

Question 9: Proposed Standards and Characteristics for “Representing Birth and Newborn Data Sets”

Type	Standard Implementation/ Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability																										
Standard	LOINC®	Final	Production		No	Free	N/A																										
Standard	SNOMED CT®	Final	Production		No	Free	N/A																										
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)																													
See LOINC, SNOMED CT and IHE projects in the Interoperability Proving Ground.				Required section specification in IHE NDS profile: <table><tr><td>LOINC® code 57074-7</td><td>Labor and Delivery Process</td></tr><tr><td>LOINC® code 57075-4</td><td>Newborn Delivery Info from Newborn</td></tr><tr><td>LOINC:XXAdmissionPhysicalExam</td><td>Admission Physical Exam</td></tr><tr><td>LOINC® code 61145-9 (or 18776-5)</td><td>Patient Plan of Care</td></tr><tr><td>LOINC® code 10184-0</td><td>Hospital Discharge Physical</td></tr><tr><td>LOINC® code 11535-2</td><td>Hospital Discharge DX</td></tr><tr><td>LOINC® code 61148-3</td><td>Intake and Output</td></tr></table> Some recommended section specification in IHE NDS profile (particularly from mom's coded social history and others): <table><tr><td>SNOMED® code 229819007</td><td>Smoking</td></tr><tr><td>SNOMED® code 160573003</td><td>ETOH (Alcohol) Use</td></tr><tr><td>SNOMED® code 364393001</td><td>Diet</td></tr><tr><td>SNOMED® code 425400000</td><td>Toxic Exposure</td></tr><tr><td>SNOMED® code 363908000</td><td>Drug Use</td></tr><tr><td>LOINC® code 11450-4</td><td>Problem List - Reported</td></tr></table>				LOINC® code 57074-7	Labor and Delivery Process	LOINC® code 57075-4	Newborn Delivery Info from Newborn	LOINC:XXAdmissionPhysicalExam	Admission Physical Exam	LOINC® code 61145-9 (or 18776-5)	Patient Plan of Care	LOINC® code 10184-0	Hospital Discharge Physical	LOINC® code 11535-2	Hospital Discharge DX	LOINC® code 61148-3	Intake and Output	SNOMED® code 229819007	Smoking	SNOMED® code 160573003	ETOH (Alcohol) Use	SNOMED® code 364393001	Diet	SNOMED® code 425400000	Toxic Exposure	SNOMED® code 363908000	Drug Use	LOINC® code 11450-4	Problem List - Reported
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ISA Section V, Question 9. For consideration of a new subsection Representing Birth and Newborn Data Sets-Please comment on the feasibility and maturity of birth and newborn datasets, including the IHE Newborn Discharge Summary, that can be transferred between mother, newborn and pediatric medical home records.

HIMSS agrees that the creation of this subsection within Section I of the ISA is feasible and can leverage the IHE Newborn Discharge Summary (IHE NDS) to identify relevant datasets to include in the Interoperability Need. The IHE NDS Profile specifies relevant code systems, such as SNOMED CT and LOINC used for Data Element and Value definitions. The IHE NDS profile is currently in Trial Implementation and eligible for testing at the [IHE North America Connectathon](#). Based on this profile, HIMSS proposes the following standards and characteristics to be captured in the Interoperability Need [see above table].

Additionally, HIMSS encourages ONC to explore the value within other IHE profiles that can be leveraged for the creation of Interoperability Needs related to birth and newborn data. Some IHE profiles for consideration include [Antepartum Profiles](#), [Labor and Delivery Profiles](#), [Perinatal Workflow](#) and [Postpartum Visit Summary](#). These profiles close the loop for full maternity care interoperability.

When proposing these datasets, HIMSS finds it important to point out the challenges that may arise in the implementation of birth record standards. In 2014, the Minnesota Department of Health reported results from its “Minnesota e-Birth Records Project: Assessing Readiness for e-Birth Records Standards”. The results suggested that the Minnesota Department of Health and area hospitals support the adoption of e-birth records standards, but lack the readiness to fully test and implement these standards. Four factors contribute to this lack of readiness, including 1) the lack of policies to support using e-birth records standards for the collection of civil and medical information, 2) the lack of incentives to promote implementation, 3) unavailable birth registration data in the EHR and structured data formats, and 4) the lack of testing with multiple EHR products. The complete findings and recommendations from this [study can be viewed here](#) and may help in the creation of this Interoperability Need.