ATTAChment C

electronic health records data elements

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Table C.1 Measures and Data Elements to be Obtained from Electronic Health Records, by Domain

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| **Measures** | **Data Elements for Abstraction** |
| **Unique Identifiers** |
| Woman’s unique ID | Woman’s medical record number (or other unique ID) |
| Infant’s unique ID | Infant’s medical record number (or other unique ID) |
| Unique ID to link woman and infant | Unique ID to link woman and infant (if available) |
| **Demographic Measures** |
| Woman’s age at delivery  | Woman’s date of birth (Month, Day, Year);Woman’s date of delivery (Month, Day, Year) |
| Woman’s race/ethnicity | Race; ethnicity |
| Woman’s primary language  | Primary language (English/Spanish/Other) |
| Woman’s insurance source | Insurance source (Medicaid/Private/Uninsured) |
| Infant’s date of birth | Infant’s date of birth (Month, Day, Year) |
| Infant’s sex | Infant’s sex (M/F) |
| **Clinical Risk Profile Measures** |
| Multiple gestations | Multiple gestations (Y/N; if yes, number) |
| Pregnancy history | Number of previous pregnancies; number of previous live births; previous infant death in first year of life (Y/N) |
| Woman’s body mass index (BMI) at beginning of pregnancy | Woman’s height at beginning of pregnancy; woman’s weight at beginning of pregnancy |
| Major pre-existing conditions/diagnoses | Preexisting conditions diagnoses (Y/N for each): hypertension, diabetes, asthma, other cardiovascular, obesity, smoking, depression,  |
| Major pregnancy complications/diagnoses  | Specified pregnancy complications (Y/N for each): Gestational diabetes; Pregnancy-induced hypertension; Preeclampsia; Intrauterine growth retardation; anemia; Ectopic pregnancy; Hyperemesis gravidarum; Placenta previa; Placental abruption; Preterm labor; Preterm birth; Premature ruptured membranes |
| **Prenatal Utilization Measures** |
| Adequacy of prenatal care  | Dates of prenatal care visits (to calculate number per trimester, first visit month, and total number of visits); EDOC/LMP; date of delivery |
| Receipt of dental care | Date of last dental visit |
| Number of physician visits during pregnancy | Total number of visits for primary care or specialty care during pregnancy  |
| Specialty care referrals/visits during pregnancy | Specialty care referral/visit (Y/N for each): allergy/immunology, anesthesiology, cardiology, psychiatry/behavioral health/addiction medicine, dermatology, ear/nose/throat, endocrinology/diabetes/metabolism, general surgery, gastroenterology, hematology, medical oncology, infectious disease, neonatal/perinatal medicine, genetics, nephrology, neurology, pulmonary medicine, diagnostic radiology, rheumatology, urology, vascular surgery, physical therapy, reconstructive surgery |
| Smoking cessation class | Attended smoking cessation class (Y/N) |
| Seasonal flu shot | Date of influenza immunization |
| Prenatal class attendance | Attended prenatal class (Y/N) |
| Nutritional counseling | Received nutritional counseling (Y/N) |
| Indicator of breastfeeding plan | Plan to breastfeed reported in prenatal record (Y/N) |

Table C.1 *(continued)*

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| **Measures** | **Data Elements for Abstraction** |
| **Pregnancy Outcome Measures** |
| Pregnancy outcome | Pregnancy outcome (Y/N): Delivered live birth; Delivered stillborn; Elective termination; Miscarriage |
| Major procedures performed during delivery | Procedures performed during delivery (Y/N for each): Induced labor; Caesarian section; repair of current obstetric laceration; artificial rupture of membranes to assist delivery; forceps or other assisted delivery; episiotomy; intra-partum fetal monitoring  |
| Premature (<37 weeks) or very premature (<34 weeks) delivery  | Expected date of delivery (EDD), actual date of delivery |
| Low (<2500 grams) or very low (<1500 grams) birth weight  | Infant’s birth weight |
| Weight gain during pregnancy | Woman’s weight at beginning of pregnancy and at last prenatal visit |
| **Postpartum Utilization Measures: Woman** |
| Woman’s postpartum check-up within six weeks | Date of delivery (month/day/year), postpartum visit date (month/day/year) |
| Number of physician visits during nine months postpartum period | Total number of visits for primary care or specialty care during nine months postpartum |
| Specialty care visits during nine months postpartum  | Specialty care visit (Y/N): allergy/immunology, anesthesiology, cardiology, psychiatry/behavioral health/addiction medicine, dermatology, ear/nose/throat, endocrinology/diabetes/metabolism, general surgery, gastroenterology, hematology, medical oncology, infectious disease, neonatal/perinatal medicine, nephrology, neurology, obstetrics/gynecology, pulmonary medicine, diagnostic radiology, rheumatology, urology, vascular surgery, physical therapy, reconstructive surgery |
| Indicator of birth control plan at postpartum check-up | Birth control method noted (Y/N): none, condom, tubal ligation, IUD, pill, patch, ring, DepoProvera shot, Implanon implant, other (specify) |
| Subsequent pregnancy within nine months postpartum | Subsequent pregnancy within nine months (Y/N); estimated delivery date |
| **Postpartum Utilization Measures: Infant** |
| Number of infant visits during first nine months  | Total number of visits for primary care or specialty care during infant’s first nine months of life |
| Pediatric specialty care referrals/visits during first nine months of life | Specialty care referral/visit (Y/N for each):allergy/immunology, anesthesiology, cardiology, psychiatry/behavioral health/addiction medicine, dermatology, ear/nose/throat, endocrinology/diabetes/metabolism, general surgery, gastroenterology, hematology, medical oncology, infectious disease, neonatal/perinatal medicine, nephrology, neurology, pulmonary medicine, diagnostic radiology, rheumatology, urology, vascular surgery, physical therapy, reconstructive surgery |
| Compliance with schedule for well-baby visits (number, periodicity) | Dates of all well-baby visits (Month/Day/Year) to calculate first visit and number of total visits in relation to infant’s date of birth |
| Breastfeeding status | Breastfeeding (Y/N for each): at hospital discharge, at 1 month well-baby visit, at 3 month well-baby visit  |
| Compliance with infant immunization schedule | Vaccinations received (Month/Day/Year): Hepatitis B; Rotavirus; Diphtheria, Tetanus, Pertussis; *Haemophilus influenzae* type b; Pneumococcal; Inactivated Poliovirus; Influenza; Measles, Mumps, Rubella; Varicella; Hepatitis A |