BRITISH COLUMBIA | Ministry of Health

# VITAL STATISTICS STILLBIRTHS FILE
### (January 1, 1986 onwards)

**Submit this completed form to the email address:**
HealthDataHA@gov.bc.ca

**Questions about the request process or any part of this application may be directed to the email address above.**

| MINISTRY OF HEALTH USE ONLY | |
|---|---|
| File Number | Date Received |
| ISP Appendix | |

## PROJECT TITLE

## APPLIES TO COHORT(S)

## DATE RANGE

From (yyyy/mm/dd)

To (yyyy/mm/dd)

## OTHER DATE RANGE AND FILTERING CRITERIA

## DESCRIPTION

An extract of the stillbirth registration files provided by the British Columbia Vital Statistics Agency. Includes all stillbirths registered in the province of BC.

| FIELD NAMES | VARIABLE NAMES | REASON FOR REQUEST |
|---|---|---|
| ☐ Infant PHN - **replaced by Project Specific Id #** | PHN | |
| ☐ Year Of Infant Stillbirth | EVENT_YEAR | |
| ☐ Month Of Infant Stillbirth | EVENT_MONTH | |
| ☐ Day Of Infant Stillbirth | EVENT_DAY | |
| ☐ Time Of Infant Stillbirth | EVENT_TIME | |
| ☐ Place Of Infant Stillbirth - City | RECORDED_PLACE_LOCATION | |
| ☐ Place Of Infant Stillbirth - First 3 Digits Of Postal Code | RECORDED_POSTAL_CODE3 | |

| FIELD NAMES | VARIABLE NAMES | REASON FOR REQUEST |
|---|---|---|
| ☐ Place Of Infant Stillbirth - 6-Digit Postal Code | RECORDED_POSTAL_CODE6 | |
| ☐ Stillbirth Place Type | RECORDED_PLACE_TYPE | |
| ☐ Sex Of Infant | GENDER | |
| ☐ Mother's PHN **- replaced by Project Specific Id #** | MOTHER_PHN | |
| ☐ Mother's Total Number Of Pregnancies | MOTHER_PREGNANCIES | |
| ☐ Mother's Total Live Births | MOTHER_LIVE_BIRTHS_TOTAL | |
| ☐ Mother's Total Stillbirths | MOTHER_STILLBIRTHS_TOTAL | |
| ☐ Mother's Year Of Birth | M_YEAR_OF_BIRTH | |
| ☐ Mother's Month Of Birth | M_MONTH_OF_BIRTH | |
| ☐ Mother's Day Of Birth | M_DAY_OF_BIRTH | |
| ☐ Age Of Mother In Years | AGE_OF_MOTHER | |
| ☐ Birthplace Of Mother (City) | M_BIRTH_COMMUNITY | |
| ☐ Birthplace Of Mother (Province / Territory) | M_BIRTH_PROVINCE_OR_STATE | |
| ☐ Birthplace Of Mother (Country) | M_BIRTH_COUNTRY | |
| ☐ Mother's Usual Residence - First 3 Digits Of Postal Code | M_3PSTL_CD_OBJ_DESCR | |
| ☐ Mother's Usual Residence - 6-Digit Postal Code | M_6PSTL_CD_OBJ_DESCR | |
| ☐ Mother's Usual LHA Of Residence | M_LHA_OBJ_DESCR | |
| ☐ Mother's Usual HSDA Of Residence | M_HSDA_OBJ_DESCR | |
| ☐ Mother's Usual HA Of Residence | M_HA_OBJ_DESCR | |
| ☐ Mother's Country Of Usual Residence - If Outside Canada | M_COUNTRY | |
| ☐ Marital Status Of Mother | M_MARITAL_STATUS | |
| ☐ Father / Co-Parent's Year Of Birth | F_YEAR_OF_BIRTH | |
| ☐ Father / Co-Parent's Month Of Birth | F_MONTH_OF_BIRTH | |
| ☐ Father / Co-Parent's Day Of Birth | F_DAY_OF_BIRTH | |
| ☐ Father / Co-Parent's Age | AGE_OF_FATHER | |

| FIELD NAMES | VARIABLE NAMES | REASON FOR REQUEST |
|---|---|---|
| ☐ Father / Co-Parent's Sex | F_GENDER | |
| ☐ Parent's Marital Status | F_MARITAL_STATUS | |
| ☐ Birth Registration Date | REG_DATE | |
| ☐ Total Number Of Infants Born In This Event i.e. Kind Of Birth (Single, Twin, Triplet Etc.) | KIND_OF_BIRTH | |
| ☐ If Multiple Birth - Birth Order Of This Infant | MULTIPLE_BIRTH_ORDER | |
| ☐ Duration Of Pregnancy (Gestation) | GESTATION_PERIOD | |
| ☐ Birth Weight | BIRTH_WEIGHT | |
| ☐ Head Circumference | HEAD_CIRCUMFERENCE | |
| ☐ Body Length | BODY_LENGTH | |
| ☐ Mode Of Delivery | DELIVERY_MODE | |
| ☐ Special Resuscitation Etc. Measures | SPECIAL_RESP_MEASURES | |
| ☐ Medical Certifier Type Code | MEDICAL_CERTIFIER_TYPE | |
| ☐ Certifier MSP Billing # - **replaced by Project Specific Id #** | MSP_ID | |
| ☐ Underlying Cause Of Stillbirth | VALUE_CODE | |
| ☐ ICD Codes (Including ICD Code Version) | VALUE_ICD | |
| ☐ Autopsy Performed | IS_AUTOPSY_BEING_HELD | |
| ☐ Autopsy Findings Used To Identify Underlying Cause Of Stillbirth | WAS_CAUSE_DETER_FROM_ AUTOPSY | |
| ☐ Further Information Expected On Cause Of Stillbirth | IS_MORE_INFO_TO_FOLLOW | |
| ☐ Fetal Death Prior To Operative Procedures | WAS_DEATH_BEFORE_PROC | |
| ☐ Labour Induced | WAS_LABOUR_INDUCED | |
| ☐ Stillbirth Registration Number | REG_NUMBER | |
| ☐ Disposition Type | DISPOSITION_TYPE | |
| ☐ Date Of Disposition | DISPOSITION_DATE | |
| ☐ Place Of Disposition | DISPOSITION_PLACE | |

| FIELD NAMES | VARIABLE NAMES | REASON FOR REQUEST |
|---|---|---|
| ☐ If Hospital Stillbirth - Hospital Code **- replaced By Project Specific Id #** | HOSP | |
| ☐ Unencrypted Hospital Number | HOSP | |