



# LBDMN Advisory Board

I. Welcome & Introductions	1:00-1:10pm
a. Members	
b. Stakeholders & Partners	
c. Staff	
II. Updates	1:10-1:30pm
a. LBDMN 2022 Legislative Report	
b. LBDMN\Family Resource Center Referral Pilot	
c. Partner Updates	
III. Prevention Case Review Pilot	
a. Managing Maternal Diabetes Panel w/ MFM Drs. Sherri Longo & Asha Heard	1:30-2:30pm
IV. Discussion & Next Steps	2:30-2:55pm
IV. Public Comment	2:55-3:00pm
V. Adjournment	3:00pm



January 21, 2022  
1:00-3:00pm



<https://us06web.zoom.us/j/84203017026?pwd=TXErd2hRZVJybE9kTExQdmNZWGICZz09>



# Welcome & Introductions

Members	Stakeholders	Partners	Staff
Dr. Floyd Buras	Dr. Duane Superneau	Kate Friedman	Jane Herwehe
Dr. Dimitry Niyazov	Dr. Gina Lagarde	Kathleen Aubin	Dionka Pierce
Dr. Meredith Allain		Alexis Williams	Julie Johnston
Dr. Marshall St. Amant		Cheryl Harris	Dr. Tri Tran
Dr. Lyn Kieltyka		Betsey Snider/ Lenora Robinson	Michelle Whitmore
		Rachelle Boudreaux	Christy Patton
			Curitessia Criff
			Tracey Zehner
			Jasmine Luter

# LBDMN Authority & Mission

LA Revised Statute 40.31.41 to 31.48

*“It is the intent of the legislature to establish a system to collect, analyze, and disseminate data regarding birth defects in the state and to provide information to families of children born with birth defects regarding services available in their community and the development of appropriate prevention programs.”*

## **LBDMN Mission**

***To collect, analyze, and disseminate high quality, timely, actionable data to inform policy and systems-change to eliminate preventable birth defects, mitigate disability, and connect families with resources to improve their quality of life.***



# 2022 Legislative Report

- Our Mission**
  - What We Do**
  - Who We Serve**
  - Services Provided**
  - Operations**
  - Role of the LDH OPH Bureau of Family Health**
- Methodology**
- 2018- 2019 Findings**
- 2021 Performance Assessment and Improvements**

# Family Resource Center Referral Pilot



## The Family Resource Center Is Here For Your Family!



Health



Care Coordination



Early Childhood  
Education



Insurance

Monday-Friday, between 8am-4pm  
(504) 896-1340  
[BFH-FamilyResourceCenter@la.gov](mailto:BFH-FamilyResourceCenter@la.gov)  
[ldh.la.gov/lbdmn](http://ldh.la.gov/lbdmn)



(Front)

The Family Resource Center, part of the Bureau of Family Health, is here to help your family connect to local resources on health, early childhood, education, insurance, and more!

**One of our staff members will call you soon to talk about these services and other supports.** This is a service provided at no cost to you.

If you would like to connect with us before we reach out to you, give us a call or send an email!

Louisiana Department of Health  
Office of Public Health  
Bureau of Family Health  
PO Box 60630  
New Orleans, LA, 70160  
**Attn: Family Resource Center**

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(Back)



# Data Collection Update

## Case Definition:

- Diagnosed by 3<sup>rd</sup> birthday
- NBDPN Standards % of all core & recommended completed within 2 years of delivery
  - Level 1: 75%
  - Level 2: 95%
  - Level 3: 99%



# Data Collection Update

**2019: 99%- continue to identify & collect thru 2022**

**2020: 60% - Goal 8/31/22 -486 remain/47 days=10 cases per day**

**2021: Goal 12/22/22 – 2025 remain/75 days = 27 cases per day/ 5.5 DCS = 5 cases per day**

**2022: 411 potential cases identified January-April 2022**



# Partner Updates

Members	Stakeholders	Partners	Staff
Dr. Floyd Buras	Dr. Duane Superneau	Kate Friedman	Jane Herwehe
Dr. Dimitry Niyazov	Dr. Gina Lagarde	Kathleen Aubin	Dionka Pierce
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Dr. Lyn Kieltyka		Betsey Snider/ Lenora Robinson	Michelle Whitmore
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			Tracey Zehner
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# Prevention Case Review Process

The purpose of the case review is to move our data to action by identifying preventable birth defects to make evidence-based recommendations for systems level changes to improve primary prevention and intervention efforts in Louisiana's maternal health system.





# Prevention Case Review Process Frameworks

**Evidence**

**Data**

**We are here →**

- **Literature Review**
  - Risk factors for orofacial clefts
  - Best practices for prevention
- **State of State for 2018 births**
  - Vital Records
  - LABoRS
  - PRAMS
  - EPHT
  - LBDMN 2015-2019 cleft data
- **Data Visualization**
  - **Hear from SMEs**
  - **Mapping**
- **Case Review Approach**
  - Case Selection Criteria
    - All cases
    - Aggregate data
  - Tools
    - Considerations for Birth Defects Prevention Case Review
    - Case Summary Form





## Managing Maternal Diabetes

Please see attachments for  
Drs. Longo & Heard's slides and audio file



## 2015-2019 Cleft Data

**Total: 502 – 1.7 per 1,000 LB**

- Cleft palate without cleft lip: 238 (47%)
- Cleft lip without cleft palate 96 (19%)
- Cleft lip with cleft palate: 168 (34%)





# Associations of cleft lip and cleft palate with mother's and child's characteristics

**Data source:** 2015-2019 linked birth defects and birth certificate data

**Objective:** describe associations between cleft lip/cleft palate and mother's and child's characteristics

## **Study characteristics:**

- Maternal race/ethnicity, age, education, prenatal care entry, Medicaid paid for delivery, WIC enrollment during pregnancy, residential geography, and chronic diabetes.
- Child's sex, birth weight, gestational age, and plurality

# Prevalence of cleft lip and cleft palate

Characteristics		Prevalence Per 1,000 LB
Race/ethnicity	NHW	2.0
	NHB	1.2
	HIS	1.8
	NHO	1.6
Education	<HS	1.8
	HS	1.8
	>HS	1.5
Maternal age	<20	1.6
	20-24	1.7
	25-29	1.6
	30-34	1.6
	35-39	1.8
	40+	1.6
Medicaid	Yes	1.7
	No	1.5
WIC	Yes	1.6
	No	1.7

Characteristics		Prevalence Per 1,000 LB
Prenatal care	No	2.7
	Yes	1.6
Geography	Rural	1.8
	Urban	1.6
Chronic diabetes	Yes	5.5
	No	1.6
Sex	Male	1.8
	Female	1.5
Birth weight (gram)	< 1500	3.5
	1500-2499	3.3
	2500+	1.5
Gestational age (week)	< 32	2.5
	32-36	3.0
	37+	1.5
Plurality	Singleton	1.7
	Multiple	1.6

# Adjusted prevalence ratio

Variable	Value	Adjusted PR	CI95%		CI 95%
Race/ethnicity	NHW	2.0	1.6	2.5	<.0001
	NHB	1.0			
	HIS	1.7	1.2	2.4	0.004
	NHO	1.6	1.0	2.5	0.057
Birth weight (gram)	< 1500	4.9	2.2	11.0	<.0001
	1500-2499	2.4	1.8	3.2	<.0001
	2500+	1.0			
Gestational age (week)	<32	0.5	0.2	1.3	0.162
	32-36	1.4	1.1	1.9	0.013
	37+	1.0			
Plurality	Singleton	2.0	1.2	3.3	0.008
	Multiple	1.0			
Medicaid	Yes	1.3	1.1	1.6	0.010
	No	1.0			
Chronic diabetes	Yes	3.3	2.0	5.3	<.0001
	No	1.0			



# Diabetes Medicaid and cleft lip/palate data linkages

**Medicaid data:** Females 10-55 years old; dates of service between January 2014 and December 2019 (257,042 records).

**Cleft lip/palate data:** 2015-2019 LBDMN (516 records)

## **ICD 10 codes:**

E08-E13: Diabetes mellitus; R73.9: Hyperglycemia, unspecified

O24: Diabetes mellitus in pregnancy, childbirth, and the puerperium

Z79.4: Long term (current) use of insulin; Z79.84: Long term (current) use of oral hypoglycemic drugs

## **ICD 9 codes:**

250: Diabetes mellitus; 790.29: Other abnormal glucose

648.00-648.04: Diabetes mellitus complicating pregnancy, childbirth, or the puerperium

V58.67: Long term (current) use of insulin

## **CPT codes:**

3044F: Most recent hemoglobin A1c level less than 7.0%; 3045F: Hemoglobin A1c level 7%-9%

3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%

3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

3046F: Most recent hemoglobin A1c level greater than 9.0%



# Result of Medicaid and birth defects diabetes linkages

Uncontrolled diabetes (HbA1c > 7.0)	Gestational diabetes	Hyperglycemia, unspecified	Long use insulin	Frequency
		X		3
		X	X	1
	X			16
X	X			2
<b>Total</b>				<b>22</b>

# Database Updates

- Update maternal drug and exposures lists
- Additional fields to capture drug dosages and timing
- Additional field for mother's occupation
- Nutrition
- PNV timing
- Medicaid claims data linkage
- Access to care, FU, # of appointments, adequacy
- Capture types of providers
- What triggers an MFM referral
- A1C levels
- Dietitian referrals
- Smoking cessation referrals





# Case Selection Criteria

- Identified evidence-based risk factors
- Prevalence of those among our data
- Isolated vs co-occurring chromosomal abnormalities
- Maternal medications (peri-conceptual & gestational)
- Earliest HbA1C
- Timing of maternal diabetes diagnosis
- Maternal diagnoses
- Linked to PCP prior to pregnancy?



# Forecast of Case Review



October 21, 2022: Case Review Model test drive  
2023: Apply model to core critical congenital heart defects  
2024: Apply model to core defects NTD & Trisomy 21  
2025: Apply model to core abdominal wall & limb reduction defects



# Public Comment

