

CDC Update

Secretary's Advisory Committee on Infant Mortality

July 9-10, 2014

Updates from:

Division of Reproductive Health, NCCDPHP

Division of Birth Defects and Developmental Disabilities, NCBDDD

Division of Vital Statistics, NCHS

CDC Tips from Former Smokers

- <http://www.cdc.gov/features/smokers-tips-2014-july/index.html>
- Features one mother who smoked during pregnancy and had a very preterm baby
- Emphasizes the causal role of smoking in preterm birth and some birth defects

Amanda smoked while she was pregnant. Her baby was born 2 months early and was kept in an incubator.



Smoking Cessation Prevents Clefts

Surgeon General's report confirmed causal association between maternal smoking in early pregnancy and orofacial clefts



If all women stopped smoking before they became pregnant

~6% of clefts	could be prevented
~430 infants	would be born without an orofacial cleft in the United States each year
~\$40 million	in healthcare costs from age 0-10 years could be saved (for 430 cases prevented each year)

Honein, et al. Birth Defects Research, Part A, e-pub July 2014

Smoking and Pregnancy: Awareness of Adverse Impact

- Data from the 2008 HealthStyles Survey showed that only 23% of WRA had high knowledge of adverse effects of prenatal smoking
- 12 focus groups of WRA who were current smokers in 2010 showed most were aware of consequences of smoking during pregnancy – highest awareness for low birth weight and preterm birth; several misconceptions about smoking identified – likelihood of affecting their pregnancy, timing of smoking and effects, quitting could be harmful to their baby

Polen, et al. Matern Child Health J, e-pub May 2014

Levis, et al. Am J Health Behav, e-pub June 2014

Preventing Death and Disability due to Critical Congenital Heart Defects

Screening for critical congenital heart defects was added to the U.S. Recommended Uniform Screening Panel for newborns in 2011



Impact of universal screening for critical congenital heart defects

~7200 infants per year	are born with one of 12 critical congenital heart defects in the United States
~1200 infants per year	could potentially avoid the risk of <u>death and disability</u> associated with late detection of their heart defect with universal screening in all states
\$14	per infant screened
\$40,000	per life-year saved

Estimating the Impact of Newborn Screening for Critical Congenital Heart Disease

- Estimated 30% of live-born infants with nonsyndromic CCHD in the National Birth Defects Prevention Study were diagnosed >3 days after birth
 - Varied substantially by CCHD type
- Many infants with CCHD might benefit from screening through pulse oximetry before birth hospital discharge
 - Actual detection by screening is likely to vary by a number of factors, including CCHD type and the presence of extracardiac defects
- Future studies of routine screening in practice might provide more insight into detection rates by CCHD type

Impact of Health Insurance on the Survival of Babies Born with a CHD

- Researchers used data on babies with congenital heart defects identified by the Florida Birth Defects Registry (births from 1998 through 2007)
- Examined whether the type of health insurance was related to survival through one year of age
- Assessed the potential role of the type of health insurance by race/ethnicity
- Publication anticipated in mid-July

Prevention of Alcohol-Exposed Pregnancies

- In recent years, CDC has worked to expand FASD prevention efforts to include alcohol screening and brief intervention (SBI)
- Alcohol SBI-related activities:
 - Developed alcohol SBI implementation guide for primary care practices which should be widely available in Summer 2014
 - Funded the American Academy of Pediatrics (AAP) to assess pediatric provider practices with ultimate goal of developing a pediatric alcohol SBI guide



Treating for Two

- Improve women's health by identifying the best treatment options for common conditions during pregnancy and the reproductive years
- Reduce birth defects and other adverse pregnancy outcomes caused by fetal exposure to teratogenic medications
- Increase confidence in using medications not associated with adverse outcomes to treat conditions in pregnancy

SAFER MEDICATION USE
in pregnancy

Is this medication safe for me and my baby?

9 out of 10 WOMEN IN THE UNITED STATES TAKE A MEDICATION DURING PREGNANCY

5.4 MILLION PREGNANCIES ARE EXPOSED TO MEDICATIONS EACH YEAR

Women and healthcare providers **DON'T HAVE ENOUGH INFORMATION** to make **INFORMED DECISIONS**

Fewer than 10% of medications have enough information to determine fetal risks. Some women need to take medication during pregnancy.

HOW SOME MEDICATIONS CAN BE HARMFUL

- Birth defects
- Pregnancy loss
- Prematurity
- Infant death
- Developmental disabilities
- Unknown outcomes

BIRTH DEFECTS AND PREMATURETY ALONE COST THE U.S. \$29 BILLION ANNUALLY

Learn more about CDC's prescription for this problem.

TREATING for TWO
Safer Medication Use in Pregnancy

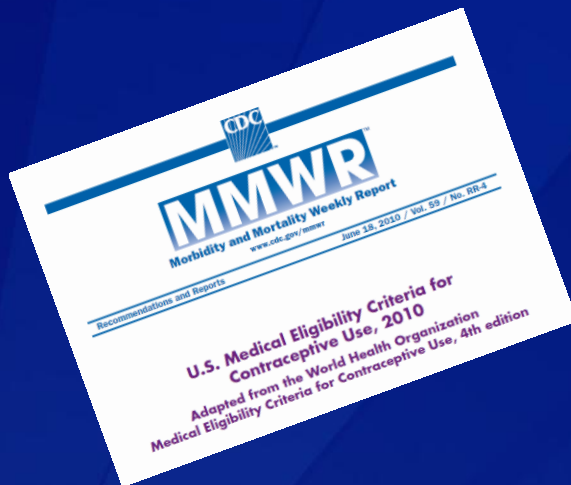
A national strategy to improve the health of mothers and babies through safer medication use in pregnancy.

BETTER RESEARCH RELIABLE GUIDANCE INFORMED DECISIONS

cdc.gov/treatingfortwo

Broussard CS, et al. Am J Obstet Gynecol. e-pub May 2014.

Division of Reproductive Health



http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm

U.S. Selected Practice Recommendations for Contraceptive Use, 2013

- ❑ Follow-up to US Medical Eligibility Criteria for Contraceptive Use, 2010 (US MEC):
 - Recommendations for who can safely use contraception
- ❑ Adapted from World Health Organization (WHO) SPR
- ❑ Intent: Evidence-based guidance for common, yet controversial, contraceptive management questions
 - When to start
 - Missed pills
 - Bleeding problems
 - Exams and tests
 - Follow-up
 - How to be reasonably certain that a woman is not pregnant

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Surveillance Summaries / Vol. 63 / No. 3

April 25, 2014

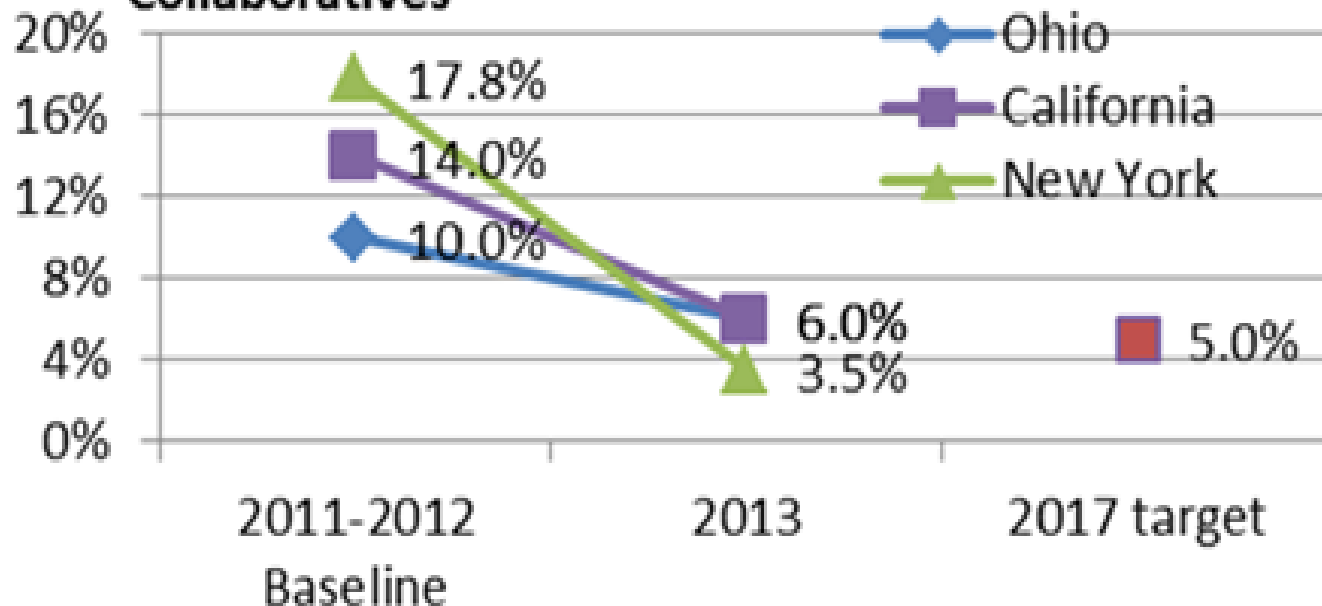
**Core State Preconception Health Indicators —
Pregnancy Risk Assessment Monitoring System and
Behavioral Risk Factor Surveillance System, 2009**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Perinatal Quality Collaboratives

Proportion of scheduled births < 39 weeks gestation where there is no medical indication for delivery in CDC funded Perinatal Quality Collaboratives



Priority 1: Reduce late preterm and early term births

New Releases from NCHS

News:

The infant mortality rate, based on the recently released 2011 main mortality file, declined from 2010 but the 1.3% decline was not significant (from 6.15 to 6.07). This decline started in 2008 so overall the good news continues.

Published:

- Births: Preliminary data for 2013
- Infant Mortality Statistics from the 2010 Period Linked Birth/Infant Death Data Set

New Releases from NCHS

Released:

- Birth data through 2012
- Fetal Death data through 2012
- Mortality data through 2011
- Period linked data through 2010

Forthcoming:

- International comparisons of infant mortality and related factors: United States and Europe (September)

Public Health Approaches to Reduce U.S. Infant Mortality

Encore presentation of Public Health Grand Rounds, “Public Health Approaches to Reduce U.S. Infant Mortality,” will be rebroadcast on Tuesday, July 15, at 1 p.m. (EDT).

Please note that this session will only be available via webcast at

<http://www.cdc.gov/cdcgrandrounds>.