

NEWFOUNDLAND AND LABRADOR PROVINCIAL
 PERINATAL SURVEILLANCE PROGRAM
 – VARIABLE LISTING (May 2021)
 www.ppnl.ca (709) 777-4867



Notes:

Data Elements are extracted from 3M HIS and imported into a SPSS file

Health Authorities/Hospitals capturing data include:

Eastern Health – St. John’s (as of Apr 1, 2001), Carbonear, Burin, Clarenville (as of Oct 1, 2007)

Labrador-Grenfell – Labrador (as of Jan 1, 2005), St. Anthony (as of Oct 1, 2007)

Western – Corner Brook, Stephenville, Port Aux Basques (as of Jan 15, 2010)

Central – Grand Falls – Winsor, Gander (as of July 2012)

* new data element capture (revised or added) – Oct 1, 2007

** new data element capture (revised or added) – April 1, 2011

*** new data element capture (revised or added) – April 1, 2012

**** new data element capture (revised or added) – Nov 1, 2018

***** new data element capture (revised or added) – Jan 1, 2021

	PATIENT AND SUBMISSION INFORMATION	Additional Notes
1	Province ID	
2	Institution Number	
3	Hospital Site	
4	Coder	
5	Patient Name	
6	Address Information (Street, Town, Province)	
7	Postal Code	
8	Postal Code N/A	e.g., NL, ON
9	Mother’s Chart Number	Length varies across sites
10	Newborn’s Chart Number	Length varies across sites
11	Mother’s Visit/Account/Register/Encounter Number	HN, HI, HT, MAC, LAC
12	Newborn’s Visit/Account/Register/Encounter Number	
13	Admission Date/Time	YYYY MM DD HH MM
14	Discharge Date/Time	YYYY MM DD HH MM
15	Health Care Number (HCN) (e.g., MCP#)	
16	Unique Patient Identifier (UPI) – applicable to some sites	
17	Province Issuing HCN	
18	Visit HCN	
19	Visit Payor	

20	Residence Code	SGA codes
21	Health Area	
22	Health Board	Former health boards
23	Mother's Gender	
24	Mother's Birth Date	
25	Mother's Age	
26	Newborn's Gender	
27	Newborn's Birth Date	
28	Newborn's Age	
29	Newborn's Birth Date Estimated	
	ADMISSION INFORMATION	
30	Province Code Admitted From	
31	Institution From	
32	Institution From Type	
33	Admit Category	
34	Entry Code	e.g., Newborn, Urgent
35	Admit By Ambulance	
36	Readmission Code	
	MOTHER / BABY #1 LINK INFORMATION	
37	Mom/Baby Record Number (e.g., Chart Number)	At all sites
38	Mom/Baby Visit/Account/Registration Number or HCN	At some sites
	MOTHER / BABY #2 LINK INFORMATION	
39	Mom/Baby #2 Record Number (e.g., Chart Number)	
40	Mom/Baby #2 Visit/Account/Registration Number or HCN	
	MOTHER / BABY #3 LINK INFORMATION	
41	Mom/Baby #3 Record Number (e.g., Chart Number)	
42	Mom/Baby #3 Visit/Account/Registration Number or HCN	
	MOTHER / BABY #4 LINK INFORMATION	
43	Mom/Baby #4 Record Number (e.g., Chart Number)	
44	Mom/Baby #4 Visit/Account/Registration Number or HCN	
	SEPARATION INFORMATION	
45	Length of Stay (in Days or Minutes or Hours)	
46	Discharge Disposition (e.g., died)	
47	Institution To	

48	Institution To Type	
	PROGRAM / PROVIDER INFORMATION	
49	Program Type	e.g., Women's Health, NICU, PICU
50	Program Length of Stay (Days)	
51	Main Patient Service	
52	Main Patient Service Length of Stay (Days)	
53	Family Doctor	
54	Provider ID	
55	Provider Service	
56	Provider Type	
57	ADT Nursing Unit	
58	Nursing Unit Admit Date/Time	
59	Nursing Unit Discharge Date/Time	
	TRANSFERS	
60	Transfer Patient Service	
61	Service Days	Helps with NICU LOS
62	Alternate Level of Care Days	
63	Acute Days	Helps with NICU LOS
	ICD-10 INFORMATION	
64	Birth / Admit Weight (grams – optional for stillborns)	
65	Diagnoses Code (up to 30)	
66	Diagnosis Text (up to 30) (length of field is 78 chars)	
67	Diagnosis Type (up to 30) (M,1,2,3,4,0,6,7,8,W,X,Y)	
68	Intervention Code (up to 25)	
69	Intervention Text (up to 25)	
70	Anesthetic Technique (up to 9)	For each intervention
71	Intervention Episode Number	
72	Intervention Date	
	SPECIAL CARE UNIT	
73	Care Unit	e.g., NICU
74	Care Unit Admit Time	
75	Care Unit Discharge Time	
76	Unit LOS (Days)	
	REPRODUCTIVE CARE INFORMATION	
77	Gestation in Weeks	
78	Date of Last Menses	
79	Delivery Date / Time	Used to create fiscal year

80	Number of Previous Deliveries	
81	Number of Previous Preterm Deliveries	
82	Number of Previous Spontaneous Abortions	
83	Number of Previous Therapeutic Abortions	
84	Number of Previous Abortions (Type Unknown)	***
85	Number of Previous Live Births	
86	Breastfeeding on Discharge (Y or N)	
	MOTHER'S INFORMATION	
87	Prenatal Record Available	
88	Marital Status	Partnered / Non-Partnered
89	Living Arrangements of Birth Parents	
90	Mother's Work Status (No, FT or PT)	*
91	Mother's Work Location (Inside or Outside of Home)	*
92	Mother's Education Level (same as Live Birth Form)	*
93	Father's Date of Birth	
94	Father's Age	
95	Location Mother Admitted From	*
96	Smoked Before Pregnancy	
97	Currently Smoking	
98	Exposure to Second Hand Smoke	
99	Alcohol Use Before Pregnancy	
100	Current Alcohol Use	*
101	Other substance abuse (up to 6 coded)	
102	Preconceptual Folic Acid	*
103	Intending to Breastfeeding	**
104	Previously Tested Positive for COVID-19	*****
	PREVIOUS OBSTETRICAL HISTORY	
105	Gravida (# of pregnancies)	
106	Parity (# of times given birth 500g or > 20 weeks GA)	
107	Date of Last Delivery	
108	Abortion Date Available (Spontaneous or Therapeutic)	
109	Date of Last Abortion (Spontaneous or Therapeutic)	
110	Date Available for Last Menstrual Period	
111	Date of Last Menstrual Period	
112	Previous Live Births	
113	Previous Preterm Births	
114	Previous Low Birth Weight Infants	
115	Previous High Birth Weight Infants (>4000g)	
116	Previous Stillbirths	
117	Previous Neonatal Deaths	
118	Previous Spontaneous Abortions	
119	Previous Therapeutic or Medical Abortions	Includes Medical

120	Previous Abortions (Type Unknown)	***
121	Previous Cesarean Sections	
122	Primary (First) Antenatal Care Provider Type	*
123	Primary (First) Antenatal Care Provider Identity	*
124	Secondary (Second) Antenatal Care Provider Type	*
125	Secondary (Second) Antenatal Care Provider Identity	*
126	Other (Third) Antenatal Care Provider Type	*
127	Other (Third) Antenatal Care Provider Identity	*
128	First Antenatal Visit	YYY MM DD
129	Attendance at Prenatal Classes (or Healthy Baby Clubs)	
130	Prenatal Education	**
131	First Ultrasound Exam Date	
132	Estimated Gestational Age at First Ultrasound	
133	Amniocentesis at 20 weeks or less	
134	Chorionic Villi Sampling (CVS) at 20 weeks or less	
135	Maternal Serum Screening Offered	*
136	Maternal Serum Screening Declined	*
137	Maternal Serum Screening Result (bypass if O & D = YES)	*
	INFECTIONS	
138	Rubella (reactive or non-reactive)	*
139	Venereal Diseases (VDRL) (reactive or non-reactive)	*
140	Hepatitis B (HBsAg) (reactive or non-reactive)	*
141	HIV (reactive or non-reactive)	*
	MEDICAL RISK FACTORS FOR THIS PREGNANCY	
144	Insulin Required for Pre-Existing Diabetes	
145	Insulin Required for Gestational Diabetes	
146	Urinary Tract Infection	
	LABOUR AND DELIVERY INFORMATION	
147	Height in cm	Helps with BMI
148	Height in inches	Helps with BMI
149	Pre-Pregnancy Weight In Kilograms	Helps with BMI
150	Pre-Pregnancy Weight In Pounds	Helps with BMI
151	Pre-Delivery Weight In Kilograms	For Gestational Wgt Gain
152	Pre-Delivery Weight In Pounds	For Gestational Wgt Gain
153	Pain Management (up to 4 coded)	e.g., epidural, narcotic
	LABOUR INFORMATION	
154	Type of Labour (spontaneous, induced, no labour (elect C/S))	
155	Primary Indication for Induction	

156	ARM (to induce labour) (syntax for Px codes for QA)	
157	Oxytocin (to induce labour) (syntax for Px codes for QA)	
158	Prostaglandin (to induce labour) (syntax for Px codes for QA)	
159	Augmentation (syntax for Px codes for QA)	
160	Labour Date and Time	
161	Rupture of Membranes Date and Time	
162	Spontaneous (Rupture of Membranes)	
163	Questionable (Rupture of Membranes)	
164	Artificial Rupture of Membranes	
165	Tocolytics	
166	Antenatal Steroids for Induction Of Fetal Lung Maturity	
167	Fetal Heart Monitor	*
168	Primary Care Provider Type at Delivery	*
169	Need for Post Partum Red Blood Cell Transfusion	
170	Primary Indication for Caesarean Section	*
171	Secondary Indication for Caesarean Section	*
172	First Stage of Labour (Labour Date / Onset Time)	
173	Second Stage of Labour (Date / Time)	*
174	Third Stage of Labour (Delivery Date / Time)	
175	Fourth Stage of Labour (Delivery of Placenta)	*
176	Skin to Skin	****
	NEONATE INFORMATION	
182	Birth Number	
183	Birth Sequence	
184	Stillborn	
185	Place of Birth	
186	Gestational Age (weeks and days)	
187	Gestational Age Assessment Method	
188	Birth Length (cm)	
186	Head Circumference (cm)	
187	Apgar Score at 1 minute	
188	Apgar Score at 5 minutes	
189	Ventilation: Bag and Mask	
190	Ventilation: Endotracheal Tube	
191	CPAP	****
193	Type of First Enteral Feed	**
194	Breastfeeding (from birth to discharge)	**
195	Medical Indication for Supplementation	
	ABNORMAL CONDITIONS OF THE NEWBORN	
195	Assisted Ventilation	
196	Bronchopulmonary Dysplasia (BPD) in O2 at 28 days of age	
197	BPD (in O2 at 36 weeks corrected age)	