

January 2020 Digital Toolkit

NATIONAL BIRTH DEFECTS PREVENTION MONTH

We are excited to present the National Birth Defects Prevention Month (NBDPM) 2020 Digital Toolkit! Together, we hope to raise awareness about the impact of birth defects on our communities and to share tips for preventing birth defects.

The National Birth Defects Prevention Network (NBDPN), in collaboration with the Centers for Disease Control and Prevention (CDC), Teratology Society, American Academy of Pediatrics (AAP), MotherToBaby, March of Dimes (MOD) and state health departments, has developed this toolkit, focusing on the theme “Best for You. Best for Baby. 5 Tips for Preventing Birth Defects.”

Help Us Spread the Word

Help us generate excitement and awareness by using the following toolkit items:

- Themed resources: “Best for You. Best for Baby. 5 Tips for Preventing Birth Defects.”
 - These resources can serve as a foundation for the theme’s five tips. They provide information on each of the five tips, a sample social media post and links to external resources.
- Indiana State Department of Health (ISDH) Maternal and Child Health resources are provided for more information about those programs.
- Indiana Birth Defects and Problems Registry (IBDPR) resources, including:
 - A brief overview of the IBDPR
 - Reporting requirements
 - Reportable conditions
 - A contact list
- A copy of the toolkit, fact sheets and additional resources for Hoosier families can be found at www.birthdefects.in.gov.

Create a buzz with social media: Use the hashtag #Best4YouBest4Baby on Facebook, Twitter, Instagram and other channels to help us track engagement.



Themed Resources

BEST FOR YOU. BEST FOR BABY. 5 TIPS FOR PREVENTING BIRTH DEFECTS.

The following are steps women can take to prepare and maintain a healthy pregnancy as well as reduce the chance of birth defects.

Tip ①: Be sure to take 400 micrograms (mcg) of folic acid every day.

Folic acid is a B vitamin. Our bodies use it to make new cells like hair, skin and nails. During early development, folic acid helps form the neural tube. Folic acid is very important because it can help prevent some major birth defects of the baby's brain (anencephaly) and spine (spina bifida), which are called neural tube defects.

Folate is a general term to describe many different forms of vitamin B9. Folate is found in foods like leafy green vegetables, citrus fruits and beans. Folic acid is added to some foods such as rice, breads, pastas and cereals. These foods are labeled "enriched." Folic acid is the only form of folate that has been shown to help prevent neural tube defects. In addition to eating foods with folate from a varied diet, you can:

- Take a vitamin that has folic acid in it every day.
 - Vitamins can be found at most local pharmacies and grocery stores. Check the label on the bottle to be sure it contains 100% of the daily value (DV) of folic acid, which is 400 mcg.
 - Most vitamins sold in the United States have the recommended amount of folic acid women need each day, but be sure to check the label.
- Eat fortified foods.
 - You can find folic acid in some breads, pasta, breakfast cereals and corn masa flour.
 - Be sure to check the nutrition facts label and look for one that has "100%" next to folate.

Social Media Suggestion:

Trying to be your healthiest self before & during pregnancy? Be sure to take 400 micrograms (mcg) of folic acid every day. #Best4YouBest4Baby

Resources:

Folic Acid Recommendations | CDC

<https://www.cdc.gov/ncbddd/folicacid/recommendations.html>

Folic Acid Fact Sheet | March of Dimes

<https://www.marchofdimes.org/pregnancy/folic-acid.aspx>

Why, How, When, What | Baby Center

https://www.babycenter.com/0_folic-acid-why-you-need-it-before-and-during-pregnancy_476.bc

Folic Acid | Office on Women's Health

<https://www.womenshealth.gov/a-z-topics/folic-acid>



Tip 2: Book a visit with your healthcare provider before stopping or starting any medicine.

Many women need to take medicine to stay healthy, and there are often benefits to continuing your treatment throughout your pregnancy. If you are trying to have a baby or are just thinking about it, now is a great time to start getting ready for pregnancy by talking with your doctor about medications you may be taking.

Women who are already pregnant or think that they could be pregnant should also see their healthcare providers. Start prenatal care right away. It is important to see your healthcare provider regularly throughout pregnancy. So be sure to keep all prenatal care appointments.



It is not easy to study medicine use in pregnancy. This means there may not be easy answers about possible risks for some medicines when used in pregnancy. If you are planning to become pregnant, discuss your current medicines with your healthcare providers, such as your doctor or pharmacist. There are often benefits to continuing your treatment throughout your pregnancy. However, if you and your healthcare provider decide to change your medicines, discussing a treatment plan before a pregnancy can give you time to consider all options that can help keep you and your developing baby as healthy as possible.

Planning how to take care of your health conditions before you become pregnant can help keep you and your developing baby healthy. Don't forget to talk about your family history when visiting your healthcare provider! Based on your family history, your doctor might alter your care or refer you for genetic or nutritional counseling.

Social Media Suggestion:

Visiting your healthcare provider before & during pregnancy is key, especially if stopping or starting any medication. Have questions about medication during pregnancy? Visit <http://bit.ly/Best4UBaby> for access to expert information. #Best4YouBest4Baby

Resources:

Factsheets on Medications | MotherToBaby

<https://mothertobaby.org/fact-sheets-parent/>

Medication and Pregnancy | American Pregnancy Association

<http://americanpregnancy.org/medication/medication-and-pregnancy/>

Medication Tips and Facts | U.S. Food and Drug Administration

<https://www.fda.gov/forconsumers/byaudience/forwomen/ucm118567.htm>

Treating for Two | CDC

<https://www.cdc.gov/pregnancy/meds/treatingfortwo/index.html>

Over-the-Counter Medication in Pregnancy | American Family Physician

<https://www.aafp.org/afp/2003/0615/p2517.html>



Tip 3: Become up-to-date with all vaccines, including the flu shot.

Vaccines help protect you and your baby. Some vaccinations, such as the flu (influenza) vaccine and the Tdap vaccine (adult tetanus, diphtheria and acellular pertussis vaccine), are specifically recommended during each pregnancy. Having the right vaccinations at the right time can help keep you and your baby healthy. Get a flu shot and Tdap vaccine during each pregnancy to help protect yourself and your baby.



Flu: You can get the flu shot before or during each pregnancy. Pregnant women with flu have an increased risk of serious problems for their pregnancy, including preterm birth. Getting a flu shot is the first and most important step in protecting against flu. The flu shot given during pregnancy has been shown to protect both mom and baby (for up to 6 months after delivery) from the flu.

Tdap: You should get the Tdap vaccine near the end of each pregnancy (weeks 27–36). After getting the shot, your body will make protective antibodies (proteins made by the body to fight off diseases) and will pass some of the antibodies to your baby before birth. These antibodies give your baby some short-term protection against whooping cough (also called pertussis). These antibodies can also protect your baby from some of the more serious complications of whooping cough. Partners/spouses and other family members who live in the same home or will be helping to take care of a new baby should also receive the Tdap vaccine before the baby is born.

Social Media Suggestion:

Not all birth defects can be prevented, but you can increase your chances of having a healthy baby by being your healthiest self both before & during pregnancy. Vaccines help protect you & your developing baby against serious diseases. #Best4YouBest4Baby

Resources:

Seasonal Influenza in Pregnancy Fact Sheet | MotherToBaby

<https://mothertobaby.org/fact-sheets/seasonal-influenza-the-flu-pregnancy/>

Flu Vaccine Safety and Pregnancy | CDC

https://www.cdc.gov/flu/protect/vaccine/qa_vacpregnant.htm

Get the Whooping Cough Vaccine While You Are Pregnant | CDC

<http://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html>

Vaccinations and Pregnancy | March of Dimes

<https://www.marchofdimes.org/pregnancy/vaccinations-during-pregnancy.aspx>

Vaccines in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/vaccines-pregnancy/>

<https://mothertobaby.org/es/fact-sheets/las-vacunas/> (Spanish)

Tdap Vaccine in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/tetanus-diphtheria-pertussis-tdap-vaccine-pregnancy/>

<https://mothertobaby.org/es/fact-sheets/la-vacuna-contra-influenza-estacional-flu-shot-durante-el-embarazo/> (Spanish)

Hepatitis Vaccine in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/hepatitis-vaccine-pregnancy/>

<https://mothertobaby.org/es/fact-sheets/hepatitis-la-vacuna-durante-el-embarazo/> (Spanish)



Tip 4: Before you get pregnant, try to reach a healthy weight.

Obesity increases the risk for several serious birth defects and other pregnancy complications. If you are underweight, overweight, or obese, talk with your healthcare provider about ways to reach and maintain a healthy weight before you get pregnant. Eating healthy foods and being physically active are great ways to prepare for pregnancy.

One size does not fit all. During pregnancy, follow the guidelines for weight gain that match your weight before pregnancy. Talk to your provider about making physical activity a part of a healthy pregnancy.



Social Media:

Prepping for pregnancy? Work with your healthcare provider now to achieve a safe & healthy weight for you & your baby. #Best4YouBest4Baby

Resources:

Weight Gain during Pregnancy | CDC

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm>

Women's Weight before Pregnancy and Child Development | CDC

<https://www.cdc.gov/ncbddd/developmentaldisabilities/features/keyfinding-women-weight-child-development.html>

Eating for Two When Over or Under Weight | American Pregnancy Association

<http://americanpregnancy.org/pregnancy-health/eating-for-two/>

Tracking your Weight | CDC

https://www.cdc.gov/reproductivehealth/pdfs/maternal-infant-health/pregnancy-weight-gain/tracker/single/Obese_Weight_Tracker_508Tagged.pdf

Exercise in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/exercise-pregnancy/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/el-ejercicio/>

Pregnancy and Eating Disorders | The National Eating Disorders Association (NEDA)

<https://www.nationaleatingdisorders.org/pregnancy-and-eating-disorders>

Being Overweight During Pregnancy | March of Dimes

<https://www.marchofdimes.org/pregnancy/being-overweight-during-pregnancy.aspx>



Tip 5: Boost your health by avoiding harmful substances during pregnancy, such as alcohol, tobacco and other drugs.

Alcohol: There is no known safe amount of alcohol during pregnancy or when trying to get pregnant. A developing baby is exposed to the same concentration of alcohol as the mother during pregnancy. This can result in a range of lifelong physical, behavioral and intellectual disabilities. Alcohol use in pregnancy can also increase the risk of miscarriage, stillbirth, prematurity and sudden infant death syndrome (SIDS). In addition, alcohol may make it harder for a woman to become pregnant. Alcohol can have negative effects on a baby's development at any time during pregnancy, including before a woman even knows she is pregnant. Therefore, it is important to stop drinking alcohol when trying to get pregnant.



Tobacco: Today, tobacco can be consumed in multiple ways; this includes traditional forms like cigarettes, cigars, pipes, chew, snuff and hookah as well as newer forms like e-cigarettes/vapes. Smoking causes cancer, heart disease and other major health problems. Smoking during pregnancy can harm the placenta and a developing baby and can cause certain birth defects. The placenta grows in your uterus (womb) and supplies the baby with food and oxygen through the umbilical cord. Cigarette smoke has over 4,000 chemicals. When you smoke during pregnancy, chemicals like nicotine, carbon monoxide and tar damage the placenta and/or pass through the placenta and umbilical cord to reach your baby's bloodstream. Quitting smoking will help you feel better and provide a healthier environment for your baby. Because they are relatively new and are not well-regulated, there is less information known about the effects of e-cigarettes on pregnancy. Until more information is available, it is recommended that pregnant women not use e-cigarettes.

Marijuana: During pregnancy, the chemicals in marijuana (in particular, tetrahydrocannabinol, or THC) pass through mom to a developing baby and can harm a baby's development. In animal studies, combined exposure to even low levels of marijuana in combination with alcohol have been associated with impaired brain development of the baby (1, 2). More research is needed to better understand how marijuana may affect mom and baby during pregnancy. However, it is recommended that pregnant women not use marijuana.

Prescription Opioids: Painkillers such as codeine, morphine and oxycodone may be prescribed following an injury, surgery or dental work. Any type of opioid exposure during pregnancy can cause neonatal abstinence syndrome, a condition in which the newborn experiences withdrawal from certain drugs after exposure during pregnancy. If you are pregnant and taking an opioid, talk to your doctor before making any changes. Ask about options for opioid treatment to decide what is best for you and your pregnancy.

Other Drugs: Using certain drugs during pregnancy can cause health problems for a woman and her developing baby. If you are pregnant/trying to get pregnant and cannot stop using drugs—please ask for help! A healthcare provider can help you with counseling, treatment and other support services.

Social Media Suggestion:

What is best for you is also best for your baby. Stop using harmful substances during pregnancy (including alcohol & tobacco) to avoid harmful effects on your baby.
#Best4YouBest4Baby

References and Resources:

1. Boa-Amponsem O, Zhang C, Mukhopadhyay S, Ardrey I, Cole GJ. Ethanol and cannabinoids interact to alter behavior in zebrafish fetal alcohol spectrum disorder model. (2020) Birth Defects Res 111:775-788.
2. Breit KR, Zamudio B, Thomas, JD. The effects of alcohol and cannabinoid exposure during the brain growth spurt on behavioral development in rats. (2020) Birth Defects Res 111:760-774.

Substance use in Pregnancy | World Health Organization

http://www.who.int/substance_abuse/activities/pregnancy_substance_use/en/

Using Illegal Drugs during Pregnancy | American Pregnancy Association

<http://americanpregnancy.org/pregnancy-health/illegal-drugs-during-pregnancy/>

Alcohol Use in Pregnancy | CDC

<https://www.cdc.gov/ncbddd/fasd/alcohol-use.html>

Alcohol during Pregnancy | March of Dimes

<https://www.marchofdimes.org/pregnancy/alcohol-during-pregnancy.aspx>

Alcohol in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/alcohol-pregnancy/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/el-alcohol/>

Cigarette Smoke in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/cigarette-smoking-pregnancy/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/el-fumar-cigarro-el-embarazo/>

Prescription Opioids in Pregnancy | March of Dimes

<https://www.marchofdimes.org/pregnancy/prescription-opioids-during-pregnancy.aspx>

Heroin in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/heroin/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/heroina/>

Cocaine in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/cocaine-pregnancy/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/la-cocaina/>

Marijuana in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/marijuana-pregnancy/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/marihuana/>

Methamphetamine in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/methamphetamine/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/la-metanfetamina/>

Codeine in Pregnancy/Breastfeeding | MotherToBaby

<https://mothertobaby.org/fact-sheets/codeine/>

In Spanish: <https://mothertobaby.org/es/fact-sheets/la-codeina/>

Marijuana use in Pregnancy | CDC

<https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>



ISDH Resources for Families

Download the LIV app! She's the pregnancy mobile app focused on improving the health of Indiana's women and children. The app includes information for anyone thinking about having a baby, already pregnant, parenting a newborn or trying to prevent pregnancy. Additional information and promotional materials can be ordered by contacting Linda Heacox at LHeacox@isdh.in.gov.



Baby and Me, Tobacco Free™

The ISDH coordinates more than 20 smoking cessation program sites for pregnant women. Baby and Me, Tobacco Free™ is an evidence-based smoking cessation program for pregnant women through her child's first birthday. Education is provided by a certified facilitator to participants four times before baby's birth and monthly postpartum visits until her baby turns 1 year old. To find a location, please visit <http://www.babyandmetobaccofree.org/find-a-location/indiana/>.

Children's Special Health Care Services

Indiana Children's Special Health Care Services provides supplemental medical coverage to help families of children who have serious, chronic medical conditions, age birth to 21 years of age, who meet the program's financial and medical criteria, pay for treatment related to their child's condition. For additional information, please visit <https://www.in.gov/isdh/19613.htm>, call 1-800-475-1355 or email cshcscarecoordinator@isdh.in.gov.

Help Me Grow (HMG)

HMG Indiana is a tollfree number (1-844-624-6667 x3) that connects ALL families and providers to community resources and child development information in Indiana. The mission of HMG Indiana is to promote optimal development of Indiana's young children ages 0-8. HMG Indiana isn't an agency, but a partnership based on a national model for organizing existing agencies with the goal of more efficiently and effectively reaching and helping children. HMG Indiana is housed at the Indiana State Department of Health and utilizes the MOMS Helpline's phone system in connection with Indiana 211's resource database.



ISDH Resources for Families

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

The Indiana MIECHV program goal is to improve health and development outcomes for children and families who are at risk. The Indiana State Department of Health and the Department of Child Services serve as co-lead partnering agencies on the MIECHV program. Currently grant funds were awarded to two evidence-based home visiting programs in Indiana: Healthy Families Indiana and Nurse-Family Partnership.

- **Healthy Families Indiana**
<https://www.in.gov/dcs/2459.htm>
- **Nurse-Family Partnership**
<http://www.nursefamilypartnership.org/>

MOMS Helpline

The MOMS Helpline is committed to improving pregnant women's access to early and regular prenatal care and connecting them with a network of prenatal and child health care services within their local communities, state agencies and other organizations around Indiana. The MOMS Helpline goal is to help reduce Indiana's infant mortality rate, and our dedicated specialists are here to provide valuable information and referrals, educate and advocate on behalf of moms and pregnant women. The MOMS Helpline is an important resource for ensuring that every Indiana mom and baby is healthy and happy. If you have any questions or need information about a particular resource, please call 1-844-MCH-MOMS (1-844-624-6667), email MCHMOMSHelpline@isdh.in.gov or visit <https://www.in.gov/isdh/21047.htm>

OB Navigator Program

The OB Navigator program is a collaboration between the Indiana State Department of Health (ISDH), the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). This initiative will build a network of services and support to wrap our arms around moms and babies to create healthier outcomes for both. The goal of this program is to identify women early in their pregnancies and connect them with an OB navigator – a home visitor who provides personalized guidance and support to a woman during her pregnancy through at least the first six to 12 months after her baby's birth. To begin that effort, the program will work to connect pregnant women who are covered by Medicaid in our highest-risk areas to services in their communities. This initiative is an important step in our efforts to lower Indiana's infant and maternal mortality rates.



Indiana Birth Defects and Problems Registry

What does the IBDPR do?

The Indiana Birth Defects and Problems Registry (IBDPR) has been monitoring birth defects since 1987 when the Indiana legislature authorized the IBDPR to establish a registry. State law requires that doctors, hospitals and other healthcare providers notify the IBDPR when a child is born with a birth defect.

The IBDPR receives notification from healthcare providers for most conditions up to age 3. Fetal alcohol syndrome is monitored up to age 5, and autism spectrum disorders are monitored for all ages. This information is used to determine the number of children born with birth defects. The IBDPR uses these numbers to inform the community on needed resources for healthcare services and prevention programs.

Why is the information needed?

- To help parents of infants with special healthcare needs receive necessary services
- To find ways to prevent or reduce the impact of certain birth defects
- To identify factors that might be associated with birth defects
- To address community concerns about environmental effects that might increase the risk of a certain birth defect
- To provide education and awareness to the public

What happens when a child's name is reported to the IBDPR?

A hospital or healthcare provider informs the IBDPR that a child was diagnosed with a birth defect. All information about children and families reported to the IBDPR is kept confidential to respect the rights of families. The IBDPR does not share the confidential information. The Indiana State Department of Health can plan services and provide resources based on the information received.



Reporting to the IBDPR

What is required to report?

State statute 410 IAC 21-3 requires all Indiana residents born with a reportable condition be reported to the IBDPR. The reportable condition list can be found online at www.birthdefects.in.gov. The age limits for those individuals are as follows:

- Any child age 0-3 years with a congenital anomaly or other condition on the reportable conditions list
- Any child age 0-5 years diagnosed with fetal alcohol syndrome A
- Any child aged 0-8 years with a pervasive developmental disorder

Who is required to report?

State statute 410 IAC 21-3 requires physicians, dentists, oral surgeons, nurses, midwives, optometrists, podiatrists, chiropractors, physical therapists, psychologists, audiologists and more to report to the IBDPR.

Why is reporting required?

IBDPR tracks the prevalence of congenital anomalies and other birth problems. This allows ISDH to implement education, prevention and other initiatives to reduce morbidity and mortality. Without accurate reporting, the health department cannot implement resources effectively.

How do I report?

There are two ways to report to the IBDPR: through hospital discharge data or through direct healthcare provider reporting.

Hospitals upload a monthly report from their discharge data to the IBDPR through the secure ISDH Gateway. The file contains all discharges for the previous month with IBDPR reportable conditions. For more information on how to submit monthly hospital data, please contact IBDPR@isdh.in.gov.

Physicians, dentists, oral surgeons, nurses, midwives, optometrists, podiatrists, chiropractors, physical therapists, psychologists, audiologists and other health care providers report directly to the IBDPR through the Birth Defect Reporting form housed inside the Indiana Newborn Screening Education and Tracking Program (INSTEP) within the secure ISDH Gateway. Newborn screening results can also be found within INSTEP. For more information on how to report or to gain access to INSTEP, please contact IBDPR@isdh.in.gov.



IBDPR Contact List

To reach the IBDPR team,
please email IBDPR@isdh.in.gov

For more information about IBDPR, please visit
www.birthdefects.in.gov

Allison Forkner, MPH

IBDPR Program Manager

Jennifer Haller

Genomics and
Newborn Screening Quality Coordinator

Heather Deckard

IBDPR Medical Chart Abstractor

Crystal Kegebein

IBDPR Medical Chart Abstractor

Holly Miller, MPH

IBDPR Case Reviewer

Krista vonBurg

IBDPR Medical Chart Abstractor

