

Errata

November 2012

After Publication we found an error in the report, the distribution of neighbourhood average income quintile ranges in Manitoba, Winnipeg, and Brandon were represented incorrectly in the income quintile maps. Figure 1.4: Distribution of Income Quintiles, 2006 Census Data Dissemination Areas and Figure 1.5: Distribution of Urban Income Quintiles in Winnipeg, 2006 Census Data Dissemination Areas (pages 12-13) were incorrect. The numbers quoted in the text were correct.

September 2019

Indicator definitions within Appendix Table A.4 were modified to align with Canadian ICD-10 codes:

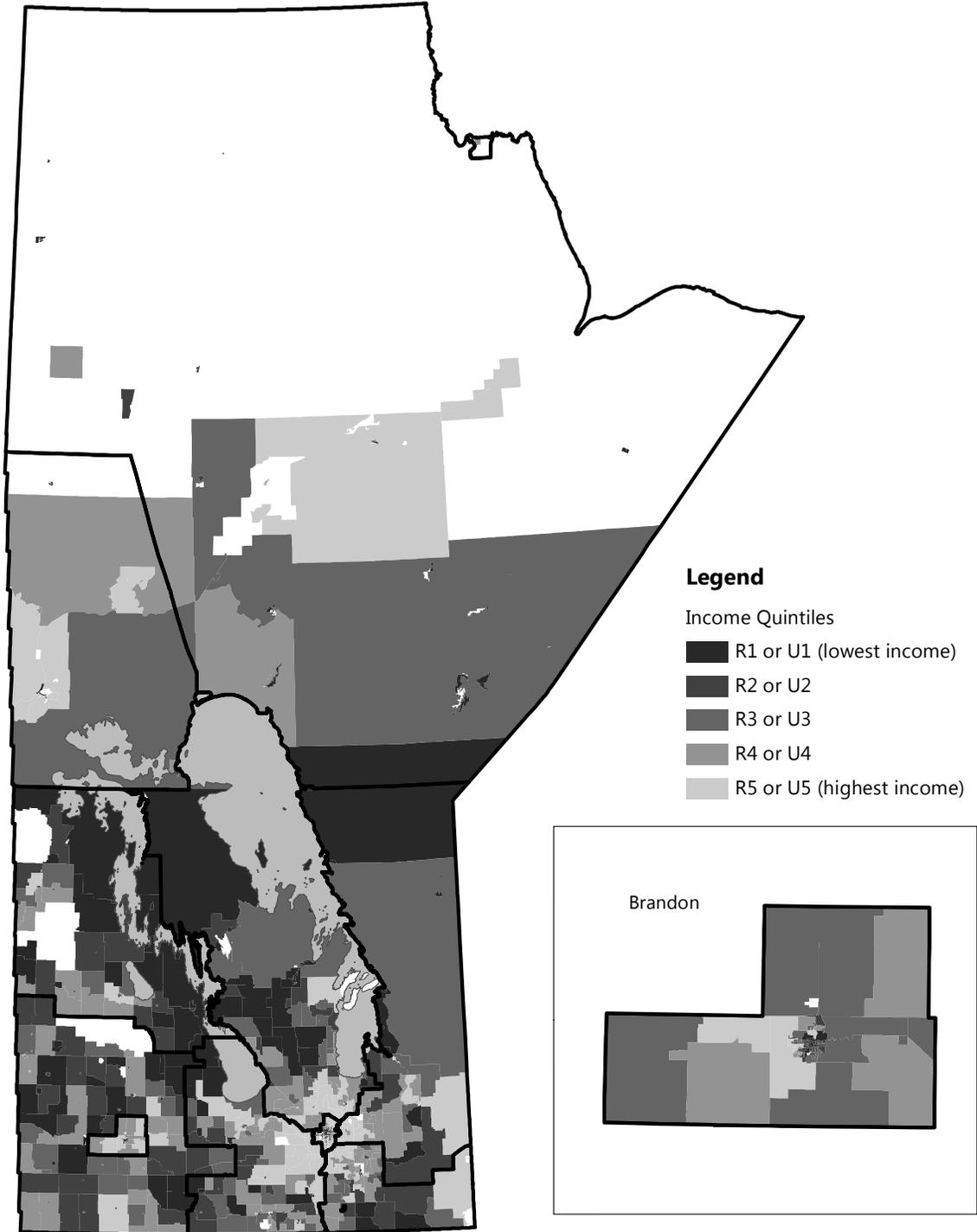
- On page 353, the definition for Breech Birth was modified: O83.0 was removed from the hospital birth abstract.
- On page 380, the definition for Multiple Births was modified: O84 was removed.
- On page 387, the definition for Singleton Birth was modified: O80, O81, and O82 were removed.
- On page 390, the definition for Vaginal Breech Birth was modified: O83.0 was removed from the hospital birth abstract.

The web version of the report has been updated.

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Maps of rural and urban quintile assignment by dissemination areas for Manitoba, Brandon, and Winnipeg can be found in Figures 1.4 and 1.5. Note: white areas in map indicate census areas which are not enumerated (such as park areas).

Figure 1.4: Distribution of Income Quintiles, 2006 Census Data Dissemination Areas
Quintile Breaks are at different points in Winnipeg and Brandon



Charles Burchill, Manitoba Centre for Health Policy. January 2009
Based on 20% Population groups of Average Household Income
by Census Dissemination Areas. Census of Canada 2006.

Note: White areas in map indicate Census areas which are not enumerated (such as parks), are suppressed due to small numbers, or have not been reported for other reasons.

Figure 1.5: Distribution of Urban Income Quintiles in Winnipeg, 2006 Census Data Dissemination Areas
 Quintile breaks are at different points in Winnipeg



Charles Burchill, Manitoba Centre for Health Policy. January 2009
 Based on 20% Population groups of Average Household Income
 by Census Dissemination Areas. Census of Canada 2006.

Note: White areas in map indicate Census areas which are not
 enumerated (such as parks), are suppressed due to small numbers,
 or have not been reported for other reasons.

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Chapter	Indicator	Definition	Years of Data	Exclusions	Databases
SDO	Appropriate-for-Gestational Age (AGA)	A birth was considered to be appropriate for gestational age if the birth weight was between the 10th and 90th percentiles for their gestational age and sex using a Canadian standard (Kramer et al., 2001).	As an SDO factor: varies (see the indicator for which it is an SDO factor)	Stillbirths, Multiple births, Newborns with a gestation of less than 20 weeks, Newborns with missing birth weights	Midwifery Discharge Summary Reports, Hospital Abstracts
4	Assisted Vaginal Births	The number of assisted vaginal births was divided by the total number of vaginal births. A birth was considered a vaginal birth by the absence of a code indicating a cesarean birth (see cesarean birth for more details). A birth was considered to be assisted if one or more of the following codes were present: ICD-9-CM: 72.0, 72.1, 72.2, 72.3, 72.472.71, 72.7, or 72.79; ICD-10-CA: 5.MD.53.KL, 5.MD.53.KK, 5.MD.53.KN, 5.MD.53.KM, 5.MD.53.KJ, 5.MD.53.KH, 5.MD.55.^.^, 5.MD.54.^.^, 5.MD.53.KS, 5.MD.53.KP, 5.MD.53.JE, 5.MD.53.JD. All homebirths attended by a midwife were coded as vaginal births that were not assisted. Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	Time trends: 2001/02-2008/09; RHA, Winnipeg CA, and SDO: 2007/08-2008/09		Midwifery Discharge Summary Reports, Hospital Abstracts
SDO	Birth Weight	Captured from the newborn's birth hospitalization abstract or midwifery summary report	As an SDO factor: varies (see the indicator for which it is an SDO factor)		Midwifery Discharge Summary Reports, Hospital Abstracts
7	Birth Weight - High Birth Weight	Captured from the newborn's birth hospitalization abstract or midwifery summary report. A baby was considered to have a high birth weight if the weight was greater than 4,500 grams.	2007/08-2008/09		Midwifery Discharge Summary Reports, Hospital Abstracts
5	Breastfeeding Initiation	The number of live born Newborns who were exclusively or partially breastfed was divided by the total number of live born Newborns in Manitoba. A baby was considered to be breastfed at hospital discharge if the field NBFEEEDNG (2001/02-2003/04), was equal to 1 or 3 (0 was excluded and 2 was coded as not breastfeeding at discharge) or if the field nwb_feed (2004/05-2008/09) was equal to 1 or 2 (3 and 4 were coded as not breastfeeding at discharge, 5 was excluded). Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2001/02-2008/09; RHA, Winnipeg CA, and SDO: 2007/08-2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Stillbirths, Birth records with missing breastfeeding fields	Midwifery Discharge Summary Reports, Hospital Abstracts
4	Breech Birth	The proportion of women who had a breech birth was determined by dividing the number of women with a breech birth by the total number of women giving birth in a given time and place. All breech births were included in this analysis, regardless of the delivery method. A breech birth was defined by the presence of one or more of the following codes in the hospital birth abstract: ICD-10-CA O32.1, and O64.1 or the birth being coded as a breech birth in the Midwifery Discharge Summary Reports. Note: When this was used as an SDO factor, it was used as a classification variable	As an indicator Time trends: 2004/05-2008/09; RHA, Winnipeg CA, and SDO: 2007/08-2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)		Midwifery Discharge Summary Reports, Hospital Abstracts

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3	Maternal Smoking During Pregnancy	The number of women with live births who reported smoking during pregnancy (from the Families First Screening Form, question B12) was divided by the total number of women with live births in a given time and place. Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2003/04–2008/09 RHA, Winnipeg CA, and SDO: 2007/08–2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Women living in First Nations Communities, Cases w/here the variable was missing in the data set, Stillbirths	Families First, Hospital Abstracts, Midwifery Discharge Summary Reports
7	Maternal Substance Abuse	If according to the Families First Screen, the mother reported smoking, consuming alcohol, or illicit drug use during pregnancy, she was considered as having substance abuse during pregnancy.	2007/08–2008/09	Women living in First Nations Communities, Cases w/here the variable was missing in the data set, Stillbirths	Families First, Hospital Abstracts, Midwifery Discharge Summary Reports
2	Molar Pregnancy	The number of women who had a molar pregnancy was divided by the total number of pregnancies in a given year. A molar pregnancy was determined by the ICD-9-CM code of 630, 631, or 632 or the ICD-10-CA code of D39.2, O001, or O02. The total number of pregnancies was the sum of the molar pregnancies, ectopic pregnancies, spontaneous abortions, induced abortions, live births, and stillbirths in a given year.	2001/02–2009/10		Hospital Abstracts, Medical Services (physician claims), Midwifery Discharge Summary Reports
6	Multiple Births	The number of multiple births was divided by the number of live births. A birth was considered a multiple birth if there was the ICD-9-CM code of V31–V37. Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2001/02–2008/09; RHA, Winnipeg CA, and SDO: 2007/08–2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Newborns with a gestation of less than 20 weeks, Newborns with a birth weight of less than 500 grams	Midwifery Discharge Summary Reports, Hospital Abstracts
6	Neonatal Hospital Readmission	The number of newborns readmitted to hospital within 28 days of birth was divided by the total number of live births in a given time and place. Only inpatient hospitalizations were included (i.e., newborns admitted for day procedures were not included). Additionally newborns that were directly transferred to another hospital after birth were not counted as a readmission. In some cases, newborns may be readmitted to hospital not because they are ill themselves, but because their mother is hospitalized and an effort is being made to keep the mother and newborn together. The analysis was done both with and without these "boarder Newborns". Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2001/02–2008/09; RHA, Winnipeg CA, and SDO: 2003/04–2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Newborns with a length of stay greater than 20 days, Stillbirths, Newborns with a birth weight of less than 1,000 grams, Boarder Newborns	Midwifery Discharge Summary Reports, Hospital Abstracts

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SDO	Sex of Baby	Determined from newborn's birth hospitalization record (field labeled sex). In case of homebirths attended by a midwife, it is determined from the discharge summary report (field labeled gender).	As an SDO factor: varies (see the indicator for which it is an SDO factor)		Midwifery Discharge Summary Reports, Hospital Abstracts
2	Short Interpregnancy Interval	The proportion of multiparous women who had a short interpregnancy interval were divided by the total number of multiparous women giving birth in a given time and place. A short interpregnancy interval was defined if the time between the last delivery and conception of the most recent pregnancy was less than 12 months. The date of the last delivery was determined from the Manitoba Health Insurance Registry while conception of the most recent pregnancy was determined from the Hospital Abstract Database or the Midwifery Discharge Summary Reports.	Time trends: 2001/02–2008/09; RHA, Winnipeg CA, and SDO: 2005/06–2008/09	Primiparous women	Manitoba Health Insurance Registry, Hospital Abstracts, Midwifery Discharge Summary Reports
SDO	Singleton Birth	A birth was considered a singleton by the presence of the ICD–9–CM code of V27.0 or V27.1.	As an SDO factor: varies (see the indicator for which it is an SDO factor)		Midwifery Discharge Summary Reports, Hospital Abstracts
6	Small-for-Gestational Age (SGA)	The number of births categorized as SGA were divided by the total number of live births. A birth was considered to be small-for-gestational-age if the birth weight was at less than the 10th percentile for their gestational age and sex using a Canadian standard (Kramer et al., 2001). Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2001/02–2008/09; RHA, Winnipeg CA, and SDO: 2007/08–2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Stillbirths, Multiple births, Newborns with a gestation of less than 20 week, Newborns with missing birth weights	Midwifery Discharge Summary Reports, Hospital Abstracts
2	Social Isolation	The number of women with live births who were socially isolated was divided by the total number of women with live births in a given time and place. Social isolation is assessed by the public health nurse when completing the Families First screen. A woman was considered to be socially isolated if the variable isolation in the Families First Data was set to yes, otherwise she was not considered socially isolated. Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2001/02–2008/09; RHA, Winnipeg CA, and SDO: 2007/08–2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Women living in First Nations Communities, Cases w/here the variable was missing in the data set, Stillbirths, Out of province births	Families First, Hospital Abstracts, Midwifery Discharge Summary Reports

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Chapter	Indicator	Definition	Years of Data	Exclusions	Databases
4	Vaginal Births with Epidural Anaesthesia	The number of women giving birth vaginally (who received an epidural) was divided by the number of women giving birth vaginally in a given time and place. These analyses were limited to 2004/05 onwards due to coding changes, where an anaesthesia code is provided for each intervention that is performed (up to 20). A woman was considered to have a vaginal birth by the absence of a code indicating a cesarean birth (see cesarean birth for more details). A birth was coded as having received an epidural if there was an intervention coded as 5MD** with the presence of an epidural based on the associated anaesthesia technique (3 Epidural). If any other anaesthesia was indicated, then the birth was coded as not having received an epidural. All home births were coded as not having received an epidural. Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	As an indicator Time trends: 2004/05–2008/09; RHA, Winnipeg CA, and SDO: 2007/08–2008/09; As an SDO factor: varies (see the indicator for which it is an SDO factor)	Cases with missing anesthesia were excluded (N=732)	Midwifery Discharge Summary Reports, Hospital Abstracts
4	Vaginal Breech Birth	The number of women with a vaginal breech birth was divided by the total number of women having a breech birth in a given time and place. A breech birth was defined by the presence of one or more of the following codes in the hospital birth abstract – ICD–10–CA: O32.1 and O64.1 or the birth being coded as a breech birth in the Midwifery Discharge Summary Reports. Those breech births that were delivered vaginally were determined by the absence of a code indicating a cesarean birth (see cesarean birth for more details). All home births were coded as vaginal births. Note: When this was used as an SDO factor, it was used as a classification variable and, therefore, there are no numerators or denominators.	Time trends: 2004/05–2008/09; RHA, Winnipeg CA, and SDO: 2007/08–2008/09		Midwifery Discharge Summary Reports, Hospital Abstracts

Kramer MS, Platt RW, Wen SW, et al. A new and improved population-based Canadian reference for birth weight for gestational age. *Pediatrics*. 2001; 108(2):e35

Joseph KS, Liu S, Rouleau J, et al. Severe maternal morbidity in Canada, 2003 to 2007: surveillance using routine hospitalization data and ICD–10CA codes. *J Obstet Gynaecol Can*. 2010;32(9):837–846

SDO refers to the Sociodemographic and Other Figure

Source: Manitoba Centre for Health Policy, 2012