Subcommittee: HIE Operations and Policy Committee

Chair: Ms. Sherilyn Pruitt

Vice Chair: Ms. Gayle Hurt

Date: May 5, 2026

Status: Final

District of Columbia Health Information Exchange Policy Board

Recommendation on USCDI+ Maternal Health Transitions of Care Data Elements

I. SUMMARY

The HIE Operations and Policy Committee (OPC) recommends adoption of a prioritized subset of USCDI+ Maternal Health (USCDI+MH) Transitions of Care data elements developed by the Maternal Health Transitions of Care Technical Expert Panel (Maternal Health TOC TEP). The TEP convened clinical, technical, and programmatic experts to identify the highest-priority maternal health data elements needed to support consistent and interoperable health information exchange across prenatal, birth, and postpartum settings. This prioritized subset will ultimately support development of a data quality assessment functionality to identify gaps in maternal health data exchange and guide targeted digital health technical assistance for maternal health providers, including those participating in the Transforming Maternal Health (TMaH) Model. The recommendations establish a standardized foundation to improve data completeness, consistency, and care coordination across the perinatal continuum.

II. PROBLEM STATEMENT

Maternal health data in the District is documented and shared inconsistently across prenatal, birth, and postpartum settings. Significant loss of data continuity occurs during transitions of care, where unreliable data structure and capture prevent the longitudinal monitoring required for the TMaH Model. In response, the OPC convened the Maternal Health TOC TEP to recommend a prioritized core set of data elements aligned with national USCDI+MH standards. This standardized foundation will inform development of a functionality to assess maternal health data quality and completeness across participating organizations and guide technical assistance efforts to support consistent, interoperable data exchange across the District's perinatal care settings.

III. SUBCOMMITTEE GOAL AND ACTIVITY

This activity aligns with the OPC's duty to "Establish Technical Expert Panels (TEPs) or workgroups to act on priorities" and its responsibility to "Recommend the types of data that should be a core minimum dataset exchanged among the HIEs in the District."

The OPC convened subject matter experts for the Maternal Health TOC TEP and tasked them with defining a prioritized subset of USCDI+MH data elements tailored to the District's specific needs. To achieve this, the TEP convened clinical, technical, and programmatic experts to analyze, rank, and consolidate data elements suitable for DC HIE exchange. These efforts directly support the TMaH Model by establishing standardized benchmarks for data accuracy, timeliness, and completeness to improve maternal and infant outcomes.

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IV. DISCUSSION

In 2023, the Office of the National Coordinator for Health Information Technology (ONC), now the Assistant Secretary for Technology Policy (ASTP), launched the USCDI+ Maternal Health initiative to establish a standardized set of data elements for maternity care. This comprehensive dataset, featuring more than 200 elements, underwent public comment in 2024 to refine standards for areas such as lactation and postpartum care. To leverage these federal updates for the District's TMaH Model, the OPC tasked the Maternal Health TOC TEP with evaluating a subset of approximately 70 elements. This subset was developed by DHCF staff removing non-maternal health-specific and redundant elements, including overlapping summary-level documentation, to identify high-impact indicators for District-wide health information exchange.

The TEP convened twice in April 2026 to execute this mandate. During the initial session on April 24, 2026, members participated in a facilitated activity to define critical transitions and preliminarily rank elements based on clinical importance, transitions of care relevance, and implementation feasibility. This was followed by an interim activity in which members used a structured Excel tool to provide granular feedback on data capture within routine workflows. All TEP rankings were subsequently aggregated, and the top 10 elements from each transition category were identified and de-duplicated into a consolidated list.

On April 30, 2026, the TEP reconvened to finalize a prioritized list for each transition category (prenatal, birth, and postpartum), ensuring the final subset represents a practical starting point for data exchange and quality improvement efforts. Throughout these deliberations, the TEP emphasized the necessity of dyad data linkage and prioritized discrete data elements to overcome variability in documentation. To refine the list, members added the LATCH Score and Newborn Hearing Screening while removing redundant fields. These discussions established the foundation for strengthening the District's maternal health data quality and interoperability.

V. RECOMMENDATION(S) FOR BOARD ACTION:

The OPC and its Maternal Health TOC TEP recommend that the DC HIE Policy Board approve the adoption of a prioritized District USCDI+MH data subset.

This approved subset will be used by the DC HIE to develop a maternal health data quality and completeness assessment functionality, which will guide targeted data quality technical assistance for maternal health providers. This initiative is intended to strengthen structured data capture, improve the consistency and completeness of maternal health data elements, and enhance care coordination across the perinatal continuum. The OPC will continue to evaluate real-world implementation and may further refine element definitions, workflows, and configuration guidance over time.

Appendix 1 captures the key recommendations for each maternal health data element, consistent with TEP guidance and aligned with national USCDI+MH standards to facilitate interoperable perinatal health information exchange.

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APPENDIX 1: Prioritized Maternal Health Data Elements and Definition

#	Data Element Name	Data Element Definition
1	Antepartum Summary Note	The aggregation of significant events, diagnoses, and plans of care derived from the visits over the course of an antepartum episode. It is a summary of the most critical information antepartum care providers capture and share regarding the status of a patient's pregnancy.
2	Estimated Date of Delivery (EDD)	The EDD is the date that spontaneous onset of labor is expected to occur.
3	Pregnancy Status	State or condition of being pregnant or intent to become pregnant. Examples include but are not limited to pregnant, not pregnant, and unknown.
4	Hypertensive Disorders of Pregnancy	Pre-pregnancy (chronic) or pregnancy-associated hypertension including pre-existing hypertension, chronic hypertension, hypertensive chronic kidney disease, essential hypertension, hypertension diagnosed during the course of a pregnancy and diagnoses of pre-eclampsia and eclampsia.
5	Reason for Referral	Explanation or justification for a referral or consultation.
6	Condition Diagnosis	Condition records are typically inferred from diagnostic codes recorded in the source data.
7	High Risk Perinatal Referral Type	Category of High-Risk Perinatal Referral care service. Examples include but are not limited to office visit, telephone assessment, and home visit.
8	Pregnancy History Note	Note that describes a woman's pregnancy history.
9	Indicators of Severe Maternal Morbidity	Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. 21 indicators- https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm
10	Progress Note	Summary of a patient's interval status during an encounter. Examples include but are not limited to hospitalization, outpatient visit, and treatment with a post-acute care provider, or other healthcare encounter.
11	APGAR Score	APGAR score post-birth is a measure of the physical condition of a newborn infant, including scores at 1, 5 and 10 minutes.
12	Discharge Medications	Indication that a medication should be taken by or given to the patient after being discharged from an encounter.

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#	Data Element Name	Data Element Definition
13	Risk Condition	List of complications or risk conditions. Indicate whether there are other pregnancy/delivery risk factor.
14	Adverse Event	Harm to a patient resulting from medical care rather than the underlying disease that requires additional monitoring, treatment or hospitalization, or that results in death.
15	Care Team Member Role	Responsibility of an individual within the care team. Examples include but are not limited to primary care physician and caregiver. (Note: This is to be displayed with care team name/contact information)
16	Consultation Note	Response to request from a clinician for an opinion, advice, or service from another clinician. Examples include but are not limited to dermatology, dentistry, and acupuncture.
17	Anxiety screen	Interview and self-report measures that may be used to screen, diagnose and/or track treatment outcomes for anxiety. Anxiety is a feeling of excessive fear or worry.
18	Critical Congenital Heart Defects Newborn Screening Interpretation	The result of the screening of the preductal and postductal oxygen saturation measurements.
19	Gestational Age at Delivery	Gestational age at delivery refers to how far along the pregnancy is at delivery, generally expressed as a combination of weeks and days.
20	Newborn Hearing Screen of Ear R/L	The hearing screening result for the ear provides coded result values for pass, refer and not performed. There should be separate results for both the right Ear and left ear.
21	Alcohol Use	Evaluation of a patient's consumption of alcohol. Examples include but are not limited to history of alcohol use, Alcohol Use Disorders Identification Test and alcohol intake assessment.
22	Birth Outcome	The clinical status and health indicators of the newborn including clinical event during labor, delivery, and the immediate post-partum period.
23	Clinical Notes for Newborn	Clinical notes information for a newborn may include the Labor and delivery summary record under–Infant data, and maternal progress note. Example information will include breastfeeding information at time of discharge.
24	Condition Complications	List of complications or conditions related to labor and delivery.
25	Depression screen	Interview and self-report measures that may be used to screen, diagnose and/or track treatment outcomes for depression.

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#	Data Element Name	Data Element Definition
26	Postpartum Summary Note	The postpartum summary note supports the inclusion of any interval medical history since delivery, physical and pelvic examination information, review of newborn status, discussion of birth control options, depression and intimate partner violence screenings, immunization review, counseling regarding any future pregnancies, and any interventional education, screenings, tests and results including laboratory.
27	Maternal Social Determinants of Health Note	Aggregation of significant events, social problems and related health concerns, and plans of care derived from the visits over the course of a maternal care episode.
28	Head Occipital-frontal Circumference Percentile (Birth - 36 Months)	Measurement of head circumference, or OFC (occipital frontal circumference), is a reflection of head growth and is a useful tool in tracking and monitoring childhood growth and development.
29	Neonatal Abstinence Syndrome	Neonatal abstinence syndrome (NAS) is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy.
30	LATCH Score at Discharge	LATCH score is a breastfeeding assessment tool that has been used to assess breastfeeding practices.