

# The BORN Brief

SUPPORTING PEOPLE WHO SUBMIT & USE BORN DATA

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## DATA QUALITY SPOTLIGHT: DATE AND TIME OF ACTIVE LABOUR

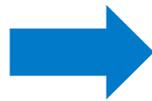
The date/time of onset of active labour is a critical data element in the BORN Information System (BIS). As part of the 2024 Perinatal Enhancements, the definition of active labour has been standardized in the BIS. This initiative aims to reduce subjectivity, promote consistency in data capture and enable accurate comparisons across organizations. However, preliminary enhancement evaluation of this data element indicates that across all hospitals, **date and time of active labour is missing or unknown about 21% of the time.**

Capturing the onset of active labour is crucial in the BIS to differentiate between induction and augmentation of labour. Interventions that occur before active labour (< 4cm dilation) are inductions while those after active labour (≥4cm dilation) are considered augmentation. When this variable is not provided, the BIS cannot accurately determine the type of labour, which has a detrimental effect on many priority analyses and reports that rely on type of labour.

### IMPORTANCE OF DISTINGUISHING INDUCED AND AUGMENTED LABOUR:

As interventions during the latent phase of labour are not routinely recommended as best practice for low-risk people, differentiating between the timing of these interventions allows for a precise analysis of labour and birth outcomes, providing essential data to identify opportunities for improving clinical practice.

#### HOW TO DOCUMENT ACTIVE LABOUR ONSET



- If the pregnant individual is **certain** when contractions became regular (every 5 minutes or less) and painful (with or without membrane rupture and/or vaginal secretions), document that date and time for active labour onset.
- If the pregnant individual is **uncertain**, but is admitted in active labour, document the date and time of admission to the labour and birth unit as the active phase onset.

#### WHAT IF INDUCTION FAILS AND ACTIVE LABOUR IS NEVER ACHIEVED?



- In this scenario, please select "**unknown**" for the active labour onset date and time.



#### Questions?

Reach out to Janet Brownlee, BORN Perinatal Clinical Content Specialist,  
jbrownlee@bornontario.ca  
or your [BORN Regional Coordinator](#).

## WE WANT TO HEAR FROM YOU! REQUEST FOR STORIES OF BORN DATA QUALITY AND USE

BORN is always looking for stories from hospitals and midwifery practice groups to be highlighted in the BORN Annual Report.

Has your organization used BORN data to learn more about the care you provide to families?

Have you implemented a quality improvement or practice change supported by your BORN data?

Have you taken steps towards improving the quality of the data your organization enters in the BORN Information System?

Have you done/have plans to do research using BORN data?

### Interested in Sharing?

Please reach out to your [BORN Regional Coordinator](#).

NEW

## NEW! BORN REGISTRY EXPANSION: PEDIATRIC DIABETES

BORN Ontario is pleased to announce that, on January 28, 2025, registry collection of pediatric diabetes data officially went live.

In partnership with the Provincial Council for Maternal and Child Health (PCMCH), BORN Ontario developed and implemented a standardized data collection system designed to capture information on the characteristics and health of approximately 8,000 children and youth living with diabetes in Ontario. These individuals receive care through 35 Pediatric Diabetes Education Programs (PDEPs) across the province.

This launch marks the beginning of BORN's first pediatric diabetes data encounter; a significant milestone made possible through the collective efforts of the pediatric diabetes community. This includes Endocrinologists, diabetes educators, Ontario Health representatives, BORN and PCMCH staff, and most importantly, people with lived experience.

To ensure success, three pilot sites tested the solution within the BORN Information System (BIS) using manual data entry or CSV extract (upload) format. These sites also provided valuable feedback on reports before real patient data submission began.

As of now, six PDEPs are actively submitting data, with ongoing onboarding of the remaining programs scheduled through July 2026. The BIS currently contains data for over 1,700 patients and continues to grow steadily. This achievement reflects a true community effort and represents a meaningful step forward in improving health outcomes for all children and youth living with diabetes in Ontario.



127 patients/yr



430 patients/yr



950 patients/yr

*Congratulations to our three pilot sites who began contributing data to the registry on January 28, 2025.*



### Interested in learning more?

Reach out to Josée St-Denis, BORN Pediatric Diabetes Content Specialist, [jstdenis@bornontario.ca](mailto:jstdenis@bornontario.ca).

## AN UPDATE ON EXPANDED MIDWIFERY CARE MODELS (EMCMs)

BORN continues to onboard more EMCMs who provide insights into client care by contributing data to BORN’s registry. EMCMs are 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.



- Michael Garron Hospital’s midwife-led Family and Newborn (FAN) Clinic is an EMCM that provides routine and rapid care to new parents and infants within the first 8 weeks after birth. FAN operates 7 days a week and can be accessed by those who gave birth at the hospital or live in the catchment area, with or without a referral, providing a wonderful safety net for the community.
- Learn about two unique EMCM midwifery programs in Ottawa, at The Montfort Hospital and ORACLE Perinatal Outreach Program—Montfort offers low-risk obstetrical patients early discharge and home midwifery care; and, the ORACLE Program supports pregnant people in high risk or special care situations to receive the care when and where they need it.



### Interested in knowing more?

Email the ministry to receive a notice of the next round of EMCM Applications: [midwifery@ontario.ca](mailto:midwifery@ontario.ca) or reach out to Annabel Cope, RM, BORN Clinical Content Specialist in Midwifery at [acope@bornontario.ca](mailto:acope@bornontario.ca)

**NEW**

## NEW! VENTILATION/OXYGENATION REPORT NOW AVAILABLE FOR NICU

Want to see your newborn ventilation and oxygenation data quickly and easily? There is a new ventilation/oxygenation report in the BIS!

### Report Features:

- Types of ventilation by gestational age
- Infants with and without respiratory support
- Respiratory support in hours
- Respiratory support in days
- Visuals by gestational age

### Use this report to help with:

- Accessing care needs
- Resource allocation
- Equipment planning
- Care strategy evaluation
- Capacity forecasting

### NEED HELP?

There is a NICU Oxygenation/Ventilation Report Guide available in the BIS Help section.

#### BORN Help

##### Quick Links

- BORN Help
- BORN Reference Guides and Training Materials
- BIS Enhancement Request Form
- Login Support
- Find your BORN Regional Coordinator
- Contact Us

- > CARTR Plus (ART)
- > GMFM
- > eHBHC
- ▼ Hospital

- Find your Coordinator
  - Find Your Coordinator by Hospital
- BIS Reference Guides and Training Materials
  - Hospital BIS User Manual
  - Hospital BIS Messaging Guide
  - Guide to Data Quality Management – Hospital Users
  - BIS Hospital - Local Administrator Guide
  - Entering Live Births, Stillbirths, and Pregnancy Losses < 20 weeks
  - Quick How to Acknowledge Hospital Data
  - BORN Data Entry Encounter Documentation – Hospital Guide
  - BORN Data Entry - Quick Reference Guide Hospitals NO ADT
  - BORN Data Entry - Quick Reference Guide Hospitals WITH ADT
- Reports
  - Reporting Guide for Hospital Users
  - Clinical Data Feed Report Instructions
  - Clinical Data Feed (ORU): Quick Guide to Finding and Updating Incomplete BIS Encounters
  - BIS Quick Reference Guide Oxytocin report FINAL 2022
  - **NICU Ventilation Oxygenation Report Guide**



### Questions?

Reach out to Dana Radke, BORN Neonatal Clinical Content Specialist, [dradke@bornontario.ca](mailto:dradke@bornontario.ca) or your BORN Regional Coordinator.

## HEALTH EQUITY UPDATE: INTRODUCING BORN'S EQUITY, DIVERSITY, AND INCLUSION (EDI) SPECIALIST FOR INDIGENOUS HEALTH AND WELLNESS

BORN Ontario is committed to honoring Indigenous data principles by ensuring all data-related decisions are guided by the values, needs, and authority of Indigenous communities. As part of that commitment, a new Equity, Diversity, and Inclusion (EDI) Specialist position for Indigenous Health and Wellness was created this year, building on the work of the former Indigenous Wellness Coordinator position. **Tom Lindsay (B.Sc.)**, who is Cree from One Arrow, joined BORN Ontario on February 24, 2025. He will be focused on several key initiatives, including advancing an Indigenous Data Governance policy and engaging with a wide range of communities and partners.



You can reach Tom by email at [TLindsay@bornontario.ca](mailto:TLindsay@bornontario.ca) or through your BORN Regional Coordinator.

## INFORMATION ON THE HEALTHY BABIES HEALTHY CHILDREN (HBHC) PROGRAM

The **Healthy Babies, Healthy Children (HBHC)** program supports vulnerable families and enhances the well-being of infants and young children. Pregnancy care providers, including midwives, are asked to universally screen their clients in the immediate postpartum period.

### DID YOU KNOW?

By conducting postpartum HBHC screenings, hospital staff and midwives play a crucial role to supporting clients during and beyond 6 weeks postpartum. Use the BORN HBHC Encounter to electronically complete your HBHC screening for all your postpartum clients, including those clients who decline the screen. If you do not submit the declined screen, it is considered a missed screen which is inaccurate!

If you would like to learn more about the HBHC program, contact your local public health unit. If you would like to learn more about BIS eHBHC, contact your BORN Regional Coordinator or [HBHC@BORNOntario.ca](mailto:HBHC@BORNOntario.ca).

### LOOKING FOR EDUCATIONAL REFERENCES?

#### HBHC Encounter Videos

[Completing the BIS  
HBHC Encounter](#)  
(Password: eHBHC4@23)

**HBHC  
Encounter  
Completion**

eHBHC Educational  
Series  
2023/24



[Declined HBHC Encounter](#)  
(Password: eHBHC4@23)

**Declined eHBHC  
Encounter  
Completion**

eHBHC Educational  
Series  
2023/24



#### eHBHC forum

BORN will hold an eHBHC forum on the dates below to share BORN updates, share experiences or ask questions with colleagues across the province. If you are interested in participating, please email [HBHC@bornontario.ca](mailto:HBHC@bornontario.ca).

- June 23, 2025, from 1:00 PM to 1:45
- Sep 16, 2025, from 1:00 PM to 1:45
- Dec 8, 2025, from 1:00 PM to 1:45

Midwifery Update

NEW

## YOU ASKED, WE LISTENED! EXPANDED ACCESS TO NON-PHI REPORTS

### WHAT?

Head Midwives are now able to access and use data in a timely way, reducing the burden of submitting data requests to BORN and waiting for those disclosures, while also safe-guarding client personal information from colleagues outside of the client’s circle of care.

### WHY?

Head Midwives may represent more than one Midwifery Practice Group (MPG) at any given hospital and are often asked to represent ‘midwifery outcomes’ from all MPGs. BORN responded to midwives’ requests and has enabled Head Midwives to be able to access MPG clinical data outside their circle of care, while restricting client PHI, to represent all midwifery outcomes at that hospital.

### HOW?

MPG BORN local administrators (the person at the MPG who creates BORN accounts for Midwives and staff) can now grant a Head Midwife that is not a member of their practice access to their MPG-specific clinical reports with restricted PHI! See page 9 of the Local Administrator Guide in the BIS Help section.

**BORN Help**

Quick Links

- BORN Help
- 1** → BORN Reference Guides and Training Materials
- BIS Enhancement Request Form
- Login Support
- Find your BORN Regional Coordinator
- Contact Us

- > CARTR Plus (ART)
- > GMFM
- > eHBHC
- > Hospital
- 2** → Midwifery
  - Find your BORN Regional Coordinator
    - Find your Coordinator by midwifery practice group (MPG)
  - BIS Reference Guides and Training
    - Midwifery BIS User Manual
    - Midwifery BIS Messaging User Guide
    - Guide to Data Quality Management – Midwifery Users
  - 3** → Midwifery Local Administrator Guide

Midwifery Update

NEW

## YOU ASKED, WE LISTENED! DRAFT HOSPITAL DATA NOW PRE-POPULATES MIDWIFERY BORN DATA ENTRY

### WHAT?

BORN implemented a change that allows draft (incomplete/unsubmitted) data from hospitals to pre-populate/autofill the BORN data that Midwives need to enter in the BIS (‘Antenatal General’, ‘Labour-Birth’, ‘Postpartum Mother’, ‘Birth Child’, and ‘Postpartum Child’ encounters). This will facilitate data entry for Midwives in situations where the hospital data is not complete (submitted) at the time of Midwifery BORN data entry.

**REMINDERS:**

- It is important to verify the pre-populated/auto-filled data.
- Timing of Hospital data to BORN varies amongst hospitals. If your Midwifery encounters do not get pre-populated with data, this may mean that BORN has not yet received the hospital’s data.



See the next page for updated RSV prevention data!

# NEWBORN RSV PREVENTION: HOW DID WE DO IN THE FIRST SEASON?



In Ontario, nirsevimab became universally available for seasonal at-birth RSV protection for newborns in late Oct 2024.

## UPTAKE INDICATORS ON 48,194 REPORTED LIVE BIRTHS



Day BORN started to collect RSV prevention data from our partners

Nov 1 '24- Mar 31, '25

**68.3%**

RECEIVED NIRSEVIMAB AT BIRTH  
BEFORE DISCHARGE

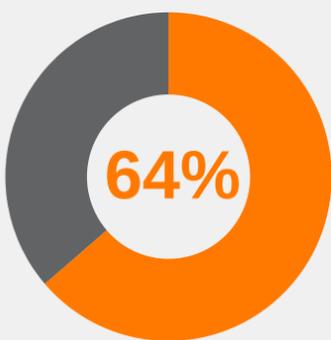


**TARGET UPTAKE: 90%**

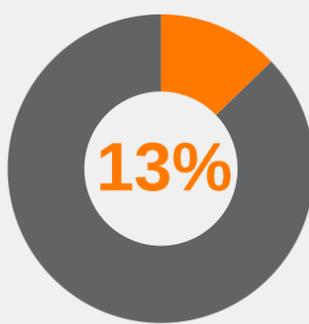
*Nirsevimab not given: 26%*

*Sample includes births from 96% of birthing hospitals across Ontario and as of May 28, 2025, represents approx. 80% of births during this time period.*

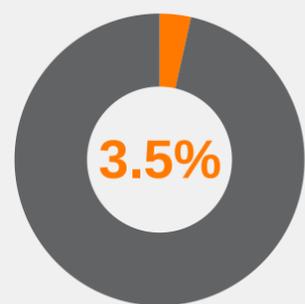
## IF NOT GIVEN, WHY?



Parent/caregiver declined



Prenatal protection from RSV



Discharged before offer/missed opportunity

*Remaining 17.5% other and unknown reasons*

High variation in Nirsevimab uptake among hospitals with 500+ births/yr:

**37%-86%**

Opportunities to share practices!

## UPTAKE OBSERVATIONS\*

- 43 sites reported that 50-69% of newborns received prevention
- 6 sites reported that 37-48% of newborns received prevention
- 5 sites reported that less than 10% of infants received prevention

\*Out of 84 submitting sites.

**31 BIRTHING HOSPITALS REPORTED THAT MORE THAN 70% OF NEWBORNS WENT HOME WITH PREVENTION FROM RSV IN THE 2024/25 SEASON.**

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

Interpret results with caution and curiosity.

For use as performance indicator only. Not for research.

Produced by:

