The Use of Existing Birth Defects Surveillance Programs to Enhance Surveillance Data on Stillbirth

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Rationale

• Fetal Death Reports (FDRs) limited: “passive reporting”
  – Reporting
  – Data quality

• 2006: CDC funded to conduct pilot studies
  – Assess the feasibility of leveraging resources of birth defects surveillance programs to conduct surveillance of stillbirths
  – Could active case finding improve surveillance data?
Surveillance of Stillbirth Using Birth Defects Surveillance Programs

- **Atlanta**
  - Active case finding using multiple sources
  - Medical chart review
  - Until 2011, included 5 counties, ~55,000 births/year
  - 2012 forward, 3 counties, ~30,000 births/year

- **Iowa**
  - Active case finding using multiple sources
  - Medical chart review
  - State-wide
  - ~40,000 births/year

- **Expansion in 2010**
  - Colorado – 5 counties
  - New York – 12 western counties
  - Hawaii

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*Metropolitan Atlanta Congenital Defects Program
**Iowa Registry for Congenital and Inherited Disorders
Impact:
Ascertainment and Prevalence

Prevalence of stillbirths by data source, metropolitan Atlanta, 2006 and 2008

Per 1000 live births and stillbirths

- Fetal Death Certificates
- Active Surveillance
- Combination

2006
2008
Impact: Data Enhancement and Misreporting

Using Active Birth Defects Surveillance Programs to Supplement Data on Fetal Death Reports: Improving Surveillance Data on Stillbirths

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Use of Active Surveillance Methodologies to Examine Over-reporting of Stillbirths on Fetal Death Certificates

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Next Steps and Future Directions

• Potential for expansion to other state-based birth defects programs
  – Standardized protocol/methods
  – Guidelines for the National Birth Defects Prevention Network (NBDPN)

• Strengthen partnerships and identify strategies to increase use of American College of Obstetricians and Gynecologists (ACOG) Guidelines for postmortem stillbirth evaluations
Thank You

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