

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

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Karen L. Bowling Cabinet Secretary

February 25, 2016

The Honorable William P. Cole III, President West Virginia Senate State Capitol Complex Building 1, Room 229M Charleston, West Virginia 25305

The Honorable Tim Armstead, Speaker West Virginia House of Delegates State Capitol Complex Building 1, Room 228M Charleston, West Virginia 25305

Dear President Cole and Speaker Armstead:

As required by West Virginia Code §16-40-1, regarding birth defects surveillance, please find the enclosed report for January through December 2012. This report is provided by the West Virginia Department of Health and Human Resources through the Office of Maternal, Child and Family Health.

If additional information is needed, you may contact Christina Mullins, Director, Office of Maternal, Child and Family Health at (304) 356-4292 or via e-mail at christina.r.mullins@wv.gov.

Sincerely,

Karen L. Bowling Cabinet Secretary

KLB:vc

Enclosure

cc: Rahul Gupta, MD, MPH, FACP Anne Williams Christina Mullins Steve Harrison Clark Barnes Legislative Library



West Virginia Birth Defects

Calendar Year 2012 (January –December)



Office of Maternal, Child and Family Health 350 Capitol Street, Room 427 Charleston, WV 25301 Melissa Baker, MCH Epidemiologist Division of Research, Evaluation and Planning The West Virginia Birth Defects Surveillance System (BDSS) is administered by the Office of Maternal, Child and Family Health (OMCFH) to monitor the occurrence of birth defects among the state's children. Legislation was passed in 1982 (West Virginia State Code §16-5-12a) mandating the reporting of infants and minors up to the age of six identified with a birth defect. Original legislation was repealed in 2003 and replaced with revised legislation passed in 2003 (West Virginia State Code §16-40-1 with rules and regulations West Virginia Code of State Rules §64-81-1) to enhance the mechanism in place for timeliness of reports, assurance of confidentiality and verifying reportable diagnostic codes. Although the process is mandated, no state funds are designated for the Program.

The purpose of the Program is to ensure an effective early identification system, use this information to enrich the quality of life for those affected by special conditions, provide public education awareness on prevention of heritable birth defects and create epidemiological studies using the collected data.

Currently, the BDSS is a passive system, which means data collection relies upon reporting from facilities – not actual chart abstractions. Infants born with birth defects are identified using specific ICD9 codes and reported to the BDSS (by various methods) on a monthly basis by participating birthing facilities. Also, infants with an identified birth defect at the time of delivery that is indicated on the birth certificate are electronically imported into the BDSS. Of the current 27 birthing facilities in the state, only 13 facilities report birth defects to OMCFH. Four facilities report birth defects by a combination of monthly reports and reproductive outcome forms, seven facilities submit monthly reports only and two facilities submit reproductive outcome forms only. With the existing process, there is not accurate reporting of birth defects in the state, due to the lack of consistent participation by all birthing facilities.

A birth defect is a condition that occurs during the baby's development. It could affect how the body looks, works or both. It may be found during pregnancy, at birth or a few years after birth. Some birth defects are easily recognized, while others can only

be identified by specialized testing. The abnormality can range from mild to severe, or even result in death.

Table 1 lists the reportable conditions that are to be submitted to the BDSS.

ICD CODE	DIAGNOSIS All Congenital Anomalies (740-759) (Reports would include 4 th and 5 th digit attachments, i.e., 740.0 or 743.30)
740	Anencephalus and similar anomalies
741	Spina bifida
742	Other congenital anomalies of nervous system
743	Congenital anomalies of eye
744	Congenital anomalies of ear, face and neck
745	Bulbus cordis anomalies and anomalies of cardiac septal closure
746	Other congenital anomalies of heart
747	Other congenital anomalies of circulatory system
748	Congenital anomalies of respiratory system
749	Cleft palate and cleft lip
750	Other congenital anomalies of upper alimentary tract
751	Other congenital anomalies of digestive system
752	Congenital anomalies of genital organs
753	Congenital anomalies of urinary system
754	Certain congenital musculoskeletal deformities
755	Other congenital anomalies of limbs
756	Other congenital musculoskeletal anomalies
757	Congenital anomalies of the integument
758	Chromosomal anomalies
759	Other and unspecified congenital anomalies

There were 20,813 resident births in 2012 and 651 reportable birth defects collected in the BDSS, a rate of 31.3 defects per 1,000 births. Table 2 lists the conditions and the number of cases reported to the BDSS for 2012 resident births.

ondition	Number of Cases
nencephalus	4
pina bifida without anencephalus	7
ncephalocele	4
oloprosencephaly	9
ongenital cataract	2
notia/microtia	0
ortic valve stenosis	2
ommon truncus	18
ansposition of great arteries	5
extro-transposition of great arteries	3
tralogy of Fallot	15
ntricular septal defect	66
rial septal defect	278
rioventricular septal defect (AVSD)	5
Imonary valve atresia and stenosis	18
Imonary valve atresia	3
icuspid valve atresia and stenosis	2
cuspid valve atresia	2
stein's anomaly	1
poplastic left heart syndrome	5
arctation of aorta	10
gle ventricle	1
errupted aortic arch (IAA)	1
uble outlet right ventricle (DORV)	4
eft palate without cleft lip	17
ft lip without cleft palate	2
eft lip with cleft palate	12
panal atresia	4
ophageal atresia/tracheoesophageal fistula	6
ctal and large intestinal atresia/stenosis	8
ary atresia	0
all intestinal atresia/stenosis	. 5
nal agenesis/hypoplasia	10
pospadias	52
pacal exstrophy	8
phragmatic hernia	3
b deficiencies (reduction defects)	8
bfoot	27
somy 13 (Patau syndrome)	1
somy 21 (Down syndrome)	21
somy 18 (Edwards syndrome)	2
al	651

Many birth defects occur before a woman even realizes she is pregnant. While not all birth defects can be prevented, a woman can increase her chance of having a healthy baby by visiting a doctor before getting pregnant, controlling existing medical concerns such as obesity and diabetes, not smoking, not using alcohol or illegal drugs and taking 400 mg of folic acid daily. Since almost half of all pregnancies are unplanned, birth defects prevention measures should be in place at all times to ensure a healthy pregnancy.