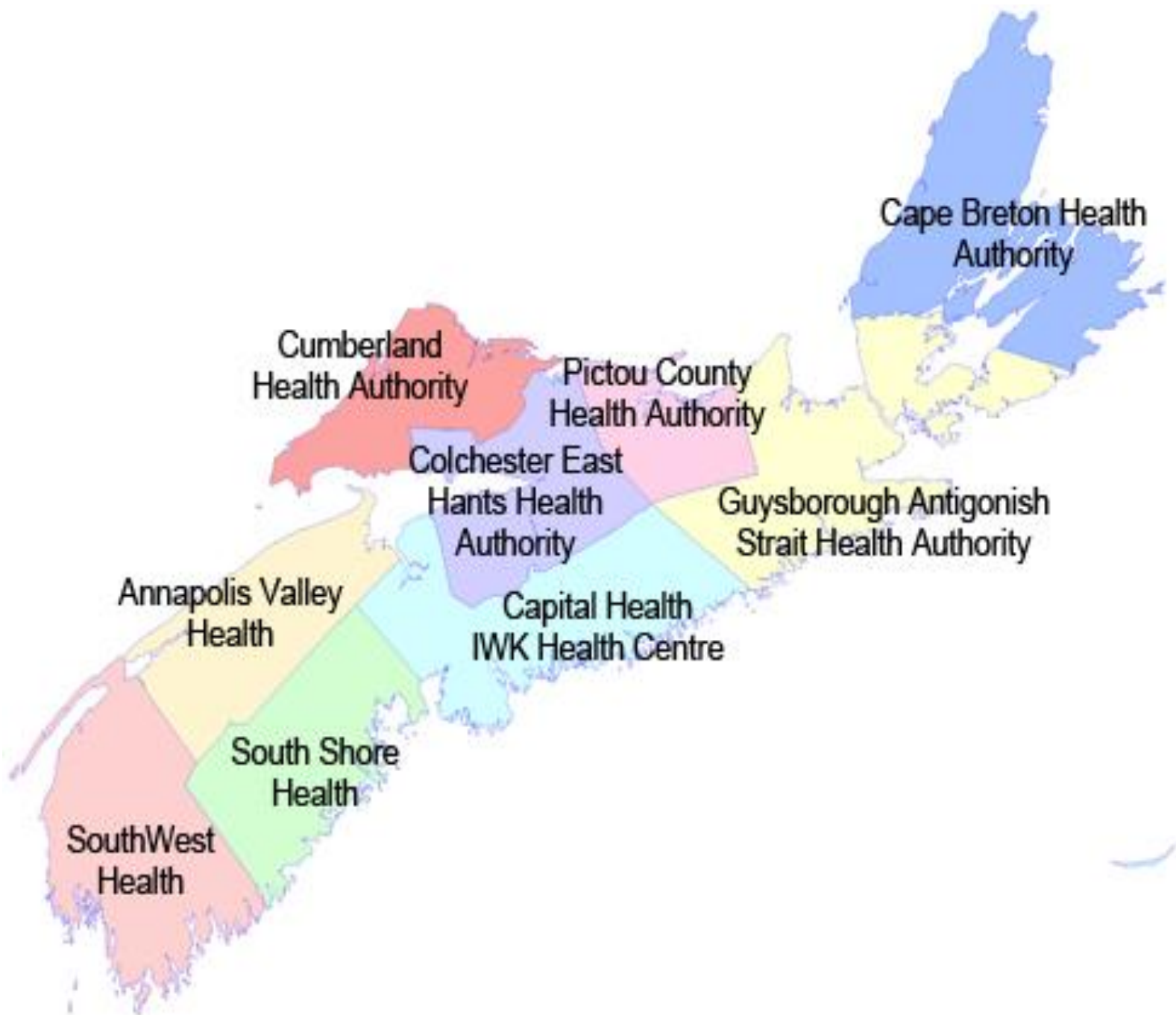


Nova Scotia Atlee Perinatal Database

Report of Indicators:

2000-2009



ACKNOWLEDGEMENTS

The Perinatal Epidemiology Research Unit is pleased to present the Nova Scotia Atlee Perinatal Database Report for 2000-2009. This report was prepared and developed by members of the Perinatal Epidemiology Research Unit:

Dr. Linda Dodds, Director, Perinatal Epidemiology Research Unit,
Professor, Departments of Obstetrics and Gynaecology and Pediatrics

Dr. Christy Woolcott, Epidemiologist, Assistant Professor, Departments of
Obstetrics and Gynaecology and Pediatrics, Perinatal Epidemiology
Research Unit

Dr. Colleen O'Connell: Research Associate, Perinatal Epidemiology Research
Unit

Dr. Alexander Allen, Past Director, Perinatal Epidemiology Research Unit,
Professor, Department of Obstetrics and Gynaecology and Pediatrics

We would like to acknowledge Ms Janet Slaunwhite for her assistance in preparing this report and the members of the Reproductive Care Program in their review of the report. In addition, the contribution of all the health information professionals, health care providers and administrators at participating hospitals is greatly appreciated.

September 2011



Message from the Director of the Perinatal Epidemiology Research Unit

The members of the Perinatal Epidemiology Research Unit are pleased to present this report of 10 years of data from the Nova Scotia Atlee Perinatal Database. In this report, basic perinatal indicators are presented for the province of Nova Scotia for the years 2000-2009. The Atlee Perinatal Database provides important information to hospitals and care providers for health services planning to help to ensure quality care for women and newborns in the province. In addition, the Database has been a source of data for many relevant and important research studies about the distribution, determinants and clinical aspects of perinatal factors and conditions. This research will ultimately serve to improve the health of women and newborns in Nova Scotia and elsewhere. We are grateful to the Reproductive Care Program of Nova Scotia for maintaining this high quality perinatal database. We plan to produce a database report for these indicators on a yearly basis. We welcome feedback and suggestions for further reports.



Linda Dodds, PhD
Director, Perinatal Epidemiology Research Unit

Message from the Reproductive Care Program of Nova Scotia

On behalf of the Reproductive Care Program of Nova Scotia, I would like to express our appreciation to the many groups and individuals who participate in the Nova Scotia Atlee Perinatal Database and to those who have developed this report. We thank the health information professionals, health care providers, and health care administrators involved with maternal and newborn care throughout the province. Their dedication to quality care and consistent, accurate documentation and data abstraction make the Nova Scotia Atlee Perinatal Database an excellent resource for outcomes evaluation, health care planning, and research in Nova Scotia. We are grateful to the members of the Perinatal Epidemiology Research Unit for developing this report in a format that can be replicated on an annual basis. We in RCP are privileged to work with this dedicated team, all of whom are committed to providing excellent care for Nova Scotia women, infants and their families.



Rebecca Attenborough RN, MN
Co-ordinator,
Reproductive Care Program of Nova Scotia



Krista A. Jangaard, MD, FRCPC, FAAP, MHA
Neonatal Co-director (on leave),
Reproductive Care Program of Nova Scotia



Heather Scott, MD, FRCS(C)
Obstetrical Co-director,
Reproductive Care Program of Nova Scotia



Dora A Stinson, MD, FRCPC
Acting Neonatal Co-director
Reproductive Care Program of Nova Scotia

TABLE OF CONTENTS

Introduction	1
Section 1: Deliveries and Births in Nova Scotia	
1.1 Number of births among Nova Scotia residents by year.....	4
1.2 Number of births by outcome, sex, and year, Nova Scotia, 2000-2009.....	4
1.3 Number of deliveries (live births and stillbirths) to residents by year, Nova Scotia, 2000-2009..	4
Section 2: Determinants of Maternal, Fetal and Infant Health	
2.1 Maternal age by year, Nova Scotia, 2000-2009.....	6
2.2 Maternal parity by year, Nova Scotia, 2000-2009.....	6
2.3 Maternal smoking during pregnancy by year, Nova Scotia, 2000-2009.....	7
2.4 Pre-pregnancy weight >90kg by year, Nova Scotia, 2000-2009.....	7
2.5 Pre-existing diabetes by year, Nova Scotia, 2000-2009.....	8
2.6 Pre-existing hypertension by year, Nova Scotia, 2000-2009.....	8
2.7 Breastfeeding at discharge by year, Nova Scotia, 2000-2009.....	9
Section 3: Labour and Birth Processes	
3.1 Induced labour by parity and year, Nova Scotia, 2000-2009.....	12
3.2 Type of delivery by year, Nova Scotia, 2000-2009.....	12
3.3 Attempt at vaginal delivery among VBAC candidates by year, Nova Scotia, 2000-2009.....	13
3.4 Type of delivery among VBAC candidates attempting VBAC by year, Nova Scotia, 2000-2009...	13
3.5 Type of delivery among breech singletons by year, Nova Scotia, 2000-2009.....	14
Section 4: Maternal, Fetal and Infant Health Outcomes	
4.1 Gestational diabetes by year, Nova Scotia, 2000-2009.....	16
4.2 Severe pregnancy-induced hypertension by year, Nova Scotia, 2000-2009.....	16
4.3 Placental abruption by year, Nova Scotia, 2000-2009.....	17
4.4 Placenta previa by year, Nova Scotia, 2000-2009.....	17
4.5 3 rd or 4 th degree lacerations among vaginal deliveries by year, Nova Scotia, 2000-2009.....	18
4.6 Post-partum hemorrhage by year, Nova Scotia, 2000-2009.....	18
4.7 Infant outcomes by year, Nova Scotia, 2000-2009.....	19
4.8 Preterm births by year, Nova Scotia, 2000-2009.....	19
4.9 Low birth weight by year, Nova Scotia, 2000-2009.....	20
4.10 Macrosomia by year, Nova Scotia, 2000-2009.....	20
4.11 Small for gestational age by year, Nova Scotia, 2000-2009.....	21
4.12 Large for gestational age by year, Nova Scotia, 2000-2009.....	21
4.13 Birth injury by year, Nova Scotia, 2000-2009.....	22
4.14 Type of respiratory distress syndrome by year, Nova Scotia, 2000-2009.....	22
4.15 Neonatal sepsis by birth weight and year, Nova Scotia, 2000-2009.....	23
4.16 Median neonatal length of stay (days) by birth weight and year, Nova Scotia, 2000-2009.....	24
Section 5: Glossary	25-28

Introduction

Purpose of Report

The data presented in this Report are meant to provide a quick reference to the sentinel indicators of perinatal health and care among Nova Scotia residents who delivered from January 1, 2000 to December 31, 2009. In addition to providing a quick reference to these indicators, we hope that the data in this Report will assist with the development and monitoring of standards of care and will trigger research questions that can be pursued in the future.

Nova Scotia Atlee Perinatal Database

The Nova Scotia Atlee Perinatal Database (NSAPD) is a population-based database that contains detailed province-wide clinical and demographic information from 1988 onwards. Data are abstracted on-site in Nova Scotia health care facilities by health information professionals and are contributed to the NSAPD by these facilities. The Reproductive Care Program, a program of the Nova Scotia Department of Health and Wellness, is the NSAPD custodian.

The population in the NSAPD includes all reported live born infants, stillbirths born at a gestational age of at least 20 weeks or having a birth weight of at least 500 grams, births from multi-fetal pregnancies where at least one birth meets the preceding criteria, and mothers of births in these categories. In this Report, pregnancy terminations are not included. Every effort is made to ensure that the Nova Scotia Atlee Perinatal Database includes perinatal events for all Nova Scotia residents. Events that occurred in Nova Scotia facilities that do not have active maternity services are collected as are events that occur in New Brunswick facilities where Nova Scotia residents regularly seek care. Home births have been included in the NSAPD since the introduction of regulated midwifery in 2009.

Definitions

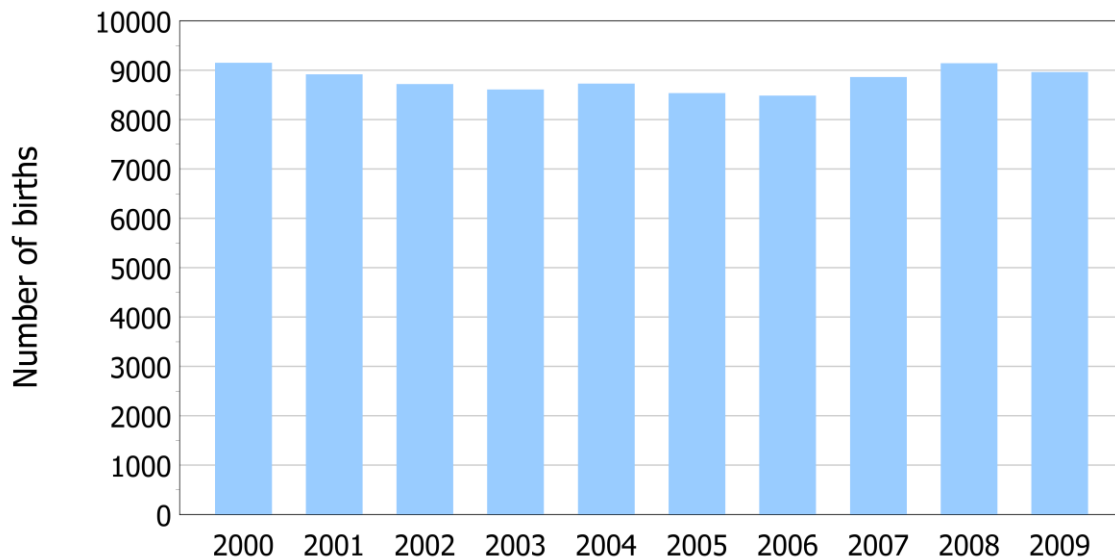
In this Report, a delivery refers to the completed pregnancy, regardless of the number of infants born. "Birth" refers to the live born or stillborn infant. For example, when a woman delivers twins, one delivery and two births are represented. A Glossary of all terms used in this Report is found at the end of the Report.

Future Reports

Similar reports are planned on a regular basis and will be posted on the RCP web site (<http://rcp.nshealth.ca>). We welcome comments and suggestions for additional indicators to be included in future reports.

Section 1:
Deliveries and Births in Nova Scotia

1.1 Number of births among Nova Scotia residents by year



1.2 Number of births by outcome, sex, and year, Nova Scotia, 2000-2009

Sex	Outcome	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Male*	Live birth	4629	4556	4421	4435	4319	4422	4351	4538	4660	4613
	Stillbirth	19	24	28	19	25	26	24	16	25	23
	Total births	4648	4580	4449	4454	4344	4448	4375	4554	4685	4636
Female*	Live birth	4482	4314	4242	4138	4363	4068	4090	4280	4440	4312
	Stillbirth	20	24	27	19	19	19	20	26	17	12
	Total births	4502	4338	4269	4157	4382	4087	4110	4306	4457	4324
All	Live birth	9111	8870	8663	8573	8682	8490	8441	8818	9100	8925
	Stillbirth	40	48	55	39	45	45	45	44	43	36
	Total births	9151	8918	8718	8612	8727	8535	8486	8862	9143	8961

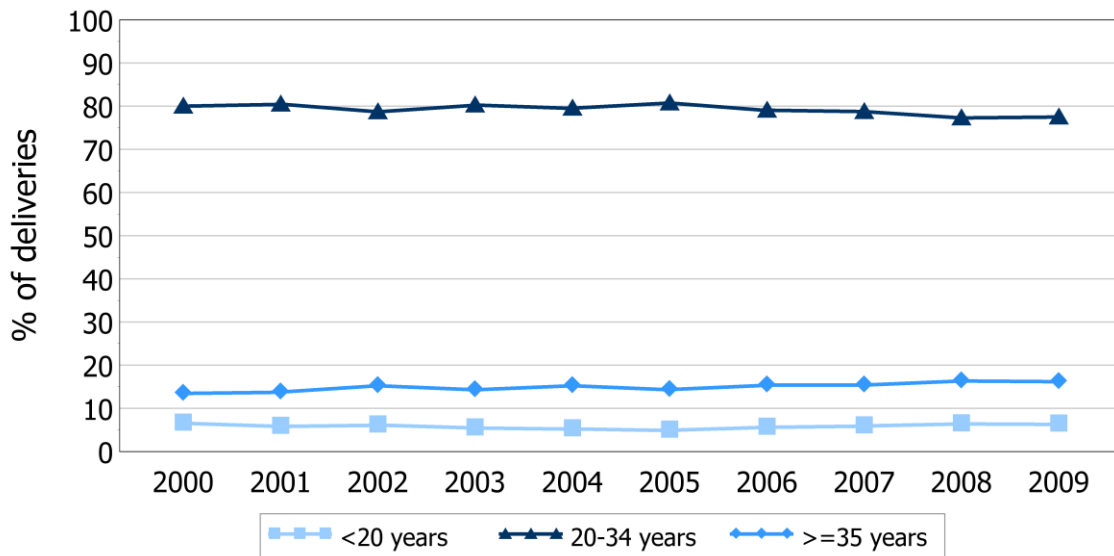
* Infant sex could not be determined in some infants and these infants are not included in the male or female categories.

1.3 Number of deliveries (live births and stillbirths) to residents by year, Nova Scotia, 2000-2009

Multiplicity of delivery	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Singleton	8894	8668	8472	8348	8424	8276	8230	8577	8843	8657
Multiple	128	123	121	131	149	126	127	141	147	152
Total deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809

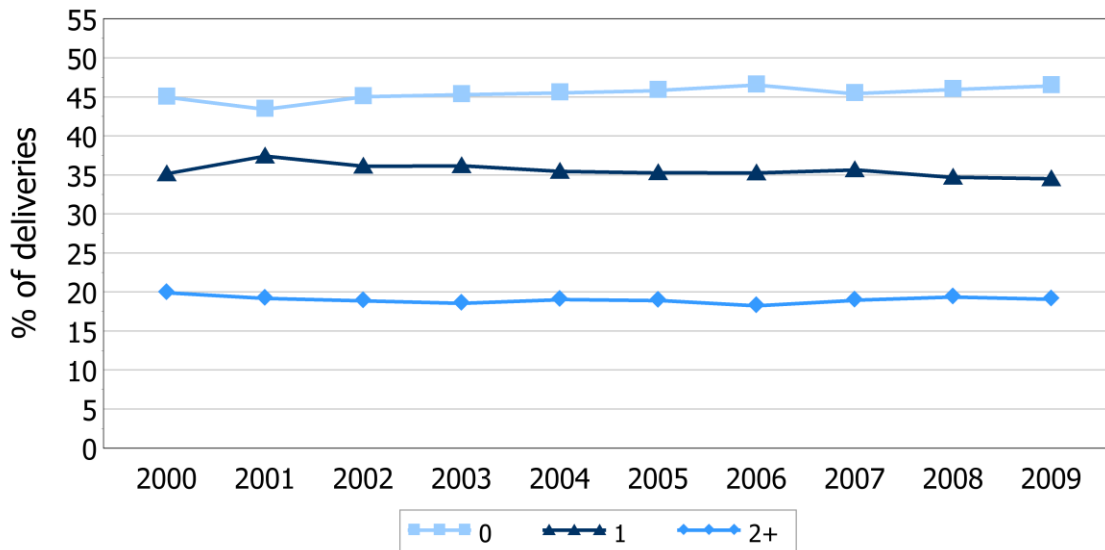
Section 2:
Determinants of Maternal, Fetal and Infant Health

2.1 Maternal age by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Maternal Age										
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
<20 years	6.5%	5.8%	6.1%	5.4%	5.2%	4.9%	5.6%	5.9%	6.4%	6.3%
20-34 years	80.0%	80.5%	78.7%	80.3%	79.5%	80.7%	79.0%	78.7%	77.3%	77.5%
>=35 years	13.4%	13.7%	15.2%	14.3%	15.2%	14.4%	15.4%	15.4%	16.3%	16.2%
Mean (SD)	28.6 (5.6)	28.8 (5.5)	28.9 (5.7)	29.0 (5.6)	29.1 (5.6)	29.1 (5.5)	29.1 (5.6)	29.1 (5.6)	29.1 (5.7)	29.1 (5.8)

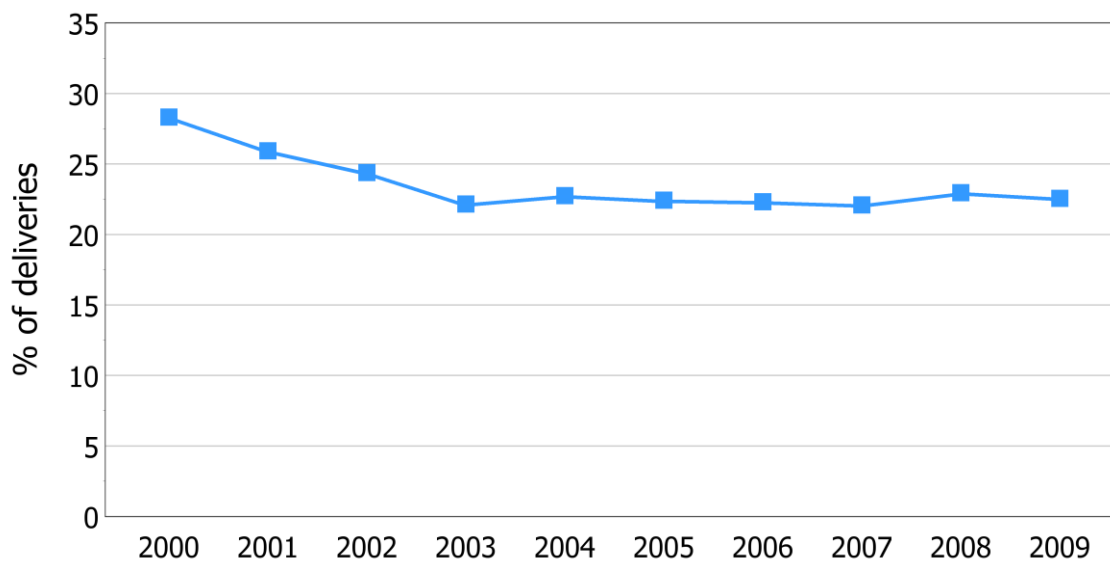
2.2 Maternal parity by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries*	9022	8790	8593	8478	8571	8402	8357	8718	8990	8807
0	45.0%	43.4%	45.0%	45.3%	45.5%	45.8%	46.5%	45.4%	46.0%	46.4%
1	35.1%	37.4%	36.1%	36.2%	35.4%	35.3%	35.3%	35.7%	34.7%	34.5%
2+	19.9%	19.2%	18.9%	18.6%	19.0%	18.9%	18.2%	18.9%	19.4%	19.1%

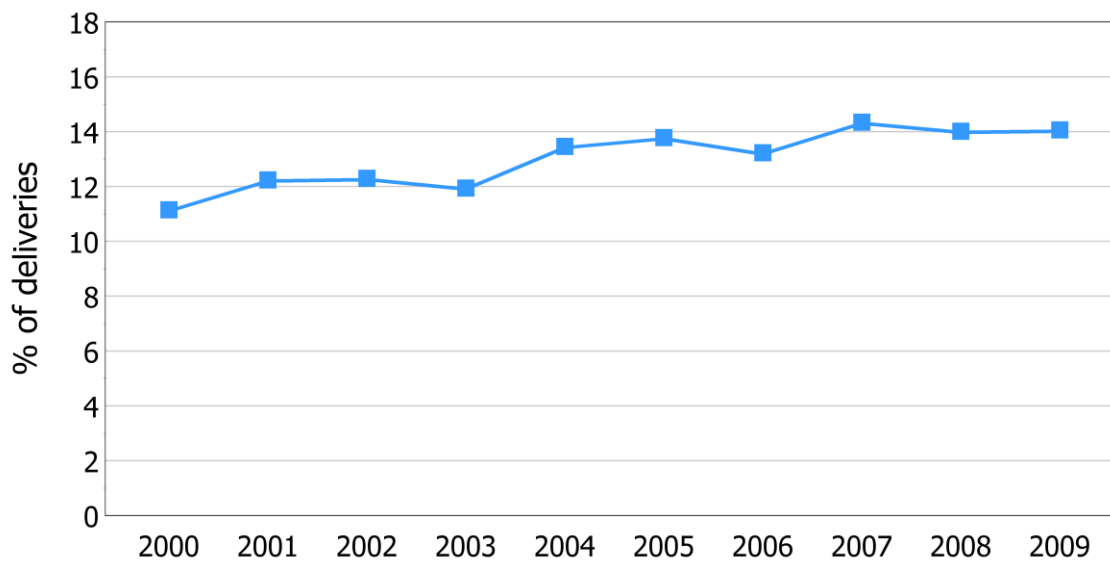
* with known parity

2.3 Maternal smoking during pregnancy by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Smoked during pregnancy	28.3%	25.9%	24.3%	22.1%	22.7%	22.4%	22.2%	22.0%	22.9%	22.5%

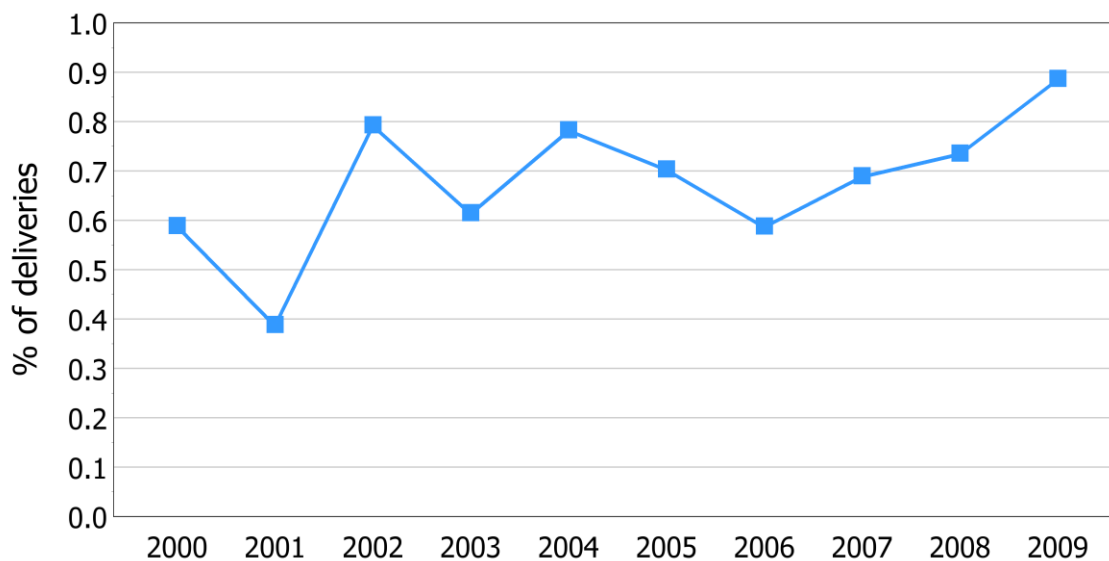
2.4 Pre-pregnancy weight >90kg by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries*	7644	7277	7124	6888	6775	6744	6878	7299	7442	7274
Pre-pregnancy weight >90kg	11.1%	12.2%	12.3%	11.9%	13.4%	13.7%	13.2%	14.3%	14.0%	14.0%

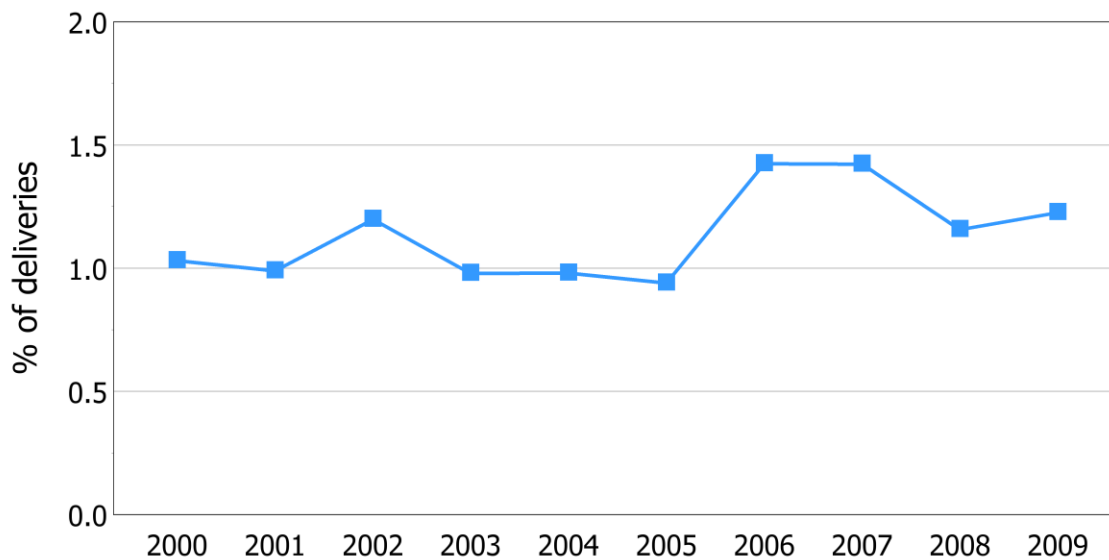
*with known pre-pregnancy weight

2.5 Pre-existing diabetes by year, Nova Scotia, 2000-2009



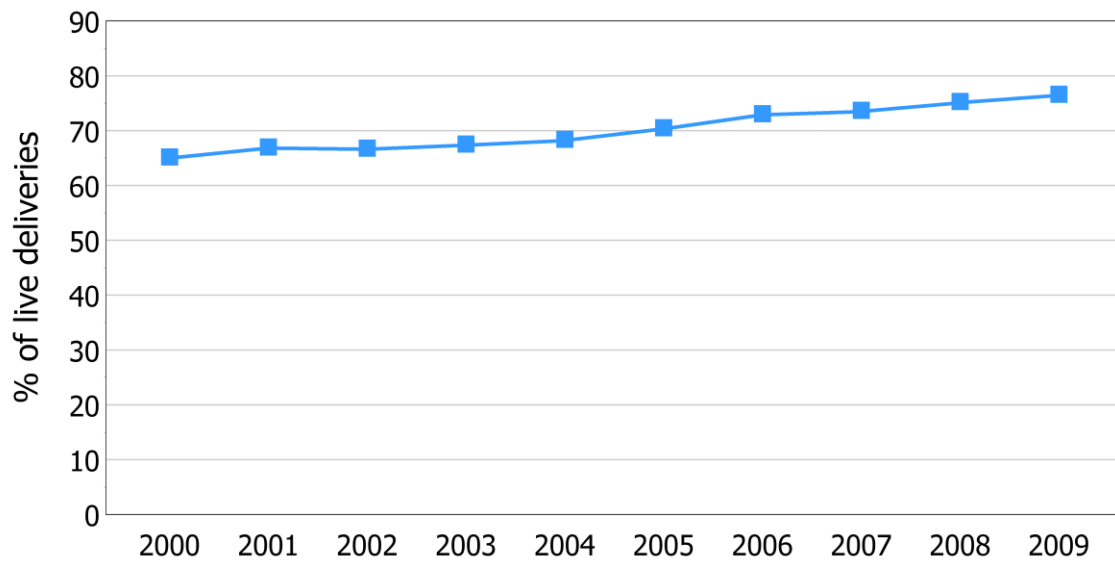
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Pre-existing diabetes	0.6%	0.4%	0.8%	0.6%	0.8%	0.7%	0.6%	0.7%	0.7%	0.9%

2.6 Pre-existing hypertension by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Pre-existing hypertension	1.0%	1.0%	1.2%	1.0%	1.0%	0.9%	1.4%	1.4%	1.2%	1.2%

2.7 Breastfeeding at discharge by year, Nova Scotia, 2000-2009

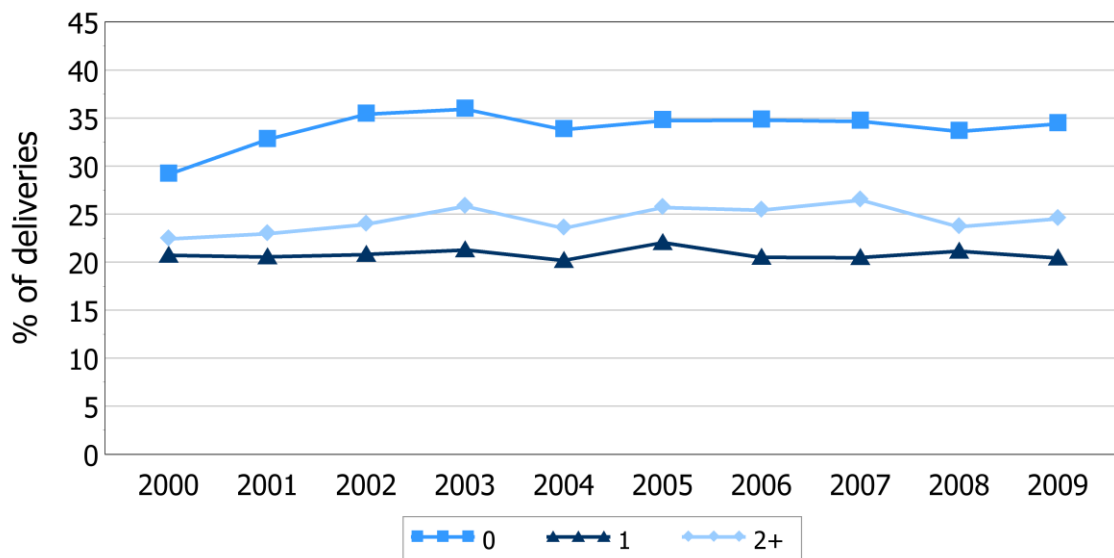


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries*	8933	8705	8508	8402	8503	8322	8270	8641	8912	8733
Breastfeeding at discharge	65.0%	66.8%	66.6%	67.4%	68.2%	70.3%	72.9%	73.5%	75.1%	76.4%

*in which an infant was discharged home

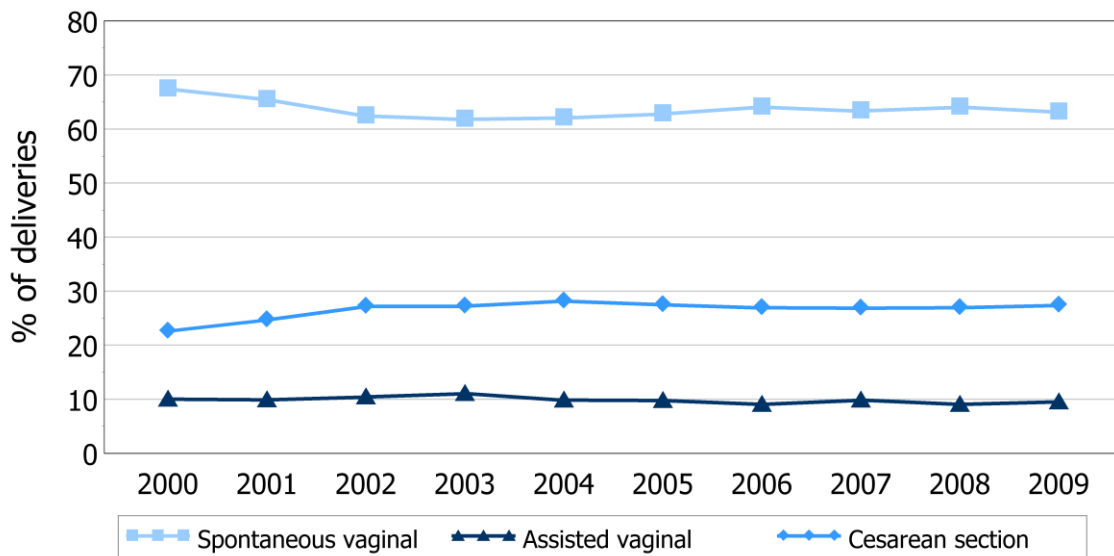
Section 3: Labour and Birth Processes

3.1 Induced labour by parity and year, Nova Scotia, 2000-2009



Parity		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
0	# deliveries	4056	3815	3868	3839	3901	3850	3888	3959	4131	4088
	% induced	29.1%	32.8%	35.4%	35.9%	33.8%	34.7%	34.8%	34.7%	33.6%	34.4%
1	# deliveries	3171	3289	3104	3066	3038	2963	2946	3108	3119	3039
	% induced	20.7%	20.6%	20.8%	21.3%	20.2%	22.0%	20.5%	20.5%	21.1%	20.4%
2+	# deliveries	1795	1686	1621	1573	1632	1589	1523	1651	1740	1680
	% induced	22.4%	23.0%	23.9%	25.8%	23.5%	25.7%	25.4%	26.5%	23.7%	24.5%

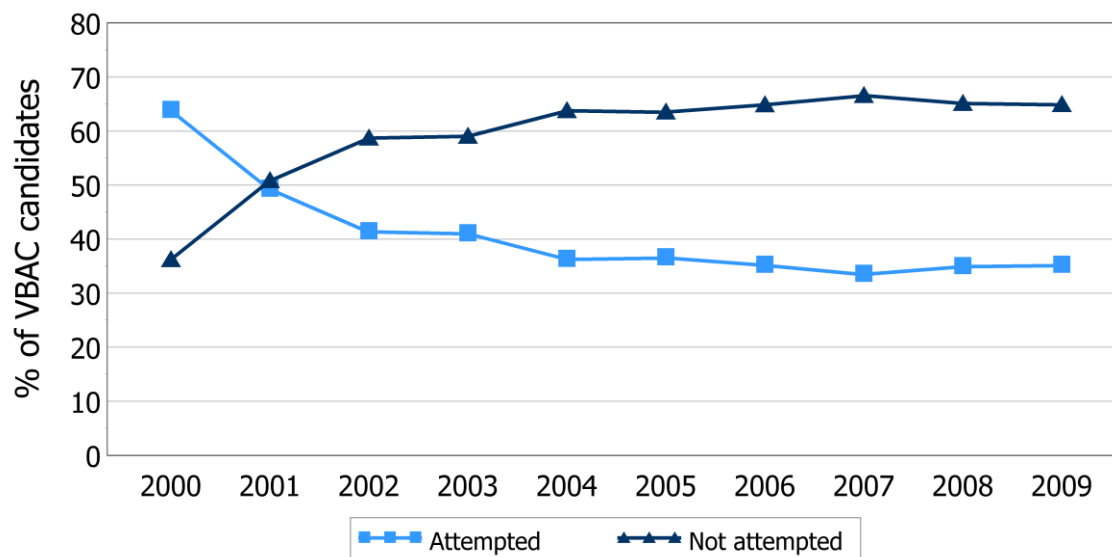
3.2 Type of delivery by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries*	9022	8791	8592	8478	8573	8402	8355	8718	8987	8809
Spontaneous vaginal	67.4%	65.5%	62.4%	61.8%	62.1%	62.8%	64.1%	63.3%	64.0%	63.1%
Assisted vaginal	10.0%	9.9%	10.4%	11.0%	9.8%	9.7%	9.0%	9.8%	9.0%	9.5%
Cesarean section	22.6%	24.7%	27.2%	27.2%	28.1%	27.5%	26.9%	26.8%	26.9%	27.4%

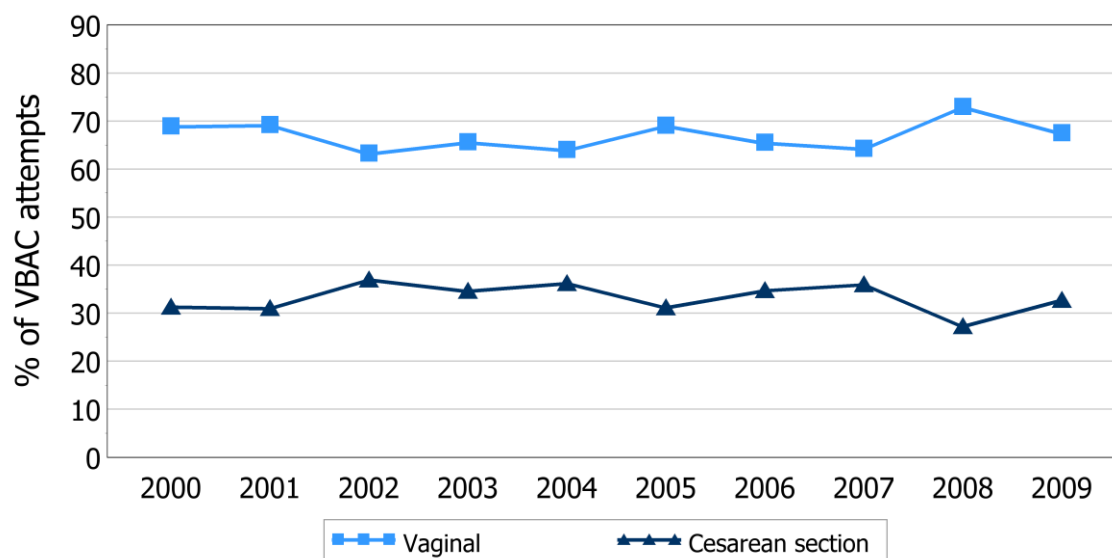
*with known type of delivery

3.3 Attempt at vaginal delivery among VBAC candidates by year, Nova Scotia, 2000-2009



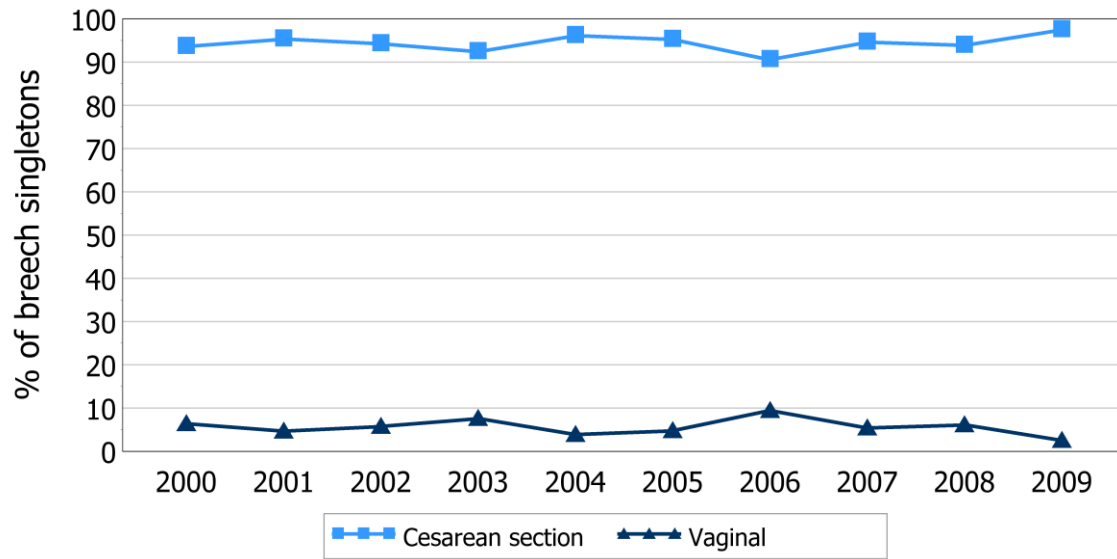
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# VBAC Candidates	743	821	813	820	847	819	862	891	854	854
Attempted	63.8%	49.2%	41.3%	41.0%	36.2%	36.5%	35.2%	33.4%	34.9%	35.1%
Not attempted	36.2%	50.8%	58.7%	59.0%	63.8%	63.5%	64.8%	66.6%	65.1%	64.9%

3.4 Type of delivery among VBAC candidates attempting VBAC by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# VBAC Attempts	474	404	336	336	307	299	303	298	298	300
Vaginal	68.8%	69.1%	63.1%	65.5%	63.8%	68.9%	65.3%	64.1%	72.8%	67.3%
Cesarean section	31.2%	30.9%	36.9%	34.5%	36.2%	31.1%	34.7%	35.9%	27.2%	32.7%

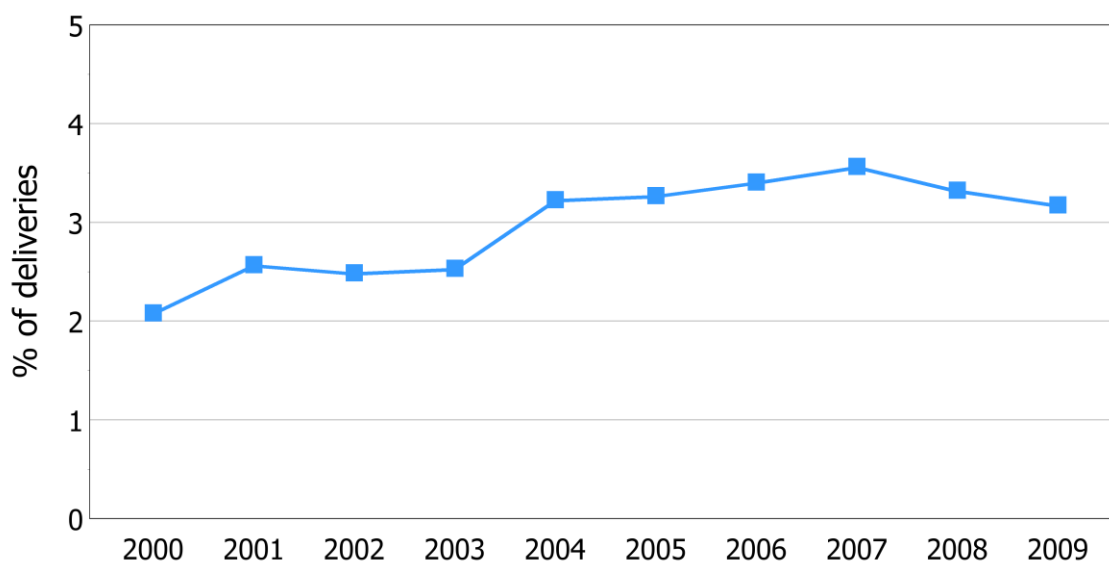
3.5 Type of delivery among breech singletons, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# Breech singletons	345	365	365	344	363	359	329	334	361	321
Cesarean section	93.6%	95.3%	94.2%	92.4%	96.1%	95.3%	90.6%	94.6%	93.9%	97.5%
Vaginal	6.4%	4.7%	5.8%	7.6%	3.9%	4.7%	9.4%	5.4%	6.1%	2.5%

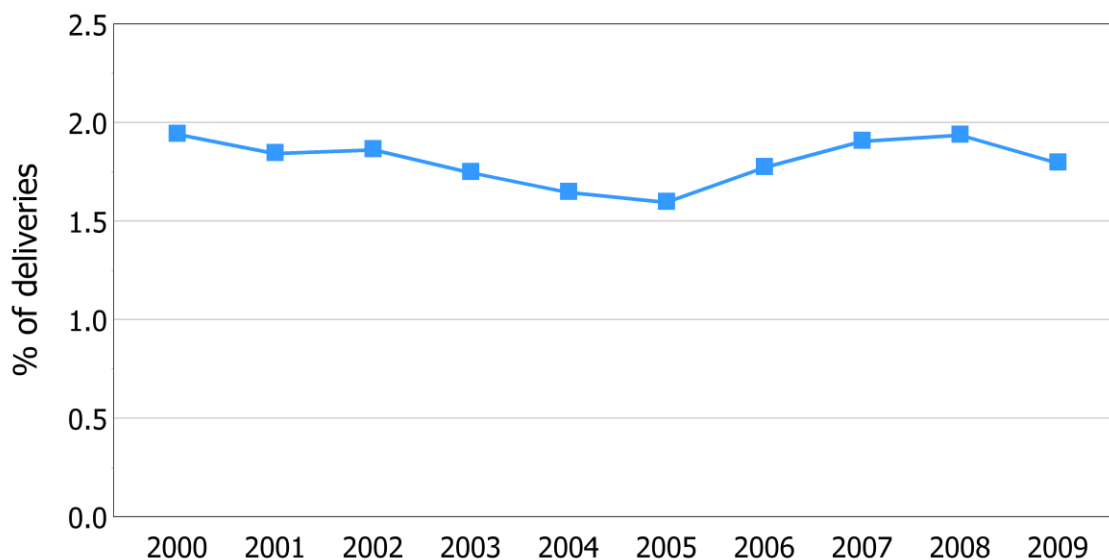
Section 4:
Maternal, Fetal and Infant Health Outcomes

4.1 Gestational diabetes by year, Nova Scotia, 2000-2009



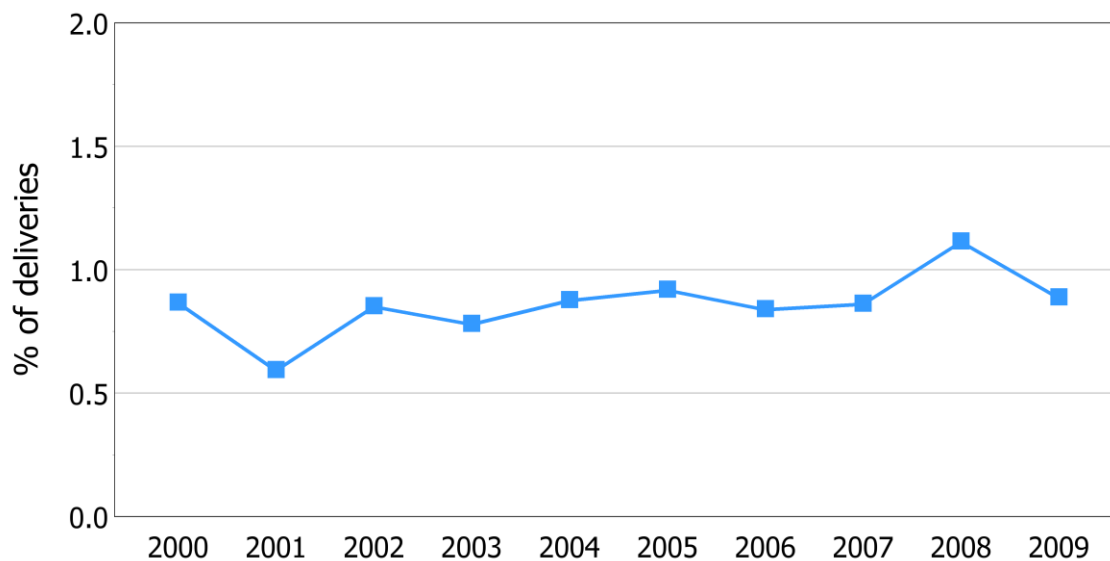
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Gestational diabetes	2.1%	2.6%	2.5%	2.5%	3.2%	3.3%	3.4%	3.6%	3.3%	3.2%

4.2 Severe pregnancy-induced hypertension by year, Nova Scotia, 2000-2009



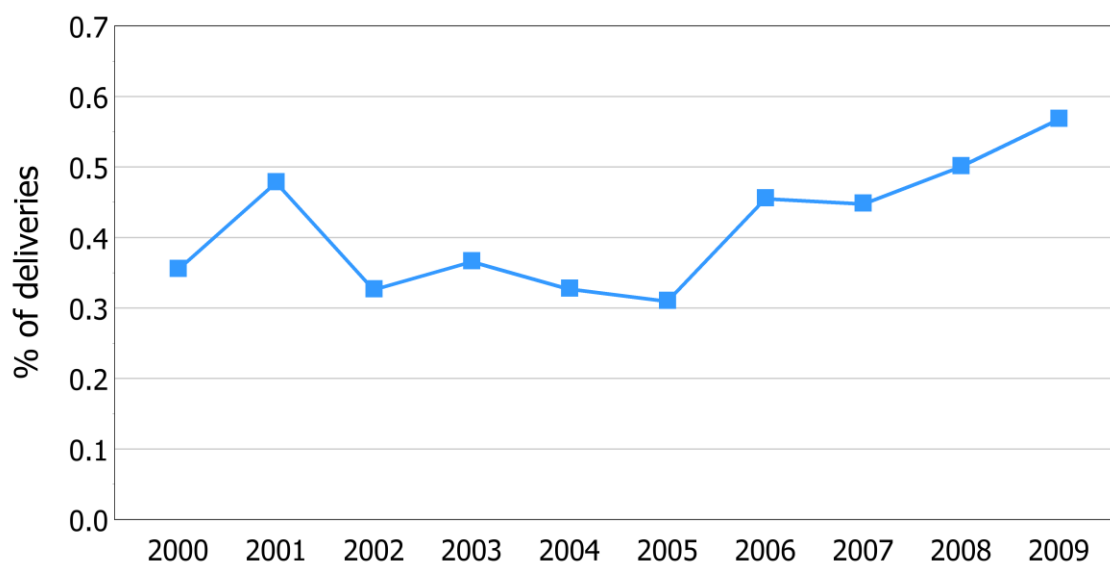
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Severe PIH	1.9%	1.8%	1.9%	1.7%	1.6%	1.6%	1.8%	1.9%	1.9%	1.8%

4.3 Placental abruption by year, Nova Scotia, 2000-2009



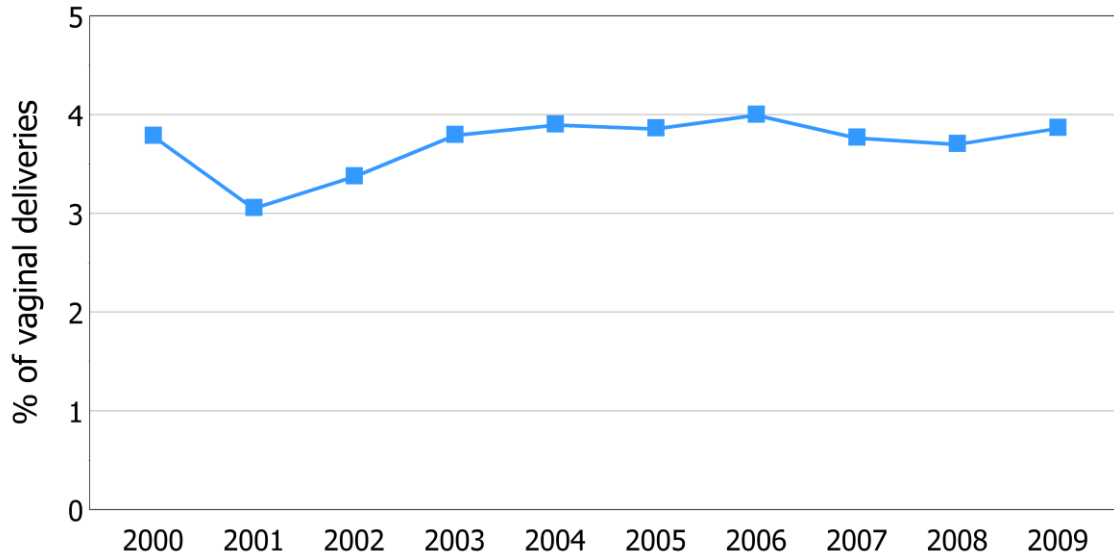
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Placental abruption	0.9%	0.6%	0.8%	0.8%	0.9%	0.9%	0.8%	0.9%	1.1%	0.9%

4.4 Placenta previa by year, Nova Scotia, 2000-2009



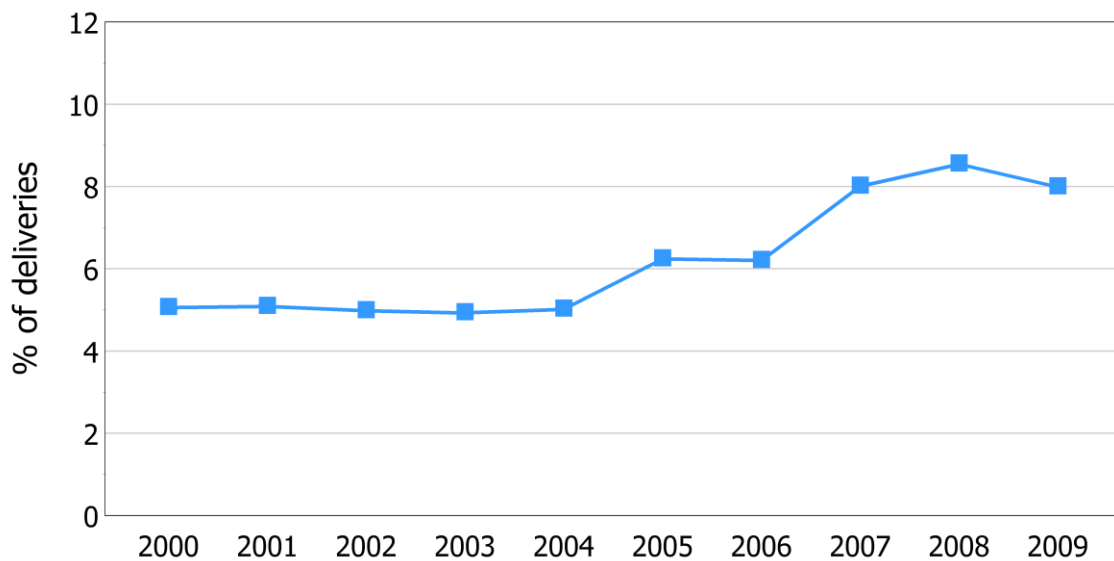
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Placenta previa	0.4%	0.5%	0.3%	0.4%	0.3%	0.3%	0.5%	0.4%	0.5%	0.6%

4.5 3rd or 4th degree lacerations among vaginal deliveries by year, Nova Scotia, 2000-2009



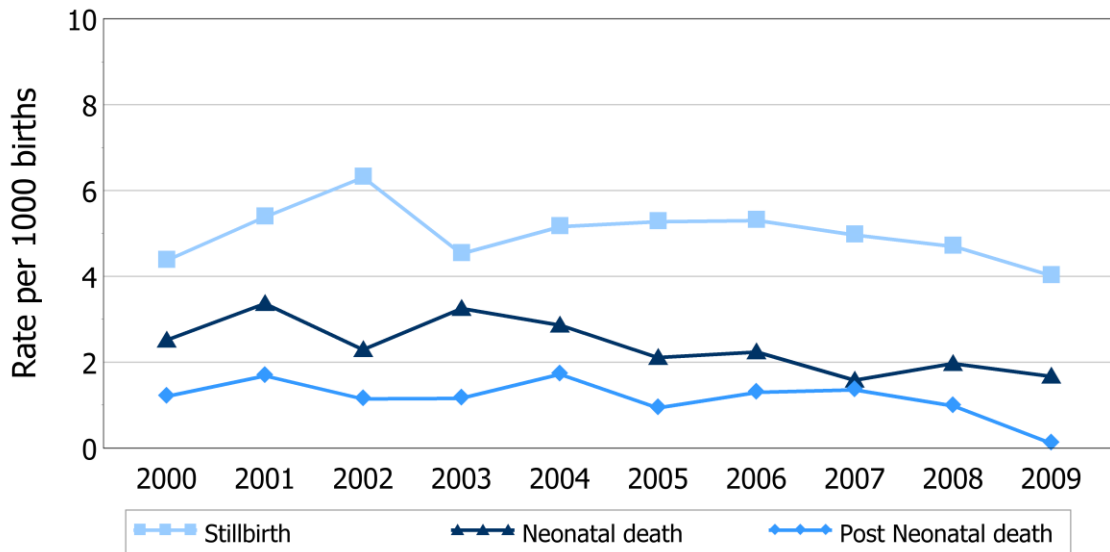
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# vaginal deliveries	6984	6623	6259	6173	6161	6094	6109	6378	6569	6396
3rd & 4th degree laceration	3.8%	3.0%	3.4%	3.8%	3.9%	3.9%	4.0%	3.8%	3.7%	3.9%

4.6 Post-partum hemorrhage by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# deliveries	9022	8791	8593	8479	8573	8402	8357	8718	8990	8809
Postpartum hemorrhage	5.1%	5.1%	5.0%	4.9%	5.0%	6.2%	6.2%	8.0%	8.5%	8.0%

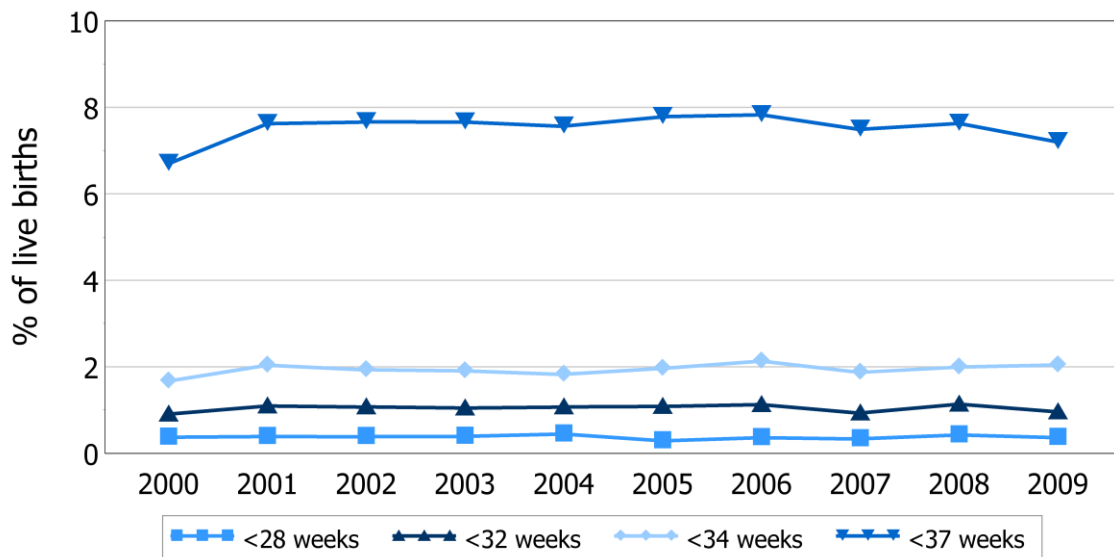
4.7 Infant outcomes by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# births	9151	8918	8718	8612	8727	8535	8486	8862	9143	8961
Stillbirth	4.4	5.4	6.3	4.5	5.2	5.3	5.3	5.0	4.7	4.0
Neonatal death < 28 days	2.5	3.4	2.3	3.3	2.9	2.1	2.2	1.6	2.0	1.7
Post neonatal deaths	1.2	1.7	1.1	1.2	1.7	0.9	1.3	1.4	1.0	*

* Ascertainment of post neonatal deaths for births occurring in 2009 is not yet complete.

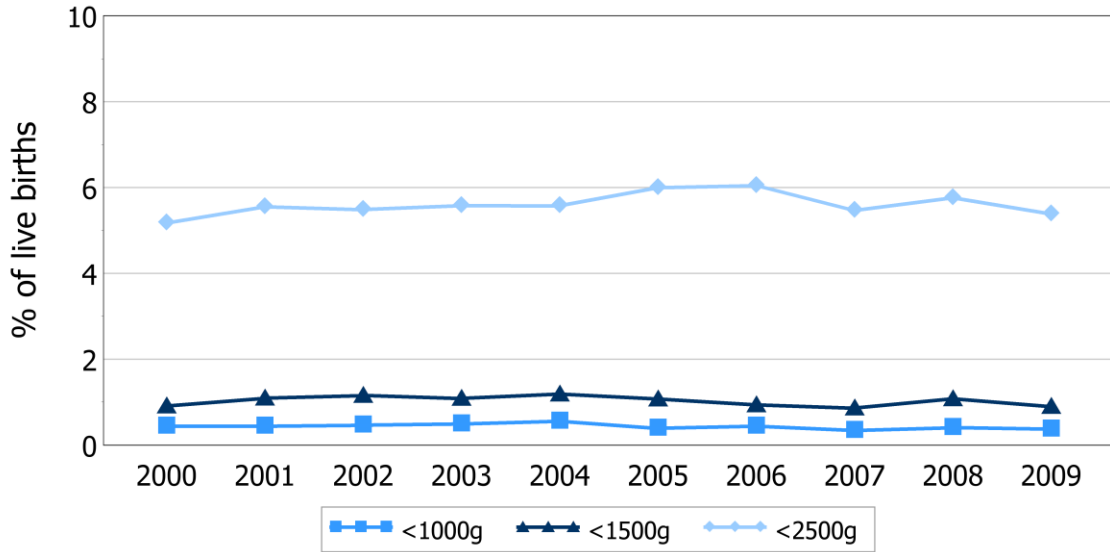
4.8 Preterm births by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births*	8985	8786	8597	8497	8604	8414	8352	8715	8990	8773
<28 weeks	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.3%	0.4%	0.4%
<32 weeks	0.9%	1.1%	1.1%	1.0%	1.1%	1.1%	1.1%	0.9%	1.1%	1.0%
<34 weeks	1.7%	2.0%	1.9%	1.9%	1.8%	2.0%	2.1%	1.9%	2.0%	2.0%
<37 weeks	6.7%	7.6%	7.7%	7.7%	7.6%	7.8%	7.8%	7.5%	7.6%	7.2%

*with known gestational age

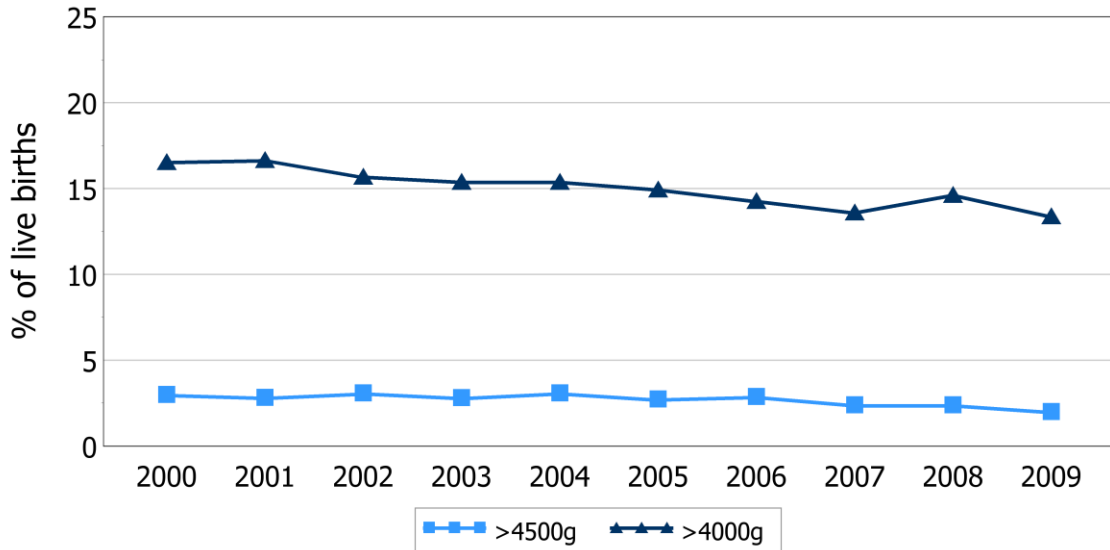
4.9 Low birth weight by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births*	9108	8863	8658	8570	8680	8488	8437	8817	9097	8915
<1000g	0.4%	0.4%	0.5%	0.5%	0.6%	0.4%	0.4%	0.3%	0.4%	0.4%
<1500g	0.9%	1.1%	1.2%	1.1%	1.2%	1.1%	0.9%	0.9%	1.1%	0.9%
<2500g	5.2%	5.6%	5.5%	5.6%	5.6%	6.0%	6.0%	5.5%	5.8%	5.4%

* with known birth weight

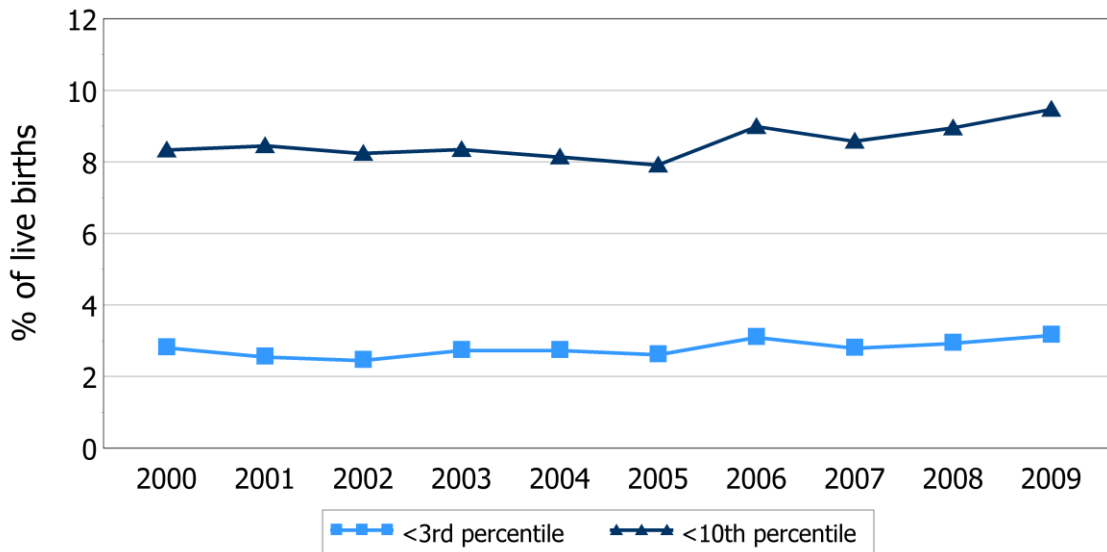
4.10 Macrosomia by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births*	9108	8863	8658	8570	8680	8488	8437	8817	9097	8915
>4500g	2.9%	2.8%	3.0%	2.8%	3.0%	2.7%	2.8%	2.3%	2.3%	2.0%
>4000g	16.5%	16.6%	15.7%	15.4%	15.4%	14.9%	14.2%	13.6%	14.6%	13.3%

* with known birth weight

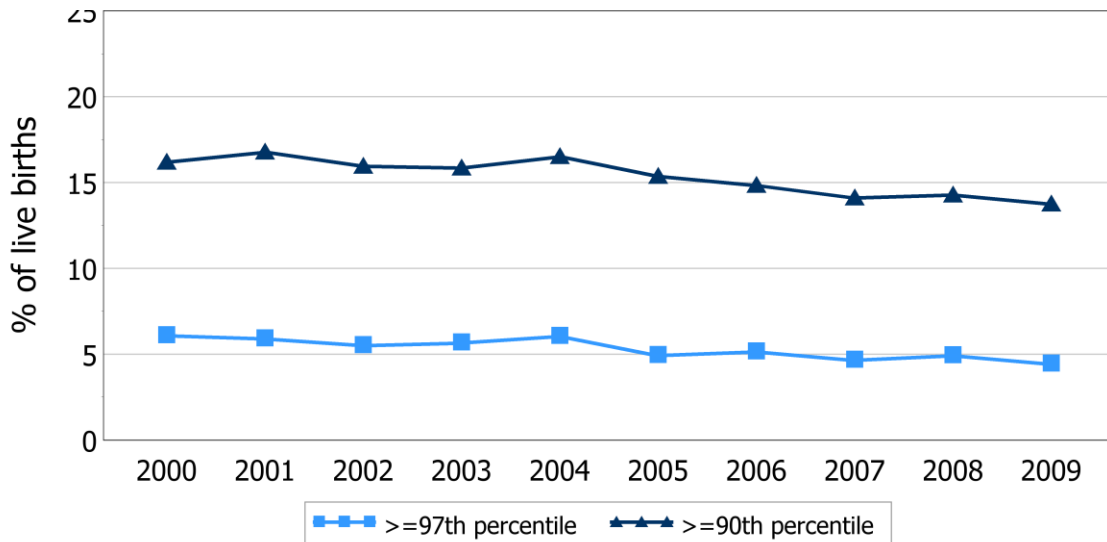
4.11 Small for gestational age by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births [*]	8965	8768	8585	8483	8592	8403	8344	8707	8982	8753
<3 rd percentile	2.8%	2.5%	2.4%	2.7%	2.7%	2.6%	3.1%	2.8%	2.9%	3.2%
<10 th percentile	8.3%	8.5%	8.2%	8.3%	8.1%	7.9%	9.0%	8.6%	9.0%	9.5%

* with known birth weight and gestational age

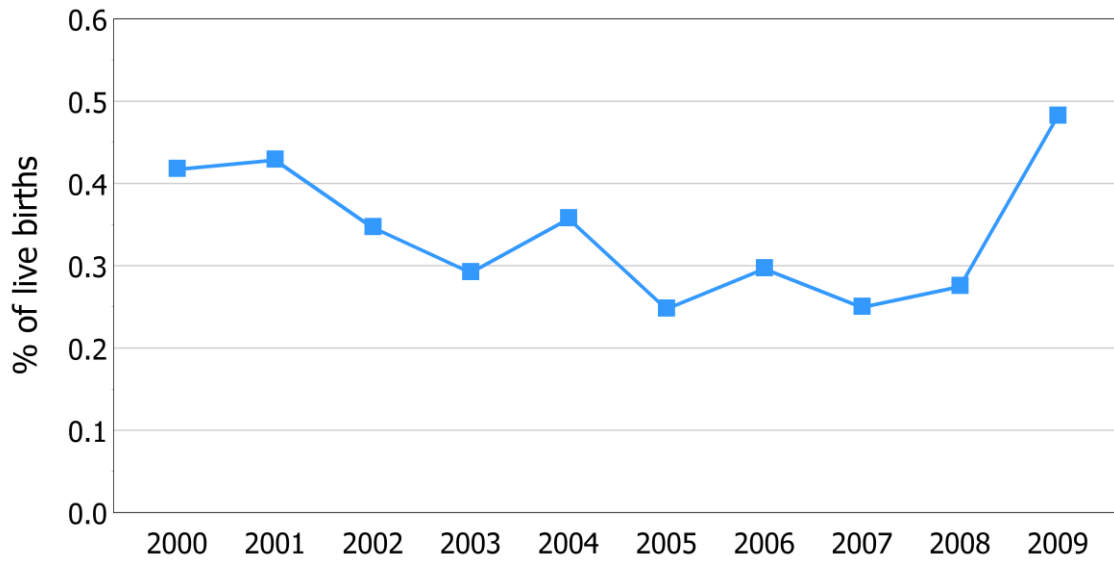
4.12 Large for gestational age by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births [*]	8965	8768	8585	8483	8592	8403	8344	8707	8982	8753
≥97 th percentile	6.1%	5.9%	5.5%	5.6%	6.0%	4.9%	5.1%	4.6%	4.9%	4.4%
≥90 th percentile	16.2%	16.8%	15.9%	15.8%	16.5%	15.4%	14.8%	14.1%	14.3%	13.7%

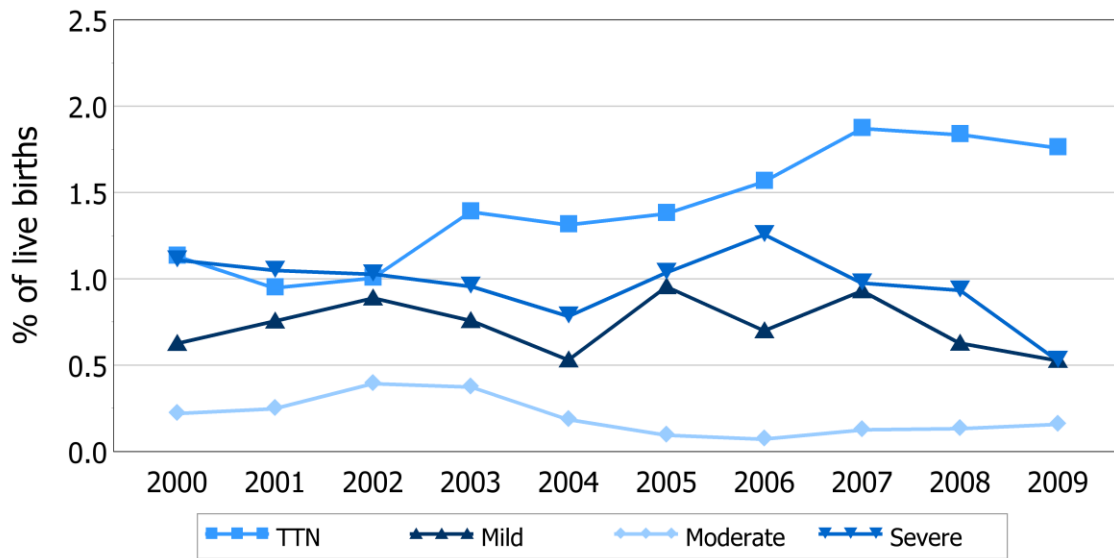
* with known birth weight and gestational age

4.13 Birth injury by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births	9111	8870	8663	8573	8682	8490	8441	8818	9100	8925
Birth injury	0.4%	0.4%	0.3%	0.3%	0.4%	0.2%	0.3%	0.2%	0.3%	0.5%

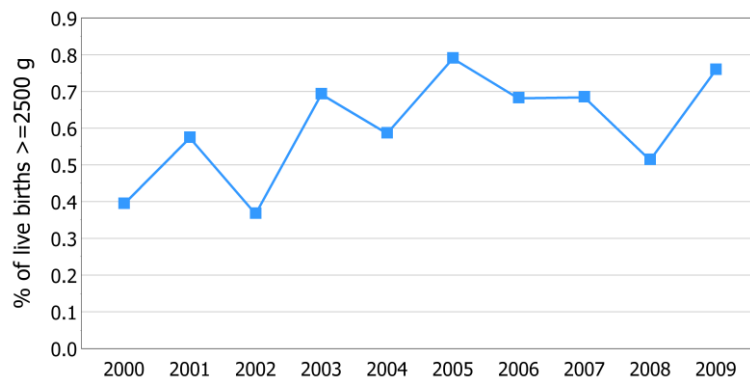
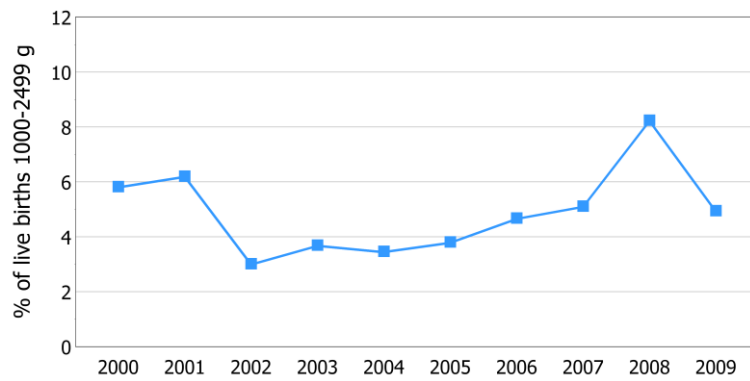
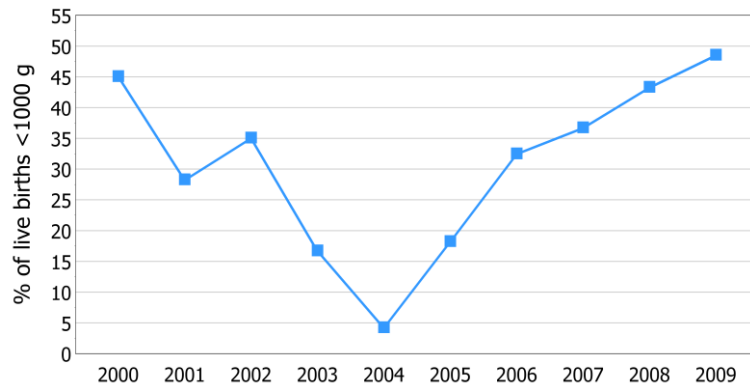
4.14 Type of respiratory distress syndrome by year, Nova Scotia, 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
# live births	9111	8870	8663	8573	8682	8490	8441	8818	9100	8925
TTN*	1.1%	0.9%	1.0%	1.4%	1.3%	1.4%	1.6%	1.9%	1.8%	1.8%
Mild	0.6%	0.8%	0.9%	0.8%	0.5%	1.0%	0.7%	0.9%	0.6%	0.5%
Moderate	0.2%	0.2%	0.4%	0.4%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%
Severe	1.1%	1.0%	1.0%	1.0%	0.8%	1.0%	1.3%	1.0%	0.9%	0.5%
All types of RDS	3.1%	3.0%	3.3%	3.5%	2.8%	3.5%	3.6%	3.9%	3.5%	3.0%

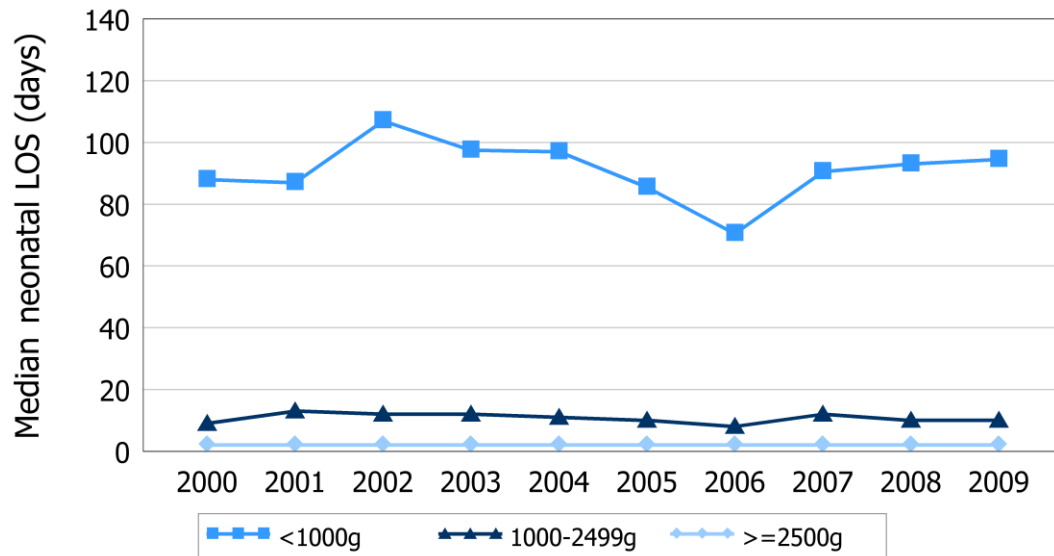
*Transient tachypnea of the newborn

4.15 Neonatal sepsis by birth weight and year, Nova Scotia, 2000-2009



Birth weight	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<1000g										
# live births	40	39	40	42	48	33	37	30	37	33
Neonatal sepsis	45.0%	28.2%	35.0%	16.7%	4.2%	18.2%	32.4%	36.7%	43.2%	48.5%
1000-2499g										
# live births	431	453	435	436	436	476	473	452	487	440
Neonatal sepsis	5.8%	6.2%	3.0%	3.7%	3.4%	3.8%	4.7%	5.1%	8.2%	5.0%
>=2500g										
# live births	8637	8371	8183	8092	8196	7979	7927	8335	8573	8397
Neonatal sepsis	0.4%	0.6%	0.4%	0.7%	0.6%	0.8%	0.7%	0.7%	0.5%	0.8%
All live births										
# live births	9111	8870	8663	8573	8682	8490	8441	8818	9100	8925
Neonatal sepsis	0.8%	1.0%	0.7%	0.9%	0.7%	1.0%	1.0%	1.0%	1.1%	1.2%

4.16 Median neonatal length of stay (days) by birth weight and year, Nova Scotia, 2000-2009



Birth weight		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<1000g	# live births*	25	21	27	26	34	22	22	16	26	26
	Median	88.0	87.0	107.0	97.5	97.0	85.5	70.5	90.5	93.0	94.5
1000-2499g	# live births*	425	444	430	430	432	471	467	449	483	440
	Median	9.0	13.0	12.0	12.0	11.0	10.0	8.0	12.0	10.0	10.0
>=2500g	# live births*	8625	8366	8174	8079	8180	7970	7917	8330	8567	8428
	Median	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0

*in which the infant was discharged home

Section 5:
Glossary

Glossary

In order to clarify terminology used in this report, the term “birth” is differentiated from “delivery”. By convention in this report “delivery” marks the end of pregnancy, regardless of the number of infants born. “Birth” refers to infants. For example, a woman who had twins is counted as having one delivery and two births.

Assisted vaginal delivery

Vaginal delivery involving the use of forceps and/or vacuum.

Birth injury

Any injury to the infant such as fracture (e.g. femur, clavicle, rib, humerus , depressed skull) or central nervous system trauma (e.g. cerebral hemorrhage, spinal cord hemorrhage, brachial plexus palsy) occurring during delivery.

Breastfeeding at discharge

Describes the method of feeding during the hospital stay. Breastfeeding refers to when the infant was given breast milk, either exclusively or with supplementation. Those noted as ‘No’ in this field indicates there was no breast milk given at all during the hospital stay.

Cesarean section delivery

Delivery of the fetus through an incision in the abdominal and uterine walls.

Gestational age

Duration of gestation calculated from the first day of the last normal menstrual period; expressed in completed days or weeks. When date of the last normal menstrual period is not known, the gestational age has been determined by the physical examination of the infant shortly after birth.

Lacerations

3rd degree (Anal sphincter)

4th degree (Rectal mucosa)

Large for gestational age

See ‘Size for gestational age’

Live birth

Live birth refers to birth of an infant with signs of life.

Macrosomia

Growth beyond two specific thresholds, 4000 grams and 4500 grams. The American College of Obstetricians and Gynecologists supports use of the 4500 grams threshold for diagnosis of macrosomia because morbidity increases sharply beyond this weight, but acknowledges there is some increased risk of morbidity at weights >4000 grams. (ACOG Practice Bulletin No.22: Fetal Macrosomia. American College of Obstetricians and Gynecologists, Washington DC 2000.)

Neonatal death

Death of a liveborn infant, occurring up to the 27th completed day of life (27 days, 23 hours and 59 minutes).

Neonatal length of stay

The total number of days a baby stayed in the delivery hospital and transfer hospital (if applicable) before being discharged home. This calculation does not include in-hospital neonatal death.

Neonatal sepsis

Pneumonia (intrauterine or postnatal) or positive blood/CSF cultures.

Parity

Number of pregnancies, excluding the present pregnancy, which resulted in the delivery of 1 or more infants weighing 500 grams or more at birth (regardless of the outcome of such infants).

Placenta previa

Placenta entirely or partially covering the internal os (diagnosis not made on ultrasound alone – must be confirmed clinically).

Placental abruption

Bleeding from the placental site due to the partial or complete separation of the placenta (diagnosis not made on ultrasound alone – must be confirmed clinically).

Post neonatal death

Death of a liveborn infant weighing 500 grams or more at birth, occurring from 28 days to 1 year of life.

Postpartum hemorrhage

Excessive bleeding from the genital tract with an estimated blood loss of greater than 500 ccs for vaginal deliveries or 1000 ccs for C-section deliveries.

Pre-existing hypertension

History of hypertensive disease prior to the current pregnancy or prior to 20 weeks gestation in the current pregnancy.

Respiratory Distress Syndrome (RDS)

Grunting, retractions, and decreased air entry - occurring before 3 hours of age and persisting beyond 6 hours of age and not explained by any other disease. Categories of severity are as stated by physician in the medical record:

Mild RDS: <35% O₂

Moderate RDS: 35% O₂ or CPAP

Severe RDS: Ventilated

TTN (Transient Tachypnea of the Newborn)

Severity not stated

Severe pregnancy-induced hypertension

Hypertension with onset after 20 weeks' gestation and with significant proteinuria. Includes HELLP syndrome (Hemolysis, Elevated Liver Enzymes, Low Platelets).

Size for gestational age

Percentiles of birth weight for gestational age are from: Kramer MS, Platt RW, Wen SW, Joseph KS, Allen A, Abrahamowitz M, Blondel B, Bréart G. A New and Improved Population-Based Canadian Reference for Birth Weight for Gestational Age. *Pediatrics* 2001; 108 (2):e35.

<http://pediatrics.aappublications.org/content/108/2/e35.full.html>

Small for gestational age

See 'Size for gestational age'

Stillbirth

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

VBAC (Vaginal Birth After Cesarean) candidate

A woman who has had no more than one previous cesarean section delivery (and that one involved a transverse incision); whose current pregnancy is a singleton in vertex presentation; and who has no contra-indications for labour.

