions and cervical changes, including effacement and dilation up to 4 cm.

To improve the consistency and quality of labour and birth data, as well as enhance the utility of clinical reports across Ontario, BORN has introduced updated labour classifications within the BIS.

BORN “TYPE OF LABOUR” CLASSIFICATIONS

To consistently capture type of labour data, the following definitions have been introduced:

- 1 Active Labour Achieved Without Intervention (Previously “spontaneous” labour)**
 - Onset of active labour without any interventions (e.g., cervical ripening or medical/mechanical methods).
 - Active phase begins with regular contractions leading to cervical dilation as defined above.
- 2 Induced Labour in the Latent Phase**
 - Induction measures (e.g., medical, or mechanical) initiated **before the onset** of active labour.
 - Latent labour includes contractions and cervical changes, such as effacement and dilation up to and including **3 cm**.
- 3 Induced Labour Prior to Onset of Contractions (also known as cold Induction, elective induction etc.)**
 - Induction measures used **before contractions begin**, including cervical ripening by medical or mechanical methods.
- 4 No Labour/Latent Phase Only**

No induction attempts (medical or mechanical) and no progression to active labour. Includes cases where labour remains in the latent phase.

These enhancements standardize the documentation and improve the differentiation of labour types, supporting clearer data insights and enabling better understanding of intervention use during the phases of labour.

AN UPDATE ON THE BORN PERINATAL 2024 ENHANCEMENTS SURVEY

This fall, BORN sent out an online questionnaire to data partners to learn about their experiences implementing the 2024 Perinatal Enhancements to the BIS. We were pleased to have received feedback from 84 people representing 59 organizations:



34

Hospitals



23

Midwifery
Practice
Groups (MPGs)



2

Expanded
Midwifery
Care Models

Our team is currently working to analyze the responses, and we plan to share a summary of what we learned in early 2025.

We sincerely thank everyone for taking the time to complete the questionnaire and provide us with valuable insight into the successes and challenges partners experienced during the pre and post go-live phases of this enhancement cycle.



Interested in learning more?
Reach out to **Janet Brownlee**,
**BORN Perinatal Clinical Content
Specialist**,
jbrownlee@bornontario.ca.

NEW

NEW! ONTARIO SUPPORTING GRIEVING FAMILIES OF STILLBORN CHILDREN

The Ontario Government is offering new supports for grieving families of stillborn children, including a new commemorative document of stillbirth, and by eliminating administrative fees for certified copies of stillbirth registrations. Grieving parents who experience a stillbirth in Ontario can apply online or by mail using the new [Stillbirth Package](#) application.

Upon request through the Stillbirth Package application, parents can receive up to four optional free documents:

- ***NEW*** Commemorative document of stillbirth
- Certified copy of stillbirth registration
- Certified copy of stillbirth registration with medical information
- Search letter for stillbirth registration

Additional supports are available to grieving families through [Sunnybrook Health Sciences Centre's Pregnancy and Infant Loss \(PAIL\) Network](#). To receive peer support services, families can visit pailnetwork.sunnybrook.ca or call 1-888-303-7245 for more information.

NEW

INTEGRATION OF HBHC SCREENING IN SOME HOSPITAL EHRs TO STREAMLINE DATA ENTRY



The Healthy Babies Healthy Children (HBHC) public health program provides prevention, early identification, and intervention services to families of newborns and young children at risk for developmental issues. The HBHC program's universal screening, which is offered to all families postpartum and submitted to health units at discharge from hospitals or midwifery practices, has begun being integrated into certain hospital EHR systems.

COLLABORATION WITH CERNER AND EPIC

BORN has partnered with EHR providers Cerner and EPIC to embed the HBHC Screen into their latest version. This clinical data integration program aims to streamline hospital workflows by eliminating the need for daily logins to the BORN Information System (BIS) for HBHC Encounter completion. The new process allows for near real-time transmission of postpartum HBHC EHR data to the BIS, enhancing efficiency and accuracy.

MAPPING HBHC COMPLETION

The integration includes detailed mapping to ensure appropriate HBHC postpartum completion for both maternal and child health:

- **Maternal HBHC:** Postpartum (primary HBHC Screen) for singletons, stillbirths, surrogate or birth parents, and CAS apprehensions.
- **Child HBHC:** Postpartum (primary) for multiples and special circumstances such as adoptive or foster families, and NICU discharges (secondary).

IMPLEMENTATION AND SUPPORT

BORN is at the very beginning of this implementation. The first Cerner hospitals went live in October 2024, with select EPIC hospitals following in November 2024. Note that any HBHC encounters that are created/started directly in the BIS must be completed manually. Coordination with Public Health is crucial for hospitals to ensure seamless HBHC processes through the transition to EHR integration. The [BORN Regional Coordinators](#) and eHBHC/Public Health Clinical Content Specialist are available to support sites during this transition.



Interested in learning more?
Reach out to **Paula Morrison**,
**BORN Public Health Clinical
Content Specialist**,
pmorrison@bornontario.ca.



NEED HELP ACCESSING YOUR DATA?

Your [BORN Regional Coordinator](#) can support you in navigating the BORN Information System (BIS) to find data to support quality improvement initiatives, performance monitoring and evaluation, facilitation and improvement of care.

There are several system-general reports available in the BIS:

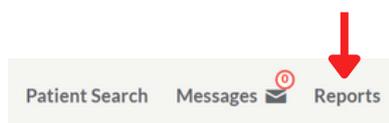
- **Safe administration of Oxytocin**
- **VBAC Quality Standard**
- **Robson Cesarean Monitoring**
- **Baby-Friendly Initiative Indicators**
- **And more!**

HOW TO ACCESS BORN REPORTS

Access to reports must be granted by a BORN Local Administrator at your organization. If you are unsure who your BORN Local Administrator is, please contact your [BORN Regional Coordinator](#).

1 [Log in](#) to the BIS.

2 Click “Reports”.



3 Click “Dashboards” or “Clinical Reports” and scroll down to the report(s) you are interested in.



For more information about accessing and understanding reports and other data in the BIS, contact your [BORN Regional Coordinator](#).

HIGHLIGHT: HAVE YOU HEARD ABOUT EXPANDED MIDWIFERY CARE MODELS?

There are currently 35 Expanded Midwifery Care Models (EMCMs) across the province situated in a variety of health settings, such as: Hospitals, Community Health Centres, Family Health Teams and in the community, and funded by the Ministry of Health.

Midwives working at EMCMs leverage their skills and knowledge to practice beyond the traditional midwifery ‘course of care’ model, to meet identified community needs. Work may involve expanded scope and/or providing episodic care to marginalized populations.

Seven (7) EMCMs currently provide insights into client care by contributing data to BORN’s Registry. We continue to onboard more EMCMs and look to extending data collection to facilitate program evaluations.

EMCMS IN THE NEWS!

- [Smith Falls hospital](#) added a midwife to their obstetrical team.
- [Ancestral Hands Midwives](#) in Scarborough offers prenatal and postpartum midwifery care for Black families.
- [London Health Sciences TIME program](#) offers interprofessional care for people with high-risk pregnancies.
- [Norfolk Family Health Team](#) offers collaborative care, keeping birth close to home.



Interested in knowing more?
Reach out to **Annabel Cope RM**,
BORN Clinical Content Specialist in Midwifery, acope@bornontario.ca.

Midwifery Update



NEW! UNACCOMMODATED CLIENT DATA SYSTEM LAUNCHED

On September 19th, 2024, the new Unaccommodated Client Data System (UCD) went **LIVE!** The rebuild moved UCD capture from the Midwifery Invoice System (MIS) to the BIS to enhance security and privacy of Personal Health Information (PHI). Other changes include enhanced speed, an added search/filter function, a refresh button on the Schedule J Report, and inclusive language.

UCD is used by the Ministry of Health to determine the unmet need for midwifery services in the province. The Association of Ontario Midwives (AOM) also uses the data to advocate for the expansion of midwifery services! To optimize the data capture, remember:

- To include full **First Name, Last name, Date of Birth, Postal Code, and EDB**
- **Date of Request** (not EDB) determines which quarter an unaccommodated client is allocated
- Miscarriages and practice business decisions **should not** be included in UCD
- Unaccommodated Client Data due dates are January 15, April 15, July 15, October 15.

 Questions? Contact your **BORN Regional Coordinator**

Midwifery Update



NEW! MIDWIFERY INVOICE SYSTEM (MIS) IS GOING LIVE!

The new MIS is going live in January 2024! You will not be able to create a January invoice in the current system. January invoices will need to be created in the new MIS.

WHEN?

- **Thursday, January 9, 2025 at 8am**
- There will be **NO MIS access between Monday, January 6th at 8am until Thursday, January 9th at 8am.**
- Download the “AOM Report by Month” for December 2024 before Monday, January 6th.

WHY?

To ensure the MIS can be maintained and supported in the years to come and enable the continuity of high-quality service provided to the Ontario Midwifery Program and Registered Midwives across the province. Enhancements to the system include the ability to view your MPG Profile with MPG budget details, report to compare your MPG budget to what was invoiced, addition of a Schedule O tab, improved search functions, incorporation of inclusive language, and more!

 **Questions about the MIS Rebuild?** Contact Rebecca Johnston, BORN MIS Rebuild Regional Coordinator
rjohnston@bornontario.ca

REMINDER: BIS RESTRICTIONS OUT OF COUNTRY

Travelling or working abroad this winter? Please remember that the BORN Information System (BIS), Midwifery Invoicing System (MIS), and CARTR Plus **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.



PRIVACY REMINDER



Please do not send, share, or provide Personal Health Information (PHI) over email. Please use secure BIS Messaging when sharing PHI with your Regional Coordinator. If you are unfamiliar with the BIS Messaging system, you can find more information in the ‘**Help**’ section of the BIS.

Questions? Contact your BORN Regional Coordinator!

NEWBORN RSV PREVENTION: HOW ARE WE DOING SO FAR?



In Ontario, infant RSV protection, Beyfortus, became universally available for seasonal at-birth administration in late Oct 2024.

EARLY UPTAKE INDICATORS



BORN go-live to collect RSV prevention data

OF 4,746 REPORTED BIRTHS NOV 1 - 28, 2024

3 IN 5

RECEIVED BEYFORTUS AT BIRTH BEFORE DISCHARGE



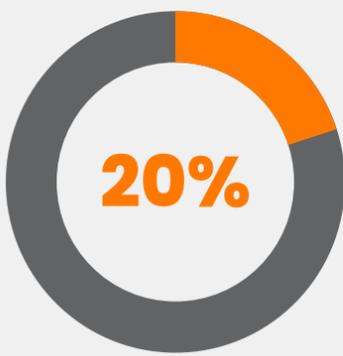
TARGET UPTAKE: 90%

Not given: 32%; Unknown: 5%

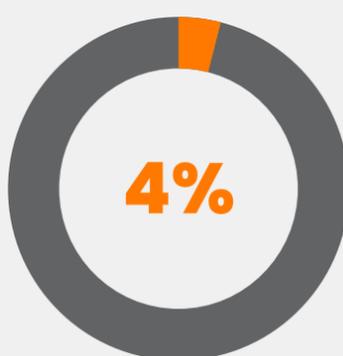


Sample represents 43% of expected ON births reported by 11.28.24. 1/4 of birthing hospitals had not yet reported RSV records.

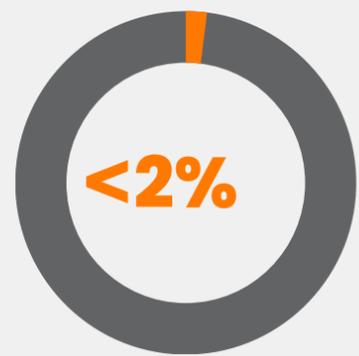
IF NOT GIVEN, WHY?



Parent/caregiver declined



Prenatal protection from RSV



Discharged before offer/missed opportunity

Remaining 6% other and unknown reasons

High variation in Beyfortus uptake between hospitals

14-88%*



Opportunities to share practices!

INCREMENTAL OBSERVATIONS

Nov 1 - 14 | Nov 15 - 28

Beyfortus Uptake

62% → 64% ▲

Parent/caregiver declined

22% → 19% ▼

12 BIRTHING HOSPITALS* REPORTED THAT MORE THAN 80% OF NEWBORNS WENT HOME WITH PREVENTION FROM RSV IN NOVEMBER.

*Among sites reporting at least 50% of expected birth volumes from Nov 1-28, 2024

We appreciate the extraordinary collaboration and efforts of all our partners.

Interpret results with caution and curiosity.

For use as early performance indicator only. Not for research.

Produced by:

