NLCHI Stillbirth System
2016 User Guide
August 2017 v.1.0

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2014 v.1.0	Rosalie Haire	March 22, 2014	Annual Update
2016 v.1.0	Beatrice Pittman and Lisa McKenzie	August 17, 2017	Annual Update

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1. NLCHI Stillbirth System Introduction

1.1 Overview

This document has been prepared to inform users of the NLCHI Stillbirth System about the data, the system, and known data quality issues which may impact the use or interpretation of the data.

This document is reviewed annually and revised as needed to ensure it remains current and useful. Feedback from readers is welcomed. Suggestions for future updates can be sent to:

Manager Clinical Standards and Information
Newfoundland and Labrador Centre for Health Information
70 O'Leary Avenue
St. John's, NL A1B 2C7
Phone 709 752-6014

1.2 Purpose of Dataset

This dataset is used primarily for to provide analytical information regarding stillbirths which occur within the province of Newfoundland & Labrador and to provide aggregate statistical information. It is also used to cross reference other datasets for quality assurance and verification purposes.
The Health Analytics and Evaluation Services (HAES) Department at the Centre provides stillbirth statistical information and reports to government agencies, health care managers, clinicians, etc. to assist in making evidence-based decisions.

1.3 Population Reference Coverage

Under the Vital Statistics Act (2009) all stillbirths occurring within the province of Newfoundland and Labrador must be reported to Vital Statistics within 5 days of delivery. All health care facilities and midwives in private practice in Newfoundland and Labrador submit Registration of Stillbirth (RSB) forms to Vital Statistics in compliance with the Act.

1.4 Reporting Period

The reporting period for stillbirths is the calendar year, January 1st to December 31st.

1.5 Years Available

Data is available for the years 1992-2016.

1.6 Management Responsibility

The Manager Clinical Standards and Information (CSI) is responsible for managing the NLCHI Stillbirth System, ensuring the system is of the highest quality attainable and available to stakeholders for use.

The NLCHI Live Birth/Mortality Systems Advisory Committee is comprised of internal and external stakeholders. This committee's mandate is to advise the Manager Clinical Standards and Information on stakeholder information needs, data collection, and other relevant issues. One of the committee's responsibilities is to perform an annual review of the RSB form and make recommendations regarding data collection requirements.

2. Description of Dataset

2.1 Description

This dataset contains demographic, administrative and clinical data related to all stillbirths that occur in the province, both resident and non-resident. NLCHI's Stillbirth System is populated with data from 1992 to 2016.

There are 69 data elements which include information about the infant, mother and other parent.

The Registration of Stillbirth (RBS) form contains multiple sections. Responsibility for completion of the sections varies as noted in the table below:

Section	**Responsibility for Completion**
Registration	Vital Statistics
Infant	Health Care Professional
Birth Mother	Health Care Professional
Other Parent	Health Care Professional
Informant	Health Care Professional/Funeral Home
Health History	Health Care Professional
Medical Certification	Health Care Professional
Disposition-Funeral Home	Funeral Home
Office Use	Vital Statistics

Data are retained in a longitudinal file to facilitate efficient retrieval and creation of statistical data reports and research. The longitudinal file is updated annually with previous year's data.

2.2 Data Dictionary/Elements

Data elements on the RSB form are those identified by the Live Birth/Mortality Systems Advisory Committee as required data by one or more of the stakeholders. Of all the elements on the RSB form, a minimum data set is entered into the system. The Stillbirth System Data Dictionary (Appendix 3) contains the list of data elements, element details and the reference year.

2.3 Reference Material

Reference materials available from the Data Quality and Standards Department include:

- Copies of the RSB form(s), 1977-2016.
- The Guide to the Completion of Registration of Death and Registration of Stillbirth. This document is produced by Vital Statistics as a reference document for those responsible for completing the registration form.
- List of edits.

3. Data Source(s)

3.1 Origin of Data

Data originates at the facility where the stillbirth has taken place. For stillbirths that occur at home or enroute to hospital, the forms are completed by either a midwife or the hospital staff attending the stillbirth.

3.2 Flow of Data

After RSB forms are completed at the facility where the stillbirth occurs, the original and the Centre's copy are sent to Vital Statistics. When attended by a midwife, the midwife is responsible for sending the original and the Centre's copy to Vital Statistics. In the case of stillbirths that occur enroute to hospital the RSB is completed by the facility attending to the infant; the original and the Centre's copy are sent to Vital Statistics. Vital Statistics adds administrative data before forwarding the Centre's copy to the HAES department.

Registration of Stillbirth forms are received by NLCHI from Vital Statistics, via courier, on a monthly basis. Accompanying the forms is a Records Transfer Sheet, on which Vital Statistics records which type of form is enclosed (Live Birth, Registration of Death, Registration of Stillbirth, Revisions, etc.) as well as the registration numbers. Upon receipt of the documents, the HIM analyst or Data Entry Operator will check each batch of forms to ensure all registration numbers recorded on the transfer sheet have been received. Once verified, the transfer sheet is dated and signed by the HIM analyst and emailed to Vital Statistics as confirmation of receipt of the documents.

Health Information Management (HIM) analyst at the Centre assigns the medical codes. Medical codes are based upon the ICD-10-CA/CCI as of January 1, 2003. Prior to 2003, ICD-9/CCI classification system was used. The forms are forwarded to the data entry operator for demographic coding and data entry. The demographic coding includes Standard Geographical Code (SGC) and institution code for location of birth.

HAES staff completes an edit process at year-end prior to closure of the annual file. Once closed, the file is added to the longitudinal dataset and is ready for use by stakeholders.

3.3 Data Collection and Processing Time Lines

- Daily: facilities are legally required to report stillbirths to Vital Statistics within 5 days of delivery.
- Monthly: Vital Statistics completes the administrative section of the form and forwards a copy to the Centre.
- Annually: RSB forms are usually received by the Centre prior to the end of January for the previous calendar year.
- April 30, YYYY: the annual cycle of social and medical coding, data entry and corrections for the previous data year is scheduled for completion.
- May 31, YYYY: the stillbirth longitudinal file is scheduled to be updated with the previous calendar year data and made available for use.
- De-identification process began in 2012. HAES is responsible for the de-identification process before data available for use.

4. Data Quality Processes

4.1 Edit and Correction Process

The NLCHI Stillbirth System contains a series of edit checks which have been designed to automatically flag data elements that are incomplete, illegible or contain incorrect data.

Internal edits are processed annually and consist of logic and derived fields. These include steps such as, sorting facilities within the applicable regional health authority and reviewing the appropriateness of the mother's age.

Adjustments to element values may be required during the edit process for example, changing the previous year to current year, to calculate mother's age at date of delivery. This type of adjustment ensures accuracy when sorting data into age categories.

After validation of MCP numbers is performed, all edits are completed.

The correction process is scheduled to be completed by May 31, YYYY for the previous year's data.

Appendix 4 lists the edits performed on stillbirth data.

4.2 Data Quality Results

The table below displays the annual results of data quality measures for the NLCHI Stillbirth database.

NOTE: As per the Data Quality Assessment tool, the Outstanding Error Rate is calculated thusly:

Total number of errors that cannot be resolved ÷ total number of errors triggered x 100

Results Data Quality Measures for the NLCHI Stillbirth System							
Year	Total # Records Edited*	Total # Errors Identified	Total # Corrections Using Internal Resources	Total # Corrections Using External Resources**	Total # Outstanding Errors After Corrections	Outstanding Error Rate	Number of Records with one or more outstanding errors
2010	27	37	27	N/A	10	27%	16
2011	24	17	2	N/A	15	88%	10
2012	34	18	16	N/A	2	11%	2
2013	33	6	5	N/A	1	17%	1
2014	48	18	18	N/A	0	0	0
2015	24	7	6	N/A	1	14%	1
2016	19	9	9	N/A	0	0	0

*The total number of records edited may or may not reflect the total number of records received each year due to late receipt of records after the file has been closed.
**Currently, edits to the Stillbirth database are corrected on an internal basis only.

4.3 Maintenance Process

The Live Birth/Mortality Advisory Committee members are responsible for bringing forward issues or concerns from their respective organizations, providing expertise, seeking input from their organizations and circulating decisions made by the committee.

This is a dynamic dataset therefore users should be aware of past data element changes and that changes are likely to occur in the future. Due to these ongoing changes data elements have been added, revised or classified as inactive. Data elements that are deemed inactive are no longer entered into the dataset. However for historical purpose these data elements and their values remain in the dataset (for the applicable years).

Whenever it is discovered that Vital Statistics inadvertently omitted a form or a health care facility failed to report a stillbirth, these revisions are retrospectively added to the longitudinal file.

When corrections are required after the year-end file is closed, the revisions are made and the changes documented, including the rationale for the changes.

The revised stillbirth dataset is renamed, assigning a new version number and date to ensure accurate identification of the most recent data.

In 2008, data entry screens were redesigned and standardized to assist with data quality on input. For example, the date of birth format validation as mm/dd/yyyy was implemented.

End users of stillbirth data may identify data quality issues. When an issue is reported to HAES staff, corrective and/or preventative action is taken.

5. Significant Data Quality History

5.1 Methodological/Revision Changes

It is believed that the data elements collected and entered into the dataset had not been updated since the mid 1980s. From 1992 to 2002 there is little documentation available to identify revision history.

From 1991 to 1999 Vital Statistics began its registration numbering sequence with 1001. Since 2000 the numbering sequence was changed to begin with number 1.

Prior to 1990 Statistics Canada assigned code 12 to represent Newfoundland and Labrador; in June 1990 the code was changed to 10.

Since 2003, the RSB form has undergone significant changes to data elements collected and the minimum dataset entered into the NLCHI Stillbirth System.

The following versions of Statistics Canada SGC codes were used for social coding:

- 1991 to 2007 SGC version 1991
- 2007 to 2009 SGC version 2001
- 2007 to 2011 SGC version 2006
- 2012 to 2016 SGC version 2011

Appendix 6 lists all new, mandatory, revised, and inactive data elements for each year and accepted values from 2003 onwards.

6. Data Quality Limitations

6.1 Contributors Impact on Data Quality

Whenever it is discovered that Vital Statistics inadvertently omitted a form, or a health care facility failed to report a stillbirth, revisions are retrospectively added to the longitudinal file.

Historically, the only reference source available to assist with quality assurance activities was the Vital Statistics paper form, which is also the source of origin. Since 2009, Clinical Standards and Information staff of the HAES department have been authorized to access the provincial Client Registry and the MCP Beneficiary Registration Database to cross reference key administrative and demographic data elements to improve data quality.

The Centre does not challenge submissions, consequently fields with unknown values are accepted; therefore some data elements may have a higher than expected ‘unknown’ result.

Due to significant investments in quality assurance processes in recent years, the file years from 2003 onward are more accurate and complete than those of previous years.

7. Data Access, Storage, Retrieval and Privacy

7.1 Access to Dataset

Access by Centre staff to this database is granted when HAES directors or managers grant permission on an individual basis, based on job responsibilities. Authorized users will be required to use a unique user name and password in order to access the file, which is house in the NLCHI Information Management Solutions (NIMS) secure environment.

Positions that have access to the dataset:

- Manager, Clinical Standards and Information, HAES
- Health Information Management Analyst, HAES
- Data Entry Operator, HAES
- Database Analyst , HAES
- Health Data Consultant, HAES
- Epidemiologist, HAES
- Research Analysts, HAES

7.2 Storage and Retrieval

Source documents used to create the dataset are kept indefinitely until such time as the Centre implements a new retention policy.

The electronic dataset is maintained indefinitely and is stored on a secure server at the Centre.

Only the Infrastructure Department's staff has access to the backup files. The Centre uses the GFS (Grandfather-Father-Son) method to backup data. The backups are organized into Daily, Weekly, and Monthly. The Daily tapes are retained for 1 week. Weekly tapes are retained for 5 weeks, and Monthly tapes are retained for 1 year. The Centre also performs an annual backup with no specified retention period. The annual tapes are archived and are not reused.

7.3 Privacy and Confidentiality Responsibilities

The Centre's Secondary Uses Committee reviews applications for the use of record level stillbirth data for research and data quality purposes. A strong component of this committee is adherence to privacy and confidentiality legislation.

It is the responsibility of all users of stillbirth data to ensure complete confidentiality of the information and comply with all conditions to the data disclosure.

Researchers are granted access to de-identification data only, unless their research specifically requires identifiable data.

8. Comparisons to Other Holdings

8.1 NLCHI Holdings

Comparability across the years in the stillbirth system and with other Centre datasets is possible using static elements such as the mother's MCP number. In Clinical Database Management System (CDMS), the mother's MCP number provides access to other identifiers such as chart number that can be used to link to the infant.

8.2 Other Holdings

Comparability between Statistics Canada and Vital Statistics stillbirth databases is possible using the registration number.

Appendix 1: Stillbirth System Data Dictionary

	Currently Collected
	No longer Collected

Variable Name	Label	Value/Example	Type	Length	Applicable Year(S)	Comments
reg_num	Registration Number	Year-Province-Accession Number YYYY/NL/1234… 10=Newfoundland and Labrador	Numeric	8	1992 – 2016	
year	Year of Death	YYYY	Numeric	8	1992 – 2016	
deadname	Name of Deceased	Surname, Given Name(s)	String	40	1992 – 2016	
i_sex	Sex	1 = Male 2 = Female	Numeric	8	1992 – 2016	
i_locbir	Locality of Stillbirth	1 = Hospital 2 = Private Home 3 = Other Healthcare Facility 4 = Unknown 5 = Other	Numeric	8	1992 – 2016	
i_locoth	If Other, specify	Specify 'Other' locality of s/b	String	15	1992 – 2016	
i_hospit	Hospital - Other Health Care Facility	Facility Institution Number	String	3	1992 – 2016	
facility	Hospital - Other Health Care Facility	Facility Name	String	45	1992 – 2016	Derived variable from i_hosp
momname	Name of Mother	Surname, Given Name(s)	String	40	1992 – 2016	
maiden_surname	Mother's Maiden Name	Surname, Given Name(s)	String	40	1992 – 2016	
m_mcp	Mother's MCP	Mother's MCP as recorded on form	Numeric	12	1992 – 2016	
m_dob	Mother's Date of Birth	Mother's Date of Birth as recorded on form	Date	20	1992 – 2016	
m_age	Mother's Age	Mother's age at time of delivery	Numeric	8	1992 – 2016	
mcp_validated	Mother's Validated MCP	Mother's MCP was checked by NLCHI and is valid	Numeric	12	1992 – 2016	
m_dob_derived	Mother's Date of Birth	Mother's date of birth derived from validated MCP	Date	20	1992 – 2016	Derived from validated mother's MCP

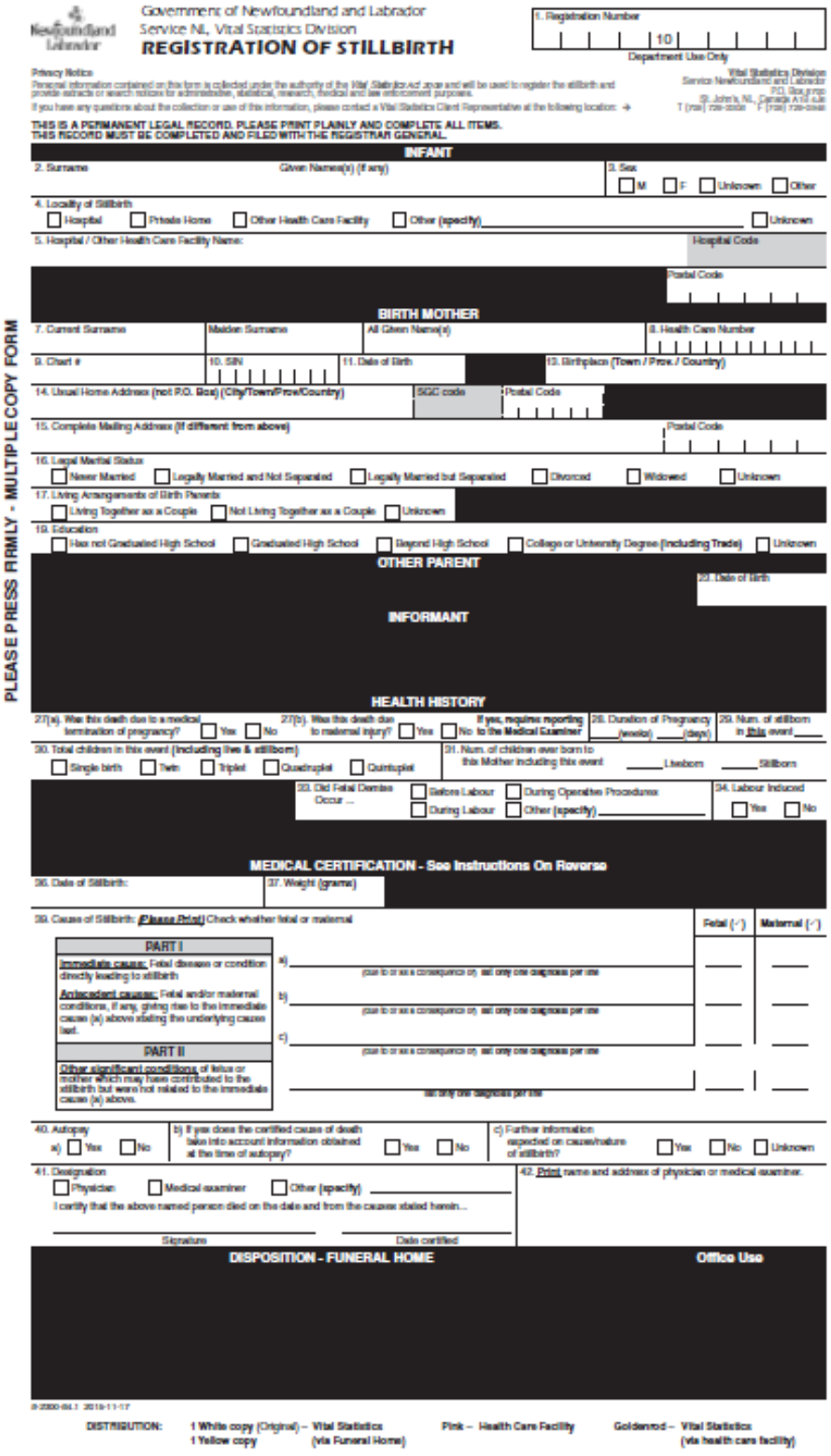
Variable Name	Label	Value/Example	Type	Length	Applicable Year(S)	Comments
m_age_derived	Mother's age	Mother's age at time of delivery	Numeric	8	1992 – 2016	Derived from m_dob_derived & sb_date
m_hadd	Mother's Home Address	SGC for Mother's home address	String	8	1992 – 2016	
sgc_sb	SGC Code	SGC (truncated) for Mother's home address	Numeric	8	1992 – 2016	Derived from m_hadd
m_pcode	Postal Code	Mother's postal code	String	6	1992 – 2016	
hth_auth	Regional Health Authority	1 = Eastern 2 = Central 3 = Western 4 = Labrador/Grenfell 9 = Out/Prov 99 = Unknown	Numeric	8	1992 – 2016	Derived from sgc_sb
m_marsta	Mother's Marital Status	1=Never Married 2=Legally Married & Not Separated 3=Legally Married but Separated 4=Divorced 5=Widowed 6=Unknown	Numeric	8	1992 – 2016	
laparent	Living Arrangements	1=Living together as a couple 2=Not living together as a couple 3=Unknown	Numeric	8	1992 – 2016	
m_edu	Mother's Education	1=Has not Graduated High School 2=Graduated High School 3=Beyond High School 4=College/University 5=Unknown	Numeric	8	1992 – 2016	
o_dob	Date of Birth – Other Parent	Date of birth of other parent as recorded on form	Date	20	2010 - 2016	
medterm	Was death due to Medical Termination of Pregnancy	1=Yes 2=No	Numeric	8	2009-2016	
pr_week	Duration of Pregnancy (weeks)	Duration of Pregnancy: Number of weeks	Numeric	8	1992 – 2016	
pr_day	Duration of Pregnancy (days)	Duration of Pregnancy: Number of days	Numeric	8	1992 – 2016	

Variable Name	Label	Value/Example	Type	Length	Applicable Year(S)	Comments
ges_weeks	Gestational Age (weeks)	Gestational Age at time of fetal demise: Number of weeks	Numeric	8	2010 - 2016	
ges_days	Gestational Age (days)	Gestational Age at time of fetal demise: Number of days	Numeric	8	2010 - 2016	
num_sb	Number of Stillborn in ***this event***		Numeric	8	1992 – 2016	
num_born	Total number of children in ***this event***	1=Singleton 2=Twin 3=Triplet 4=Quadruplet 5=Quintuplet	Numeric	8	1992 – 2016	
live_ev	Total number of liveborn children ***ever*** to this mother		Numeric	8	1992 – 2016	
still_ev	Total number of stillborn children ever to this mother		Numeric	8	1992 – 2016	
ch_total	Total number of children ever born to this mother (live + still)		Numeric	8	1992 – 2016	Automatically calculated upon data entry
fetaldem	Did fetal demise occur...?	1=Before Labour 2=During Labour 3=During Operative Procedure 4=Other 5=Before Hospital Admission	Numeric	8	1992 – 2016	Value '5' no longer a selection on Registration of Stillbirth form.
fetal_ot	If Other, specify	Specify when Other fetal demise occurred	String	100	1992 – 2016	For use when fetaldem='4'
labor_induced	Was labour induced?	1=Yes 2=No	Numeric	8	1992 - 2016	
sb_date	Date of stillbirth	(mm/dd/yyyy)	Date	20	1992 – 2016	
season	Season when stillbirth occurred	1=Winter (Dec - Feb) 2=Spring (Mar - May) 3=Summer (June - Aug) 4=Fall (Sept – Nov)	Numeric	8	1992 – 2016	This is a derived variable from sb_date

Variable Name	Label	Value/Example	Type	Length	Applicable Year(S)	Comments
weight	Birth Weight	Specify birth weight (grams)	Numeric	8	1992 – 2016	
icd10_a	Immediate Cause of Stillbirth	Fetal disease(s) or condition(s) directly leading to stillbirth (ICD-10 Code)	String	6	1992 – 2016	
ctypea	Cause a: Type	1=Fetal Condition 2=Maternal Condition	Numeric	8	1992 – 2016	
icd10_b icd10_c icd10_d icd10_e icd10_f icd10_g	Antecedent Cause of Stillbirth	Fetal and/or maternal conditions, giving rise to the immediate cause of stillbirth (ICD-10 Code)	String	6	1992 – 2016	
ctypeb ctypec ctyped ctypee ctypef ctypeg	Cause b-g: Type	1=Fetal Condition 2=Maternal Condition	Numeric	8	1992 – 2016	
oth_con1 oth_con2 oth_con3 oth_con4 oth_con5	Other Condition 1 - 5	Other significant condition(s) of fetus or mother which may have contributed to the stillbirth but were not related to the immediate cause of stillbirth - ICD-10 Code(s)	String	8	1992 – 2016	
octype1 octype2 octype3 octype4 octype5	Other Condition 1 – 5: Type	1=Fetal Condition 2=Maternal Condition	Numeric	8	1992 – 2016	
autopsy	Autopsy Y/N?	1=Yes 2=No	Numeric	8	1992 – 2016	
disposit	Disposition	1=Burial 2=Cremation 3=Unknown 4=Other	Numeric	8	1992 – 2011	
disp_oth	If Other, specify	Specify 'Other' disposition	String	8	1992 – 2011	
medinjury	Maternal Injury	1=Yes 2=No	Numeric	8	2016	

Variable Name	Label	Value/Example	Type	Length	Applicable Year(S)	Comments
Comments	Comments	Free text	String	255	1992-2016	

Appendix 2: Copy of Registration of Stillbirth Form (NLCHI view)



Government of Newfoundland and Labrador
Service NL, Vital Statistics Division

REGISTRATION OF STILLBIRTH

1. Registration Number — 10 — Department Use Only

Privacy Notice

Personal information contained on this form is collected under the authority of the *Vital Statistics Act 2009* and will be used to register the stillbirth and provide extracts or search notices for administrative, statistical, research, medical and law enforcement purposes.

If you have any questions about the collection or use of this information, please contact a Vital Statistics Client Representative at the following location: →

Vital Statistics Division
Service Newfoundland and Labrador
P.O. Box [illegible]
St. John's, NL, Canada A1B 4J6
T (709) 729-3308 F (709) 729-3063

THIS IS A PERMANENT LEGAL RECORD. PLEASE PRINT PLAINLY AND COMPLETE ALL ITEMS.
THIS RECORD MUST BE COMPLETED AND FILED WITH THE REGISTRAR GENERAL.

PLEASE PRESS FIRMLY - MULTIPLE COPY FORM

INFANT

2. Surname | Given Name(s) (if any) | 3. Sex: ☐ M ☐ F ☐ Unknown ☐ Other

4. Locality of Stillbirth: ☐ Hospital ☐ Private Home ☐ Other Health Care Facility ☐ Other (specify) _____ ☐ Unknown

5. Hospital / Other Health Care Facility Name: | Hospital Code

Postal Code

BIRTH MOTHER

7. Current Surname | Maiden Surname | All Given Name(s) | 8. Health Care Number

9. Chart # | 10. SIN | 11. Date of Birth | 13. Birthplace (Town / Prov. / Country)

14. Usual Home Address (not P.O. Box) (City/Town/Prov/Country) | SGC code | Postal Code

15. Complete Mailing Address (if different from above) | Postal Code

16. Legal Marital Status: ☐ Never Married ☐ Legally Married and Not Separated ☐ Legally Married but Separated ☐ Divorced ☐ Widowed ☐ Unknown

17. Living Arrangements of Birth Parents: ☐ Living Together as a Couple ☐ Not Living Together as a Couple ☐ Unknown

19. Education: ☐ Has not Graduated High School ☐ Graduated High School ☐ Beyond High School ☐ College or University Degree (including Trade) ☐ Unknown

OTHER PARENT

23. Date of Birth

INFORMANT

HEALTH HISTORY

27(a). Was this death due to a medical termination of pregnancy? ☐ Yes ☐ No | 27(b). Was this death due to maternal injury? ☐ Yes ☐ No | If yes, requires reporting to the Medical Examiner | 28. Duration of Pregnancy ____(weeks) ____(days) | 29. Num. of stillborn in this event ____

30. Total children in this event (including live & stillborn): ☐ Single birth ☐ Twin ☐ Triplet ☐ Quadruplet ☐ Quintuplet | 31. Num. of children ever born to this Mother including this event ____ Liveborn ____ Stillborn

33. Did Fetal Demise Occur ... ☐ Before Labour ☐ During Labour ☐ During Operative Procedures ☐ Other (specify) _____ | 34. Labour Induced ☐ Yes ☐ No

MEDICAL CERTIFICATION - See Instructions On Reverse

36. Date of Stillbirth: | 37. Weight (grams)

39. Cause of Stillbirth: (Please Print) Check whether fetal or maternal

		Fetal (✓)	Maternal (✓)
PART I — Immediate cause: Fetal disease or condition directly leading to stillbirth	a) _____ (due to or as a consequence of) list only one diagnosis per line		
Antecedent causes: Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above stating the underlying cause last.	b) _____ (due to or as a consequence of) list only one diagnosis per line		
	c) _____ (due to or as a consequence of) list only one diagnosis per line		
PART II — Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above.	list only one diagnosis per line		

40. Autopsy: a) ☐ Yes ☐ No | b) If yes does the certified cause of death take into account information obtained at the time of autopsy? ☐ Yes ☐ No | c) Further information expected on cause/nature of stillbirth? ☐ Yes ☐ No ☐ Unknown

41. Designation: ☐ Physician ☐ Medical examiner ☐ Other (specify) _____

I certify that the above named person died on the date and from the causes stated herein...

Signature | Date certified

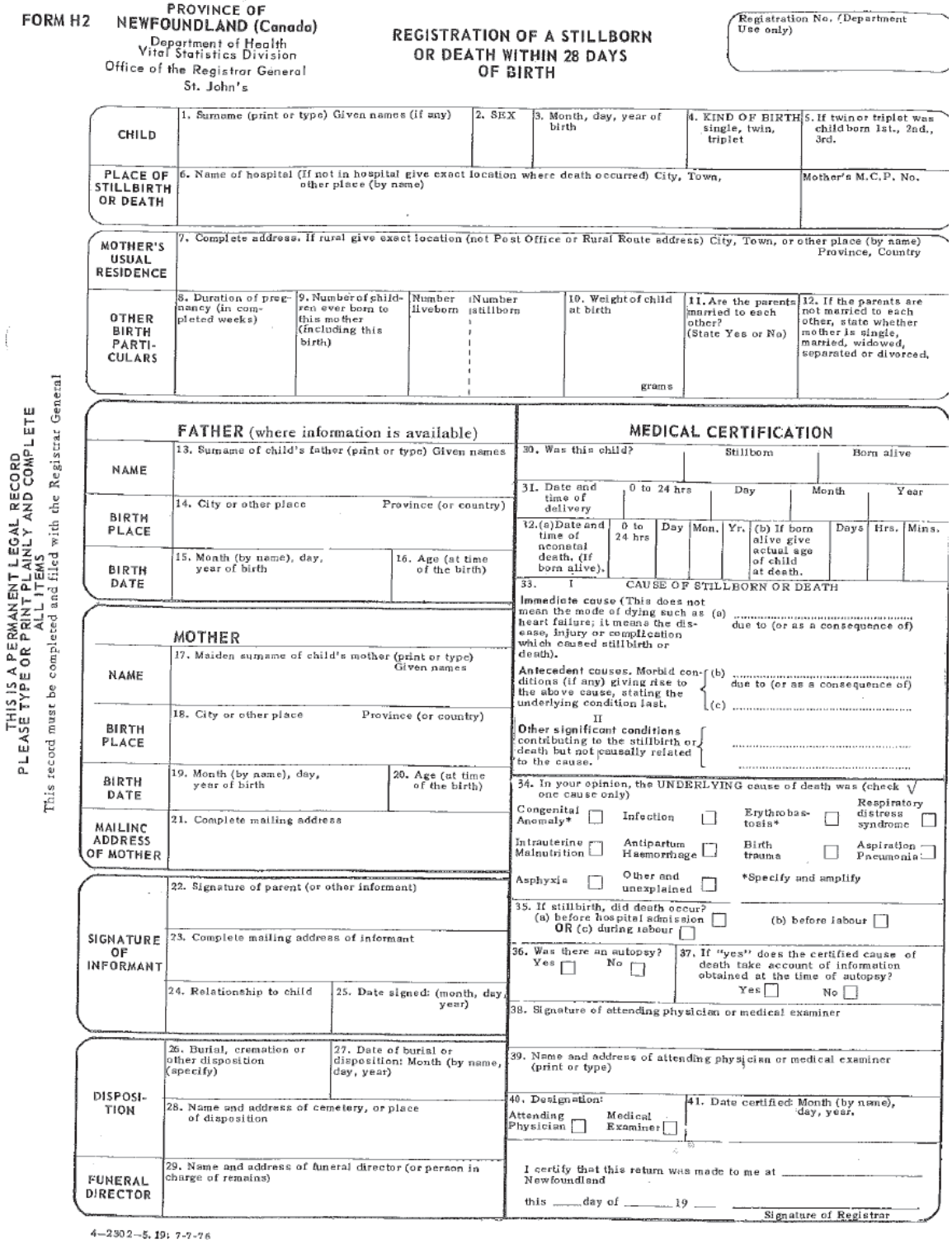
42. Print name and address of physician or medical examiner.

DISPOSITION - FUNERAL HOME | **Office Use**

8-2000-004.1 2016-11-17

DISTRIBUTION: 1 White copy (Original) – Vital Statistics; 1 Yellow copy (via Funeral Home); Pink – Health Care Facility; Goldenrod – Vital Statistics (via health care facility)

The form below, entitled “Registration Of A Stillborn or Death Within 28 Days of Birth” was used prior to the creation of the individual vital event forms which were implemented for Live Birth 2002, Mortality and Stillbirth 2003. It is important to note that although this form is technically a form for mortality (either death or stillbirth), it has, on occasion been used as a registration of both birth and death. Copies of blank “Registration of Stillbirth” forms from 2003 to 2012 are available upon request.



FORM H2

PROVINCE OF NEWFOUNDLAND (Canada)
Department of Health
Vital Statistics Division
Office of the Registrar General
St. John's

REGISTRATION OF A STILLBORN OR DEATH WITHIN 28 DAYS OF BIRTH

Registration No. (Department Use only)

THIS IS A PERMANENT LEGAL RECORD
PLEASE TYPE OR PRINT PLAINLY AND COMPLETE ALL ITEMS
This record must be completed and filed with the Registrar General

CHILD
1. Surname (print or type) Given names (if any)
2. SEX
3. Month, day, year of birth
4. KIND OF BIRTH single, twin, triplet
5. If twin or triplet was child born 1st., 2nd., 3rd.

PLACE OF STILLBIRTH OR DEATH
6. Name of hospital (If not in hospital give exact location where death occurred) City, Town, other place (by name)
Mother's M.C.P. No.

MOTHER'S USUAL RESIDENCE
7. Complete address. If rural give exact location (not Post Office or Rural Route address) City, Town, or other place (by name) Province, Country

OTHER BIRTH PARTICULARS
8. Duration of pregnancy (in completed weeks)
9. Number of children ever born to this mother (including this birth)
Number liveborn
Number stillborn
10. Weight of child at birth grams
11. Are the parents married to each other? (State Yes or No)
12. If the parents are not married to each other, state whether mother is single, married, widowed, separated or divorced.

FATHER (where information is available)
NAME
13. Surname of child's father (print or type) Given names
BIRTH PLACE
14. City or other place Province (or country)
BIRTH DATE
15. Month (by name), day, year of birth
16. Age (at time of the birth)

MOTHER
NAME
17. Maiden surname of child's mother (print or type) Given names
BIRTH PLACE
18. City or other place Province (or country)
BIRTH DATE
19. Month (by name), day, year of birth
20. Age (at time of the birth)
MAILING ADDRESS OF MOTHER
21. Complete mailing address

SIGNATURE OF INFORMANT
22. Signature of parent (or other informant)
23. Complete mailing address of informant
24. Relationship to child
25. Date signed: (month, day, year)

DISPOSITION
26. Burial, cremation or other disposition (specify)
27. Date of burial or disposition: Month (by name, day, year)
28. Name and address of cemetery, or place of disposition

FUNERAL DIRECTOR
29. Name and address of funeral director (or person in charge of remains)

MEDICAL CERTIFICATION
30. Was this child? Stillborn Born alive
31. Date and time of delivery 0 to 24 hrs Day Month Year
32.(a) Date and time of neonatal death. (If born alive). 0 to 24 hrs Day Mon. Yr.
(b) If born alive give actual age of child at death. Days Hrs. Mins.
33. I CAUSE OF STILLBORN OR DEATH
Immediate cause (This does not mean the mode of dying such as heart failure; it means the disease, injury or complication which caused stillbirth or death). (a) ..... due to (or as a consequence of)
Antecedent causes. Morbid conditions (if any) giving rise to the above cause, stating the underlying condition last. (b) ..... due to (or as a consequence of) (c) .....
II
Other significant conditions contributing to the stillbirth or death but not causally related to the cause. .....
34. In your opinion, the UNDERLYING cause of death was (check √ one cause only)
Congenital Anomaly* ☐ Infection ☐ Erythroblastosis* ☐ Respiratory distress syndrome ☐
Intrauterine Malnutrition ☐ Antipartum Haemorrhage ☐ Birth trauma ☐ Aspiration Pneumonia ☐
Asphyxia ☐ Other and unexplained ☐
*Specify and amplify
35. If stillbirth, did death occur? (a) before hospital admission ☐ (b) before labour ☐ OR (c) during labour ☐
36. Was there an autopsy? Yes ☐ No ☐
37. If "yes" does the certified cause of death take account of information obtained at the time of autopsy? Yes ☐ No ☐
38. Signature of attending physician or medical examiner
39. Name and address of attending physician or medical examiner (print or type)
40. Designation: Attending Physician ☐ Medical Examiner ☐
41. Date certified: Month (by name), day, year.
I certify that this return was made to me at _____ Newfoundland
this _____ day of _____ 19 ____
Signature of Registrar

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Appendix 3: Glossary

Client Registry
The Newfoundland and Labrador Client Registry System (the "Client Registry") is a provincial information system containing demographic information on all individuals accessing the health and community services system in Newfoundland and Labrador ("clients"). The Client Registry is a fundamental component of the province's vision for an integrated Electronic Health Record ("EHR") for all residents of the province.

Hospital Code
This code identifies a Newfoundland and Labrador health care facility. A hospital code in the Stillbirth System consists of four characters, starting with an alpha followed by three numbers.

MCP Number
A 12 digit number issued to residents of the province by Newfoundland and Labrador Medical Care Plan.

Medical Coding
International Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA), this system consists of codes to classify diseases and health problems.

Canadian Classification of Health Interventions (CCI) is a national standard for classifying health care procedures. CCI is the companion classification system to ICD-10-CA.

Secondary Uses Committee
This Committee provides advice to the Chief Information Officer, who is accountable for the approval of new uses and disclosures of personal health information. Membership includes expertise in research, data quality and privacy information management.

Geographic Coding
This is a code that identifies a place of residence. The Standard Geographical Classification (SGC) is Statistics Canada's official classification of geographic areas in Canada. The SGC provides unique numeric codes for three types of geographic areas: provinces and territories, census divisions (counties, regional municipalities), and census subdivisions (municipalities).

Stillbirth
The complete expulsion or extraction from the mother of a fetus of at least 500 grams or more in weight or at least 20 weeks gestation in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

Vital Statistics Division
The Newfoundland and Labrador Vital Statistics Division registers all vital events – births, adoptions, marriages and deaths and provides certificates regarding some of these vital events to the public.