

LBDMN Advisor	y Board
I. Welcome & Introductions a. Members b. Stakeholders & Partners c. Staff	1:00-1:10pm
II. Updatesa. LBDMN 2022 Legislative Reportb. LBDMN\Family Resource Center	
c. Partner Updates III. Prevention Case Review Pilot a. Managing Maternal Diabetes Pa Longo & Asha Heard	anel w/ MFM Drs. Sherri 1:30-2:30pm
IV. Discussion & Next StepsIV. Public CommentV. Adjournment	2:30-2:55pm 2:55-3:00pm 3:00pm
OUISIANA DEPARTMENT OF HEALTH Birth Defects Monitoring Network January 21, 2022	PARTNERS FOR

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



Is Here For Your Family!







Education



Monday-Friday, between 8am-4pm (504) 896-1340

BFH-FamilyResourceCenter@la.gov ldh.la.gov/lbdmn



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!

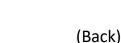
One of our staff members will call you soon to talk about these services and other supports. This is a service provided at no cost to you.

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

This public document is published at a total cost of \$28.69. 250 copies of this public document were published in this first printing at a cost of \$28.69. This document was published by OTS-Production Support Services, 627 N. 4th Street, Baton Rouge, LA 70802 for the Louisiana Bureau of Family Health for outreach to families. This material was printed in accordance with standards for printing by State Agencies established in R.S. 43:31.

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Data Collection Update

Case Definition:

- Diagnosed by 3rd 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
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Prevention Case Review Process

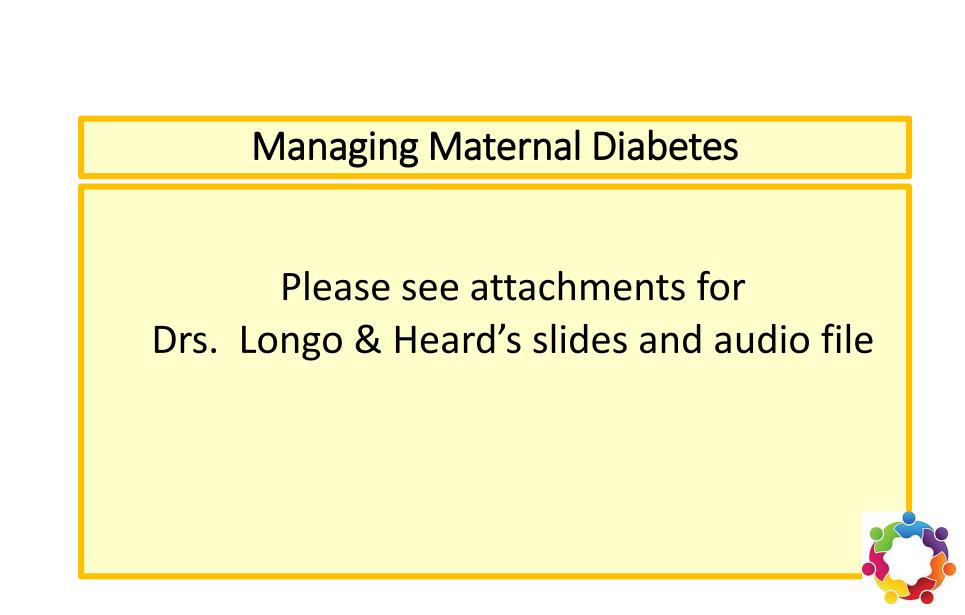
The purpose of the case review is to move our data to action by identifying preventable birth defects to make evidence-based recommendations for systems level changes to improve primary prevention and intervention efforts in Louisiana's maternal health system.





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Evidence	 Literature Review Risk factors for orofacial clefts
Data	 Best practices for prevention State of State for 2018 births Vital Records LABoRS
We are here \rightarrow	 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



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< td=""><td>1.8</td></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

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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	< 32	2.5
(week)	32-36	3.0
	37+	1.5
Plurality	Singleton	1.7
	Multiple	1.6

Adjusted prevalence ratio

Variable	Value	Adjusted PR	CI	95%	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			
	Yes	3.3	2.0	5.3	<.0001
Chronic diabetes	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
		Х	Х	1
	Х			16
X	Х			2
			Total	22

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

