

January 2019 Digital Toolkit

NATIONAL BIRTH DEFECTS PREVENTION MONTH

The Indiana Birth Defects and Problems Registry (IBDPR) is excited to present the National Birth Defects Prevention Month (NBDPM) 2019 Digital Toolkit! IBDPR is part of the Indiana State Department of Health's Division of Maternal and Child Health. The goals of NBDPM are to raise awareness about the impact of birth defects on our communities and give healthcare providers tips for preventing birth defects to share with their patients.

The National Birth Defects Prevention Network, in collaboration with the Centers for Disease Control and Prevention, Teratology Society, American Academy of Pediatrics, MotherToBaby, March of Dimes, and state health departments, have developed this toolkit, focusing on the theme, "Best for You. Best for Baby. 5 Tips for Preventing Birth Defects."

Spread the Word

Help generate 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.
- ISDH Resources for Families: The state health department offers a number of resources to help more moms and babies have positive outcomes, including MOMS Helpline, Baby and Me-Tobacco Free and the Maternal, Infant, and Early Childhood Home Visiting Program and more.
- Indiana Birth Defects and Problems Registry (IBDPR) resources: A brief overview of the IBDPR, the updated IBDPR reporting requirements and reportable conditions list are provided.
- IBDPR Contact List: Use this to reach the IBDPR team and to get more information.
- 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.

Download the Liv app! She's the new 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. Promotional materials can be ordered by submitting the completed order form to Linda Heacox at LHeacox@isdh.in.gov.



Liv Resources Order Form

Thank you for your hard work to keep all Indiana infants and mothers healthy. By partnering with Liv, you are displaying your compassion and dedication to this effort. Below you will find a list of available promotional items. After filling in your contact information, please mark how many items you would like shipped to your location.

Name:

Phone Number:

Company Name:

Address:

Item	Quantity
Flyers (English)	
Flyers (Spanish)	
Posters (English)	
Posters (Spanish)	
Liv Business Cards (English)	
Liv Business Cards (Spanish)	
Phone Backs	
Screen Cleaners	
Bookmarks	

If you haven't downloaded Liv, you can do so by searching "Liv Pregnancy App" on all app stores.

You can also visit the desktop version at www.askliv.com.

If you are looking for additional speakers/exhibitors at your events, please email Nolan Mikowski at nolan@asklivapp.com.



Themed Resources

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

Not all birth defects can be prevented, but women can increase their chances of having a healthy baby by doing what they can to be their healthiest both before and during pregnancy. Please use these helpful tips to start a conversation with your patients.

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

Folic acid is important because it can help prevent some major birth defects of the baby's brain and spine. Our bodies use this B vitamin to make new cells.

Folate is found naturally in certain fruits, vegetables, and nuts. Folic acid is found in fortified foods (called "enriched foods"), such as breads, pastas, and cereals. In addition to eating foods with folate from a varied diet (including foods like spinach and avocado), 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.
- 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:

Looking for a tip 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. If you live in the home or will be helping to take care of a new baby, you 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 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.

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, or a condition the newborn experiences from withdraw 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's best for you and your pregnancy.

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. In addition, alcohol may make it harder for a woman to become pregnant. Alcohol use in pregnancy can also increase the risk of miscarriage, stillbirth, prematurity, and sudden infant death syndrome (SIDS). Alcohol can have negative effects on a baby's development at any time during pregnancy, including before a woman even knows she is pregnant. That is why it is important to stop drinking alcohol when you start 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 known about the effects of e-cigarettes on pregnancy. Until more and better 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. 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.

Need Help?: Using certain drugs during pregnancy can cause health problems for a woman and her developing baby. If you are pregnant or trying to get pregnant and can't 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. Eliminate the use of harmful substances during pregnancy (including alcohol & tobacco) to avoid harmful effects on your baby. #Best4YouBest4Baby



Resources:

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

MOMS Helpline

<https://www.in.gov/isdh/21047.htm>

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) or email MCHMOMSHelpline@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/>.

Maternal, Infant, & 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.

Liv mobile application

Liv is the new 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. If you haven't downloaded Liv, you can do so by searching "Liv Pregnancy App" on all app stores. You can also visit the desktop version at www.askliv.com.

Healthy Families Indiana

<https://www.in.gov/dcs/2459.htm>

Nurse-Family Partnership

<http://www.nursefamilypartnership.org/>

Additional Resources for Hoosier families can be found at:

<https://www.in.gov/isdh/28016.htm>

<https://www.in.gov/isdh/19571.htm>



Indiana Birth Defects & Problems Registry Resources

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. 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.



IBDPR Hospital Discharge Reporting Specifications

Data Fields:

Field Index	Data Element	Format	Example
1	Hospital Code	Char (4) Johnson Memorial = 5154	5154
2	First Name	Variable character length – no greater than 15	John
3	Middle Name	Variable character length – no greater than 15	Louis
4	Last Name	Variable character length – no greater than 25	Doe
5	Gender	Char (1) 'M' or 'F'	M
6	Date of Birth	YYYYMMDD	20020101
7	Social Security Number	Char (9)	111223333
8	Medical Record Number	Variable character length – no greater than 20	1234567890
9	Street Address	Variable character length – no greater than 30	5555 Somewhere Lane
10	City	Variable character length – no greater than 20	Carmel
11	State	Char (2)	IN
12	County	Variable character length – no greater than 20	Hamilton
13	Zip	Char (5)	46033
14	Admission Date	YYYYMMDD	20020101
15	Discharge Date	YYYYMMDD	20020102
16	Admitting Diagnosis	ICD-10-CM	Z3801
17	Principal Diagnosis	ICD-10-CM	
18	Secondary Diagnosis (1)	ICD-10-CM	
19	Secondary Diagnosis (2)	ICD-10-CM	
20	Secondary Diagnosis (3)	ICD-10-CM	
21	Secondary Diagnosis (4)	ICD-10-CM	
22	Secondary Diagnosis (5)	ICD-10-CM	
23	Secondary Diagnosis (6)	ICD-10-CM	
24	Secondary Diagnosis (7)	ICD-10-CM	
25	Secondary Diagnosis (8)	ICD-10-CM	
26	Secondary Diagnosis (9)	ICD-10-CM	
27	Secondary Diagnosis (10)	ICD-10-CM	
28	Secondary Diagnosis (11)	ICD-10-CM	
29	Secondary Diagnosis (12)	ICD-10-CM	
30	Secondary Diagnosis (13)	ICD-10-CM	
31	Secondary Diagnosis (14)	ICD-10-CM	
32	Secondary Diagnosis (15)	ICD-10-CM	
33	Principal Procedure	ICD-10-CM	
34	Principal Procedure Date	YYYYMMDD	
35	Other Procedure (1)	ICD-10-CM	
36	Other Procedure Date (1)	YYYYMMDD	
37	Other Procedure (2)	ICD-10-CM	
38	Other Procedure Date (2)	YYYYMMDD	
39	Other Procedure (3)	ICD-10-CM	
40	Other Procedure Date (3)	YYYYMMDD	
41	Other Procedure (4)	ICD-10-CM	
42	Other Procedure Date (4)	YYYYMMDD	

43	Other Procedure (5)	ICD-10-CM	
44	Other Procedure Date (5)	YYYYMMDD	
45	Other Procedure (6)	ICD-10-CM	
46	Other Procedure Date (6)	YYYYMMDD	
47	Other Procedure (7)	ICD-10-CM	
48	Other Procedure Date (7)	YYYYMMDD	
49	Other Procedure (8)	ICD-10-CM	
50	Other Procedure Date (8)	YYYYMMDD	
51	Other Procedure (9)	ICD-10-CM	
52	Other Procedure Date (9)	YYYYMMDD	
53	Other Procedure (10)	ICD-10-CM	
54	Other Procedure Date (10)	YYYYMMDD	
55	Other Procedure (11)	ICD-10-CM	
56	Other Procedure Date (11)	YYYYMMDD	
57	Other Procedure (12)	ICD-10-CM	
58	Other Procedure Date (12)	YYYYMMDD	
59	Other Procedure (13)	ICD-10-CM	
60	Other Procedure Date (13)	YYYYMMDD	
61	Other Procedure (14)	ICD-10-CM	
62	Other Procedure Date (14)	YYYYMMDD	
63	Other Procedure (15)	ICD-10-CM	
64	Other Procedure Date (15)	YYYYMMDD	
65	Admitting/Attending Physician Name	Variable character length – no greater than 55	John Doe
66	Consulting Physician Name	Variable character length – no greater than 55	John L Doe
67	Consulting Physician Name	Variable character length – no greater than 55	
68	Consulting Physician Name	Variable character length – no greater than 55	
69	Consulting Physician Name	Variable character length – no greater than 55	
70	Consulting Physician Name	Variable character length – no greater than 55	
71	Consulting Physician Name	Variable character length – no greater than 55	
72	Consulting Physician Name	Variable character length – no greater than 55	

File Format:

Comma delimited ASCII text file.

Each record will contains all 72 fields.

Example: NULL value for Middle Name - "111,John, ,Doe,..."

Each record will begin on a new row.

No header row or space on top of data file.

No blank rows between records.

Data:

Extract data monthly from completed discharge records for children ages **3 years** and under.

For ICD-10-CM codes Q86.0 and P04.3: **5 years** and under.

For ICD-10-CM codes F84.0-F84.9: **any age**.

Use our secured website to upload your monthly data files.



Instructions for IBDPR Hospital Discharge Upload Registration

Note: These registration instructions are specific to HD Upload.

For New Users

Registering your Account

1. Access the State Health Gateway

- From your web browser, open the Gateway at <https://gateway.isdh.in.gov/>
- Click **“Create New Account”** located mid-right of the page.

2. General Demographic Information

- Enter required information marked with a blue asterisk.
- Please contact IBDPR@isdh.in.gov for the security code. Then enter the HD Upload security code.
- Choose your Organization Type and Organization you will be submitting for.
- If you would like a confirmation email sent to the email address registered, check **“Send me a confirmation email”**.

3. Submit

- When finished, click **“Submit”**.

You are now registered for the State Health Gateway, and can log into Gateway at <https://gateway.isdh.in.gov/> using your registered username and password.

When logged in Gateway, you will see a **“HD Upload”** link. It will be **“pending verification”** until ISDH verifies the user and organization submitting events. If verification has taken longer than 24hours, please contact IBDPR@isdh.in.gov.

If any changes need to be made to your account, they can be modified within Gateway under **“My Profile”**.



New ICD-10-CM Codes for Fiscal Year 2019

(effective Oct. 1, 2018)

The Indiana Birth Defects and Problems Registry (IBDPR) wants to make you aware of the updated ICD-10-CM codes for fiscal year 2019. The following are new ICD-10-CM codes relating to birth defects and birth problems starting Oct. 1, 2018:

- P04.14 Newborn affected by maternal use of opiates
- P04.15 Newborn affected by maternal use of antidepressants
- P04.16 Newborn affected by maternal use of amphetamines
- P04.18 Newborn affected by other maternal medication
- P04.19 Newborn affected by maternal use of unspecified medication
- P04.40 Newborn affected by maternal use of unspecified drugs of addiction
- P04.41 Newborn affected by maternal use of cocaine
- P04.81 Newborn affected by maternal use of cannabis
- P35.40 Congenital Zika virus disease
- Q51.20 Other doubling of uterus, unspecified
- Q51.21 Other complete doubling of uterus
- Q51.22 Other partial doubling of uterus
- Q51.28 Other doubling of uterus, other specified
- Q93.51 Angelman syndrome
- Q93.59 Other deletions of part of a chromosome
- Q93.82 Williams syndrome

The Indiana State Department of Health (ISDH) asks all hospitals to include these codes in their standard monthly birth defects data files. An updated Reportable Conditions list has been included for your convenience. The reportable condition list can also be found online at www.birthdefects.in.gov. Please contact the IBDPR team at IBDPR@isdh.in.gov with any questions. Thank you!



IBDPR Reportable Conditions List (Updated 11/29/2019)

www.birthdefects.in.gov

(Conditions are reportable for ages 0-3 unless otherwise specified)

ICD-10-CM Diagnosis Codes

Q00.0 – Q07.9, G90.1
Q10.0 – Q18.9, Q35.1 – Q38.8
Q20.0 – Q28.9, P29.3
Q30.0 – Q34.9
Q39.0 – Q45.9
Q50.01 – Q64.9
Q65.00 – Q79.9
Q80.0 – Q84.9
Q85.0 – Q89.9
Q86.0*
Q90.0 – Q99.9

ICD-10-CM Diagnosis Codes

D55.0 – D58.9
D61.0 – D61.8
D66, D67, D68.0 – D68.9
D69.3 – D69.42
D72.0, D74.0, D75.0
D80.0 – D89.9
E00.0 – E00.9, E03.0-E03.2, E25.0 – E25.9
E07.1 – E07.9
E70.0 – E74.9, E77.1, E78.71, E78.72 E80.3,
E88.40 – E88.49
E75.00 – E75.29, G31.81, G31.82
E76.01 – E76.3
E84.0 – E84.9
F84.0 – F84.9*
G12.0 – G12.9
G71.0 – G73.7
H35.1 – H35.179
H35.50 – H35.54
H47.61 – H47.619
H49.00 – H51.9
H54.0 – H54.8
H55.01
H90.0 – H91.93
K40.0 – K40.91
K42.0 – K42.9
M26.00 – M26.19
N44.00 – N44.04
P04.1, **P04.14, P04.15, P04.16, P04.18, P04.19**,
P04.3, **P04.40-P04.49, P04.81, P04.89**, P04.9, **P96.1**
P00.2, P35.0 – P37.9, A33

Categories of Congenital Anomalies

Central nervous system
Orofacial
Cardiovascular
Respiratory
Gastrointestinal
Genitourinary
Musculoskeletal
Integument
Congenital anomalies, other & unspecified
Fetal alcohol syndrome (***report up to age 5**)
Chromosome & syndromes

Other Reportable Conditions

Hereditary hemolytic anemias
Constitutional aplastic anemia
Coagulation defects
Primary thrombocytopenia
Other disorders of blood
Immunodeficiency & immune mechanism disorders
Endocrine newborn screening conditions
Other disorders of thyroid
Metabolic newborn screening conditions

Cerebral degenerations usually manifesting in childhood
Mucopolysaccharidoses
Cystic fibrosis
Pervasive developmental disorders (***report at any age**)
Spinal muscular atrophy and related syndromes
Muscular dystrophies
Retinopathy of prematurity
Hereditary retinal dystrophies
Cortical blindness
Strabismus & disorders of binocular eye movement
Visual impairment & blindness
Congenital nystagmus
Hearing loss
Inguinal hernia
Umbilical hernia
Anomalies of jaw
Torsion of testes
Fetus/newborn exposed to substances (including NAS)
Congenital infections



IBDPR Targeted Conditions List (updated 11/29/2018)

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(Requires Medical Chart Abstraction for Confirmation of Condition)

<u>Condition</u>	<u>ICD-10-CM Diagnosis Codes</u>
<i>Central Nervous System Defects</i>	
Anencephalus	Q00.0-Q00.1
Encephalocele	Q01.0-Q01.9
Holoprosencephaly	Q04.2
Spina bifida without anencephalus	Q05.0-Q05.09, Q07.01, Q07.3
<i>Eye/Ear Defects</i>	
Anophthalmia	Q11.0-Q11.2
Congenital cataract	Q12.0
Anotia/microtia	Q16.0, Q17.2
<i>Cardiovascular Defects</i>	
Aortic valve stenosis	Q23.0
Atrial septal defect	Q21.1
Atrioventricular septal defect	Q21.2
Coarctation of the aorta	Q25.1
Common truncus	Q20.0
Double outlet right ventricle	Q20.1
Ebstein anomaly	Q22.5
Hypoplastic left heart syndrome	Q23.4
Interrupted aortic arch	Q25.2, Q25.4
Pulmonary valve stenosis	Q22.0, Q22.1
Single ventricle	Q20.4
Tetralogy of Fallot	Q21.3
Total anomalous pulmonary venous connection	Q26.2
Transposition of the great arteries	Q20.3, Q02.5
Tricuspid valve atresia and stenosis	Q22.4
Ventricular septal defect	Q21.0
<i>Orofacial Defects</i>	
Choanal atresia	Q30.0
Cleft palate only	Q35.1-Q35.9
Cleft lip only	Q36.0-Q36.9
Cleft lip with cleft palate	Q37.0-Q37.9
<i>Gastrointestinal Defects</i>	
Esophageal atresia/tracheoesophageal fistula	Q39.0-Q39.4
Small intestinal atresia/stenosis	Q41.0-Q41.9
Rectal/large intestinal atresia/stenosis	Q42.0-Q42.9
Biliary atresia	Q44.2-Q44.3
<i>Genitourinary Defects</i>	
Hypospadias	Q54.0-Q54.3, Q54.5-Q54.9
Renal agenesis/hypoplasia	Q60.0-Q60.6
Bladder exstrophy	Q64.10, Q64.19
Cloacal exstrophy	Q64.12
Congenital posterior urethral valves	Q64.2
<i>Musculoskeletal Defects</i>	
Clubfoot	Q66.0, Q66.89
Craniosynostosis	Q75.0
Diaphragmatic hernia	Q79.0
Gastroschisis	Q79.3
Limb deficiencies	Q71.0-Q71.9, Q72.0-Q72.9, Q73.0-Q73.8
Omphalocele	Q79.2
<i>Chromosomal Defects</i>	
Deletion 22q11.2	Q93.81
Trisomy 21 (Down syndrome)	Q90.0-Q90.9
Trisomy 18	Q91.0-Q91.3
Trisomy 13	Q91.4-Q91.7
Turner syndrome	Q96.0-Q96.9
<i>Pervasive Developmental Disorders</i>	
	F84.0-F84.9* (*abstractions completed up to age 8)
<i>Perinatal Substance Use Disorders</i>	
Perinatal alcohol use/Fetal alcohol syndrome	P04.3, Q86.0
Perinatal substance use/Neonatal abstinence syndrome	P04.1, P04.14, P04.15, P04.16, P04.18, P04.19, P04.3 P04.40-P04.49, P04.81, P04.89, P04.9, P96.1



Indiana Birth Defects & Problems Registry

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