OMB Number: 0915-0394
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Federal Office of Rural Health Policy – Community Based Division
Rural Maternity and Obstetrics Management Strategies (RMOMS) Program
Data Collection

Public Burden Statement: The purpose of this program is to support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The information gathered will be used in evaluating FORHP's progress in achieving the above purpose and goals of the program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0394 and it is valid until MM/DD/YY. This information collection is required to obtain or retain benefits. Public reporting burden for this collection of information is estimated to average 105 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Summary of Data Elements for RMOMS Cohort

Data Element	
1.0 Client Identifier	4.0 Postpartum Visit
1.1 Rural MOMS County	4.1 Postpartum Depression Screening*
1.2 Year of Birth	4.2 Meeting with Lactation Consultant*
1.3 Race	5.0 Hypertension
1.4 Ethnicity	5.1 Diabetes
1.5 Most Recent Health Insurance Status	5.2 High-Risk Condition (Awardee's Choice)*
1.6 Received Services During the Reporting Period	6.0 Telehealth Visits Dates*
2.0 Due Date	6.1 Telehealth Specialty Visits*
2.1 Prenatal Visits	6.2 Patient/Family Navigator Visits*
2.2 Receipt of Maternal-Fetal Medicine Consultation*	6.3 Received Support Services*
3.0 Delivery Flag	
3.1 Number of Births	*Reporting encouraged but not required for the planning year
3.2 Gestational Age/Preterm Birth	
3.3 Severe Maternal Morbidity (SMM)*	
3.4 Infant Birthweight	
3.5 Caesarean Section	

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1 Demographic Information

Demographic data elements will allow FORHP and awardees to better understand the patient populations served.

1.1 Client Identifier

This identifier can be generated by the awardee. It should be unique for each patient reported in the patient-level data and stable over time. It will help track client care and outcomes over time. The data support provider can provide technical assistance upon request to help create the client identifier.

Field	Description
Element Name	ClientID
Definition	Client identifier
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	Sequential number; truncated Medical Record Number (MRN)
Notes	Identifiers, such as Medicaid ID, full MRN, unencrypted URN,[1] or full date of birth are PII and should not be reported to FORHP and the Data Support Provider.

1.2 RMOMS County

Maternal place of residence will be used in descriptive statistics and to assess whether there are any differences in services or outcomes by residence in a RMOMS county.

Field	Description
Element Name	County
Definition	Maternal residence in a RMOMS county

[1] The URN is a patient identifier that can help link patient records across providers. It is composed of the first and third letter of the first and last name, full date of birth, and a code for gender.

Field	Description
Reporting Expectation	Required
Occurrence	1 entry per patient
Example Values	0 = Does not reside in a RMOMS county 1 = Resides in a RMOMS county 99 = Unknown
Notes	If there is more than one county of residence on record, report residence county closest to the end of the reporting period. Leave blank if unknown. Awardees should not report data for women who are known to permanently reside outside of the U.S.

1.3 Year of Birth

Maternal age will be used in descriptive statistics and to assess whether there are any differences in services or outcomes by age group.

Field	Description
Element Name	YOB
Definition	Maternal year of birth
Reporting Expectation	Required
Occurrence	1 entry per patient
Example Values	YYYY
Notes	Use 9999 if unknown

1.4 Race

Maternal race will be used in descriptive statistics and to assess whether there are any differences in services or outcomes by age group. This data element contains multiple response options.

Field	Description
Element Name	RaceID1-RaceID7
Definition	Maternal race
Reporting Expectation	Required
Occurrence	1 set per patient
Example Values	Check all that apply: • = American Indian or Alaska Native (RaceID1) • = Asian (RaceID2) • = Black or African American (RaceID3) • = Native Hawaiian or other Pacific Islander (RaceID4) • = White (RaceID5) • = Multiple race (unspecified) (RaceID6) • = Unknown (RaceID7)
Notes	Check the appropriate field for one or more race types. Race data should be based on patient self-identification. The awardee should develop processes to collect race data from at least one provider or from program administrative data. In some cases, these data may be unavailable if patients choose not to self-report.

1.5 Ethnicity

Maternal ethnicity will be used in descriptive statistics and to assess whether there are any differences in services or outcomes by ethnicity.

Field	Description
Element Name	EthnicityID
Definition	Maternal ethnicity
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	1 = Hispanic/Latina 2 = Non-Hispanic/Non-Latina

	99 = Unknown
Notes	The awardee should develop processes to collect self-reported ethnicity data from at least one provider or from program administrative data. In some cases, these data may be unavailable if patients choose not to self-report. Hispanic/Latina includes women of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. Do not include women from Portugal, Brazil, or Haiti whose ethnicity is not tied to the Spanish language unless these women have self-reported identifying as Hispanic/Latina.

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1.6 Most Recent Health Insurance Status

Maternal health insurance status will be used in basic descriptive statistics and to assess awardee efforts to link women to insurance and identify insurance-related differences in services or outcomes.

Field	Description
Element Name	MaternalIns
Definition	Most recent maternal health insurance status
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	1 = Private plan 2 = Medicaid/CHIP 3 = VA, Tricare, or other military health care 4 = Indian Health Service 5 = No insurance/uninsured 99 = Unknown
Notes	Record the most recent health insurance status reported at any kind of medical visit. The date insurance status was assessed may fall outside of the reporting period.

1.7 Received Services During the Reporting Period

This flag captures whether the RMOMS participant received clinical or support services from the RMOMS network during the reporting period. Service flags and corresponding reporting periods are shown in Table 1. This flag will be used for quality checks and for calculating measures for specific implementation years.

Field	Description
Element Name	ServiceFlag1…ServiceFlag4
Definition	Whether the RMOMS participant received clinical or support services from the RMOMS network during the current reporting period
Reporting Expectation	Required
Occurrence	1 per patient per reporting period
Example Values	0 = No 1 = Yes 99 = Unknown
Notes	A “yes” response indicates that at least one service was received in the reporting period. A “no” response indicates that no services were received in the reporting period. Both clinical care and support services should be considered. As long as the RMOMS participant originally qualified for the maternal/clinical population (i.e., received pregnancy-related clinical care from RMOMS), the record should be updated for ongoing clinical and support services, including those not specifically related to pregnancy. Typically, RMOMS participants will receive services both before and after delivery. For example, a participant who receives prenatal care in the first implementation year and delivers in the second would have “1” for ServiceFlag2 and ServiceFlag3. ServiceFlag4 would be “0” if no further services were received after the second implementation year. Awardees do not need to report service flags for periods

Field	Description
	that have not yet occurred. Service flags and corresponding reporting periods are shown in Table 1. Awardees can add a column that corresponds to the specific reporting period to the cumulative file with each submission.

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2 Prenatal Care and Pregnancy Characteristics

RMOMS awardees offer and coordinate essential prenatal care to improve health outcomes for mothers and infants. The data elements in this section will capture key services for women with a pregnancy during the RMOMS program period.

If the mother did not receive prenatal care from a RMOMS network facility (e.g., mothers who delivered at a RMOMS facility but received prenatal care elsewhere), awardees should attempt to obtain prenatal care record data whenever possible and utilize the "unknown" response options as needed.

2.1 Due Date

Due date will support the identification and analysis of pregnancy-related services, including the timing of services.

Field	Description
Element Name	DueDate
Definition	Due date for current pregnancy
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	mm/dd/yyyy
Notes	Due date should be based on best obstetric estimate determined through ultrasound and not on last menstrual period alone. Report 99/99/9999 if unknown. If a woman had more than one pregnancy during the reporting period, awardees should create a new record (with the same ClientID) for each pregnancy, clearly specifying the due date for each record.

2.2 Prenatal Visits

These data elements will be used to assess whether RMOMS participants are attending the recommended number of prenatal visits and receiving care in the first trimester.

Field	Description
Element Name	PrenatalFirstTri
Definition	Patient received at least one prenatal visit in the first trimester
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	0 = Did not receive at least one prenatal visit in the first trimester 1 = Received at least one prenatal visit in the first trimester 2 = Has not received at least one prenatal visit, but first trimester is not yet complete 99 = Unknown
Notes	

Field	Description
Element Name	TotalPrenatal
Definition	Count of the total number of prenatal visits received
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	0-15 99 = Unknown
Notes	

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2.3 Receipt of Maternal-Fetal Medicine Consultation

This data element will be used to assess the percentage of RMOMS participants who receive a maternal-fetal medicine (MFM) consultation.

Field	Description
Element Name	MFMConsult
Definition	Whether at least one MFM consultation took place during pregnancy
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient
Example Values	0 = Did not receive MFM consultation 1 = Received one or more MFM consultations/appointments for medical issue 2 = Received MFM ultrasound reading, but did not receive medical consultation/appointment 99 = Unknown
Notes	Include telehealth consultations. Indicate 0 in cases where MFM consultation is unavailable.

3 Labor and Delivery

Information on labor/delivery outcomes is essential for assessing the impact of comprehensive and coordinated prenatal care facilitated by RMOMS awardees. Awardees should report labor and delivery care data for women in the *maternal/clinical population* who have delivered. Awardees may leave most fields blank for women who have not yet delivered but must indicate "not yet delivered in current pregnancy" in Data Element 3.0. Note: in cases where the mother received some services from RMOMS facilities but did not deliver at a RMOMS facility, awardees should attempt to obtain delivery data from the delivery facility when possible and report "unknown" as needed.

3.1 Delivery Flag

This element will be used to determine the population who delivered during the reporting period.

Field	Description
Element Name	DeliveryFlag
Definition	Delivered infant in current pregnancy
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	0 = Not yet delivered in current pregnancy 1 = Delivered between 9/30/2025 – 9/29/2026 2 = Delivered between 9/30/2026 – 9/29/2027 3 = Delivered between 9/30/2027 – 9/29/2028 4 = Delivered between 9/30/2028– 9/29/2029 98 = Delivered prior to 9/30/2025 (start of RMOMS program) 99 = Unknown
Notes	**RMOMS participants with a pregnancy loss should not be included in the patient-level data file.**

3.2 Number of Births

Information on multiple pregnancy status will be used in descriptive statistics and to assess outcomes by singleton or multiple birth.

Field	Description
Element Name	Births
Definition	The number of infants born for the current pregnancy
Reporting Expectation	Required
Occurrence	1 per patient representing the number of infants born for the current pregnancy
Example Values	Enter number of babies delivered, e.g. 1, 2, 3, 4, etc. 99 = Unknown
Notes	

3.3 Gestational Age/Preterm Birth

This will be used to calculate the percentage of preterm births among all deliveries.

Field	Description
Element Name	GestAge
Definition	Gestational age at time of delivery
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	0 = Delivery before 32 weeks 1 = Delivery between 32 and 36 weeks 2 = Full-term delivery (37+ weeks) 99 = Unknown
Notes	Round to the last completed week (e.g., 37w5d = 37 weeks).

3.4 Severe Maternal Morbidity (SMM)

This will assess the percentage of women experiencing SMM among women who delivered.

Field	Description
Element Name	SMM1-SMM4
Definition	Severe maternal morbidity
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient
Example Values	Select all that apply: • Patient received blood transfusion during delivery (SMM1) • Patient was admitted to intensive care unit (ICU) during delivery (SMM2) • Patient was readmitted to hospital within two weeks (14 days) of delivery (SMM3) • Unknown (SMM4)
Notes	Include SMM at non-RMOMS facilities if patient was transferred to higher level of care. Include readmissions to any hospital. This definition of SMM has been adapted from a previous study.[2]

[2] Callaghan, W et al. Facility-Based Identification of Women with Severe Maternal Morbidity, Obstetrics & Gynecology: May 2014 - Volume 123 - Issue 5 - p 978-981. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4293012/#

3.5 Infant Birthweight

This will assess the percentage of infants with low or very low birthweight born to RMOMS participants.

Field	Description
Element Name	IBW
Definition	Identifies a low birthweight infant
Reporting Expectation	Required
Occurrence	1 per infant
Example Values	Enter weight in grams, e.g. 2400 grams or 2600 grams.
Notes	Use birthweight recorded at non-RMOMS facilities if mother/infant were transferred to higher level of care. Multiple values should be reported for twins or higher-order multiple births, e.g. IBW1, IBW2. Report 99 if unknown.

3.6 Caesarean Section

The evaluation will assess the percentage of deliveries taking place via Caesarean section (C-section).

Field	Description
Element Name	CSection
Definition	Delivery mode
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	1 = Vaginal birth (either spontaneous or induced) 2 = Unplanned C-section 3 = Planned C-section

	99 = Unknown
Notes	Include C-sections performed at non-RMOMS facilities if mother/infant were transferred to a higher level of care.

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4 Postpartum Care

The postpartum period is an essential component of the maternal health care continuum. Awardees should report postpartum care data for women in the *maternal/clinical population* who have delivered. For women who delivered in previous periods, postpartum data must be reported if not previously reported. Awardees may leave these fields blank for women who have not yet had a delivery in the current pregnancy but must indicate "not yet delivered in current pregnancy" in Data Element 3.0.

4.1 Postpartum Visit

This will assess the percentage of new mothers who attended at least one postpartum visit within 12 weeks of delivery.

Field	Description
Element Name	PPVisit
Definition	Patient attended one or more postpartum visits with medical provider within 12 weeks of delivery
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	0 = Did not attend a postpartum visit within 12 weeks of delivery 1 = Attended at least one postpartum visit within 12 weeks of delivery 3 = Patient has not attended a postpartum visit, but has not yet reached the 12-week mark at the time of data submission 99 = Unknown
Notes	Include in-person visits with clinician only. 12 weeks = 84 days.

4.2 Postpartum Depression Screening

This will assess the percentage of new mothers who received at least one postpartum depression screening within 12 weeks of delivery.

Field	Description
Element Name	PPDepression
Definition	Patient received at least one screening for postpartum depression within 12 weeks of delivery
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient
Example Values	0 = Did not receive screening for postpartum depression 1 = Received screening for postpartum depression; screened negative 2 = Received screening for postpartum depression; screened positive 3 = Received screening for postpartum depression; result unknown 99 = Unknown
Notes	Can include screenings offered by case workers, social workers, and other non-clinician providers within 12 weeks of delivery. Indicate 0 in cases where postpartum depression screening is unavailable.

4.3 Meeting with Lactation Consultant

This will assess the percentage of RMOMS participants who attended at least one meeting with a lactation consultant within six weeks postpartum.

Field	Description
Element Name	LactConsult
Definition	Meeting with lactation consultant within six weeks postpartum
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient

Example Values	0 = Not offered meeting with lactation consultant 1 = Offered meeting and met with lactation consultant 2 = Offered meeting with lactation consultant, but patient opted out or is not breastfeeding 99 = Unknown
Notes	Consultations can include telehealth meetings. Indicate 0 in cases where lactation consultation is unavailable.

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5 Health Behaviors and High-Risk Conditions

Patient health and behaviors can have a significant impact on maternal health at all points in the care continuum. Awardees should report these data for all RMOMS participants in the maternal/clinical population.

5.1 Hypertension

This will assess the percentage of RMOMS participants with a diagnosis of chronic or gestational hypertension during the current pregnancy.

Field	Description
Element Name	Hypertension
Definition	Any chronic or gestational hypertension during the current pregnancy
Reporting Expectation	Required
Occurrence	1 per patient
Example Values	0 = No hypertension during the current pregnancy 1 = Any hypertension during the current pregnancy 99 = Unknown
Notes	Hypertension is defined as chronic or gestational hypertension. Hypertension may be diagnosed at any point during pregnancy.

5.2 Diabetes

This will assess the percentage of RMOMS participants with any diagnosis of diabetes during the current pregnancy.

Field	Description
Element Name	Diabetes
Definition	Any diabetes during the current pregnancy
Reporting Expectation	Required
Occurrence	1 per patient

Example Values	0 = No diabetes during the current pregnancy 1 = Any diabetes during the current pregnancy 99 = Unknown
Notes	Diabetes during the current pregnancy may include preexisting type 1 diabetes, preexisting type 2 diabetes, or gestational diabetes.

5.3 High-Risk Condition (Awardee's Choice)

Awardees should select one or more high-risk conditions from the list in Appendix A that are relevant to their model. These data will be used to better assess conditions contributing to high-risk pregnancy status.

Field	Description
Element Name	HRCAwardee [See list in Appendix A]
Definition	[See list in Appendix A]
Reporting Expectation	Reporting of at least one condition from the list in Appendix A is required; awardees may opt out in the planning year only
Occurrence	1 per patient
Example Values	[See list in Appendix A]
Notes	If awardees select more than one condition from the list in Appendix A, each data element should be numbered sequentially (e.g., 5.2.1, 5.2.2).

6 Program and Support Services

RMOMS awardees may use funds to coordinate telehealth and support services for patients throughout the continuum of care. These data will examine trends in service utilization and network activity, including for different demographic populations. These data should be reported for all women in the maternal/clinical population.

6.1 Telehealth Visits

Data on telehealth visits will assess the role of RuMOMS in connecting women to telehealth care.

Field	Description
Element Name	TotalTelehealth
Definition	The total number of telehealth visits
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient
Example Values	0-20 visits 99 = unknown
Notes	A telehealth visit is defined as any care or consultation arranged by the RMOMS network that takes place via telehealth. Examples of telehealth services may include telehealth meetings with case managers, support service providers, primary care providers, or specialists. Telehealth visits may include audio-only visits. Awardees should provide the awardee-specific definition of telehealth to the evaluation team.

6.2 Telehealth Specialty Visits

Data on telehealth specialty visits will assess the role of RMOMS in connecting women to specialist care, such as MFM care, via telehealth.

Field	Description
Element Name	TotalTelespec
Definition	The total number of specialty telehealth visits
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient
Example Values	0-20 visits 99 = unknown
Notes	Telehealth specialty care is defined as care or consultation with a clinical specialist that takes place via telehealth. Examples of specialty providers may include maternal-fetal medicine specialists, mental health specialists, non-primary-care specialists (e.g., cardiologists), or, in some cases, OB/GYNs, for non-routine care. Telehealth visits may include audio-only visits. Awardees should provide the awardee-specific definition of telehealth to the evaluation team.

6.3 Patient/Family Navigator Visits

This will assess the average number of meetings between patient navigators and women served by the RMOMS program.

Field	Description
Element Name	Totalpatientnav
Definition	The total number of meetings with RMOMS patient/family navigator
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 per patient
Example Values	0-20 visits

	99 = unknown
Notes	Meetings can include telehealth meetings. Patient navigators may include social workers, case managers, community health workers, or other professional roles to be determined by the awardee.

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6.4 Received Support Services

The evaluation will assess the percentage of RMOMS participants who received at least one support service, such as transportation, food, financial, or housing assistance.

Field	Description
Element Name	SupportService1-SupportService6
Definition	Women who received at least one support service from the RMOMS program
Reporting Expectation	Reporting is encouraged for the planning year but not required
Occurrence	1 set per patient
Example Values	Check all that apply: • = Received any support service during the reporting period (SupportService1) • = Received food assistance (SupportService2) • = Received housing assistance (SupportService3) • = Received transportation assistance (SupportService4) • = Received emergency financial assistance (SupportService5) • = Received other support services (SupportService6)
Notes	Check the first box (SupportService1) in cases where support services are unavailable.

7 Appendix A: High-Risk Medical Conditions and Definitions

For Element 5.3, awardees should select **at least one** of the following high-risk conditions to report for every patient in their maternal/clinical populations. Awardees should select the high-risk condition most relevant to their programmatic goals, strategic priorities, and/or availability of data, and they may select more than one if so desired.

Condition	Definition	Data Element Name	Response Options	Notes
Substance use disorder (SUD)	Patient has substance use disorder, including opioid use disorder (OUD) or other types of SUD.	SUD	0 = Patient does not have SUD 1 = Patient has OUD 2 = Patient has non-OUD SUD 3 = Patient has OUD *and* other type of SUD 99 = Unknown	Do not include alcohol or tobacco use. Do not include normal, medically indicated use of physician-prescribed substances. Opiates include heroin, synthetic opioids (e.g., fentanyl), and pain relievers (e.g., oxycodone, morphine).[3] Non-OUD SUD may include use of amphetamines, cannabis, or other substances. Screening tools and detection methods may vary by practice.
Any chronic condition requiring medication	Patient has *any* chronic physical or mental medical conditions	ChronMed	0 = Patient does not require medication for any chronic condition	Chronic conditions may include any long-term physical or mental health

[3] National Institute on Drug Abuse. Opioids. https://www.drugabuse.gov/drug-topics/opioids

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Condition	Definition	Data Element Name	Response Options	Notes
	requiring medication during the current pregnancy.		1 = Patient requires medication for any chronic condition 99 = Unknown	problem with severity requiring medication during the current pregnancy.
Experiences of intimate partner violence (IPV)	Patient screens positive or reports experiencing *any* IPV during the current pregnancy.	IPV	0 = Patient is not experiencing IPV in the current pregnancy 1 = Patient is experiencing IPV in the current pregnancy 99 = Unknown	IPV may include *one or more* episodes of stalking or physical, sexual, emotional, and/or psychological abuse during pregnancy. Screening tools and detection methods may vary by practice.

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