

# 2024 BIS Perinatal/Newborn Enhancements Summary



Patient Label Here

## LABOUR/BIRTH ENCOUNTER

### PREGNANCY TAB

Is the pregnant person a gestational carrier? *(Select One)*

- Yes       No       Unknown

Cannabis Exposure in Pregnancy: *(Select One)*

- Never                       Less than 1 day per month  
 1 day per month         2-3 days per month  
 1-2 days per week       3-4 days per week  
 5-6 days per week       Daily  
 Some use, but frequency unknown     Usage unknown

INFECTION & PREGNANCY: *(New picklist item)*

- Covid-19

IF YES TO COVID INFECTION:

Date of positive COVID-19 diagnosis: dd/mm/yyyy

Was the patient hospitalized due to COVID-19 specifically?

- Yes       No       Unknown

### BLOOD TYPING AND IMMUNOGLOBULIN

Blood group and type of pregnant individual, ABO/Rh(D):

*(Select One)*     Not collected/unknown

- O+     O-     A+     A-     B+     B-     AB+     AB-

What was the antibody screen result?:

- Negative     Positive     Unknown

For Rh(D) negative patients, was Rh(D) immunoglobulin (RhIG/Rhogam/WinRho) given in pregnancy?:

- No     Yes, 1 dose     Yes, 2 doses  
 Yes, 3 or more doses  
 Yes, number of doses unknown, unknown

Date of Rh(D) Immunoglobulin Dose

(latest prior to birth): dd/mm/yyyy     Unknown

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## LABOUR/BIRTH ENCOUNTER

### INTRAPARTUM TAB

**Initial cervical dilation (cm) upon hospital admission for labour and birth:**

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**Type of Labour:** *(Select One)*

- Active labour achieved without any intervention
- Induced labour in latent phase
- Induced labour prior to onset of contractions ("cold induction")
- No labour or latent phase only

**Cervical ripening/induction methods (excluding oxytocin):**

*(Select All That Apply)*

- None    Prostaglandin (PGE2)
- Mechanical (Foley catheter)    Laminaria tents
- Misoprostol (PGE1)    Other    Unknown

**Was oxytocin used any time before birth?**    Yes    No

**Cervical dilation at start of oxytocin (cm):** \_\_\_\_\_

**Start date of oxytocin:** dd/mm/yyyy

**Start time of oxytocin:** \_\_\_\_\_  Unknown

**Membrane Rupture:** *(Select One)*

- Artificial rupture of membranes
- Spontaneous rupture of membranes    Unknown

**Date of Membrane Rupture:** dd/mm/yyyy

**Time of Membrane Rupture:** \_\_\_\_\_  Unknown

### STAGES OF LABOUR

#### First Stage

Date of latent phase onset: dd/mm/yyyy

Time of latent phase onset: \_\_\_\_\_  Unknown

Date of active phase onset: dd/mm/yyyy

Time of active phase onset: \_\_\_\_\_  Unknown

#### Second Stage

Date fully dilated: dd/mm/yyyy

Time fully dilated: \_\_\_\_\_  Unknown

Date started pushing: dd/mm/yyyy

Time started pushing: \_\_\_\_\_  Unknown

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## LABOUR/BIRTH ENCOUNTER

### IF INDUCED LABOUR:

*All Indications for Induction of Labour:*

*(New Picklist Items) (Select All That Apply)*

### Maternal Indications:

- Abnormal Biomarkers (eg. PAPP\_A, PIGF, and HCG)
- Elevated BMI
- Hx of Previous of Intrauterine Fetal Death
- In-vitro fertilization (IVF)
- Prolonged Latent Phase Labour

## BIRTH TAB

**Type of Birth:** *(Select One)*  Vaginal Birth  Cesarean Birth

**Date placenta delivered:** dd / mm / yyyy

**Time placenta delivered:** \_\_\_\_\_  Unknown

## POSTPARTUM MOTHER ENCOUNTER

**(APPROX. 1-HOUR POST-BIRTH TO DISCHARGE FROM MIDWIFERY CARE)**

**Postpartum Complications:** *(New Picklist Items)*

- Postpartum hemorrhage  
(occurring from 1hr to 24hrs after birth)
- Late Postpartum hemorrhage  
(occurring 24hrs-6weeks after birth)

**For Rh(D) negative patients, was Rh(D) immunoglobulin (RhIG/Rhogam/WinRho) administered postpartum?**

*(Select one)*  Yes  No  Unknown

**If yes, Date and Time of Postpartum Rh(D)**

**Immunoglobulin Dose:** Date: dd / mm / yyyy Time: \_\_\_\_\_

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## BIRTH CHILD ENCOUNTER

### (WITHIN THE FIRST HOUR AFTER BIRTH)

**Type of Birth:** *(Select One)*    Vaginal Birth    Cesarean Birth

#### **Cord Clamping Duration:**

- Immediate cord clamping (within first 5 seconds)
- ≤ 30 seconds    > 30 to 60 seconds    >60 to 120 seconds
- >120 to 180 seconds    > 180 seconds
- >60 seconds, exact duration unknown
- cord not clamped and cut    Unknown

**Did NICU perform/assist with the resuscitation that was done in the first 30 mins of life?** *(Select one)*

- Yes    No    Unknown

**Neonatal Resuscitation - Initial Gas Used in first 30 minutes of life:** *(Select one)*

- Room air (21% oxygen)    Supplemental Oxygen
- 100% Oxygen    Unknown

**Neonatal Resuscitation - maximum % of O<sub>2</sub> used in first 30 minutes of life:** \_\_\_\_\_  Unknown

**Is infant at-risk for hypoglycemia?:** *(Select all that apply)*

- Yes – Small-for-gestational-age (SGA), weight <10th %ile
- Yes – Large-for-gestational-age (LGA), weight > 90th %ile
- Yes – Infants of diabetic (gestational or type 1 or 2) mother (IDMs)
- Yes - Preterm (<37 weeks gestational age)
- Yes - Intrauterine growth restriction (IUGR)
- Yes - Maternal labetalol use during pregnancy
- Yes - Late preterm exposure (34+0 to 36+6 weeks) to antenatal steroids
- Yes - Perinatal asphyxia
- Yes - Metabolic conditions (e.g., CPT-1 deficiency, urea cycle defects, etc.)
- Yes - Syndromes associated with hypoglycemia (e.g., Beckwith-Wiedemann)
- Yes – Other
- No
- Unknown

**Is this at-risk infant asymptomatic?**    Yes    No    Unknown

**Was glucose monitoring being done?:**    Yes    No    Unknown

**Was Oral Dextrose/Gel given?**    Yes    No    Unknown

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## POSTPARTUM CHILD ENCOUNTER

(APPROX. 1-HOUR POST-BIRTH TO DISCHARGE FROM MIDWIFERY CARE)

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**Neonatal Health Conditions:** *(New Picklist Items)*

Failed CCHD screening

**Was glucose monitoring being done?:**

Yes  No  Unknown

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**Was Oral Dextrose/Gel given?**  Yes  No  Unknown

**What is the newborn/infant's blood group and type, ABO/Rh(D)?**  Not collected/unknown  O+  O-  A+  A-

B+  B-  AB+  AB-