**Healthy Start Monitoring and   
Evaluation Data System (HSMED)- II**

**Data Dictionary and XML Schema   
Implementation Guide  
 Prenatal Form**  
May 23, 2024

Health Resources and Services Administration Maternal and Child Health Bureau logo
  
Health Resources and Services Administration

Maternal and Child Health Bureau

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## **Element name**: PPUID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 1 (G1) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Primary Participant Unique ID |
| **Required field** | Yes (May not have duplicates of Unique IDs in one file (during upload checking). |
| **Allowed values** | Alphanumeric text string that allows a minimum of 9 characters and a maximum of 50 characters. PPUIDs should be in the format: 3 digit grantee org code + PP + a unique ID (at least 4 digits long).  NOTE: With the exception of the initial ‘PP’ format requirement, PPUIDs are **NOT** case-sensitive (for example, 123PPUID0001 and 123PPuid0001 would be considered the same client). |
| **Allow multiple values** | No |
| **Occurrence** | 1 unique value per client |
| **XML example** | <PPUID>100PP12345</PPUID> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If there are two or more of the same PPUID] – The PPUID '({PPUID)' is duplicate. |

## **Element name**: FormVersion

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Version (initial or update) of the form |
| **Required field** | Yes |
| **Allowed values** | 1 – Initial form  2 – Updated form |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <FormVersion>1<FormVersion> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [An Initial Form for this PPUID already exists, FormVersion selected as Initial Form and correction checkbox not checked. If previous submission is prior to 05/01/2024, error will not appear.] – If this is an update to the Prenatal Form, 'FormVersion' should be provided as 'Updated Form'. If this is a correction, please check 'This form is a correction'.  [If Initial Form does not exist and user is selecting "Updated form " in FormVersion] – If this is an initial upload to the Prenatal Form, ‘FormVersion’ should be provided as ‘Initial Form’. |

## **Element name**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of initial form completion |
| **Required field** | Yes |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <CompletionDate>09/10/2024</CompletionDate> |
| **Data Validation Type** | Warning  Error |
| **Data Validation Rule** | [If different from previous submission and correction checkbox is not checked, if previous submission date of initial form completion is prior to 5/01/2024, do not show validation] – The 'CompletionDate' is different than previously reported. Please confirm the 'CompletionDate' explain the reason for the change.  **Note:** If completion date is different than the previously submitted value in the system and correction checkbox is checked, then validation will not appear.  **Note:** If previous submission date of initial form completion is prior to 5/01/2024, do not show validation  [If date falls outside of valid range] – The 'CompletionDate' is not in the valid range. Please refer to the HS Implementation Guide”. |

## **Element name**: UpdateType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Type of Prenatal Form update |
| **Required field** | No |
| **Allowed values** | 1 - Pregnancy Ends  2 - Other Update  3 – New pregnancy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UpdateType>1</UpdateType> |
| **Data Validation Type** | Error  Error  Error  Error |
| **Data Validation Rule** | [If form exists, ‘UpdateType’ is missing, and ‘CompletionDate’ is the same as the previous form and correction box is not checked] – If this upload is an update to the Prenatal Form, 'UpdateType' should be provided or provide an explanation why it is missing.  [If ‘FormVersion’ is ‘Updated form’, and ‘UpdateType’ is missing] – If this upload is an update to the Prenatal Form, 'UpdateType' should be provided.  [If ‘FormVersion’ is ‘Updated form’, and correction checkbox is checked and ‘UpdateType’ does not exist in previous uploads] – 'UpdateType' does not currently exist, form cannot be corrected.  [If ‘FormVersion’ is ‘Initial Form’ and ‘UpdateType’ is NOT blank] – ‘UpdateType’ cannot have a value since ‘FormVersion’ is selected as ‘Initial Form’. |

## **Element name**: PregnancyEndsDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date Post-Pregnancy Follow-up section is completed |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PregnancyEndsDate>09/10/2024</PregnancyEndsDate> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range] – The 'PregnancyEndsDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If UpdateType = ‘Pregnancy Ends’ and ‘PregnancyEndsDate’ is blank] – Element 'PregnancyEndsDate' is required when Pregnancy Ends is selected as the Update Type.  [If update type is ‘New Pregnancy’: ‘PregnancyEndsDate’ and ‘OtherUpdateDate’ must be blank] – 'PregnancyEndsDate' and 'OtherUpdateDate' cannot have a value since 'UpdateType' is selected as 'New Pregnancy'. |

## **Element name**: OtherUpdateDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date other update is completed |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherUpdateDate>09/10/2024</OtherUpdateDate> |
| **Data Validation Type** | Error  Error  Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range] – The 'OtherUpdateDate' is not in the valid range. Please refer to the HS Implementation Guide  [If Other Update (2) is selected in UpdateType but OtherUpdateDate is blank] – Element 'OtherUpdateDate' is required when Other Update is selected as the Update Type.  [If Update Type is ‘New Pregnancy’: ‘PregnancyEndsDate’ and ‘OtherUpdateDate’ must be blank] – 'PregnancyEndsDate' and 'OtherUpdateDate' cannot have a value since 'UpdateType' is selected as 'New Pregnancy'.  [If Update Type is ‘Pregnancy Ends’: ‘NewPregnancyDate’ allowed, ‘OtherUpdateDate’ must be blank] – 'OtherUpdateDate' cannot have a value since 'UpdateType' is selected as 'Pregnancy Ends'. |

## **Element name**: NewPregnancyDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date Prenatal Form is completed for a new pregnancy |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NewPregnancyDate>09/10/2024</NewPregnancyDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range] – The 'New Pregnancy Date' is not in the valid range. Please refer to the HS Implementation Guide.  [If ‘New Pregnancy’ (3) is selected in ‘UpdateType’ but ‘NewPregnancyDate’ is blank] – Element 'NewPregnancyDate' is required when 'New Pregnancy' is selected as the 'UpdateType'. |

## **Element name**: Correction

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 3 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Correction box |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Correction>1</Correction> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CompletionDateWarningComment

|  |  |
| --- | --- |
| **Field** | **Description** |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if CompletionDate value is different than previously reported |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CompletionDateWarningComment>String</ CompletionDate WarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element CompletionDate |

## **Element name**: DueDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Pregnant participant’s due date |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  **Past Boundary –**   * If form ‘UpdateType’ is “Initial Form”, use the ‘CompletionDate’; * If form ‘UpdateType’ is “New Pregnancy”, use ‘NewPregnancyDate’; * If form ‘UpdateType’ is "Other Update" or “Pregnancy Ends”: * If the previous submission is “Initial Form”, use ‘CompletionDate’. * If the previous submission is “New Pregnancy”, use ‘NewPregnancyDate’. * If previous submission is "Other Update" or “Pregnancy Ends”, find most recent submission that is an “Initial Form” or “New Pregnancy”: * If it is “Initial Form”, use ‘CompletionDate’. * If it is “New Pregnancy”, use ‘NewPregnancyDate’.   **Future Boundary –**   * If form ‘UpdateType’ is “Initial Form”, use ‘CompletionDate’ + 11 months. * If form ‘UpdateType’ is “New Pregnancy”, use ‘NewPregnancyDate’ + 11 months. * If form ‘UpdateType’ is “Other Update” or “Pregnancy Ends”: * If previous submission is “Initial Form”, use ‘Completion date’ + 11 months. * If the previous submission is "New Pregnancy", use ‘NewPregnancyDate’ + 11 months. * If previous submission is “Other Update” or “Pregnancy Ends”, find most recent submission that is an “Initial Form” or “New Pregnancy”: * If it is “Initial Form”, use ‘CompletionDate’ + 11 months. * If it is “New Pregnancy”, use ‘NewPregnancyDate’ + 11 months |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DueDate>09/10/2024</DueDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If both ‘DueDate’ and ‘DueDateDD’ are empty] – A value is required in ‘DueDate’ or ‘DueDateDD’.  [If date falls outside of valid range] – The 'DueDate' is not in the valid range. Please refer to the HS Implementation Guide. |

## **Element name**: DueDateDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Due date don't know decline |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DueDateDD>88</DueDateDD> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WeeksPregnantNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Current weeks pregnant |
| **Required field** | Yes |
| **Allowed values** | 1 - 0 – 13 weeks  2 - 14 – 27 weeks  3 - 28 – 40+ weeks  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <WeeksPregnantNumber>1</WeeksPregnantNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: EnrolledPregnancyWeeks

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Weeks pregnant when enrolled in Healthy Start |
| **Required field** | Yes |
| **Allowed values** | 1 - Prior to this pregnancy  2 - 0 – 13 weeks  3 - 14 – 27 weeks  4 - 28 – 40+ weeks  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <EnrolledPregnancyWeeks>1</EnrolledPregnancyWeeks> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: FirstPrenatalWeeksNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Weeks pregnant at first visit for prenatal care |
| **Required field** | Yes |
| **Allowed values** | 1 - 0 – 13 weeks  2 - 14 – 27 weeks  3 - 28 – 40+ weeks  4 - I haven’t gone for prenatal care yet  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <FirstPrenatalWeeksNumber>1</FirstPrenatalWeeksNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: FirstPrenatalAppointmentScheduled

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Prenatal appointment scheduled |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FirstPrenatalAppointmentScheduled>1</FirstPrenatalAppointmentScheduled> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If “I haven’t gone for prenatal care yet” (4) is selected in ‘FirstPrenatalWeeksNumber’ but ‘FirstPrenatalAppointmentScheduled’ is blank] – Element 'FirstPrenatalAppointmentScheduled' is required when ‘I haven’t gone for prenatal care yet' (4) is selected in 'FirstPrenatalWeeksNumber'.  [If “0 – 13 weeks” (1) or “14 – 27 weeks”(2) or “28 – 40 weeks”(3) or “Declined to answer”(88)or “Don't know”(99) is selected in ‘FirstPrenatalWeeksNumber’ then 'FirstPrenatalAppointmentScheduled' should be blank] – Element 'FirstPrenatalAppointmentScheduled' cannot have a value since client indicated '0 – 13 weeks' (1) or '14 – 27 weeks'(2) or '28 – 40 weeks'(3) or 'Declined to answer'(88)or 'Don't know'(99) in 'FirstPrenatalWeeksNumber'. |

## **Element name**: FirstPrenatalAppointmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Date of scheduled first prenatal appointment |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  **Past Boundary –**   * If form ‘UpdateType’ is “Initial Form”, use the ‘CompletionDate’; * If form ‘UpdateType’ is “New Pregnancy”, use ‘NewPregnancyDate’; * If form ‘UpdateType’ is "Other Update" or “Pregnancy Ends”: * If previous submission is “Initial Form”, use ‘CompletionDate’. * If previous submission is “New Pregnancy”, use ‘NewPregnancyDate’. * If previous submission is "Other Update" or “Pregnancy Ends”, find most recent submission that is an “Initial Form” or “New Pregnancy”: * If it is “Initial Form”, use ‘CompletionDate’. * If it is “New Pregnancy”, use ‘NewPregnancyDate’.   **Future Boundary –**   * If form ‘UpdateType’ is “Initial Form”, use ‘CompletionDate’ + 11 months. * If form ‘UpdateType’ is “New Pregnancy”, use ‘NewPregnancyDate’ + 11 months. * If form UpdateType is “Other Update” or “Pregnancy Ends”: * If previous submission is “Initial Form”, use ‘Completion date’ + 11 months. * If previous submission is "New Pregnancy", use ‘NewPregnancyDate’ + 11 months. * If previous submission is “Other Update” or “Pregnancy Ends”, find most recent submission that is an “Initial Form” or “New Pregnancy”: * If it is “Initial Form”, use ‘CompletionDate’ + 11 months * If it is “New Pregnancy”, use ‘NewPregnancyDate’ + 11 months |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FirstPrenatalAppointmentDate>09/10/2024</FirstPrenatalAppointmentDate> |
| **Data Validation Type** | Warning  Error |

|  |  |
| --- | --- |
| **Data Validation Rule** | [If date falls outside of valid range] – The 'FirstPrenatalAppointmentDate' is not in the valid range. Please refer to the HS Implementation Guide or explain why it is missing.  [If ‘FirstPrenatalAppointmentScheduled’ = “Yes” and ‘FirstPrenatalAppointmentDate’ Is blank] – 'FirstPrenatalAppointmentDate' is required when 'FirstPrenatalAppointmentScheduled' is selected as ‘Yes’. |

## **Element name**: PregnantWithMultiples

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Pregnant with multiples |
| **Required field** | Yes |
| **Allowed values** | 0 - No, carrying only one  1 - Yes, pregnant with multiples  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <PregnantWithMultiples>1</PregnantWithMultiples> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BabiesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Number of babies in current pregnancy (multiples) |
| **Required field** | No |
| **Allowed values** | An integer value between 1-10 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BabiesNumber>1</BabiesNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadDiabetes

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had Type 1 or Type 2 Diabetes prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadDiabetes>1</HadDiabetes> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadHighBloodPressure

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had high blood pressure or hypertension prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadHighBloodPressure>1</HadHighBloodPressure> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadDepression

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had depression or anxiety prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadDepression>1</HadDepression> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadHIV

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had HIV/AIDS prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadHIV>1</HadHIV> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadSTI

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had Sexually Transmitted Infection (STI/STD) (e.g., gonorrhea, chlamydia, herpes) prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadSTI>1</HadSTI> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadObesity

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had obesity prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadObesity>1</HadObesity> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadChronicHeartDisease

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had chronic heart disease prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadChronicHeartDisease>1</HadChronicHeartDisease> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherChronicConditions

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant had other chronic condition(s) prior to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <OtherChronicConditions>1</OtherChronicConditions> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherChronicConditionsSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Other chronic conditions |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherChronicConditionsSpecification>String</OtherChronicConditionsSpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘OtherChronicConditions’ is selected as “Yes” and ‘OtherChronicConditionsSpecification’ is blank] – Element 'OtherChronicConditionsSpecification' is missing. |

## **Element name**: DiagnosedWithGestationalDiabetes

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant diagnosed with gestational diabetes in current pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <DiagnosedWithGestationalDiabetes>1</DiagnosedWithGestationalDiabetes> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: DiagnosedWithBloodPressure

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant diagnosed with high blood pressure in current pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <DiagnosedWithBloodPressure>1</DiagnosedWithBloodPressure> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PreEclampsia

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant diagnosed with pre-eclampsia in current pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <PreEclampsia>1</PreEclampsia> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HIVAIDS

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant diagnosed with HIV/AIDS in current pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HIVAIDS>1</HIVAIDS> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: DiagnosedWithSTI

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Participant diagnosed with STI/STD in current pregnancy |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know/Not sure |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | < DiagnosedWithSTI>1</ DiagnosedWithSTI> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfeedingPlans

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  HomeLife |
| **Definition** | Plans for breastfeeding |
| **Required field** | Yes |
| **Allowed values** | 1 - Breastfeed only  2 - Formula feed only  3 - Both breast and formula feed  88 - Declined to answer  99 - Don't know yet |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <BreastfeedingPlans>1</BreastfeedingPlans> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: InitialOutcomes

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Initial pregnancy outcomes |
| **Required field** | No |
| **Allowed values** | 1 - Live birth  2 - Ectopic or tubal pregnancy  3 - Miscarriage  4 - Stillbirth or fetal death  5 - Termination of pregnancy  6 - Outcome unknown |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-4 per client |
| **XML example** | <InitialOutcomesList>  <InitialOutcomes>3</InitialOutcomes>  <InitialOutcomes>5</InitialOutcomes>  </InitialOutcomesList> |
| **Data Validation Type** | Error  Error  Error  Error |
| **Data Validation Rule** | [If ‘LiveBirthNumber’ is entered but “Live Birth” is not checked] – Element 'InitialOutcomes’ must be Live Birth since participant indicated the number of live births.  [If ‘FetalDeathsNumber’ is entered but “Stillbirth or fetal death” is not checked] – Element 'InitialOutcomes’ must be selected as “Stillbirth or fetal death” since participant indicated the number of fetal deaths.  [If “Termination of Pregnancy” or “Outcome unknown”, prevent other responses] – You cannot select any other response option if “Termination of pregnancy” or “Outcome unknown” is selected.  [If ‘UpdateType’ is selected as “Pregnancy Ends”(1), then ‘Initial outcomes’ can’t be blank] – Element 'InitialOutcomes' cannot be blank since client indicated 'UpdateType' as 'Pregnancy Ends'. |

## **Element name**: LiveBirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Number of live births |
| **Required field** | No |
| **Allowed values** | An integer value between 1-10 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <LiveBirthNumber>1</LiveBirthNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “Live birth” is checked, but ‘LiveBirthNumber’ is blank] – Element 'LiveBirthNumber' is required since participant indicated “Live birth” as the pregnancy outcome. |

## **Element name**: FetalDeathsNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Number of fetal deaths |
| **Required field** | No |
| **Allowed values** | An integer value between 1-10 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FetalDeathsNumber>1</FetalDeathsNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “Still birth or fetal death” is checked, but ‘FetalDeathsNumber’ is blank] – Element 'FetalDeathsNumber' must be provided since participant indicated “Stillbirth or fetal death.” |

## **Element name**: DeliveryType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 2 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Delivery Type |
| **Required field** | No |
| **Allowed values** | 1 - Vaginal birth  2 - Assisted vaginal birth  3 - Planned caesarean/c-section birth  4 - Unplanned caesarean/c-section birth  5 – Outcome Unknown |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DeliveryType>1</DeliveryType> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [if “Live birth” selected for ‘InitialOutcomes’, ‘DeliveryType’ cannot be blank.] – Element 'DeliveryType' cannot be blank since client indicated 'InitialOutcomes' as 'LiveBirth'. |

## **Element name**: MaternalMorbidity

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 3 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Maternal Morbidity |
| **Required field** | No |
| **Allowed values** | 1 – Acute Kidney Failure  2 – Acute Respiratory Distress Syndrome (ARDS)  3 – Disseminated Intravascular Coagulation (DIC) – a blood clotting disorder  4 – Eclampsia  5 – Hysterectomy  6 – Pulmonary Edema or Acute Heart Failure  7 – Sepsis/Infection  8 – Shock  9 – Other  10 – Outcome unknown  11 – None |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-9 per client |
| **XML example** | < MaternalMorbidityList>  < MaternalMorbidity>1</MaternalMorbidity>  < MaternalMorbidity>2</MaternalMorbidity>  < MaternalMorbidity>3</MaternalMorbidity>  < MaternalMorbidity>4</MaternalMorbidity>  </MaternalMorbidityList> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ‘UpdateType’ is selected as “Pregnancy Ends”(1), then ‘MaternalMorbidity’ can’t be blank] – Element 'MaternalMorbidity' cannot be blank since client indicated 'UpdateType' as 'Pregnancy Ends'.  [If "Outcome Unknown" (10) or 'None'(11) selected, no other selections allowed] – If 'Outcome Unknown' or 'None' is selected, de-select any other 'MaternalMorbidity' selected. |

## **Element name**: MaternalMorbiditySpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 3 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Specify other maternal morbidity |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MaternalMorbiditySpecification>String</ MaternalMorbiditySpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If MaternalMorbidity is “Other” (9) and "MaternalMorbiditySpecification" is blank] – If the client has other 'MaternalMorbidity', provide the ‘MaternalMorbiditySpecification'. |

## **Element name**: EnrolledChildID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 4 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Enrolled Child UID |
| **Required field** | No |
| **Allowed values** | Alphanumeric text string that allows a minimum of 9 characters and a maximum of 50 characters. EnrolledChildIDs should be in the format: 3 digit grantee org code + EC + a unique ID (at least 4 digits long).  NOTE: With the exception of the initial ‘EC’ format requirement, ChildUIDs are **NOT** case-sensitive (for example, 123ECUID0001 and 123ECuid0001 would be considered the same client). |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-4 per client |
| **XML example** | <EnrolledChildIDList>  <EnrolledChildID>100EC123345</EnrolledChildID>  <EnrolledChildID>100EC78900</EnrolledChildID>  </EnrolledChildIDList> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If “InitialOucome” = “live birth”, and this field is missing] – Update includes 'live birth' but 'EnrolledChildID' is missing. Please add 'EnrolledChildID' and resubmit, or provide an explanation for not having enrolled child(ren). |

## **Element name**: NeonatalDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 5 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Neonatal death outcome |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  2 – Outcome unknown |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NeonatalDeath>1</NeonatalDeath> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If “InitialOucome” = “live birth”, and this field is missing] – Update includes ‘live birth’ but ‘NeonatalDeath’ is missing.  [If NeonatalDeathNumber not blank, and NeonatalDeath is Null or "No"] – Element 'NeonatalDeath' is required as the participant provided the number of ’NeonatalDeathNumber’. |

## **Element name**: NeonatalDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 5 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Number of neonatal deaths |
| **Required field** | No |
| **Allowed values** | An integer value between 1-10 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NeonatalDeathNumber>1</NeonatalDeathNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘NeonatalDeath’ is "Yes" and ‘NeonatalDeathNumber’ is blank] – Indicate the ‘NeonatalDeathNumber’. |

## **Element name**: MaternalDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 6 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Maternal death |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  2 - Outcome unknown |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MaternalDeath>1</MaternalDeath> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘UpdateType’ is selected as “Pregnancy Ends”(1), then ‘MaternalDeath’ can’t be blank] – Element 'MaternalDeath' cannot be blank since client indicated 'UpdateType' as 'Pregnancy Ends'. |

## **Element name**: PregnancyOutcomesSources

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Post-Pregnancy Follow-Up 7 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Sources for recorded pregnancy outcomes |
| **Required field** | No |
| **Allowed values** | 1 - Participant self-report  2 - Hospital records or medical record  3 - Vital records  4 - Other family member  5 - Other source |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-5 per client |
| **XML example** | <PregnancyOutcomesSourcesList>  <PregnancyOutcomesSources>4</PregnancyOutcomesSources>  <PregnancyOutcomesSources>5</PregnancyOutcomesSources>  </PregnancyOutcomesSourcesList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If 'UpdateType’ is selected as ‘Pregnancy Ends’(1), then ‘PregnancyOutcomesSources’ can’t be blank] – Element 'PregnancyOutcomesSources' cannot be blank since client indicated 'UpdateType' as 'Pregnancy Ends'. |

## **Element name**: PregnancyOutcomesOtherSourceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 7 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Other source for recorded pregnancy outcomes |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PregnancyOutcomesOtherSourceSpecification>String</PregnancyOutcomesOtherSourceSpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If "PregnancyOutcomesSources" is selected as “Other source” and ‘PregnancyOutcomesOtherSourceSpecification’ is blank] – Element 'PregnancyOutcomesOtherSourceSpecification' is missing. |

## **Element name**: EnrolledChildIdWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification when a live birth is indicated but EnrolledChildID is not provided |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <EnrolledChildIdWarningComment>String</ EnrolledChildId WarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element EnrolledChildID |

## **Element name**: FirstPrenatalAppointmentDateWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Warning justification if FirstPrenatalAppointmentDate is not in the valid date range. |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FirstPrenatalAppointmentDateWarningComment >String</FirstPrenatalAppointmentDateWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element FirstPrenatalAppointmentDate |