

ANNUAL REPORT

2007 with data for 2005

INTERNATIONAL CLEARINGHOUSE FOR BIRTH DEFECTS SURVEILLANCE AND RESEARCH



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THE CENTRE OF THE INTERNATIONAL CLEARINGHOUSE FOR BIRTH DEFECTS SURVEILLANCE AND RESEARCH
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**INTERNATIONAL CLEARINGHOUSE
FOR BIRTH DEFECTS SURVEILLANCE AND RESEARCH
(ICBDSR)**

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INTERNATIONAL CLEARINGHOUSE FOR BIRTH DEFECTS SURVEILLANCE AND RESEARCH

ANNUAL REPORT 2007 (WITH DATA FOR 2005)

Contents

Collaborative Research Projects	"	5
Multiple Congenital Anomalies (MCA), 2005	"	5
Prenatal Diagnosis and Down Syndrome, 2005	"	8
Alessandra Lisi Memorial Prize	"	13
Winners of 2007 Award	"	14
Synopsis of Contributing Monitoring Systems	"	17
ICBDSR Definitions of the Reported Malformations	"	19
Deviation from the ICBDSR Definitions by Registry	"	21

Monitoring Systems:

Description of the Registry

Number of births by year and by maternal age

Number of Terminations of Pregnancy (ToP) for selected malformations

Table 2005 data

Birth prevalence rates on previous years

Time trends

for the following Monitoring Systems

Australia: VBDR	"	23
Australia: WABDR	"	30
Canada-Alberta: ACASS	"	37
Canada: British Columbia	"	44
Canada: National	"	51
Chile-Maule: RRMC-SSM	"	57
China: BDSS-Beijing	"	61
China: CBDMN	"	67
Costa Rica: CREC	"	73
Cuba: RECUMAC	"	75
Czech Republic	"	82
England and Wales	"	89
Finland	"	96
France: Paris	"	103
France-Rhône Alpes: REMERA	"	110
France: Strasbourg	"	117
Germany: Saxony – Anhalt	"	124

Hungary	"	131
Iran: TROCA	"	136
Ireland: Dublin	"	140
Israel: IBDSP	"	147
Italy: BDRCam	"	154
Italy: IMER	"	161
Italy: ISMAC	"	168
Italy: North East	"	175
Italy: Tuscany	"	182
Japan: JAOG	"	189
Malta: MCAR	"	196
Mexico: RYVEMCE	"	202
New Zealand	"	209
Northern Netherlands	"	216
Norway: MBRN	"	223
Russia: MRRCM	"	230
Slovak Republic	"	233
South America: ECLAMC	"	240
Spain: ECEMC	"	247
Sweden	"	254
Ukraine: OMNI-Net	"	261
USA-Atlanta: MACDP	"	268
USA-Texas: BDES	"	275
USA-Utah: UBDN	"	282
WALES: CARIS	"	289
Monitoring Systems not contributing with annual data: Description of the Registry	"	296
Australia: National	"	296
South Africa: SABDSS	"	297
United Arab Emirates	"	298
References by ICBDSR Members, 2006-2007	"	299

Collaborative Research Projects

Multiple Congenital Anomalies 2005 Annual Report by Monica Rittler and Jorge Lopez-Camelo

Introduction

For the year 2005, we received data from 8 programmes, for a total of 2302 reported cases, among 589,452 births (Table 1). Of these, 506 were reported as syndromes and 1061 had at least two major, unrelated congenital anomalies, which is our current case definition of multiple congenital anomaly (MCA). Coding was done by Monica Rittler, statistical analyses and report writing by Jorge Lopez-Camelo

Main findings:

This year, among the 47 defect groups, all except 3 (exstrophy of cloaca, sacrum anomalies, and gastroschisis) were associated with an O/E ratio greater than 1. Thirty four of them (72.3%) reached statistical significance at a p<0.001 level, and are shown in Table 2.

A significant excess, at a p<0.001 level, was found for 20 two-defects (Table 3) and for 7 three-defects combinations (Table 4).

For all comparisons, the data reported from 1992 through 2000, over 2,571,187 births were used as baseline.

Table 1: Cases of reported congenital anomalies, by programme and number of defects (2005).

PROGRAMME	Births	Total cases Reported	Known etiology (syndromes)	< 2 major unrelated defects	2 + defects	Rate
Canada: British Columbia	40,974	581	76	361	144	35.1
Finland	57,927	336	155	35	146	25.2
France: Central East/REMSA	106,988	95	11	12	72	6.7
Israel: IBDSP	36,929	78	0	16	62	16.8
Japan: JAOG	72,229	517	175	187	155	21.5
Mexico	29,463	50	10	10	30	10.2
South America	192,882	609	62	113	434	22.5
USA: Atlanta	52,060	36	17	1	18	3.5
TOTAL	589,452	2,302	506	735	1,061	18.0

Collaborative Research Projects

Table 2: Association rates of defects, among cases with multiple congenital anomalies.

Defect group	Observed	Expected	Rate ratio	Excess	Poisson
Congenital heart defects	441	174.57	2.53	266.43	***
Club foot/arthrogryposis	159	75.74	2.10	83.26	***
Other CNS defects	115	37.15	3.10	77.85	***
Anorectal atresia/stenosis	134	56.37	2.38	77.63	***
Other urinary tract anomalies	138	67.13	2.06	70.87	***
Cleft Palate	105	38.59	2.72	66.41	***
Cleft lip with or without cleft palate	111	54.08	2.05	56.92	***
Esophageal atresia/stenosis	86	44.47	1.93	41.53	***
Hydrocephaly	88	47.05	1.87	40.95	***
Axial skeleton anomalies	85	47.05	1.81	37.95	***
Syndactyly	80	43.61	1.83	36.39	***
Omphalocele	60	25.96	2.31	34.04	***
Severe ear defects	58	27.4	2.12	30.60	***
Genitalia defects (ambiguous and other)	64	35.29	1.81	28.71	***
Kidney agenesis	56	28.12	1.99	27.88	***
Other limb reduction defects	44	17.07	2.58	26.93	***
Microcephaly	49	22.81	2.15	26.19	***
Spleen anomalies	32	6.31	5.07	25.69	***
Hypospadias	52	26.97	1.93	25.03	***
Transverse limb reduction defects	33	10.9	3.03	22.10	***
An/microphthalmia	39	17.93	2.18	21.07	***
Situs inversus	25	5.45	4.59	19.55	***
Other gut defects	40	20.66	1.94	19.34	***
Dysplastic ears	21	3.59	5.85	17.41	***
Lung defects	37	21.66	1.71	15.34	***
Anencephaly	23	8.61	2.67	14.39	***
Diaphragmatic hernia	35	20.66	1.69	14.34	***
Polydactyly	30	16.21	1.85	13.79	***
Other eye malformations	30	16.35	1.83	13.65	***
Cystic kidneys	32	19.22	1.66	12.78	
Spina bifida aperta	31	18.36	1.69	12.64	
Preaxial limb reduction defects	28	15.49	1.81	12.51	***
Duodenal atresia	17	6.74	2.52	10.26	***
Holoprosencephaly	15	6.31	2.38	8.69	***
Pterygium colli, cystic hygroma	15	6.46	2.32	8.54	***
Vessel anomalies	9	0.72	12.50	8.28	***
Encephalocele	18	10.76	1.67	7.24	
Other gut atresia/stenosis	13	6.74	1.93	6.26	
Malrotation of gut	12	6.89	1.74	5.11	
Choanal atresia/stenosis	10	5.45	1.83	4.55	
Craniostenosis	8	5.59	1.43	2.41	
Sirenomelia	5	3.3	1.52	1.70	
Tracheo-bronchial atresia/stenosis	5	3.44	1.45	1.56	
Other clefts and facial anomalies	11	10.76	1.02	0.24	
Exstrophy of cloaca	6	6.02	1.00	-0.02	
Sacrum anomalies	2	3.16	0.63	-1.16	
Gastroschisis	9	10.61	0.85	-1.61	

***= p<0.001

Table 3: Two-defect combinations.

Defect combination	Observed	Expected	O/E	Poisson
Other CNS anomalies + Other limb reduction defects	5	0.14	35.7	**
Anencephaly + Transverse limb reduction defects	3	0.14	21.4	***
Other CNS anomalies + Transverse limb reduction defects	4	0.29	13.8	**
Omphalocele + Transverse limb reduction defects	4	0.29	13.8	**
Congenital heart defects + Situs inversus	15	1.29	11.6	**
Choanal atresia/stenosis + Other gut defects	4	0.43	9.3	**
Dysplastic ears + Congenital heart defects	9	1.29	7.0	***
Cleft palate + Kidney agenesis	6	0.86	7.0	***
Axial skeleton anomalies + situs inversus	6	0.86	7.0	***
Congenital heart defects + Spleen anomalies	27	4.16	6.5	***
Cleft lip with or without cleft palate + Other limb reduction defects	11	1.86	5.9	***
Other CNS anomalies + Lung defects	7	1.29	5.4	***
Choanal atresia/stenosis + Club foot/arthrogryposis	3	0.57	5.3	*
Other CNS + Club foot/arthrogryposis	19	5.31	3.6	***
Severe ear defects + Club foot/arthrogryposis	15	4.45	3.4	***
Microcephaly + Congenital heart defects	18	5.88	3.1	***
Other CNS anomalies + Congenital heart defects	42	13.63	3.1	***
Cleft palate + Congenital heart defects	31	10.47	3.0	***
Anorectal atresia/stenosis + Congenital heart defects	37	12.62	2.9	***
Congenital heart defects + Polydactyly	23	8.32	2.8	***
Anorectal atresia/stenosis + Axial skeleton anomalies	23	9.18	2.5	***
Cleft palate + Club foot/arthrogryposis	21	8.89	2.4	***
Esophageal atresia/stenosis + anorectal atresia/stenosis	28	11.48	2.4	***
Other gut defects + Congenital heart defects	23	9.75	2.4	***
Cleft lip with or without cleft palate + Congenital heart defects	33	14.06	2.3	***
Congenital heart defects + Club foot/arthrogryposis	33	15.78	2.1	***

***=p<0.001; **=p<0.001; * =p<0.005

Table 4: Three-defects combinations.

Defect combination	Observed	Expected	O/E	Poisson
Anorectal atresia/stenosis + Other gut defects + Axial skeleton anomalies	4	0.14	28.6	***
Encephalocele + Cleft lip with or without cleft palate + Club foot/arthrogryposis	3	0.14	21.4	***
Dysplastic ears + Anorectal atresia/stenosis + Congenital heart defects	3	0.14	21.4	***
Congenital heart defects + Axial skeleton anomalies + Other limb reduction defects	3	0.14	21.4	***
Anorectal atresia/stenosis + Congenital heart defects + Axial skeleton anomalies	14	2.01	7.0	***
Other CNS defects + Lung defects + Club foot/arthrogryposis	3	0.00	.***	***
Anorectal atresia/stenosis + Other gut defects + Cystic kidney	3	0.00	.***	***

The high number of defects and combinations with a significant excess might be due to an inadequate baseline which should be adjusted for future monitoring.

Prenatal Diagnosis and Down Syndrome, 2005

Guido Cocchi (Italy: IMER)

Silvia Gualdi (Italy: IMER)

Introduction

Aim of the survey was to assess in time and in the Programme the variability in the use and the spread of prenatal diagnostic techniques and to analyse the impact of elective termination on prevalence rates at birth of Down Syndrome (DS), in Countries where elective abortions are legally performed.

Participation in the Clearinghouse programmes worldwide provides a unique opportunity to analyse international variations in the use of prenatal diagnosis (Chorion Villus Sampling = CVS, Amniocentesis = AC, Cordocentesis= CC), and access to screening, as well as differences in advice and abortion legislation. In addition, repeating this study over time has made it possible to follow the evolution of these techniques and to evaluate the impact of each practice on the prevalence of DS.

2005 Data

During 2005, 21 programmes (Cuba joined the survey for the first time) provided data on 3055 DS cases, 1601 of them (52.4 %) were prenatally diagnosed and terminated (Table 1).

The total number of births under surveillance in the 21 programmes was 1,745,248.

The percentage of terminations of pregnancy (ToP) ranged from the lowest values in USA: Utah (4.2%), Russia: Moscow Region (7.1%), and USA: Atlanta (16.3%), to the highest in the registries of French and Italian regions: France: Paris(80.1%), France: REMERA(79.9%) and France: Strasbourg(74.2%). For the Italian registries the percentages of terminations range from the highest of Italy: BDRCam(75.7%) to the lowest of Italy:North East (47.8%) with a medium value of 61.8%. Other Registries show percentages of terminations over 60%: Czech Republic (73.8%), Germany: Saxony-Anhalt (73.7%) and Australia: VBDR (61.2%).

In the European registries that provided a data set of 13 years (1993-2005), a regular increase in the percentage of ToP has been observed, passing from the lowest values of the first three years 41.5% in 1993, 45.9% in 1994, 48.5% in 1995, to the values of the last three years : 68.9% in 2003, 69.7% in 2004 and 65.4% in 2005 .

The comparison of the rate of ToPs in 2005, between European Countries and extra-European Countries (i.e. Australia:VBDR, Canada: Alberta, Cuba, USA: Atlanta and USA: Utah) is significantly different (59.2% vs 32.3%, $\chi^2 = 133.4$ $p < 0.0001$).

Terminations are related to the maternal age as shown in Table 2: the percentage of ToPs is lower in the lowest maternal age class (≤ 29 years). On the contrary in the higher maternal age classes: i.e. over 35 years (38-39 and ≥ 40) the percentage of terminations is higher.

The percentage of mothers aged over 35 years (Table3) , has increased year by year and in many registries is over 20%: Sweden: 20.6%; Australia:Victoria: 23.5%; all the three Italian Registries: BDRCam: 22.2%, IMER: 26.4% and Tuscany: 27.4%; while the Register of Paris shows the highest values: 29.67%.

The greater percentages of termination are typically detected in the registries that show the higher values of higher aged mothers. In fact overall, the proportion of DS pregnancies which were terminated among women at higher risk (≥ 35 years old), was over 80% in three Registries: France: REMERA and France: Paris (96% and 85.1% respectively); and in Czech Republic the percentage of terminations is 87.5% . Percentages of ToPs less than 40% were observed in many registries: Russia: Moscow region (7.6%); the two registries of United States of America: Utah and Atlanta (10.78% and 22.2 respectively), Italy: BDRCam (26.7%), Canada: Alberta(28.1%), and Northern Netherlands(33.3%).

The most common technique of prenatal diagnosis remained AC in 2005 (Table 4), with a mean value of 64.7%. CVS, with a mean value of 35%, shows a progressive increase year by year: 18.3% in 1995, 19.0% in 1996, 19.3% in 1997, 18.2% in 1998, 20.2% in 1999, 21.8% in 2000, 22.9% in 2001, 28.6 in 2002 and in 2003, 30% in 2004.

In Australia: VBDR CVS is the first technique of prenatal detection used with a rate of 63.5%. CVS has been used mainly in Finland (55%) and in Northern Netherlands (83.3%) and in Italy: IMER (51.2%). England and Wales and France: Strasbourg show a percentage slightly under 50%: 48.9% and 47.8% respectively. In the Registries of France the mean percentage is 41.1% vs 23.6% of 2004 and 16% of 2003, while the mean value in Italy has increased in the last few years passing from 9.4% in 2003, to 16% in 2004 till 38.1% this year (Table 4).

The programmes, where CVS is most frequently used, show -as expected- the lowest mean gestational ages at pregnancy termination in the older maternal age group (>35) as in Australia: VBDR (14.8 ± 2.3 wks) in Finland (15.7 ± 2.2 wks) and in Northern Netherlands and in Italy: IMER (16 ± 3.2

and 14.2 ± 2.7 wks respectively) (Table 5). The mean age (wks) of terminations after CVS diagnosis is heterogeneous and significantly different in the programs in both maternal age groups. In the younger group (≤ 34 years) there is a lower limit of around 12 and 13 wks in many Registries such as in Northern Netherlands and in Wales (12wks), in Italy: Tuscany (12.5wks) and in Russia: Moscow Region, in Australia: VBDR and in Italy: IMER (13, 13.3 and 13.4 wks respectively) to an upper limit of 22.3 wks in USA: Atlanta. (Table 5).

The prevalence at birth of DS has decreased in the majority of the 14 programmes that can provide the rates for all the 13 year period. A significant negative temporal trend was observed above all in the registries that showed, as expected, an increase in the termination of

pregnancies: the Czech Republic, all the three registries of France (REMERA, Paris and Strasbourg), all the four Italian registries (BDRCam, IMER, North East and Tuscany) and Germany:Saxony-Anhalt (Table 6). These programmes are the same ones that showed the highest rates of ToPs and an increase in the terminations year by year.

Likewise, the highest rates of prevalence at birth were observed in the Programmes where ToPs were lowest i.e Canada: Alberta ($20.5 \times 10,000$) and the two registries of USA: Atlanta(12.86) and USA: Utah(13.19). The Canada: Alberta register has shown a significant increase over the years (regression analysis $r = +0.799$ $p < 0.001$) till the rate of 20.5 this year. Controversial data are shown by the Finnish register where despite quite high rates of ToP (54.7% see Table 2) it has shown a high rate of prevalence at birth i.e 11.73 per 10,000.

Table 1. List of the programs participating in the Prenatal Diagnosis Study in the years.

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
AUSTRALIA	X	X	X	X	X	X				X	X	X	X
CANADA: Alberta						X	X	X	X	X	X	X	X
CZECH REPUBLIC	X	X	X	X	X	X	X	X	X	X	X	X	X
CUBA													X
ENGLAND & WALES	X	X	X	X	X	X	X	X	X	X		X	X
FINLAND	X	X	X	X	X	X	X	X		X	X	X	X
FRANCE: CE/REMERA	X	X	X	X	X	X	X	X	X	X	X	X	X
FRANCE: Paris	X	X	X	X	X	X	X	X	X	X	X	X	X
FRANCE: Strasbourg	X	X	X	X	X	X	X	X	X	X	X	X	X
GERMANY: Saxony -Anhalt								X	X	X	X	X	X
ISRAEL: IBDSP	X	X	X	X	X	X	X	X	X	X	X	X	X
ITALY: BDRCam	X	X	X	X	X	X	X	X	X	X	X	X	X
ITALY: IMER	X	X	X	X	X	X	X	X	X	X	X	X	X
ITALY: North-East	X	X	X	X	X	X	X	X	X	X		X	X
ITALY: Tuscany	X	X	X	X	X	X	X	X	X	X	X	X	X
RUSSIA: Moscow Region											X	X	X
NORTHERN NETHERLAND	X	X	X	X	X	X	X	X	X	X	X	X	X
SLOVAK													X
SWEDEN								X	X	X	X	X	X
USA: Atlanta	X	X	X	X	X	X	X	X	X	X	X	X	X
USA: UTAH												X	X
WALES												X	X

Collaborative Research Projects

Table 2. Percentage (%) of terminations (TOP) among the total number of cases recorded in 2005.

Monitoring Program	Maternal Age (years)					
	<= 29	30 – 34	35 – 37	38 – 39	>= 40	Total
Australia: VDBR	29.4	54.8	58.5	80.8	56.7	61.6
Canada: Alberta	13.8	20.0	26.3	25.0	31.8	22.5
Czech Republic	57.8	76.0	81.6	94.7	80.0	73.8
Cuba	7.3	3.4	16.7	76.9	47.8	24.0
England and Wales	28.9	49.7	53.3	53.3	60.8	48.8
Finland	40.7	50.0	55.2	52.9	68.3	54.7
France: REMERA	90.0	92.5	83.8	95.2	96.3	93.5
France: Paris	63.2	73.2	90.0	91.3	79.3	80.1
France: Strasbourg	60.0	77.8	75.0	100.0	33.3	74.2
Germany: Saxony-Anhalt	50.0	100.0	50.0	100.0	100.0	73.7
Israel: IBDSP	11.1	55.6	55.6	0.0	33.3	37.8
Italy: BDRCam	40.0	81.8	83.3	69.2	85.7	75.7
Italy: IMER	28.6	62.5	58.8	58.3	63.2	59.2
Italy: North-East	60.0	42.9	58.3	42.9	77.8	47.8
Italy: Tuscany	33.3	60.0	66.7	85.7	81.8	69.2
Russia: Moscow Region	6.3	7.7	7.7	0.0	13.3	7.2
Northern Netherlands	14.3	11.1	25.0	100.0	33.3	21.4
Sweden	19.5	37.5	63.6	63.6	77.9	54.3
USA: Atlanta	6.7	10.0	11.8	33.3	25.0	16.3
USA: Utah	0.0	0.0	12.5	20.0	0.0	4.2
Wales	23.5	50.0	35.3	66.7	57.1	44.0

Table 3. Percentage of mothers aged 35 and over in the monitoring programs participating in the study and percentage of terminations (ToP) in the same group of mothers. Prevalence rate in live and stillbirths (per 10,000) and comparison with the rate after inclusion of ToP.

Monitoring Program	% of mothers	% of ToP in mothers	Prevalence rate (* 10,000)	
	aged >=35	aged >=35	L+S	L+S+ToP
Australia:VDBR	23.5	63.3	26.0	70.8
Canada Alberta	15.2	28.1	64.6	89.8
Czech Republic	8.7	87.5	12.3	98.6
Cuba	-	44.4	-	-
England and Wales	19.6	56.2	17.7	40.4
Finland	19.1	58.6	30.7	78.6
France: REMERA	19.2	96.0	2.4	62.2
France: Paris	29.3	85.1	4.6	30.8
France: Strasbourg	16.3	76.5	17.9	75.9
Germany: Saxony-Anhalt	12.3	76.9	14.2	61.6
Israel IBDMS	16.4	42.1	18.2	31.4
Italy: BDRCam	22.2	26.7	6.8	34.0
Italy: IMER	27.4	60.4	18.4	46.5
Italy: North-East	-	61.4	-	-
Italy: Tuscany	29.6	76.7	8.0	34.4
Russia: Moscow Region	7.6	7.6	83.0	89.9
Northern Netherlands	19.4	33.3	22.2	33.3
Sweden	20.6	70.3	23.5	79.0
USA Atlanta	16.7	22.2	40.4	51.9
USA:Utah	9.1	10.7	53.4	59.8
Wales	-	51.8	-	-

* estimated

Collaborative Research Projects

Table 4 . Down Syndrome techniques of prenatal diagnosis (number of cases) registered in 2005 grouped in maternal age classes.

Monitoring Program	<35				35-39				>39				Tot*			
	CVS	AC	CC	UK	CVS	AC	CC	UK	CVS	AC	CC	UK	CVS	AC	CC	UK
Australia: VBDR	14	8	0	5	25	20	0	6	13	3	0	1	54	31	0	27
Canada: Alberta	0	8	0	1	0	9	0	0	3	4	0	0	3	21	0	1
Czech Republic	9	66	0	0	9	40	0	0	5	23	0	0	23	129	0	0
Cuba	0	4	0	0	0	13	0	0	0	11	0	0	0	28	0	3
England and Wales	49	67	0	0	76	72	0	0	56	50	0	0	181	189	0	0
Finland	19	8	0	0	12	13	0	0	13	15	0	0	44	36	0	0
France: REMERA	16	52	0	8	12	49	0	10	11	36	0	5	39	137	0	23
France : Paris	12	30	0	0	20	37	0	0	18	27	1	1	50	94	1	1
France: Strasbourg	3	7	0	0	7	5	0	0	1	0	0	0	11	12	0	0
Germany: Saxony-Anhalt	0	3	0	1	0	5	0	1	0	4	0	0	0	12	0	2
Israel: IBDSP	0	6	0	0	0	5	0	0	0	3	0	0	0	14	0	0
Italy: BDRCam	1	10	0	0	5	19	0	0	0	12	0	0	6	47	0	0
Italy: IMER	5	6	0	0	8	9	0	0	8	4	0	0	21	20	0	0
Italy: North-East	2	2	0	2	4	5	0	4	4	8	0	2	10	15	0	8
Italy: Tuscany	2	2	0	0	1	13	0	0	0	8	0	0	3	23	0	0
Russia: Moscow region	1	0	1	0	0	0	1	0	2	0	1	0	3	0	3	0
Northern Netherlands	2	0	0	0	2	1	0	0	1	0	0	0	5	1	0	0
USA : Atlanta	0	3	0	0	1	4	0	0	0	5	0	0	1	12	0	0
USA: Utah	0	0	0	0	0	3	0	0	0	0	0	0	0	3	0	0
Wales	2	8	0	1	1	12	0	1	3	5	0	0	6	25	0	2
Total	137	290	1	10	183	334	1	22	138	218	2	9	460	849	4	67

CVS = Chorion Villus sampling

CC = Chordocentesis

AC = Amniocentesis

UK = Unknown

* maternal age unknown

Table 5. Mean gestational age (weeks) and Standard Deviation of induced abortions by maternal age group and by type of prenatal diagnosis.

Monitoring Program	<=34			>=35		
	CVS	AC	Total	CVS	AC	Total
Australia: VBDR	13.29±0.99	17.13±1.73	14.68±2.28	13.37±1.42	17.09±1.20	14.84±2.26
Canada: Alberta	-	17.38±1.30	17.38±1.30	14.00±1.00	17.85±0.99	17.13±1.82
Czech Republic	14.22±2.22	19.67±2.11	19.01±2.76	14.50±2.03	19.29±2.01	18.42±2.73
Finland	14.79±1.08	18.13±0.99	15.78±1.87	14.00±1.61	17.29±1.21	15.74±2.17
France: REMERA	14.19±1.68	19.35±2.86	18.13±3.42	14.74±1.29	20.08±4.38	18.94±4.49
France: Paris	14.08±1.68	21.33±4.94	19.26±5.38	14.08±1.08	19.47±3.14	17.45±3.63
France: Strasbourg	17.33±2.31	20.86±1.86	19.80±2.53	16.00±2.14	21.80±3.27	18.23±3.85
Germany: Saxony-Anhalt	-	19.25±3.20	19.25±3.20	-	19.50±2.01	19.50±2.01
Israel IBDSP	-	22.00±1.26	22.00±1.26	-	24.63±3.78	24.63±3.78
Italy: BDRCam	16.00±0.00	21.50±1.41	20.89±2.26	16.20±2.17	20.77±2.14	20.04±2.62
Italy: IMER	13.40±0.89	20.20±1.30	16.80±3.74	14.06±1.18	19.00±0.74	16.18±2.68
Italy: North-East	15.00±0.00	18.50±2.12	16.75±2.36	14.88±1.46	19.54±1.27	17.76±2.66
Italy: Tuscany	12.50±0.71	18.50±0.71	15.50±3.51	12.00±0.00	17.53±1.39	17.25±1.83
Russia: Moscow Region	13.00±0.00	24.00±0.00	18.50±7.78	12.00±0.00	24.00±0.00	18.00±6.93
Northern Netherlands	12.00±0.00	-	12.00±0.00	14.67±2.08	20.00±0.00	16.00±3.16
USA: Atlanta	22.33±1.15	-	22.33±1.15	-	19.50±2.74	19.50±2.74
USA: Utah	-	-	-	-	18.33±2.08	18.33±2.08
Wales	12.00±0.00	21.38±6.21	19.50±6.75	13.00±0.00	18.18±1.88	17.19±2.68

Collaborative Research Projects

Table 6. Prevalence at birth (x 10,000) in the years of DS in the programs participating in the survey.

Programme	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
Australia: VBDR										9.98	8.49	11.03	10.85	
Canada: Alberta	11.45	11.07	13.15	8.49	11.14	14.02	11.56	14.65	15.2	12.71	19.2	16.52	20.54	
Czech Republic	7.52	7.67	7.26	5.51	5.06	6.72	6.57	5.37	5.51	5.37	6.38	5.51	5.26	
Cuba													8.31	
England and Wales	4.59	4.73	4.91	5.50	6.39	7.18	6.71	6.60	6.27	5.9		7.06	6.94	
Finland	13.21	12.83	12.94	10.33	10.07	11.33	10.04	11.76	14.18	14.16	12.32	12.25	11.73	
France: CE/REMERA	10.98	10.43	8.91	9.47	9.01	6.83	4.86	5.83	5.85	5.51	4.86	5.86	4.77	
France: Paris	10.61	9.19	7.05	9.67	7.78	10.48	5.24	7.87	7.79	6.20	4.69	5.31	9.15	
France: Strasbourg	16.75	17.87	24.04	17.44	27.95	2.20	4.34	5.62	2.23	2.96	5.18	8.2	5.81	
Germany: Saxony-Anhalt	5.79	6.33	7.43	7.86	8.33	13.65	6.09	6.38	8.26	9.08	5.30	9.18	2.90	
Israel IBDSP	5.06	5.03	6.32	4.87	9.13	3.28	6.01	4.74	6.15	4.75	6.45	6.66	6.22	
Italy: BDRCam	10.94	7.63	10.01	9.22	6.74	8.73	6.33	2.99	6.83	5.42	5.17	4.76	2.85	
Italy: IMER	8.97	9.27	10.24	7.97	7.27	9.36	9.58	6.47	6.33	6.15	8.11	5.72	8.24	
Italy: North East	12.87	10.31	11.46	9.14	7.15	7.23	7.17	6.90	7.83	9.04		6.93	6.41	
Italy: Tuscany	11.83	9.80	11.42	6.91	7.34	6.28	6.14	4.90	5.70	3.76	4.00	4.14	4.08	
Russia: Moscow Region											11.27	10.66	13.64	
Northern Netherlands	9.86	5.74	9.38	13.74	11.91	10.03	8.43	6.35	9.32	13.31	5.99	9.4	11.87	
Sweden								14.01	11.01	14.59	13.31	15.47	10.56	12.69
USA: Atlanta	12.02	13.81	10.93	11.98	10.49	11.46	12.00	11.08	13.25	5.66	13.01	12.98	12.86	
USA: Utah												14.01	13.19	
Wales												11.69	13.12	

Alessandra Lisi Memorial Prize

Alessandra Lisi was a researcher statistician at the ICBDSR Centre in the years 2002 – 2006. Over the years Alessandra's working skill, ethic, grace and kindness made her an increasingly central part of the ICBDSR Centre. Nothing was done at the Centre without her valid help.

She was the only victim of an Underground accident that occurred in Rome on October 17, 2006.

We mourn her loss, miss her beyond words and we want remember her with a Prize for a young researcher involved in the field of birth defects and working in one of the ICBDSR Member Registries.

Aim

To recognise a high quality recently published, original peer-reviewed article written in English by a junior researcher and based on research conducted using data from a Clearinghouse Program.

Eligibility

Prize is be open to all junior researchers who are no more than two-years post-doctoral level, including those without post-graduate qualifications and will be based on research using data from a Clearinghouse Program.

The prize

One prize of \$500, a plaque/ certificate and the summary published in the Annual Report. The winner will be invited to give a presentation at the Annual and Scientific Meeting of the Clearinghouse, in order to present the work on which the Award was based and also to present the work they are doing at present.

In 2007 there were two winners because of an exceptional situation with two very good papers.

Further information about the Prize application (award criteria, application process, deadline) can be requested to centre@icbdsr.org

Alessandra Lisi Memorial Prize

Winners of 2007 Award

The Award of the 2007 "Alessandra Lisi Memorial Prize", given by the International Clearinghouse for Birth Defects Monitoring Systems (ICBDSR) to a junior researcher from a Monitoring Program of the ICBDSR, goes to **Natasha Nassar**, as Author of the high quality, original peer-reviewed article: "*Increasing Prevalence of Hypospadias in Western Australia, 1980-2000*", published in the *Archives of Disease in Childhood*, Vol 92, Issue 7, pages 580-584, 2007.

Increasing prevalence of hypospadias in Western Australia, 1980-2000.

Arch Dis Child. 2007 Jul;92(7):580-4

Nassar N, Bower C, Barker A.

Telethon Institute for Child Health Research, Centre for Child Health Research, The University of Western Australia, Perth, Australia. natashan@ichr.uwa.edu.au

OBJECTIVES: Hypospadias, a common birth defect, has shown widespread variation in reported rates and temporal trends across countries over the last 30 years. The aim of this study was to determine the prevalence and trends of hypospadias in an Australian population.

DESIGN: Population-based study of all male infants born in Western Australia (WA) between 1980 and 2000 diagnosed with hypospadias and notified to the WA Birth Defects Registry.

MAIN OUTCOME MEASURES: Prevalence of hypospadias, birth outcome and association with other congenital anomalies, stratified by degree-of-severity.

RESULTS: 1788 cases of hypospadias were registered in WA in 1980-2000 with an overall prevalence of 34.8 (95% confidence interval (CI): 33.2 to 36.4) cases per 10 000 births. The prevalence increased by 2.0% per annum (95% CI: 1.2% to 2.8%) from 27.9 in 1980 to 43.2 per 10 000 births in 2000 ($p<0.001$). Hypospadias was mild in 84% of cases, moderate-severe in 11% and unspecified in 5%, with the number of moderate-severe hypospadias almost doubling over time ($p<0.01$). There were 1465 (82%) cases of isolated hypospadias and 323 (18%) had co-existing anomalies. Infants with co-existing genital (relative risk (RR) 4.5; 95% CI: 3.3 to 6.1) or non-genital (RR 1.5; 95% CI: 1.0 to 2.2) anomalies were more likely to have moderate-severe hypospadias compared with isolated cases.

CONCLUSION: Hypospadias affects one in 231 births and has been reported to have increased significantly over the last 20 years. Future investigation of the aetiology of hypospadias is important to identify potentially modifiable risk factors and ensure optimal male reproductive health in the future.

The Award of the 2007 "Alessandra Lisi Memorial Prize", given by the International Clearinghouse for Birth Defects Monitoring Systems (ICBDSR) to a junior researcher from a Monitoring Program of the ICBDSR, goes to **Fernando A. Poletta**, as Author of the high quality, original peer-reviewed article: "*Regional Analysis on the Occurrence of Oral Clefts in South America*", published in the *American Journal of Medical Genetics*, Vol 143A, Issue 24, pages 3216-3217, 2007.

Regional analysis on the occurrence of oral clefts in South America.

Am J Med Genet A. 2007 Dec 15;143A(24):3216-27

Poletta FA, Castilla EE, Orioli IM, Lopez-Camelo JS.

ECLAMC (Latin American Collaborative Study of Congenital Malformations) at CEMIC (Center for Medical Education and Clinical Research), Buenos Aires, Argentina.

The aim of this work was to search for unequal birth prevalence rates (BPRs) of cleft lip +/- cleft palate (CL/P), and cleft palate only (CPO), among different geographic areas in South America, and to analyze phenotypic characteristics and associated risk factors in each identified cluster. Included were 5,128 CL/P cases, 1,745 CPO cases, and 3,712 controls (like-sexed, non-malformed liveborn infant, born immediately after a malformed one, in the same hospital), over 4,199,630 consecutive births.

They were ascertained between 1967 and 2004, in 190 maternity hospitals of the ECLAMC (Estudio Colaborativo Latinoamericano de Malformaciones Congénitas) network, in 102 cities of all 10 South American countries.

Non-predefined geographical areas with significantly unusual cleft BPRs were identified with Kulldorf and Nagarwalla's spatial scan statistic, employing number of cases and births, and exact location of each hospital. Expected values were cleft BPRs registered for the entire ECLAMC hospital network. Syndromic and non-syndromic clefts were considered for cluster analysis, and phenotypic characterization, while only non-syndromic for risk factor analysis. Seven clusters for CL/P, and four for CPO, with unusual BPRs were identified. CL/P cases in high BPR areas were more severe than elsewhere in the sample, similar to a previous ECLAMC report on microtia. For CL/P, high BPR clusters were associated with high altitude above sea level, Amerindian ancestry, and low socioeconomic strata; low BPR clusters showed association with African Black ancestry. Advanced maternal age, a recognized risk factor for CPO, was also associated with the only identified geographic cluster for CPO.

Synopsis of Contributing Monitoring Systems

Monitoring Program	Coverage	Year Joined ICBMDS	Maximum age at diagnosis	Criteria defining stillbirths	Termination of Pregnancy (ToP)
Australia: National	Population-based National	1981	1 year	20 weeks or 400 grams	Permitted Reported
Australia: VBDR	Population-based Statewide	2002	Up to 15 years	20 weeks or 400 grams	Permitted Reported
Australia: WABDR	Population-based, Statewide	2002	Up to 6 years	20 weeks or 400 grams	Permitted Reported
Canada: Alberta-ACASS	Population-based Provincial	1996	1 year	20 weeks or 500 grams	Permitted Reported
Canada British Columbia	Population-based Provincial	2001	No limit	At least 20 weeks or 500 grams	Permitted, Not reported
Canada: CCASNI	Population-based National	1996	1 year	20 weeks or 500 grams	Permitted Not reported
Chile-Maule: RRMC-SSM	Hospital-based Regional	2003	Hospital discharge	500 grams	Not permitted Not reported
China: BDSS.Beijing	Population-based Four Provinces	1997	6 weeks	20 weeks	Permitted Not reported
China: CBDMN	Hospital-based	1985	7 days	28 weeks	Permitted Not reported
Costa Rica: CREC	Population-based National	2003	3 days	22 weeks or 500 grams	Not permitted
Cuba: RECUMAC	Hospital based National	2003	Hospital discharge	500 grams	Permitted Reported
Czech Republic	Population-based National	1974	Up to 15 years	non-viable fetuses, 28 weeks or >1000 grams	Permitted Reported
England and Wales	Population-based National	1974	1995 onwards no limit	24 weeks	Permitted Reported only for a few selected malformations
Finland	Population-based National	1974	1 year	22 weeks or 500 grams	Permitted Reported
France-Rhône Alpes: REMERA	Population-based Regional	1974	1 year	22 weeks	Permitted Reported
France: Paris	Population-based Regional	1982	Hospital discharge	22 weeks	Permitted Reported
France: Strasbourg	Population-based Regional	1982	2 years	22 weeks or 500 grams	Permitted Reported
Germany: Saxony-Anhalt	Population-based (Federal State)	2001	Hospital discharge (almost first week of life) – up to 1 year	>/= 500 grams	Permitted Reported
Hungary	Population-based National	1974	1 year	24 weeks or 500 grams	Permitted Reported
Iran: TROCA	Hospital-based Regional	2006	1 year	20 weeks or 400 grams	Permitted Reported only for a few selected malformations
Ireland: Dublin	Population-based Regional	1997	5 years	24 weeks or 500 grams	Not permitted
Israel: IBDSP	Hospital-based Regional	1974	Hospital discharge 2-5 days	20 weeks or 500 grams	Permitted Reported
Italy: BDRCam	Population-based Regional	1996	7 days	180 days (25 weeks + 5 days)	Permitted Reported
Italy: IMER	Population-based Regional	1985	7 days	180 days (25 weeks + 5 days)	Permitted Reported
Italy: ISMAC	Hospital-based Regional	1991	1 year	180 days (25 weeks + 5 days)	Permitted Reported
Italy: North East	Population-based Regional	1997	7 days	180 days (25 weeks + 5 days)	Permitted Reported

Synopsis of Contributing Monitoring Systems

Monitoring Program	Coverage	Year Joined ICBMDS	Maximum age at diagnosis	Criteria defining stillbirths	Termination of Pregnancy (ToP)
Italy-Tuscany:RTDC	Population-based Regional	1998	1 year	180 days (25 weeks + 5 days)	Permitted Reported
Japan: JAOG	Hospital-based National	1988	7 days	22 weeks	Permitted Not reported
Malta: MCAR	Population-based National	2000	1 year	20 weeks	Not permitted
Mexico: RYVEMCE	Hospital based National	1980	72 hours	20 weeks or 500 grams	Not permitted
New Zealand	Population-based National	1979	No limit	20 weeks or 400 grams	Permitted Not reported
Northern Netherlands	Population-based Regional	1993	Up to 15 years	24 weeks	Permitted Reported
Norway: MBRN	Population-based National	1974	Hospital discharge Lifelong for mortality (from 2002 1 year)	16 weeks (12 weeks from 1999)	Permitted Reported
Russia-Moscow Region: MRRCM	Population-based Regional	2001	1 year	28 weeks	Permitted Reported
Slovak Republic	Population-based Regional	2003	1 year	Non-viable fetuses, 28 weeks or >1000 grams	Permitted Reported
South America: ECLAMC	Hospital-based Multinational	1977	3 days	500 grams	Not permitted
Spain: ECEMC	Hospital-based National	1979	3 days	24 weeks or 500 grams	Permitted Not reported
Sweden	Population-based National	1974	28 days	22 weeks	Permitted Reported
Ukraine: UABDP	Population-based Regional	2001	28 days	500 grams	Permitted Reported only for selected malformations
United Arab Emirates	Hospital-based Regional	1995	7 days	23 weeks	Not permitted
USA-Atlanta: MACDP	Population-based Regional	1974	6 years	20 weeks	Permitted Reported
USA-Texas: BDES	Population-based Regional	2004	1 year	Before 2001: 20 weeks. Since 2001: All stillbirths with documented birth defects included	Permitted Reported
USA-Utah UBDN	Population-based Regional	2005	2 years	20 weeks	Permitted Reported
Wales: CARIS	Population-based Regional	2005	1 year	24 weeks	Permitted Reported

Synopsis of Contributing Monitoring Systems

The following definitions have been adopted by all monitoring systems except when indicated in the Table "Deviations from ICBDSR Definitions"

1. Anencephaly: a congenital malformation characterized by the total or partial absence of the cranial vault, the covering skin, and the brain missing or reduced to small mass. Incl. craniorachischisis. Incl. infants with iniencephaly and other neural tube defects as encephalocele or open spina bifida, when associated with anencephaly. Excl. acephaly, that is, absence of head observed in amorphous acardiac twins.

2. Spina bifida: a family of congenital malformation defects in the closure of the spinal column characterized by herniation or exposure of the spinal cord and/or meninges through an incompletely closed spine. Incl. meningocele, meningomyelocele, myelocele, myelomeningocele, rachischisis. Spina bifida is not counted when present with anencephaly. Excl. spina bifida occulta, sacrococcygeal teratoma without dysraphism.

3. Encephalocele: a congenital malformation characterized by herniation of the brain and/or meninges through a defect in the skull. Encephalocele is not counted when present with spina bifida.

4. Microcephaly: a congenitally small cranium, defined by an occipitofrontal circumference (OFC) 3 standard deviation below the age and sexappropriate distribution curves. [If using a different definition or cutoff point (e.g., 2 standard deviations), report but specify criteria]. Excl. microcephaly associated with anencephaly or encephalocele.

5. Holoprosencephaly: a congenital malformation of the brain, characterized by various degrees of incomplete lobation of the brain hemispheres. Olfactory nerve tract may be absent. Holoprosencephaly includes cyclopia, ethmocephaly, ceboccephaly, and premaxillary agenesis.

6. Hydrocephaly: a congenital malformation characterized by dilatation of the cerebral ventricles, not associated with a primary brain atrophy, with or without enlargement of the head, and diagnosed at birth. Not counted when present with encephalocele or spina bifida. Excl. macrocephaly without dilatation of ventricular system, skull of macerated fetus, hydranencephaly, holoprosencephaly, and postnatally acquired hydrocephalus.

7. Anophthalmos/microphthalmos: apparently absent or small eyes. Some normal adnexal

elements and eyelids are usually present. In microphthalmia, the corneal diameter is usually less than 10 mm. and the anteroposterior diameter of the globe is less than 20 mm.

8. Anotia/microtia: a congenital malformation characterized by absent parts of the pinna (with or without atresia of the ear canal) commonly expressed in grades (IIV) of which the extreme form (grade IV) is anotia, absence of pinna. Excl. small, normally shaped ears, imperforate auditory meatus with a normal pinna, dysplastic and low set ears.

9. Transposition of great vessels: a cardiac defect where the aorta exits from the right ventricle and the pulmonary artery from the left ventricle, with or without other cardiac defects. Incl. double outlet ventricle socalled corrected transposition.

10. Tetralogy of Fallot: a condition characterized by ventricular septal defect, overriding aorta, infundibular pulmonary stenosis, and often right ventricular hypertrophy.

11. Hypoplastic left heart syndrome: a cardiac defect with a hypoplastic left ventricle, associated with aortic and/or mitral valve atresia, with or without other cardiac defect.

12. Coarctation of the aorta: an obstruction in the descending aorta, almost invariably at the insertion of the ductus arteriosus

13. Choanal atresia, bilateral: congenital obstruction (membraneous or osseous) of the posterior choana or choanae. Excl. choanal stenosis and congestion of nasal mucosa.

14. Cleft palate without cleft lip: a congenital malformation characterized by a closure defect of the hard and/or soft palate behind the foramen incisivum without cleft lip. Incl. submucous cleft palate. Excl. cleft palate with cleft lip, cleft uvula, functional short palate, and high narrow palate.

15. Cleft lip with or without cleft palate: a congenital malformation characterized by partial or complete clefting of the upper lip, with or without clefting of the alveolar ridge or the hard palate. Excl. midline cleft of upper or lower lip and oblique facial fissure (going towards the eye).

16. Oesophageal atresia/stenosis: a congenital malformation characterized by absence of continuity or narrowing of the oesophagus, with or without tracheal fistula. Incl. tracheoesophageal fistula with or without mention of atresia or stenosis of oesophagus

ICBDSR Definitions of the Reported Malformations

17. Small intestine atresia/stenosis: complete or partial occlusion of the lumen of a segment of the small intestine. It can involve a single area or multiple areas of the jejunum or ileum. Excl. duodenal atresia.

18. Anorectal atresia/stenosis: a congenital malformation characterized by absence of continuity of the anorectal canal or of communication between rectum and anus, or narrowing of anal canal, with or without fistula to neighboring organs. Excl. mild stenosis which does not need correction, and ectopic anus.

19. Undescended testis: bilateral undescended testes in at term newborn or at least unilateral undescended testis in males more than 1 year of age. Excl. retractile testis.

20. Hypospadias: a congenital malformation characterized by the opening of the urethra on the ventral side of the penis, distally to the sulcus. Incl. penile, scrotal, and perineal hypospadias. Excl. glandular or firstdegree hypospadias and ambiguous genitalia (intersex or pseudohermaphroditism).

21. Epispadias: a congenital malformation characterized by the opening of the urethra on the dorsal surface of the penis. Not counted when part of exstrophy of the bladder.

22. Indeterminate sex: genital ambiguity at birth that does not readily allow for phenotypic sex determination. Incl. male or female, true or pseudohermaphroditism.

23. Renal agenesis: a congenital malformation characterized by complete absence of kidneys bilaterally or severely dysplastic kidneys.

24. Cystic kidney: a congenital malformation characterized by multiple cysts in the kidney. Incl. infantile polycystic kidney, multicystic kidney, other forms of cystic kidney and unspecified cystic kidney. Excl. single kidney cyst.

25. Bladder exstrophy: complex malformation characterized by a defect in the closure of the lower abdominal wall and bladder. Bladder opens in the ventral wall of the abdomen between the umbilicus and the symphysis pubis. It is often associated with epispadias and structural anomalies of the pubic bones.

26. Polydactyly, preaxial: extra digit(s) on the radial side of the upper limb or the tibial side of the lower limb. It can affect the hand, the foot, or both.

27. Limb reduction defects: a congenital malformation characterized by total or partial

absence or severe hypoplasia of skeletal structures of the limbs. Incl. femoral hypoplasia. Excl. mild hypoplasia with normal shape of skeletal parts, brachydactyly, finger or toe reduction directly associated with syndactyly, general skeletal dysplasia and sirenomelia.

28. Diaphragmatic hernia: a congenital malformation characterized by herniation into the thorax of abdominal contents through a defect of the diaphragm. Incl. total absence of the diaphragm. Excl. hiatus hernia, eventration and phrenic palsy.

29. Abdominal wall defects: cases specified as omphalocele and/or gastroschisis plus unspecified cases.

30. Omphalocele: a congenital malformation characterized by herniation of abdominal contents through the umbilical insertion and covered by a membrane which may or may not be intact. Excl. gastroschisis (paraumbilical hernia), a or hypoplasia of abdominal muscles, skincovered umbilical hernia.

31. Gastroschisis: a congenital malformation characterized by visceral herniation usually through a right side abdominal wall defect to an intact umbilical cord and not covered by a membrane. Excl. aor hypoplasia of abdominal muscles, skincovered umbilical hernia, omphalocele.

32. Prune belly sequence: a complex congenital malformation characterized by deficient abdominal muscle and urinary obstruction/distension. It can be caused by urethral obstruction secondary to posterior urethral valves or urethral atresia. In the affected fetus the deficiency of the abdominal muscle may not be evident. It can be associated with undescended testes, clubfoot, and limb deficiencies.

Trisomy 13: a congenital chromosomal malformation syndrome associated with extra chromosome 13 material. Incl. translocation and mosaic trisomy 13.

34. Trisomy 18: a congenital chromosomal malformation syndrome associated with extra chromosome 18 material.
Incl. translocation and mosaic trisomy 18

35. Down syndrome: a congenital chromosomal malformation syndrome characterized by a well known pattern of minor and major anomalies and associated with excess chromosomal 21 material. Incl. trisomy mosaicism and translocations of chromosome 21.

ICBDSR Definitions of the Reported Malformations

Deviations from the ICBDSR Definitions by Registry

	Encephalocele	Microcephaly	Holoprosencephaly	Hydrocephaly	Anophthalmos / Microphthalmos	Anotia	Transposition of great vessels	Tetralogy of Fallot	Choanal atresia, bilateral	Cleft palate without cleft lip	Cleft lip with or without cleft palate	Oesophageal atresia / stenosis	Small intestine atresia / stenosis	Anorectal atresia / stenosis	Undescended testis	Hypopspadias	Epispadias	Indeterminate sex	Renal agenesis	Cystic kidney	Polydactyly, preaxial	Limb reduction defects	Prune belly sequence	Trisomy 13	Trisomy 18	Down syndrome								
Australia: National																																		
Australia: VBDR																																		
Australia: WABDR																																		
Canada: Alberta	2	2	7	8																							2							
Canada: British Columbia	1	2	4	6	2	7	8	10	11\12	13	15	18\19		25	25\26	27	28	30	35	37	2	2	2											
Canada: National	1	2	6	2																			40	2	2	2								
China: Beijing																											35							
China: CBDMN	1	2	6	2	7	9																				2	2							
Costa Rica: CREC																											2	2						
Cuba: RECUMAC	1	2	6	2	7																						2	2						
Czech Republic																												35						
England and Wales																																		
Finland	2		2	8					11\12																	2	2							
France: Central East																		25									2							
France: Paris																	25																	
France: Strasbourg	2		2	9													18																	
Germany: Saxony-Anhalt	2\3									9	11						19	25								2	2							
Hungary	1	2	2	9													25	26								35	38\39							
Ireland: Dublin	2		2							11							18\19	24	25	26						35	2	2						
Israel: IBDMS										8								25										2						
Italy: BDRCAM																												2						
Italy: IMER																			25									35						
Italy: ISMAC																		25																
Italy: North East		5	2														13	15	17	18\20	22						29	35	2					
Italy: Tuscany										8																								
Japan: JAOG	2		2																									31						
Malta	2		2	9						11																	27	31	35					
Mexico: RYVEMCE	2		2															11\12		18							27	28	30	35				
New Zealand										2																		25						
Northern Netherlands																				24	25								35					
Norway																																		
Russia: Moscow region	2		2	9															18	25								27	28	31	35			
Slovak Republic																				25									35		35	2		
South Africa: SABDSS	1	2		2																											2	2		
South America: ECLAMC																																		
Spain: ECEMC	3		2																										27		37	2		
Sweden	2		2							11									25										28	32		2		
Ukraine	2\3	6	2	7	9													16											27		27	2		
United Arab Emirates	2		2	7	8	10	11										18										28\29	31						
USA: Atlanta																			12	16														
Wales	1	2		2	7																24	25									2	2	2	

ICBDSR Definitions of the Reported Malformations

- | | |
|--|--|
| 1 = when present with spina bifida counted | 23 = No gestational age information |
| 2 = clinical diagnosis included | 24 = Registered when it is combined with other defects |
| 3 = OCF below 3rd percentile | 25 = all types included |
| 4 = there may be other defects with the same code | 26 = epispadias counted with hypospadias |
| 5 = only cyclopia included | 27 = genital ambiguity and absent genitalia included |
| 6 = hydranencephaly included | 28 = unilateral defects included |
| 7 = absence of auricle | 29 = severely dysplastic kidneys excluded |
| 8 = double outlet right ventricle excluded | 30 = single cyst included |
| 9 = all kind of transposition included | 31 = all kind of cystic kidney included |
| 10 = Trilogy of Fallot included | 32 = all cystic kidneys are included except for single renal cysts |
| 11 = unilateral cases included | 33 = AR polycystic kidney excluded |
| 12 = stenosis included | 34 = some autosomal recessive polycystic kidneys are not excluded |
| 13 = submucous cleft palate excluded | 35 = any type of polydactyly included |
| 14 = Cleft uvula included | 36 = polysyndactyly preaxial excluded |
| 15 = midline and oblique facial clefts included | 37 = any hypoplasia of skeletal limb structures included except brachydactyly and hypoplasia as part of skeletal dysplasia |
| 16 = clefts of the alveolar ridge without cleft lip included | 38 = any hypoplasia of skeletal structures included |
| 17 = stenosis excluded | 39 = sirenomelia included |
| 18 = duodenal atresia included | 40 = Prune belly sequence counted with Total abdominal wall defects |
| 19 = duodenal stenosis excluded | |
| 20 = intestinal stenosis excluded | |
| 21 = Large intestine atresia/stenosis included | |
| 22 = stenosis excluded | |

Australia: VBDR

Victoria Birth Defects Registry

History:

In 1979 the Commonwealth Government agreed in principle to collect more information about births and birth defects. It was decided that the States would be responsible for setting up their own systems and the Commonwealth would establish a National Perinatal Statistics Unit, to collate information from all the states and provide an overall picture. The Victorian Perinatal Data Collection Unit (VPDCU), established under the Health Act of 1958, operates under the aegis of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (the Council). One of the fundamental purposes of the VPDCU was the establishment and maintenance of the Victorian Birth Defects Register (VBDR). The VPDCU and VBDR were established in 1982.

Size and coverage:

The VBDR collects information on all birth defects for livebirths, stillbirths and terminations of pregnancy pre 20 wks gestation and children up to 15 yrs of age (irrespective of the age at diagnosis). Approximately 3.8% of babies are born with a birth defect at or after 20 weeks gestation. We also follow up terminations for birth defects before 20 weeks, once these are included the overall prevalence is approximately 4%. Birth defects are notified to the register for those babies/fetus' who were born in Victoria

Legislation and funding:

The ongoing maintenance of the VBDR is enshrined in the legislation pertaining to the VPDCU (Health Act 1958) and is an ongoing function of the VPDCU, however notification of birth defects outside the reporting period on the Perinatal Morbidity Statistics form (28 days) is a voluntary process. There is a section for reporting of birth defects on the Perinatal form which is completed at the time of birth. Several measures are taken to ensure the ascertainment of birth defects outside this reporting period which will be specified in 'sources of ascertainment'. The

VPDCU & VBDR are funded by the Department of Human Services (State Government)

Sources of ascertainment:

Perinatal forms (approx 48.8%)
Hospital listings* (approx 28.8%)
Perinatal death certificates'autopsy reports (approx 7.8%)
Cytogenetic reports (approx 9.3%)
Maternal & Child Health Nurse (approx 4.2%)
Other professionals/parents (approx 1.1%)

* These include obtaining annual inpatient listings from the two major paediatric teaching hospitals detailing all children up to the age of five years who have been subsequently admitted to these hospitals each year with a birth defect. We also obtain annual listings from specialist clinics at these hospital for all children up to the age of five years who have visited either as an inpatient or an outpatient. This procedure has also been adopted for Monash Medical Centre. Other listings are also received from Newborn Screening Services and Genetic Health Services Victoria.

Exposure information:

No exposure information is available

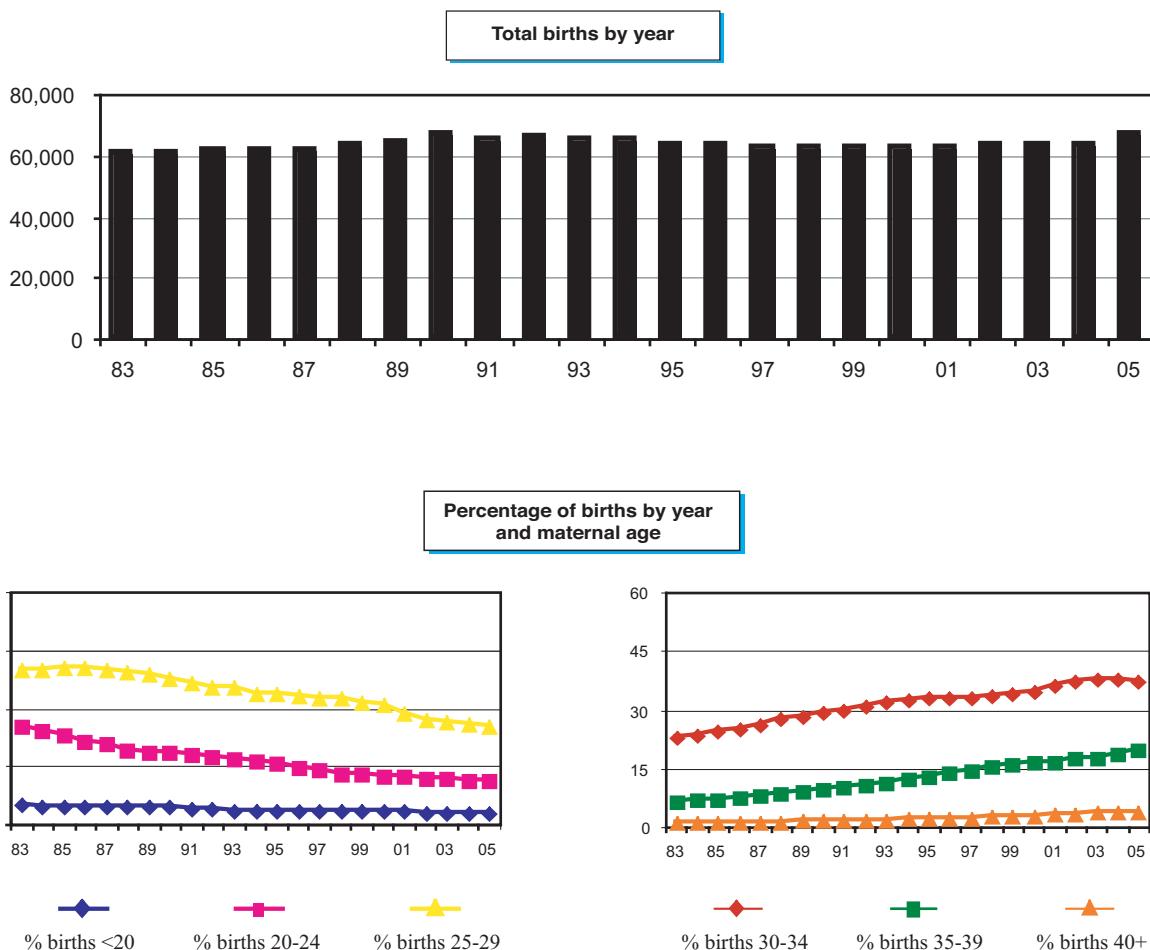
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Monitoring Systems

Australia: VBDR



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	93	80.2	Cystic kidney	5	4.0
Spina bifida	40	35.1	Limb reduction defects	6	5.4
Encephalocele	10	40.0	Diaphragmatic hernia	6	9.8
Holoprosencephaly	13	36.1	Omphalocele	33	50.0
Hydrocephaly	37	19.3	Gastroschisis	6	15.0
Hypoplastic left heart syndrome	13	15.9	Trisomy 13	44	71.0
Cleft palate without cleft lip	6	3.2	Trisomy 18	138	74.2
Cleft lip with or without cleft palate	12	6.1	Down syndrome	351	63.8
Renal agenesis	16	11.7			

Total ToPs with birth defects = 1,003 (Ratio ToPs/Births: 5.19 per 1,000)

*ToPs/ToPs+Births

Australia: VBDR, 2005

Live births (LB)	66,041
Stillbirths (SB)	613
Total births	66,654
Number of terminations of pregnancy (ToP) for birth defects	333

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	1	6	28	5.25
Spina bifida	16	10	13	5.85
Encephalocele	3	2	3	1.20
Microcephaly	11	0	0	1.65
Holoprosencephaly	8	2	7	2.55
Hydrocephaly	33	15	11	8.85
Anophthalmos	0	0	3	0.45
Microphthalmos	1	0	0	0.15
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	6	0	0	0.90
Microtia	5	0	0	0.75
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	39	3	2	6.60
Tetralogy of Fallot	19	1	0	3.00
Hypoplastic left heart syndrome	24	5	3	4.80
Coarctation of aorta	29	0	1	4.50
Choanal atresia, bilateral	14	0	0	2.10
Cleft palate without cleft lip	54	0	1	8.25
Cleft lip with or without cleft palate	49	7	5	9.15
Oesophageal atresia / stenosis with or without fistula	22	1	0	3.45
Small intestine atresia / stenosis	20	1	0	3.15
Anorectal atresia / stenosis	22	3	4	4.35
Undescended testis (36 weeks of gestation or later)	364	1	0	54.76
Hypospadias	223	0	0	33.46
Epispadias	4	0	0	0.60
Indeterminate sex	10	0	1	1.65
Renal agenesis	35	3	6	6.60
Cystic kidney	45	2	2	7.35
Bladder extrophy	2	1	0	0.45
Polydactyly, preaxial	60	4	6	10.50
Total Limb reduction defects (include unspecified)	26	8	3	5.55
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	16	1	0	2.55
Omphalocele	8	6	15	4.35
Gastroschisis	13	0	4	2.55
Unspecified Omphalocele/Gastroschisis	1	0	1	0.30
Prune belly sequence	1	0	1	0.30
Trisomy 13	6	2	16	3.60
Trisomy 18	9	6	46	9.15
Down syndrome, all ages (include age unknown)	62	9	114	27.76
<20	1	0	0	5.45
20-24	2	0	3	6.74
25-29	7	2	2	6.62
30-34	16	3	23	17.38
35-39	24	3	52	60.91
40-44	12	1	15	119.91
45+	0	0	2	215.05
unknown	0	0	17	---

nr = not reported

Monitoring Systems

Australia: VBDR, Previous years rates 1983 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

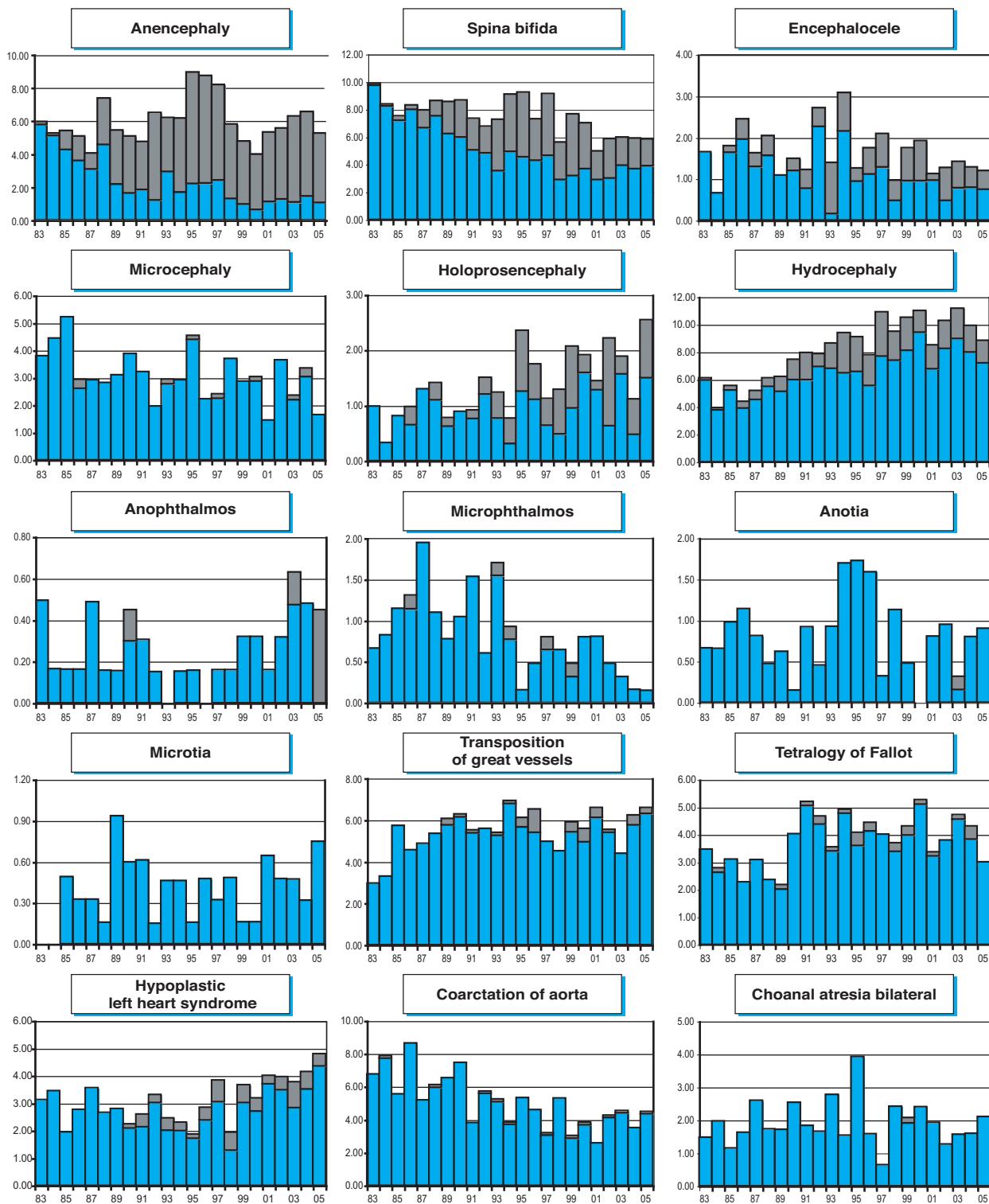
	1974-1980	1981-1985*	1986-1990	1991-1995	1996-2000	2001-2005
Total births	182,554	317,619	324,939	312,603	317,966	
Anencephaly	5.53	5.42	6.49	6.30	5.79	
Spina bifida	8.60	8.44	7.94	7.36	5.72	
Encephalocele	1.37	1.73	1.94	1.70	1.26	
Microcephaly	4.49	3.15	3.11	2.85	2.48	
Holoprosencephaly	0.71	1.07	1.35	1.63	1.86	
Hydrocephaly	5.20	5.92	8.59	9.95	9.75	
Anophthalmos	0.27	0.28	0.15	0.19	0.41	
Microphthalmos	0.88	1.23	0.98	0.64	0.38	
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	
Anotia	0.77	0.63	1.14	0.70	0.75	
Microtia	0.16	0.47	0.37	0.32	0.53	
Unspecified Anotia / Microtia	---	---	---	---	---	
Transposition of great vessels	4.00	5.45	5.91	5.50	5.88	
Tetralogy of Fallot	3.12	2.80	4.49	4.35	3.84	
Hypoplastic left heart syndrome	2.85	2.80	2.52	3.10	4.15	
Coarctation of aorta	6.74	6.80	4.80	4.00	3.90	
Choanal atresia, bilateral	1.53	2.05	2.34	1.82	1.70	
Cleft palate without cleft lip	8.16	7.43	7.72	8.22	8.84	
Cleft lip with or without cleft palate	11.07	10.01	10.56	10.94	10.00	
Oesophageal atresia / stenosis with or without fistula	4.38	2.99	3.97	3.90	2.67	
Small intestine atresia / stenosis	2.03	2.71	2.22	3.39	3.14	
Anorectal atresia / stenosis	3.94	3.27	4.89	4.73	3.81	
Undescended testis (36 weeks of gestation or later)	5.92	27.42	44.75	48.40	49.82	
Hypospadias	17.15	23.30	32.68	34.61	34.44	
Epispadias	0.16	0.41	0.34	0.67	0.44	
Indeterminate sex	1.26	2.74	2.80	1.57	1.64	
Renal agenesis	4.55	4.97	5.54	6.94	6.51	
Cystic kidney	2.90	4.03	5.48	7.26	6.48	
Bladder extrophy	0.49	0.38	0.40	0.35	0.53	
Polydactyly, preaxial	7.61	8.12	10.22	10.27	11.04	
Total Limb reduction defects (include unspecified)	5.70	5.95	6.65	7.13	5.44	
Transverse	nr	nr	nr	nr	nr	
Preaxial	nr	nr	nr	nr	nr	
Postaxial	nr	nr	nr	nr	nr	
Intercalary	nr	nr	nr	nr	nr	
Mixed	nr	nr	nr	nr	nr	
Unspecified	---	---	---	---	---	
Diaphragmatic hernia	3.12	3.05	4.34	3.58	3.14	
Omphalocele	2.25	3.27	3.02	3.55	3.46	
Gastroschisis	0.71	1.35	1.82	2.91	2.11	
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	
Prune belly sequence	0.27	0.31	0.31	0.35	0.13	
Trisomy 13	0.99	1.29	2.12	2.72	3.18	
Trisomy 18	2.08	3.31	4.99	6.62	8.49	
Down syndrome, all ages (include age unknown)	11.89	16.78	18.93	23.10	28.87	
<20	12.67	5.81	5.90	4.83	4.25	
20-24	6.55	8.99	7.31	6.91	9.39	
25-29	8.38	8.53	8.82	8.68	9.34	
30-34	13.73	16.07	16.52	16.91	17.80	
35-39	30.47	50.72	50.54	48.34	58.43	
40-44	81.66	127.34	143.34	203.89	170.72	
45+	107.53	74.63	485.44	362.32	320.99	
unknown	---	---	---	---	---	

* data include less than 5 years

nr = not reported

Australia: VBDR

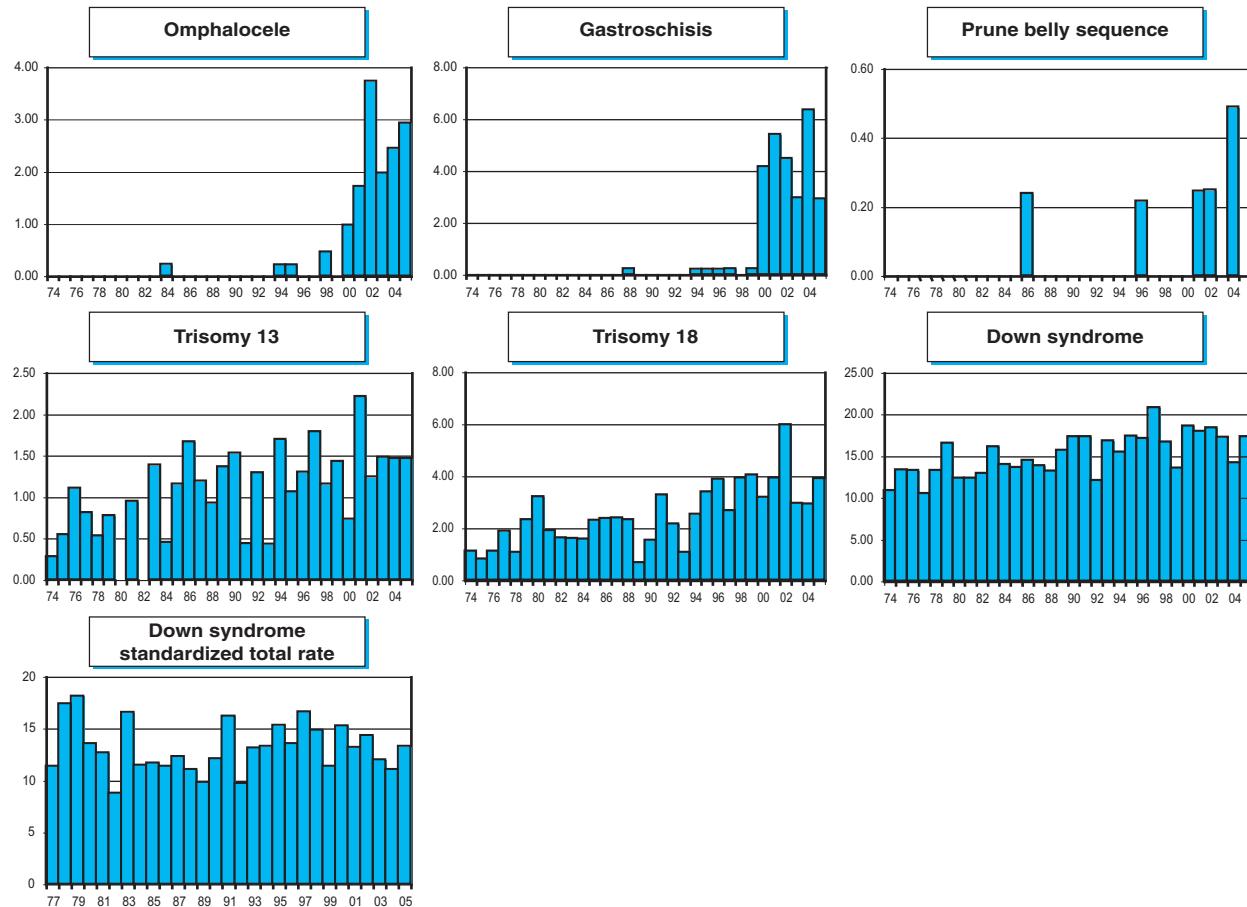
'Time trends 1983-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

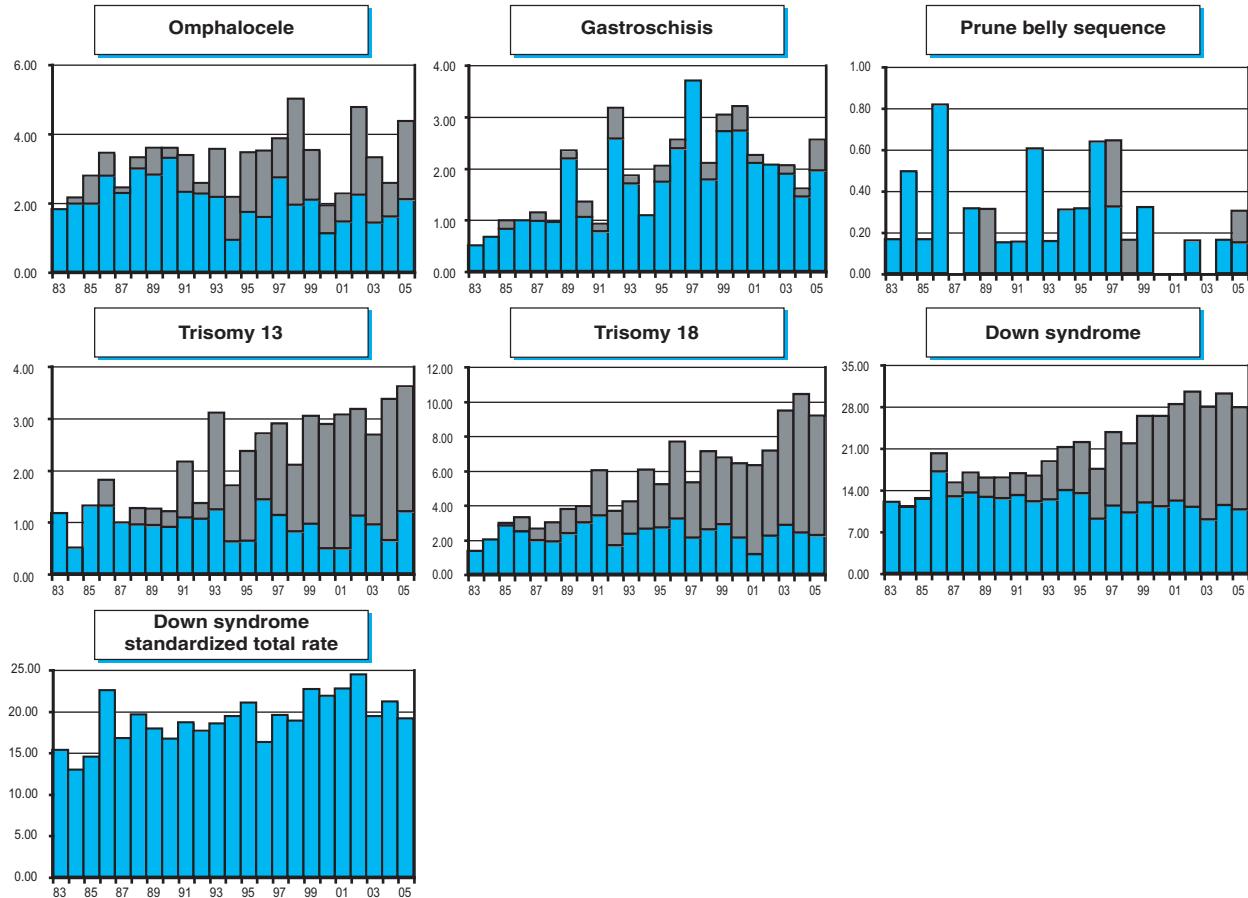
Monitoring Systems

Canada: British Columbia



Note: ■ L+S rates, ■ ToP rates

Australia: VBDR



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Australia: WABDR Western Australian Birth Defects Registry

History:

The Registry was established in 1980, and is currently located in a teaching obstetric hospital. The objectives of the Registry have always been to establish how often birth defects occur, to conduct research into causes and prevention of birth defects, to provide health professionals and the public with information about birth defects, and to monitor and evaluate screening, treatment and prevention programs.

Size and coverage:

Population-based in the state of Western Australia. 25,000 birth a year, ~6% reported with a birth defect. Birth defects diagnosed prenatally and up to the age of 6 years, in stillbirths, terminations of pregnancy and livebirths are included.

Legislation and funding:

Following a period of short term funding from both Federal and State sources, the Registry is now wholly funded by the Western Australian Department of Health. There are several statutory sources of information (birth, death and hospital data collections), and a large number of voluntary sources. Statutory notification is being considered by the Department of Health.

Sources of ascertainment:

Statutory sources:

Midwives' Notification of Birth Forms (all births over 20 weeks gestation), Death Certificates (perinatal, infant and childhood); Hospital Morbidity (all hospital discharges in Western Australia).

Voluntary sources: Maternity and paediatric hospitals, Obstetricians, paediatricians, orthopaedic

surgeons, Community and Child Health Nurses, Cytogenetic laboratories, Pathology services (including prenatal screening services), Ultrasound practices Genetic Services, Disability services.

Exposure information:

No exposure information is routinely collected

Background information:

The data on the Registry are routinely linked to the linked dataset of all births, deaths and hospital admissions for Western Australia. This linkage provides information on variables such as maternal and paternal age, labour and delivery data, and maternal illnesses, for both cases of birth defects (numerators) and all births in Western Australia (denominators).

Data from the Registry are provided to the National Perinatal Statistics Unit for monitoring birth defects in Australia as a whole.

Addresses and Staff:

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Programme Director
Western Australia Birth
Defects Registry (WABDR)
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SUBIACO 6904 Western Australia

Phone: 618 9340 2721

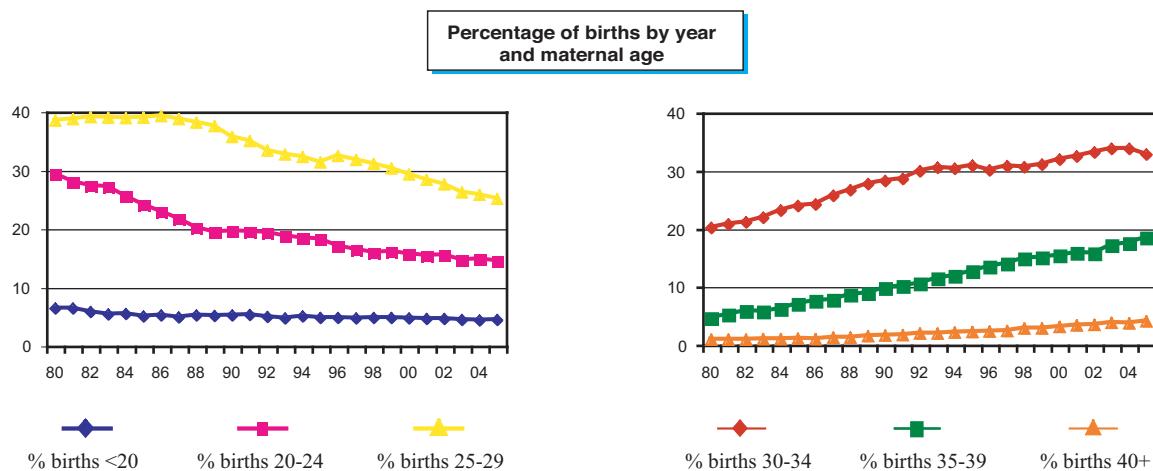
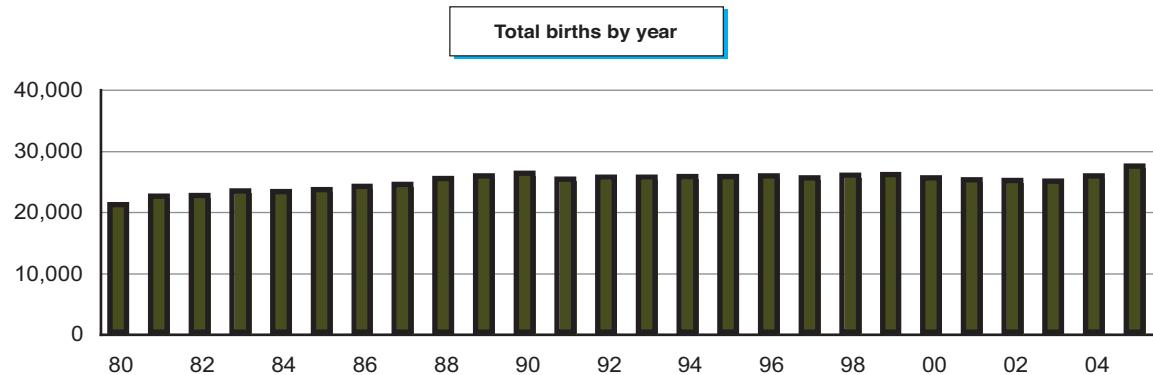
Fax: 618 9340 2636

E-mail: caroline.bower@health.wa.gov.au

Website:

http://www.kemh.health.wa.gov.au/services/birth_defects/index.htm

Australia: WABDR



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	38	92.7	Cystic kidney	19	31.1
Spina bifida	40	64.5	Limb reduction defects	15	37.5
Encephalocele	6	60.0	Diaphragmatic hernia	4	16.7
Holoprosencephaly	12	70.6	Omphalocele	25	62.5
Hydrocephaly	28	52.8	Gastroschisis	5	17.9
Hypoplastic left heart syndrome	9	75.0	Trisomy 13	24	77.4
Cleft palate without cleft lip	5	6.0	Trisomy 18	47	81.0
Cleft lip with or without cleft palate	14	13.3	Down syndrome	130	61.9
Renal agenesis	20	54.1			

Total ToPs with birth defects = 503 (Ratio ToPs/Births: 6.50 per 1,000 births)

*ToPs/ToPs+Births

Monitoring Systems

Australia: WABDR, 2005

Live births (LB)	26,992
Stillbirths (SB)	200
Total births	27,192
Number of terminations of pregnancy (ToP) for birth defects	185

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	1	2	12	5.52
Spina bifida	8	0	15	8.46
Encephalocele	2	0	2	1.47
Microcephaly	13	1	0	5.15
Holoprosencephaly	1	2	4	2.57
Hydrocephaly	7	2	14	8.46
Anophthalmos	0	1	0	0.37
Microphthalmos	2	0	0	0.74
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	3	0	0	1.10
Microtia	3	0	0	1.10
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	5	1	7	4.78
Tetralogy of Fallot	10	0	0	3.68
Hypoplastic left heart syndrome	2	0	3	1.84
Coarctation of aorta	11	0	4	5.52
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	27	1	4	11.77
Cleft lip with or without cleft palate	22	0	6	10.30
Oesophageal atresia / stenosis with or without fistula	12	0	4	5.88
Small intestine atresia / stenosis	5	0	3	2.94
Anorectal atresia / stenosis	12	1	4	6.25
Undescended testis (36 weeks of gestation or later)	45	0	0	16.55
Hypospadias	67	0	0	24.64
Epispadias	0	0	0	0.00
Indeterminate sex	0	0	0	0.00
Renal agenesis	3	2	3	2.94
Cystic kidney	11	1	4	5.88
Bladder extrophy	0	0	0	0.00
Polydactyly, preaxial	21	1	4	9.56
Total Limb reduction defects (include unspecified)	8	0	7	5.52
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	9	0	0	3.31
Omphalocele	1	0	8	3.31
Gastroschisis	7	0	1	2.94
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	2	1	8	4.05
Trisomy 18	4	1	20	9.19
Down syndrome, all ages (include age unknown)	56	0	100	57.37
<20	4	0	0	33.06
20-24	4	0	4	20.36
25-29	6	0	2	11.71
30-34	18	0	25	48.25
35-39	16	0	43	117.79
40-44	8	0	26	321.67
45+	0	0	0	0.00
unknown	0	0	0	---

nr = not reported

Australia: WABDR, Previous years rates 1980 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	20,815	114,004	124,813	126,534	127,524	126,924
Anencephaly	8.17	9.21	7.77	9.56	6.67	5.75
Spina bifida	8.65	8.51	8.97	9.80	6.67	7.33
Encephalocele	3.36	1.32	1.44	2.05	1.18	1.26
Microcephaly	5.28	6.14	4.25	5.77	5.25	5.04
Holoprosencephaly	0.48	0.96	2.00	2.45	2.04	2.05
Hydrocephaly	9.13	6.67	6.81	8.93	9.41	7.64
Anophthalmos	0.96	0.44	0.56	0.32	0.86	0.39
Microphthalmos	1.92	1.32	2.08	1.90	2.35	1.50
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	1.92	1.23	1.92	2.45	2.04	1.58
Microtia	1.44	0.61	0.72	1.50	1.18	1.10
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	2.40	3.68	4.81	4.58	4.31	5.44
Tetralogy of Fallot	2.40	3.51	3.12	4.19	3.53	3.39
Hypoplastic left heart syndrome	1.92	1.93	2.08	2.69	1.65	1.42
Coarctation of aorta	4.80	5.09	5.29	5.69	5.33	7.01
Choanal atresia, bilateral	0.96	1.49	1.20	0.87	0.55	0.71
Cleft palate without cleft lip	7.21	8.95	9.13	10.35	12.31	11.66
Cleft lip with or without cleft palate	14.41	11.75	13.62	10.35	12.31	13.00
Oesophageal atresia / stenosis with or without fistula	1.44	3.07	3.69	3.16	3.29	4.18
Small intestine atresia / stenosis	1.92	3.07	2.80	2.13	3.29	2.84
Anorectal atresia / stenosis	8.65	4.91	5.37	6.72	5.88	6.78
Undescended testis (36 weeks of gestation or later)	71.10	64.73	67.06	64.57	55.99	35.45
Hypospadias	24.98	28.07	30.13	36.04	37.01	31.91
Epispadias	0.00	0.26	0.40	0.16	0.16	0.16
Indeterminate sex	0.00	0.18	0.40	0.32	0.16	0.32
Renal agenesis	3.36	4.12	3.45	4.74	5.02	4.88
Cystic kidney	3.36	2.54	4.73	7.35	7.61	9.38
Bladder exstrophy	0.00	0.18	0.40	0.16	0.63	0.32
Polydactyly, preaxial	8.17	10.09	10.42	10.51	11.92	10.16
Total Limb reduction defects (include unspecified)	3.84	4.21	5.13	5.69	8.08	6.46
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	4.32	2.81	2.56	3.24	4.39	2.68
Omphalocele	2.88	2.02	2.96	3.40	3.53	4.81
Gastroschisis	0.48	1.58	1.68	2.77	4.16	3.62
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.48	0.70	0.48	0.63	0.24	0.00
Trisomy 13	0.96	0.61	1.12	1.82	2.04	3.23
Trisomy 18	0.96	1.75	2.16	3.95	6.19	7.33
Down syndrome, all ages (include age unknown)	11.05	12.37	15.38	18.49	21.33	26.16
<20	0.00	4.71	7.86	6.41	11.63	10.53
20-24	4.90	4.65	8.13	6.30	7.24	6.84
25-29	8.74	9.02	8.05	8.16	11.40	10.35
30-34	23.84	11.87	14.19	20.25	16.00	19.44
35-39	20.94	54.17	39.47	41.87	44.25	54.24
40-44	0.00	138.20	230.18	167.08	172.15	152.36
45+	588.24	500.00	434.78	476.19	251.57	516.43
unknown	---	---	---	---	---	---

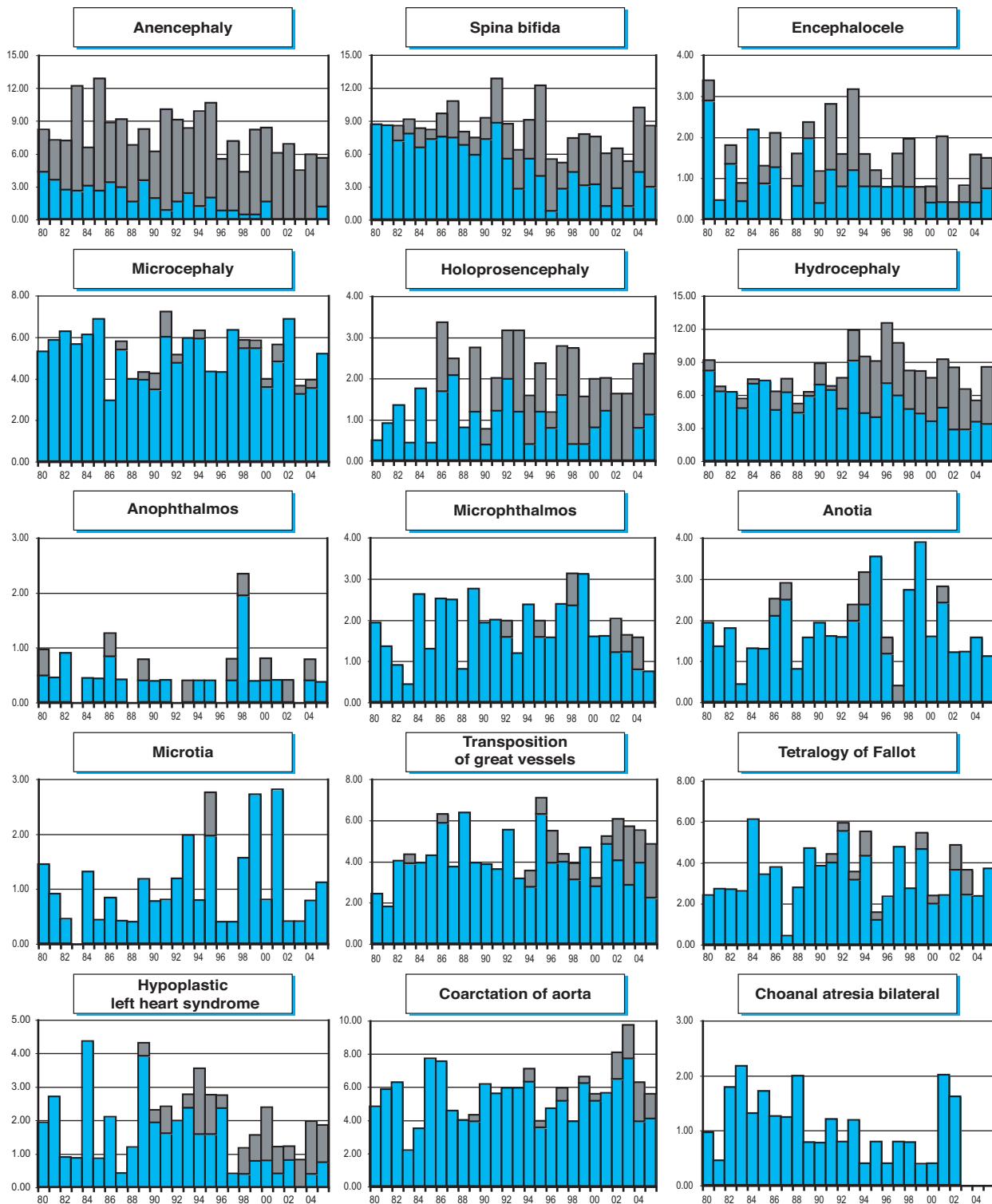
* data include less than 7 years

nr = not reported

Monitoring Systems

Australia: WABDR

'Time trends 1980-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

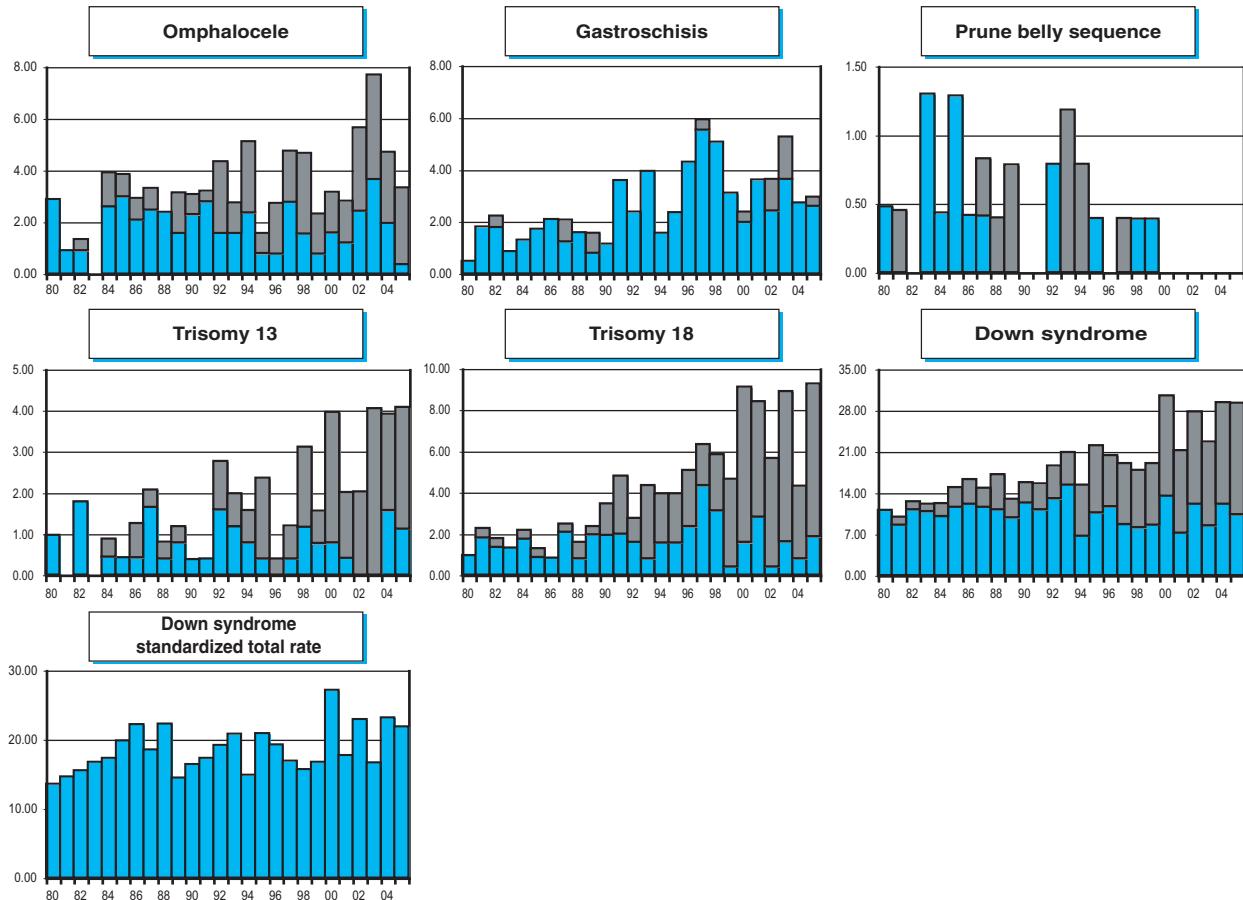
Australia: WABDR



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Australia: VBDR



Note: ■ L+S rates, ■ ToP rates

Canada-Alberta: ACASS

Alberta Congenital Anomalies Surveillance System

History:

The Programme began in 1966 as a general Registry for Handicapped Children. This was disbanded in 1980 and continued as a surveillance Programme for live and stillborn infants with congenital anomalies who were born in the Province of Alberta.

Size and coverage:

All live and stillbirths in the province are covered which at present comprises about 40,000 births per year. The definition of stillbirth is 20 weeks or more or 500 grams or more. The vast majority of births occur in hospital (approximately 97%). In 1997 a special fetal congenital anomalies surveillance system was started to include those fetuses with congenital anomalies who were either spontaneously lost prior to 20 weeks or where there was termination as a result of prenatal diagnosis.

Legislation and funding:

Reporting is voluntary. The system is run by members of the Department of Medical Genetics, Alberta Children's Hospital/University of Calgary reporting to Alberta Vital Statistics and Alberta Health. Funding is from Alberta Ministry of Health.

Sources of ascertainment:

Reports are obtained from physician's notice of birth, live birth and stillbirth registrations, death registrations and a special congenital anomalies reporting form (CARF) from hospitals. This is based on discharge diagnosis, including readmissions for any reason up to one year of age. Additional sources are speciality clinics, such as medical genetics and cytogenetics laboratories.

Exposure information:

None is routine.

Background information:

Linkage studies are possible with other statistical data from Alberta Health.

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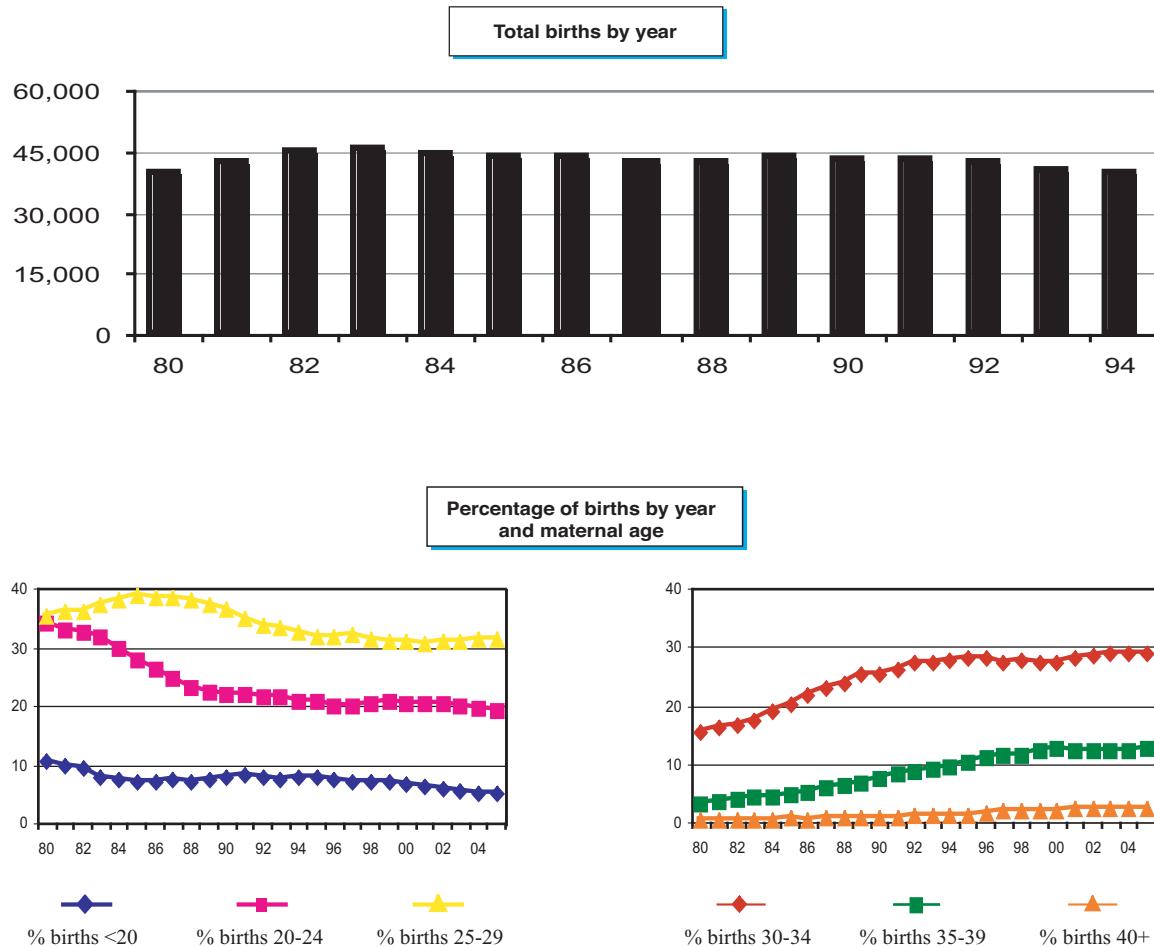
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Monitoring Systems

Canada-Alberta: ACASS



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	12	38.7	Cystic kidney	9	8.4
Spina bifida	10	24.4	Limb reduction defects	32	23.2
Encephalocele	6	33.3	Diaphragmatic hernia	5	14.3
Holoprosencephaly	9	39.1	Omphalocele	9	31.0
Hydrocephaly	3	4.5	Gastroschisis	2	4.0
Hypoplastic left heart syndrome	1	2.9	Trisomy 13	12	42.9
Cleft palate without cleft lip	2	2.3	Trisomy 18	24	40.7
Cleft lip with or without cleft palate	12	8.1	Down syndrome	59	20.8
Renal agenesis	9	14.5			

Total ToPs with birth defects = 252 (Ratio ToPs/Births: 2.06 per 1,000 births)

*ToPs/ToPs+Births

Canada-Alberta: ACASS, 2005

Live births (LB)	41,551
Stillbirths (SB)	305
Total births	41,856
Number of terminations of pregnancy (ToP) for birth defects	84

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	5	2	2	2.15
Spina bifida	6	2	4	2.87
Encephalocele	5	1	3	2.15
Microcephaly	15	4	1	4.78
Holoprosencephaly	4	1	3	1.91
Hydrocephaly	15	5	2	5.26
Anophthalmos	1	0	0	0.24
Microphthalmos	9	1	0	2.39
Unspecified Anophthalmos/ Microphthalmos	nr	nr	nr	nr
Anotia	2	1	0	0.72
Microtia	9	0	0	2.15
Unspecified Anotia/Microtia	nr	nr	nr	nr
Transposition of great vessels	20	1	2	5.50
Tetralogy of Fallot	8	1	0	2.15
Hypoplastic left heart syndrome	14	5	0	4.54
Coarctation of aorta	16	0	0	3.82
Choanal atresia, bilateral	5	0	0	1.19
Cleft palate without cleft lip	26	2	1	6.93
Cleft lip with or without cleft palate	41	4	3	11.47
Oesophageal atresia / stenosis with or without fistula	5	2	1	1.91
Small intestine atresia / stenosis	8	0	0	1.91
Anorectal atresia / stenosis	12	2	2	3.82
Undescended testis (36 weeks of gestation or later)	94	1	0	22.70
Hypospadias	92	2	0	22.46
Epispadias	5	0	0	1.19
Indeterminate sex	3	1	1	1.19
Renal agenesis	13	2	3	4.30
Cystic kidney	26	5	3	8.12
Bladder extrophy	1	0	0	0.24
Polydactyly, preaxial	12	1	0	3.11
Total Limb reduction defects (include unspecified)	30	6	13	11.71
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	11	2	1	3.34
Omphalocele	3	1	6	2.39
Gastroschisis	20	2	2	5.73
Unspecified Omphalocele/Gastroschisis	nr	nr	nr	nr
Prune belly sequence	4	1	0	1.19
Trisomy 13	0	4	5	2.15
Trisomy 18	9	9	10	6.69
Down syndrome, all ages (include age unknown)	71	15	25	26.52
<20	2	1	1	18.45
20-24	3	1	1	6.23
25-29	17	1	2	15.18
30-34	16	4	5	20.59
35-39	19	7	9	66.15
40-44	12	1	6	187.38
45+	2	0	1	731.71
unknown	nr	nr	nr	nr

nr = not reported

Monitoring Systems

Canada-Alberta: ACASS, Previous years rates 1980 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1996

Birth prevalence rates: (LB+SB+TOP) * 10,000 since 1997

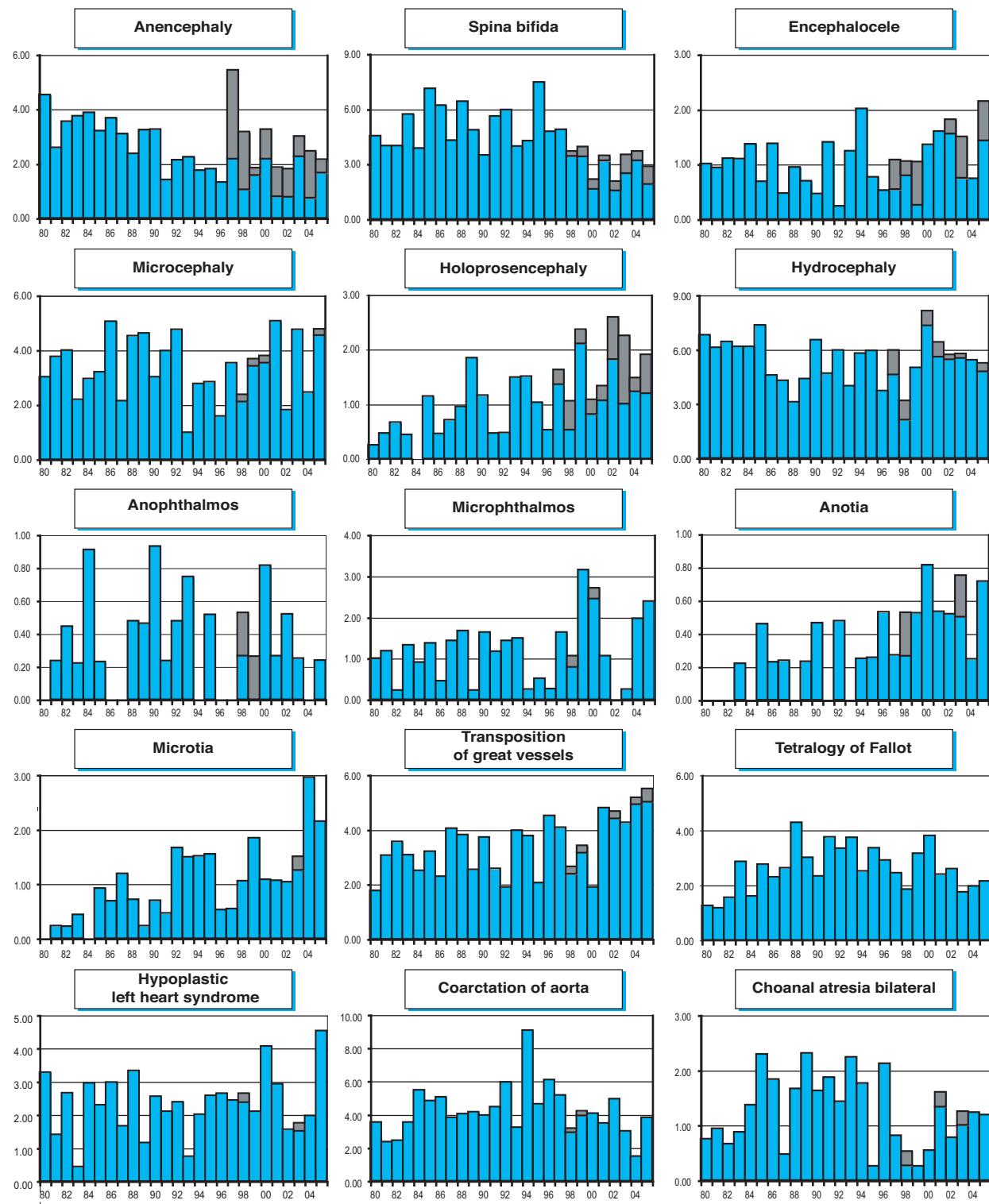
	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	39,655	220,260	213,597	203,286	187,180	198,259
Anencephaly	4.54	3.41	3.14	1.87	2.99	2.27
Spina bifida	4.54	4.95	5.06	5.46	3.90	3.13
Encephalocele	1.01	1.04	0.80	1.13	1.02	1.56
Microcephaly	3.03	3.22	3.89	3.10	2.99	3.78
Holoprosencephaly	0.25	0.54	1.03	0.98	1.34	1.92
Hydrocephaly	6.81	6.45	4.59	5.26	5.18	5.70
Anophthalmos	0.00	0.41	0.37	0.39	0.32	0.25
Microphthalmos	1.01	1.00	1.08	0.98	1.76	1.16
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	0.00	0.14	0.23	0.20	0.53	0.55
Microtia	0.00	0.36	0.70	1.33	1.02	1.77
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	1.77	3.09	3.28	2.85	3.31	4.89
Tetralogy of Fallot	1.26	2.00	2.90	3.35	2.83	2.17
Hypoplastic left heart syndrome	3.28	1.95	2.34	1.97	2.78	2.57
Coarctation of aorta	3.53	3.72	4.21	5.46	4.54	3.33
Choanal atresia, bilateral	0.76	1.23	1.59	1.52	0.85	1.21
Cleft palate without cleft lip	6.30	6.22	8.05	7.72	8.49	7.82
Cleft lip with or without cleft palate	11.10	10.22	12.36	11.86	11.49	12.46
Oesophageal atresia / stenosis with or without fistula	0.50	2.95	3.23	2.31	2.40	2.12
Small intestine atresia / stenosis	0.50	0.77	1.22	1.48	1.87	1.92
Anorectal atresia / stenosis	3.53	3.50	5.34	4.92	5.34	6.41
Undescended testis (36 weeks of gestation or later)	22.70	27.10	29.45	25.38	23.45	25.77
Hypospadias	17.65	17.43	26.22	22.19	18.38	20.78
Epispadias	0.76	0.45	0.23	0.44	0.48	0.76
Indeterminate sex	0.25	0.36	0.70	1.13	1.12	1.31
Renal agenesis	2.27	3.41	5.15	4.97	4.65	6.00
Cystic kidney	0.25	2.81	4.35	4.72	5.61	8.02
Bladder exstrophy	0.00	0.36	0.23	0.34	0.21	0.40
Polydactyly, preaxial	13.37	9.40	15.82	14.81	12.93	13.47
Total Limb reduction defects (include unspecified)	6.56	6.36	9.88	9.84	10.47	11.45
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	2.77	3.81	2.86	2.41	3.53	3.58
Omphalocele	1.26	1.86	2.29	1.82	2.30	2.37
Gastroschisis	1.51	1.41	1.45	1.72	2.56	3.93
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.50	0.45	0.33	0.10	0.48	0.50
Trisomy 13	0.50	0.82	0.80	1.38	1.50	1.92
Trisomy 18	1.26	1.59	1.92	2.36	4.01	4.79
Down syndrome, all ages (include age unknown)	12.10	8.67	10.16	11.26	15.49	21.29
<20	nr	nr	6.35	3.15	7.67	10.93
20-24	nr	nr	5.54	6.68	4.98	6.10
25-29	nr	nr	6.33	7.83	8.20	11.19
30-34	nr	nr	12.57	13.88	14.11	16.70
35-39	nr	nr	34.79	24.83	39.29	58.83
40-44	nr	nr	101.56	72.63	146.58	160.90
45+	nr	nr	178.57	379.75	306.12	211.64
unknown	---	---	---	---	---	---

* data include less than 7 years

nr = not reported

Canada-Alberta: ACASS

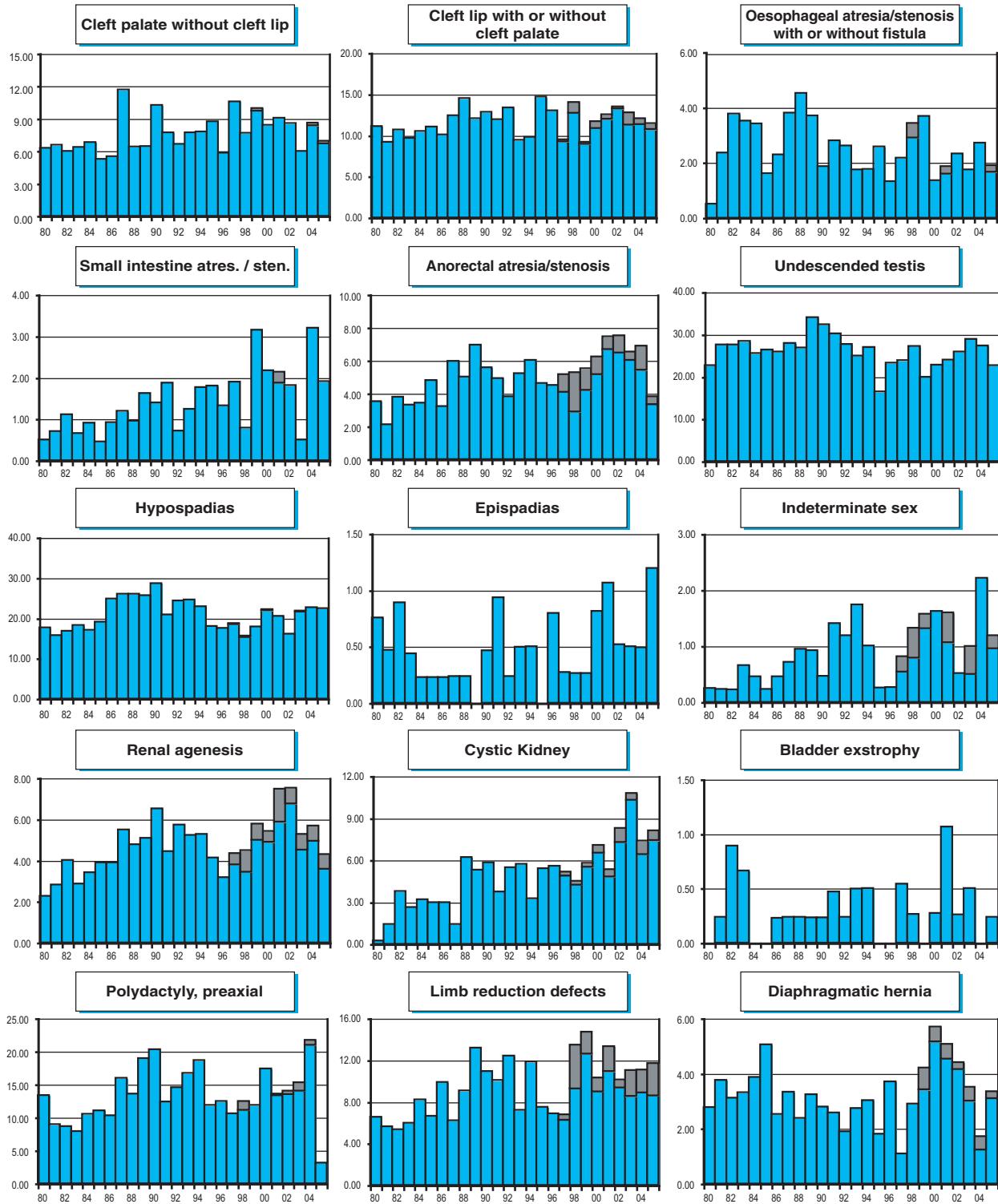
'Time trends 1980-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

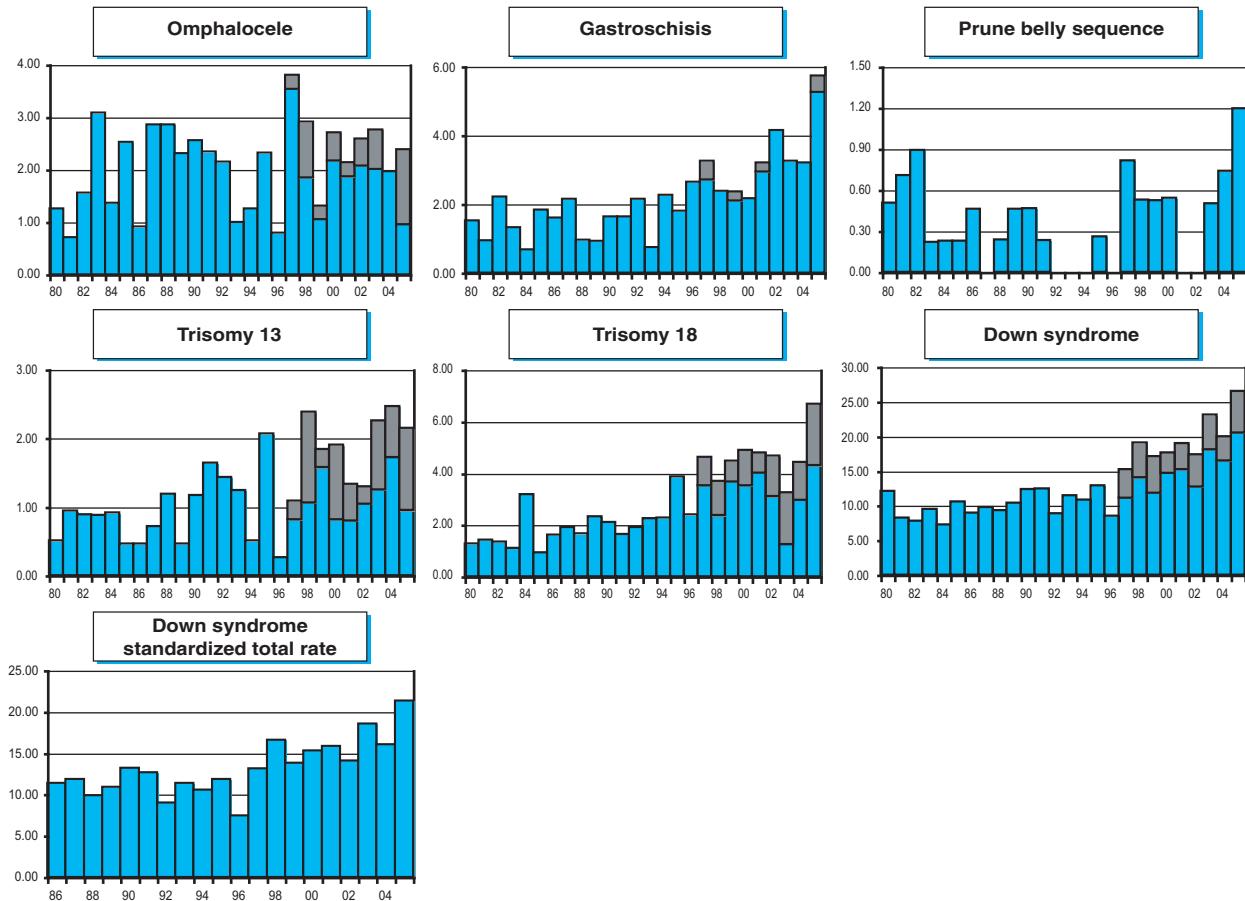
Monitoring Systems

Canada-Alberta: ACASS



Note: ■ L+S rates, ■ ToP rates

Canada-Alberta: ACASS



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Canada: British Columbia

British Columbia Health Status Registry (BCHSR) Congenital Anomalies Surveillance Programme

History:

The Programme was established in 1952 as the Crippled Children's Registry. Until 1959 the Programme had an age limit of 21, but this was removed in 1960 and the name was changed to the Registry for Handicapped Children and Adults and included all familial conditions and congenital malformations. In 1975, the Registry's name was changed to the Health Surveillance Registry as risk registers for amniocentesis, rubella, hyaline membrane disease, and fetal alcohol syndrome were added. In 1991, the Royal Commission Report on Health Care and Costs contained a recommendation that Vital Statistics should develop and maintain a registry of individuals with disabilities to assist in the development of long-range plans and to monitor the changing needs of the population. Subsequently, in September 1992, amendments to the Health Act established the legislative mandate and responsibilities for the HSR. The Registry's current name, Health Status Registry, was acquired in 1992. In order to refocus the Registry's emphasis on children, the criteria for registration of individuals with long-term physical, mental and/or emotional problems was restricted to persons under the age of 20 years old, however registration of persons with genetic conditions was not age limited. By 2000 there were approximately 215,000 records in the Registry.

Size and coverage:

The registry covers all births in the province approximately 45,000 births annually including stillbirths with at least 20 weeks gestation or birth weight 500 grams or more.

Legislation and funding:

In 1992, amendments to the Health Act established the legislative mandate and responsibilities for the BC HSR. Funding comes from the British Columbia Vital Statistics Agency.

Sources of ascertainment:

Sources include: Notice of Live and Stillbirth,

Death registrations, Hospital Admission/Discharge Abstracts, Children's Hospital, Sunnyhill Hospital, UBC and Victoria General Medical Genetics Clinics, Child Development Centres, Health Regions, the Asante Centre for Fetal Alcohol Syndrome.

Exposure information:

Information on complications of pregnancy, labour or delivery is available on Vital Statistics birth registrations and environmental/occupational and drug/alcohol/smoking lifestyle related information can be obtained from the death registrations for the deceased.

Background information:

The registry data are regularly matched to Vital Statistics birth registrations to obtain birth particulars of the registrants and maternal/paternal information, and also matched to death registrations to get the date of death and causes of death if the registered person was deceased. The registry also registers cases of medically terminated pregnancies due to congenital anomalies.

Addresses and Staff:

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Phone: 1-250-952-2563

Fax: 250-952-1827

E-mail: Elaine.McKnight@gov.bc.ca

Anna-Maria Laughlin - Nurse
Debbie Hall - Medical Coding Clerk

Andrea Coppard – Director, Program Evaluation,
KMT BC Ministry of Health

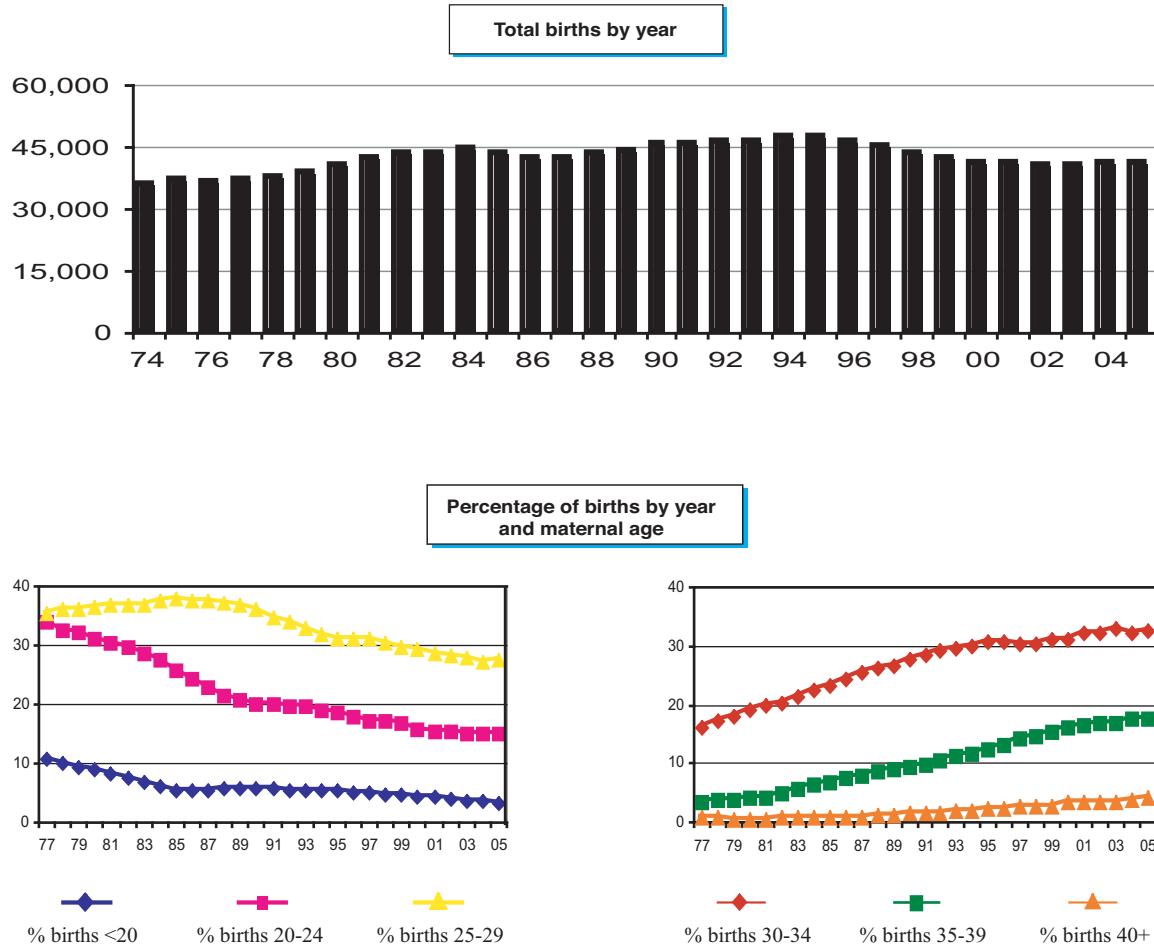
Phone: 1-250-952-2438

Fax: 1-250-952-3676

E-mail: Andrea.Coppard@gov.bc.ca

Web: <http://www.vs.gov.bc.ca/stats/hsr/index.html>

Canada: British Columbia



Monitoring Systems

Canada: British Columbia, 2005

Live births (LB)	40,660
Stillbirths (SB)	314
Total births	40,974
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	5	nr	1.22
Spina bifida	10	5	nr	3.66
Encephalocele	2	1	nr	0.73
Microcephaly	34	0	nr	8.30
Holoprosencephaly	54	17	nr	17.33
Hydrocephaly	17	2	nr	4.64
Anophthalmos	1	0	nr	0.24
Microphthalmos	4	0	nr	0.98
Unspecified Anophthalmos/ Microphthalmos	0	0	nr	0.00
Anotia	0	0	nr	0.00
Microtia	2	0	nr	0.49
Unspecified Anotia/Microtia	4	0	nr	0.98
Transposition of great vessels	11	0	nr	2.68
Tetralogy of Fallot	18	0	nr	4.39
Hypoplastic left heart syndrome	14	3	nr	4.15
Coarctation of aorta	13	0	nr	3.17
Choanal atresia, bilateral	4	0	nr	0.98
Cleft palate without cleft lip	40	0	nr	9.76
Cleft lip with or without cleft palate	18	4	nr	5.37
Oesophageal atresia / stenosis with or without fistula	5	0	nr	1.22
Small intestine atresia / stenosis	17	0	nr	4.15
Anorectal atresia / stenosis	29	0	nr	7.08
Undescended testis (36 weeks of gestation or later)	124	0	nr	30.26
Hypospadias	75	1	nr	18.55
Epispadias	1	0	nr	0.24
Indeterminate sex	0	0	nr	0.00
Renal agenesis	0	1	nr	0.24
Cystic kidney	3	0	nr	0.73
Bladder extrophy	0	0	nr	0.00
Polydactyly, preaxial	32	0	nr	7.81
Total Limb reduction defects (include unspecified)	14	3	nr	4.15
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	12	1	nr	3.17
Omphalocele	9	3	nr	2.93
Gastroschisis	10	2	nr	2.93
Unspecified Omphalocele/Gastroschisis	5	0	nr	1.22
Prune belly sequence	0	0	nr	0.00
Trisomy 13	4	2	nr	1.46
Trisomy 18	6	10	nr	3.90
Down syndrome, all ages (include age unknown)	54	17	nr	17.33
<20	0	0	nr	0.00
20-24	4	1	nr	8.08
25-29	8	2	nr	8.89
30-34	14	5	nr	14.23
35-39	17	5	nr	30.62
40-44	8	4	nr	75.28
45+	3	0	nr	416.67
unknown	0	0	nr	---

nr = not reported

Canada: British Columbia, Previous years rates 1974 - 2005

Birth prevalence rates: (LB+SB) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	262,466	216,331	216,626	232,413	216,938	203,294
Anencephaly	5.91	3.88	2.95	2.07	1.38	1.82
Spina bifida	10.63	7.53	7.62	6.63	4.93	3.49
Encephalocele	1.87	0.88	2.12	1.55	0.60	0.64
Microcephaly	5.49	5.82	6.74	8.39	7.74	5.56
Holoprosencephaly	1.98	3.70	4.89	3.87	5.39	11.66
Hydrocephaly	11.13	7.16	7.57	6.41	5.67	3.44
Anophthalmos	0.46	0.37	0.51	0.34	0.28	0.30
Microphthalmos	1.75	1.39	1.62	1.72	1.89	0.89
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	2.90	2.82	2.63	2.71	1.80	0.44
Microtia	40.69	62.03	51.84	27.02	8.02	0.54
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	4.61	4.90	4.25	5.25	5.53	2.71
Tetralogy of Fallot	4.99	5.82	5.77	4.52	4.98	4.03
Hypoplastic left heart syndrome	2.17	2.96	2.49	2.67	2.90	3.15
Coarctation of aorta	6.32	7.16	6.37	6.50	6.13	4.57
Choanal atresia, bilateral	1.26	2.13	1.75	1.85	2.44	1.77
Cleft palate without cleft lip	10.48	11.79	12.97	13.12	11.06	7.72
Cleft lip with or without cleft palate	13.72	16.73	13.99	13.73	13.55	8.41
Oesophageal atresia / stenosis with or without fistula	3.31	4.02	3.37	3.18	3.32	2.51
Small intestine atresia / stenosis	2.44	3.51	3.19	3.66	4.52	3.98
Anorectal atresia / stenosis	4.95	4.76	4.15	5.59	4.98	5.56
Undescended testis (36 weeks of gestation or later)	73.50	73.78	73.54	64.71	54.67	24.84
Hypospadias	28.38	33.37	33.01	38.34	33.93	17.81
Epispadias	0.00	0.05	0.00	0.00	0.00	0.54
Indeterminate sex	1.14	1.39	0.74	1.25	1.24	0.05
Renal agenesis	5.03	6.56	6.51	6.84	5.99	0.69
Cystic kidney	3.35	5.18	5.35	6.32	7.19	0.59
Bladder extrophy	0.38	0.51	0.60	0.43	0.37	0.39
Polydactyly, preaxial	22.94	21.31	21.51	22.33	22.13	8.85
Total Limb reduction defects (include unspecified)	10.17	8.14	7.48	6.93	6.18	2.75
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	4.42	4.48	3.46	3.87	4.19	3.25
Omphalocele	0.00	0.05	0.00	0.09	0.28	2.56
Gastroschisis	0.00	0.00	0.05	0.09	0.92	4.43
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.00	0.00	0.05	0.00	0.05	0.20
Trisomy 13	0.57	0.79	1.34	0.99	1.29	1.57
Trisomy 18	1.68	1.80	1.85	2.50	3.55	3.94
Down syndrome, all ages (include age unknown)	12.92	13.82	14.96	15.83	17.38	17.02
<20	5.38*	9.54	7.47	11.76	9.69	5.24
20-24	6.04*	5.86	7.18	8.91	8.96	6.82
25-29	7.94*	7.97	5.86	7.99	11.24	8.49
30-34	17.33*	12.73	15.07	15.45	14.60	12.89
35-39	39.44*	26.44	19.17	25.63	26.44	32.37
40-44	128.37*	82.64	71.14	70.06	62.16	73.28
45+	188.68*	185.19	117.65	372.67	424.71	173.91
unknown	---	---	---	---	---	---

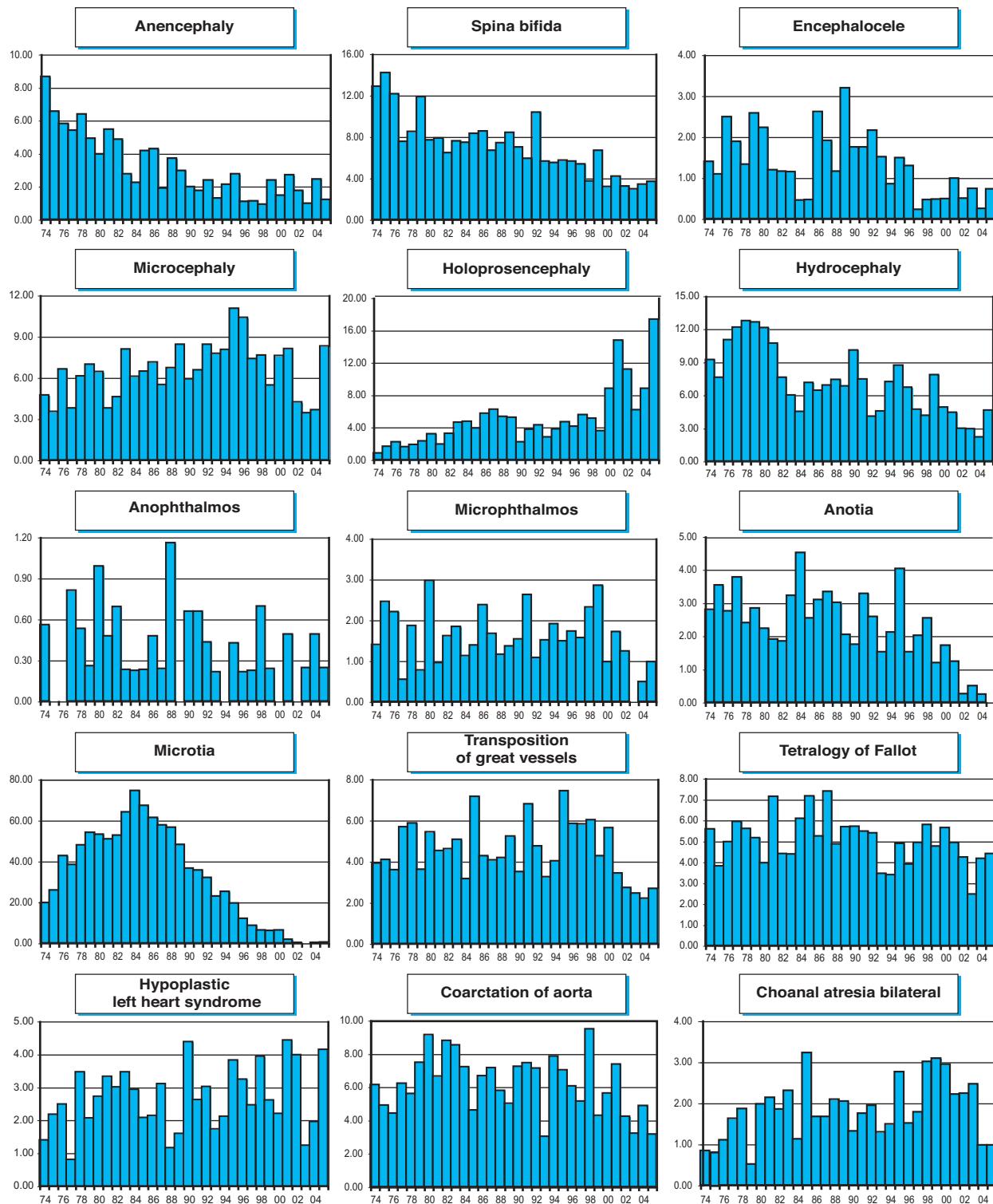
* data include less than 7 years

nr = not reported

Monitoring Systems

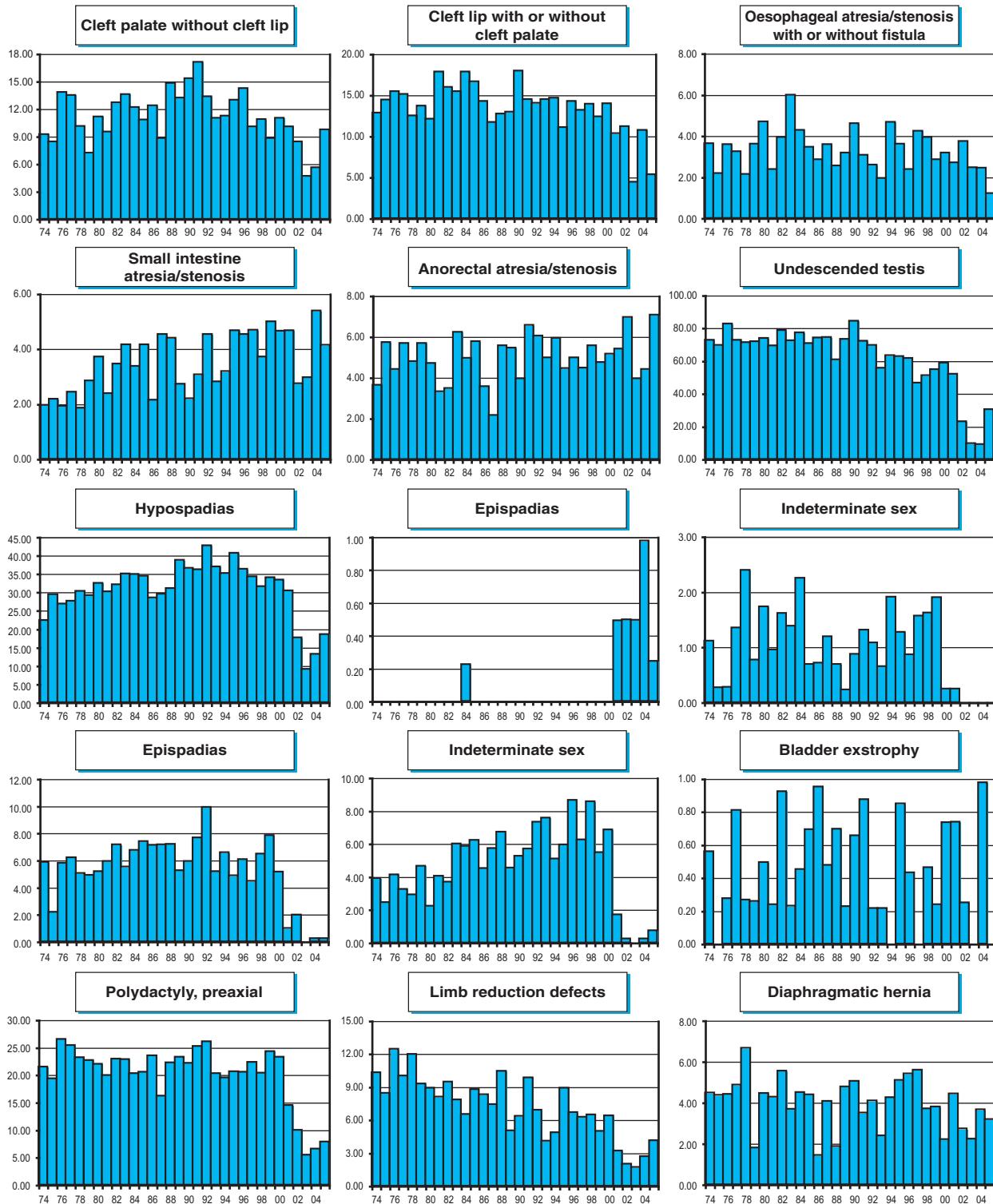
Canada: British Columbia

Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

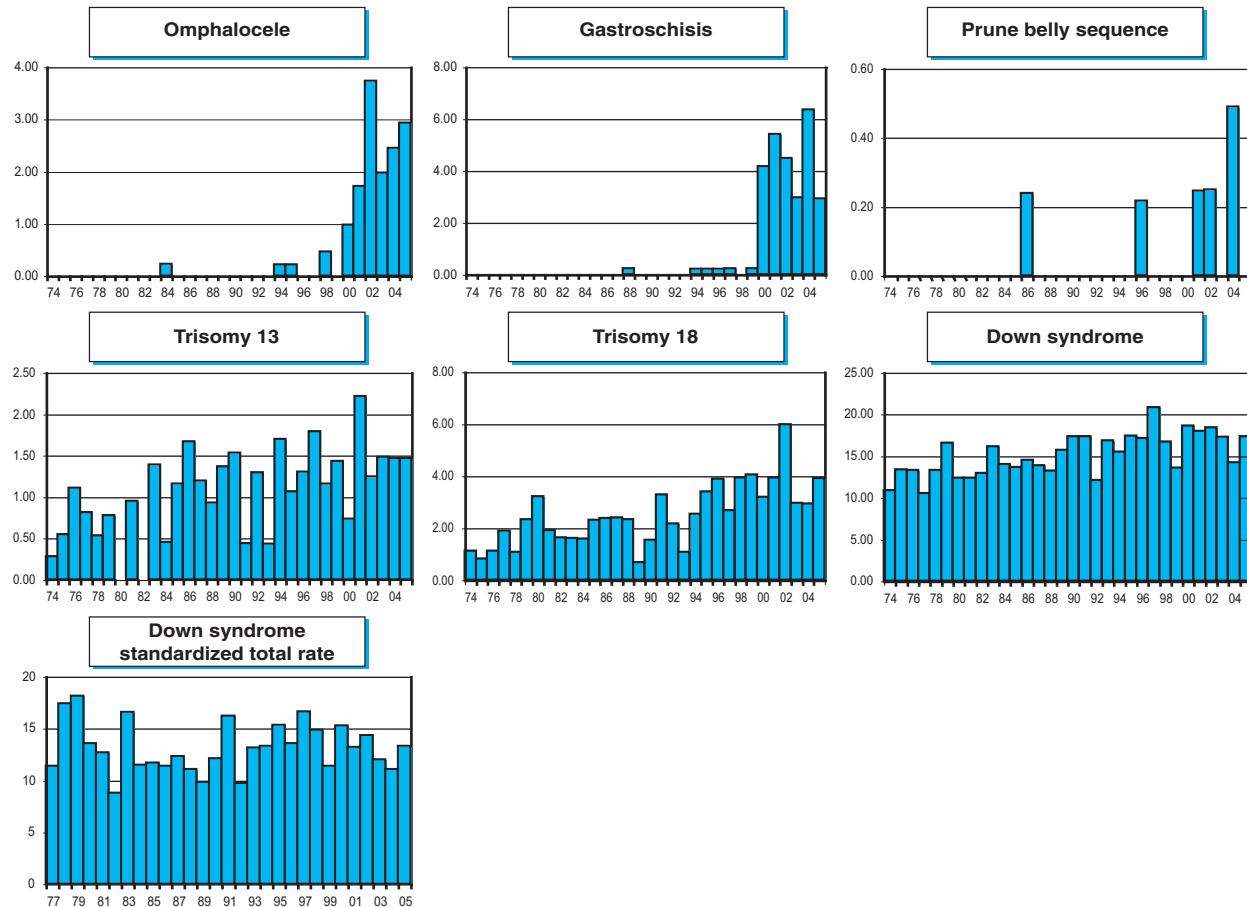
Canada: British Columbia



Note: ■ L+S rates

Monitoring Systems

Canada: British Columbia



Note: ■ L+S rates

Canada: National**Canadian Congenital Anomalies Surveillance Network (CCASN)****History:**

The Programme was started in 1966. The Programme was a full member until 1987, when it became an associate member. The Programme was discontinued as an associate member of the ICBDSR in the early 1990s, and reinstated its associate member status in 1996.

Size and coverage:

This system presently monitors about 330,000 births annually, which captures virtually all births in the 10 provinces and 3 territories of Canada. Live births to 1 year of age and registered stillbirths (a birth weight of greater or equal to 500 grams, or greater than or equal to 20 weeks in pregnancy) were captured until 2000. Since 2001, all data provided by Canadian Institute for Health Information (CIHI) only include a 30 days followup period.

Legislation and funding:

Reporting is based on an agreement between the Canadian Institute for Health Information (CIHI), a non-profit organization, which collects and disseminates data on hospital admission /separation in Canada, and the central registry, which is run and funded by the Public Health Agency of Canada. The Alberta Congenital Anomalies Surveillance System and Med-Echo (Système de maintenance et d'exploitation des données pour l'étude de la clientèle hospitalière) for the province of Québec provide their data separately.

Sources of ascertainment:

Cases from most provinces and territories are ascertained from hospital admission/separation summary records collected by the Canadian Institute for Health Information (CIHI) and Med-Echo. The Alberta Congenital Anomalies Surveillance

System provides its own separate provincial data. All data sources had a one year follow-up period until 2000. Since 2001, all data provided by Canadian Institute for Health Information (CIHI) only include a 30 days followup period.

Exposure information:

No exposure information is routinely collected in the central registry.

Background information:

Background information is based on hospital admission/separation summary records from the Canadian Institute for Health Information (CIHI) and Med-Echo. Alberta Congenital Anomalies Surveillance provides its own background information. Interpretation of trends should be done cautiously, since 2001 an increasing percentage of records are being coded using ICD-10 CA and may cause discrepancies from previously used ICD-9 coding. Also, as mentioned previously the variation in the follow-up period is another factor which may alter reporting of trends.

Addresses and Staff:

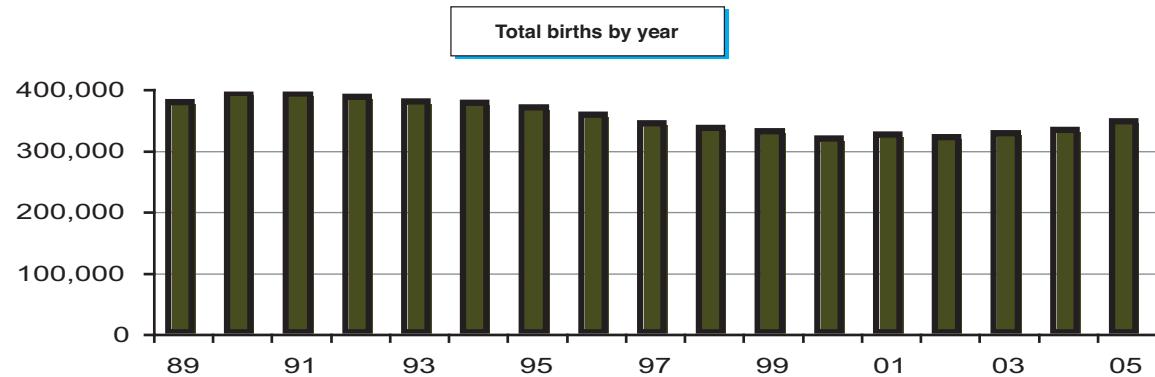
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Public Health Agency of Canada
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Monitoring Systems

Canada: National



Canada: National, 2005

Live births (LB)	342,805
Stillbirths (SB)	2,094
Total births	344,899
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	17	16	nr	0.96
Spina bifida	86	20	nr	3.07
Encephalocele	21	3	nr	0.70
Microcephaly	169	1	nr	4.93
Holoprosencephaly	nr	nr	nr	nr
Hydrocephaly	144	15	nr	4.61
Anophthalmos	20	1	nr	0.61
Microphthalmos	10	0	nr	0.29
Unspecified Anophthalmos / Microphthalmos	nr	nr	nr	nr
Anotia	nr	nr	nr	nr
Microtia	nr	nr	nr	nr
Unspecified Anotia / Microtia	nr	nr	nr	nr
Transposition of great vessels	181	3	nr	5.33
Tetralogy of Fallot	148	3	nr	4.38
Hypoplastic left heart syndrome	88	7	nr	2.75
Coarctation of aorta	167	0	nr	4.84
Choanal atresia, bilateral	72	0	nr	2.09
Cleft palate without cleft lip	248	1	nr	7.22
Cleft lip with or without cleft palate	300	8	nr	8.93
Oesophageal atresia / stenosis with or without fistula	97	0	nr	2.81
Small intestine atresia / stenosis	120	3	nr	3.57
Anorectal atresia / stenosis	139	1	nr	4.06
Undescended testis (36 weeks of gestation or later)	1257	0	nr	36.45
Hypospadias**	963	1	nr	27.95
Epispadias	nr	nr	nr	nr
Indeterminate sex	39	0	nr	1.13
Renal agenesis	163	22	nr	5.36
Cystic kidney	218	16	nr	6.78
Bladder extrophy	13	0	nr	0.38
Polydactyly, preaxial	488	4	nr	14.27
Total Limb reduction defects (include unspecified)	123	6	nr	3.74
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	123	5	nr	3.71
Omphalocele***	201	11	nr	6.15
Gastroschisis	nr	nr	nr	nr
Unspecified Omphalocele/Gastroschisis	nr	nr	nr	nr
Prune belly sequence	nr	nr	nr	nr
Trisomy 13	29	12	nr	1.19
Trisomy 18	54	44	nr	2.84
Down syndrome, all ages (include age unknown)	462	56	nr	15.02
<20	nr	nr	nr	nr
20-24	nr	nr	nr	nr
25-29	nr	nr	nr	nr
30-34	nr	nr	nr	nr
35-39	nr	nr	nr	nr
40-44	nr	nr	nr	nr
45+	nr	nr	nr	nr
unknown	nr	nr	nr	nr

** = include Epispadias

*** = include Gastroschisis and Unspecified Omphalocele/Gastroschisis

nr = not reported

Monitoring Systems

Canada: National, Previous years rates 1989 - 2005

Prevalence rates: (LB+SB) * 10,000

	1974-1980	1981-1985	1986-1990*	1991-1995	1996-2000	2001-2005
Births	766,679	1,895,384	1,730,578	1,691,365		
Anencephaly	2.19	1.81	1.13	1.01		
Spina bifida	7.94	6.58	4.56	3.06		
Encephalocele	1.32	1.37	0.88	0.64		
Microcephaly	6.07	5.08	5.70	5.04		
Holoprosencephaly	nr	nr	nr	nr		
Hydrocephaly	7.40	6.86	6.85	5.04		
Anophthalmos	0.30	0.32	0.26	0.59		
Microphthalmos	1.04	0.98	1.05	0.40		
Unspecified Anophthalmos / Microphthalmos	---	---	---	---		
Anotia	nr	nr	nr	nr		
Microtia	nr	nr	nr	nr		
Unspecified Anotia / Microtia	nr	nr	nr	nr		
Transposition of great vessels	4.38	4.76	5.63	4.93		
Tetralogy of Fallot	4.73	4.67	5.32	3.98		
Hypoplastic left heart syndrome	3.14	2.84	2.81	2.74		
Coarctation of aorta	5.40	5.61	5.93	5.13		
Choanal atresia, bilateral	2.06	2.06	2.64	2.65		
Cleft palate without cleft lip	7.07	6.94	7.62	7.11		
Cleft lip with or without cleft palate	11.50	11.14	10.92	9.39		
Oesophageal atresia / stenosis with or without fistula	3.61	3.26	3.50	2.98		
Small intestine atresia / stenosis	3.56	3.45	3.64	3.84		
Anorectal atresia / stenosis	5.73	4.94	4.98	4.36		
Undescended testis (36 weeks of gestation or later)	36.26	33.10	32.50	36.78		
Hypospadias**	27.17	26.06	27.45	29.57		
Epispadias	nr	nr	nr	nr		
Indeterminate sex	0.81	0.65	0.69	1.08		
Renal agenesis	5.18	4.83	5.11	5.06		
Cystic kidney	4.38	5.18	6.29	6.92		
Bladder exstrophy	0.44	0.41	0.36	0.41		
Polydactyly, preaxial	12.37	11.57	12.32	14.13		
Total Limb reduction defects (include unspecified)	4.59	4.64	4.07	3.83		
Transverse	nr	nr	nr	nr		
Preaxial	nr	nr	nr	nr		
Postaxial	nr	nr	nr	nr		
Intercalary	nr	nr	nr	nr		
Mixed	nr	nr	nr	nr		
Unspecified	---	---	---	---		
Diaphragmatic hernia	3.77	3.63	3.75	3.32		
Omphalocele***	3.91	6.09	6.19	6.82		
Gastroschisis	---	---	---	---		
Unspecified Omphalocele/Gastroschisis	---	---	---	---		
Prune belly sequence	nr	nr	nr	nr		
Trisomy 13	1.21	1.16	1.11	1.18		
Trisomy 18	2.15	2.20	2.39	2.28		
Down syndrome, all ages (include age unknown)	13.34	12.98	14.04	14.53		
<20	nr	nr	nr	nr		
20-24	nr	nr	nr	nr		
25-29	nr	nr	nr	nr		
30-34	nr	nr	nr	nr		
35-39	nr	nr	nr	nr		
40-44	nr	nr	nr	nr		
45+	nr	nr	nr	nr		
unknown	nr	nr	nr	nr		

* data include less than 5 years

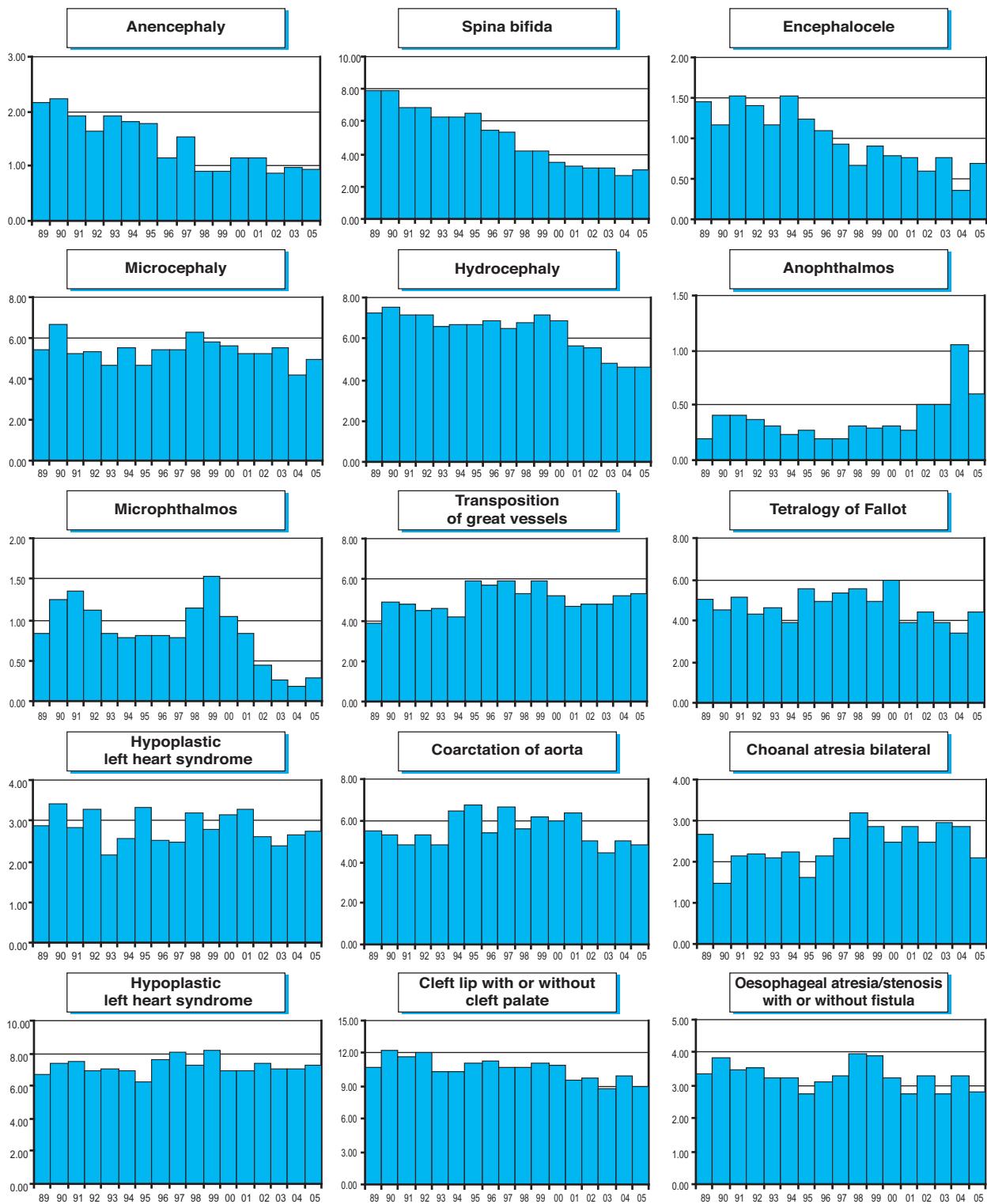
** = include Epispadias

*** = include Gastroschisis and Unspecified Omphalocele/Gastroschisis

nr = not reported

Canada: National

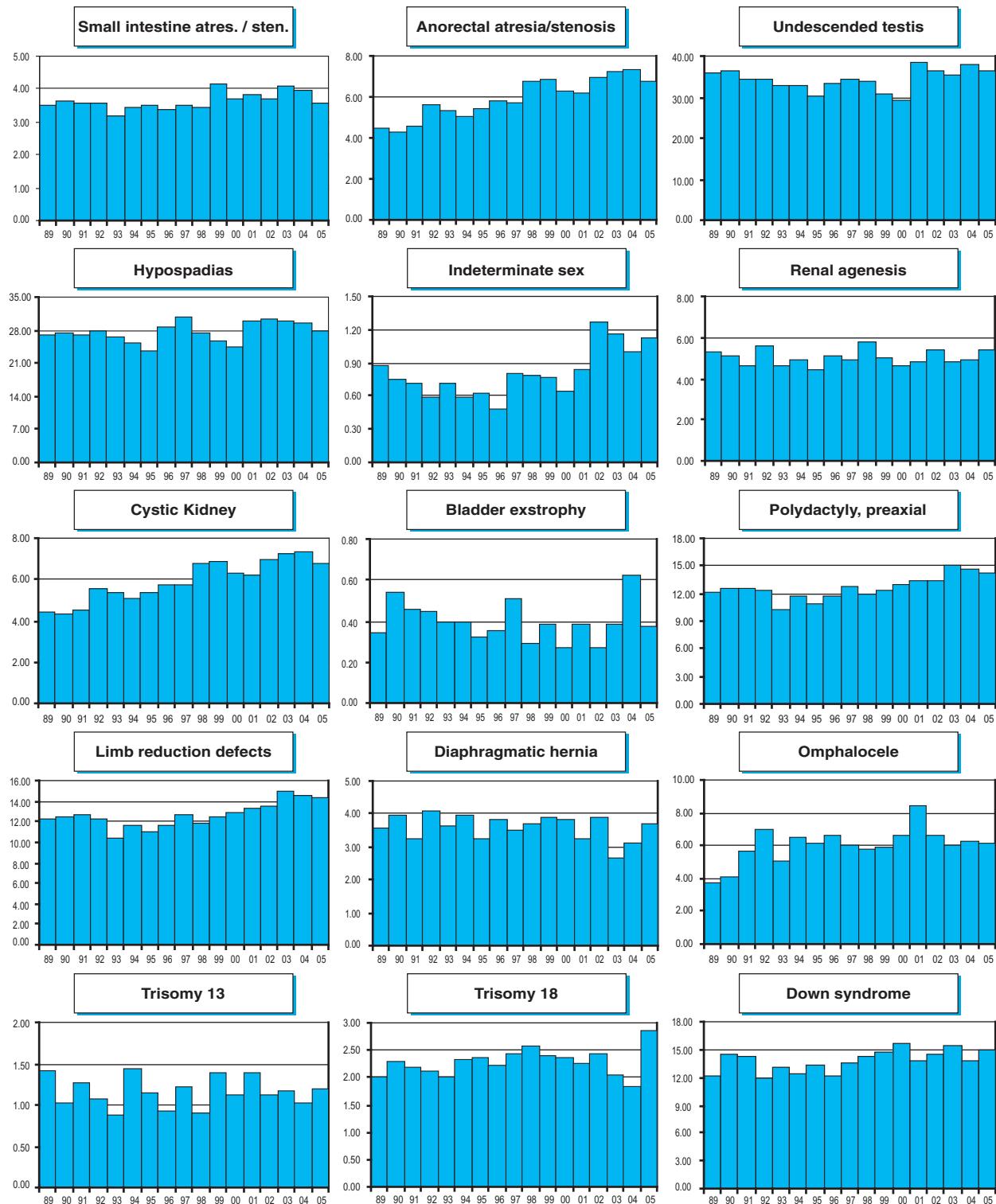
Time trends 1989-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

Monitoring Systems

Canada: National



Note: ■ L+S rates

Chile, Maule: RRMC-SSM

Regional Register Congenital Malformational Maule Health Service

History:

The register started in 2001 defined by order of Director Maule Health Service and assessed for South America. ECLAMC, Eduardo Castilla. RRMC-SSM became an associated member of ICBDSR in 2003.

Size and coverage:

RRMC-SSM is located in a Region in the center of Chile, in Talca Maule Region.

Maule Region is situated between 34° 41' & 36° 33' S and 70° 20' & 72° 44' W. The surface is 30.535 kms² (4 % of Chile). 930,306 habitants. 37,4% rurality. Cellulosa producer and agricultural products.

The number of participating are 13 public hospitals from 2001 and since 2005 will include the unique private maternity of the region. There are around 13.130 births annually (2005).

The information about livebirths and stillbirths are collected from 13 maternity hospitals in the region for pediatricians and midwives.

Stillbirths of at least 500g birthweight have been included since 2001.

Legislation and funding:

The registry is based on the information of births and notification of congenital malformation

ECLAMC from 2001 and funded by the Maule Health Service.

Sources of ascertainment:

Reporting is made by collaborating pediatricians and midwives at the delivery units of participating hospitals.

Exposure information:

Detailed information on various risk factor exposures, maternal and paternal occupation, diseases and other information available.

Background information:

Epidemiological information on all births is available from participating hospitals and statistical units.

Addresses and Staff:

M.Aurora Canessa,
Linares Hospital
Maule Region - Chile.
Av. Brazil 753, Linares, Chile.

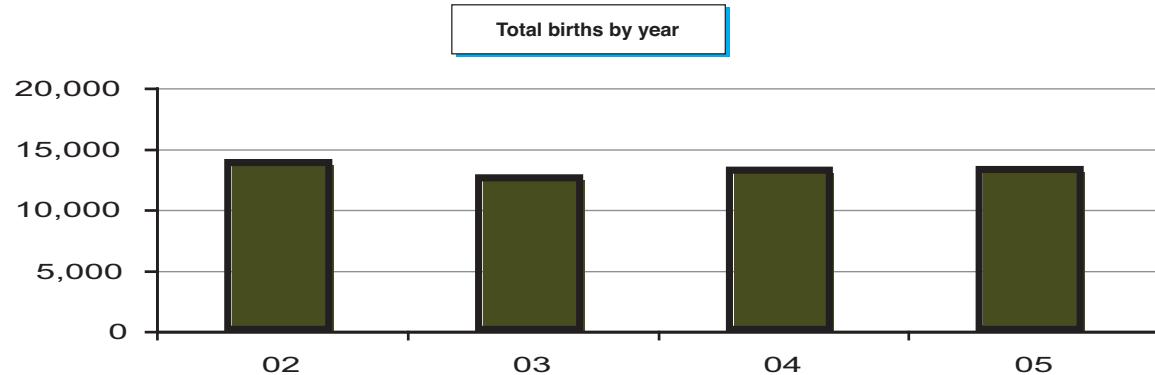
Phone: 56-73-563276, 56-73-219879.

Fax: 56-73-219111, 56-73-219879.

E-mail: rrmc@ssmaule.cl

Monitoring Systems

Chile: Maule



Chile-Maule: RRMC-SSM, 2005

Live births (LB)	13,049
Stillbirths (SB)	80
Total births	13,129
Number of terminations of pregnancy (ToP) for birth defects not permitted	

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	1	2		2.29
Spina bifida	4	0		3.05
Encephalocele	1	0		0.76
Microcephaly	1	1		1.52
Holoprosencephaly	0	0		0.00
Hydrocephaly	2	0		1.52
Anophthalmos	0	0		0.00
Microphthalmos	1	0		0.76
Unspecified Anophthalmos/ Microphthalmos	0	0		0.00
Anotia	0	0		0.00
Microtia	4	0		3.05
Unspecified Anotia/Microtia	0	0		0.00
Transposition of great vessels	1	0		0.76
Tetralogy of Fallot	2	0		1.52
Hypoplastic left heart syndrome	0	0		0.00
Coarctation of aorta	0	0		0.00
Choanal atresia, bilateral	0	0		0.00
Cleft palate without cleft lip	4	0		3.05
Cleft lip with or without cleft palate	12	0		9.14
Oesophageal atresia / stenosis with or without fistula	4	0		3.05
Small intestine atresia / stenosis	2	0		1.52
Anorectal atresia / stenosis	2	0		1.52
Undescended testis (36 weeks of gestation or later)	12	0		9.14
Hypospadias	9	0		6.86
Epispadias	1	0		0.76
Indeterminate sex	0	0		0.00
Renal agenesis	1	0		0.76
Cystic kidney	0	1		0.76
Bladder extrophy	0	0		0.00
Polydactyly, preaxial	8	0		6.09
Total Limb reduction defects (include unspecified)	2	0		1.52
Transverse	0	0		0.00
Preaxial	2	0		1.52
Postaxial	0	0		0.00
Intercalary	0	0		0.00
Mixed	0	0		0.00
Unspecified	0	0		0.00
Diaphragmatic hernia	0	1		0.76
Omphalocele	1	1		1.52
Gastroschisis	2	0		1.52
Unspecified Omphalocele/Gastroschisis	0	0		0.00
Prune belly sequence	0	0		0.00
Trisomy 13	0	1		0.76
Trisomy 18	1	1		1.52
Down syndrome, all ages (include age unknown)	35	0		26.66
<20	5	0		21.21
20-24	3	0		9.62
25-29	0	0		0.00
30-34	4	0		15.66
35-39	14	0		92.65
40-44	7	0		155.21
45+	2	0		1000.00
unknown	0	0		0.00

Monitoring Systems

Chile-Maule: RRMC-SSM, Previous years rates 2002 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005*
Total births						52,358
Anencephaly						3.06
Spina bifida						3.06
Encephalocele						1.15
Microcephaly						1.72
Holoprosencephaly						0.38
Hydrocephaly						2.10
Anophthalmos						0.19
Microphthalmos						0.95
Unspecified Anophthalmos / Microphthalmos						---
Anotia						0.38
Microtia						2.10
Unspecified Anotia / Microtia						---
Transposition of great vessels						1.53
Tetralogy of Fallot						1.34
Hypoplastic left heart syndrome						0.19
Coarctation of aorta						0.00
Choanal atresia, bilateral						0.76
Cleft palate without cleft lip						4.77
Cleft lip with or without cleft palate						10.70
Oesophageal atresia / stenosis with or without fistula						1.15
Small intestine atresia / stenosis						0.95
Anorectal atresia / stenosis						2.10
Undescended testis (36 weeks of gestation or later)						6.49
Hypospadias						8.59
Epispadias						0.19
Indeterminate sex						0.57
Renal agenesis						0.76
Cystic kidney						0.38
Bladder exstrophy						0.19
Polydactyly, preaxial						5.35
Total Limb reduction defects (include unspecified)						3.25
Transverse						1.91
Preaxial						0.38
Postaxial						0.00
Intercalary						0.00
Mixed						0.00
Unspecified						---
Diaphragmatic hernia						0.76
Omphalocele						1.34
Gastroschisis						1.53
Unspecified Omphalocele / Gastroschisis						---
Prune belly sequence						0.19
Trisomy 13						1.53
Trisomy 18						0.76
Down syndrome, all ages (include age unknown)						23.30
<20						6.45
20-24						5.51
25-29						7.90
30-34						17.30
35-39						70.71
40-44						207.96
45+						615.38
unknown						---

* data include less than 5 years

China: BDSS-Beijing

Birth Defect Surveillance System in Thirty Counties of Four Provinces, People's Republic of China

History:

The Programme began in 1992. It became a full member of the ICBMDS in 1997.

Size and coverage:

This is a population based monitoring system. Reports were obtained from all hospitals and village health stations, which together cover all geographically defined population. Total number of population in these areas is around 17 millions and total number of births per year is around 150,000.

Legislation and funding:

Funding is from China Ministry of Health and local health authorities.

Sources of ascertainment:

Reports are obtained from delivery units, paediatric clinics, ultrasound departments, pathology departments and perinatal health care departments of different level hospitals, MCH institutes and village health stations in the

participating counties and cities.

Exposure information:

Exposure information is obtained from the perinatal health care surveillance system (PHCSS) in the same areas for all women and their babies from pre-marital examination till six weeks after birth. BDSS data is linked with PHCSS data by using an ID number assigned to each woman.

Background information:

Background information is also obtained from PHCSS data.

Addresses and Staff:

Zhu Li, MD, Programme Director
National Centre for Maternal and Infant Health,
Beijing Medical University
Rm 115 Research Centre, 38 College Rd.
Beijing 100083 PR China

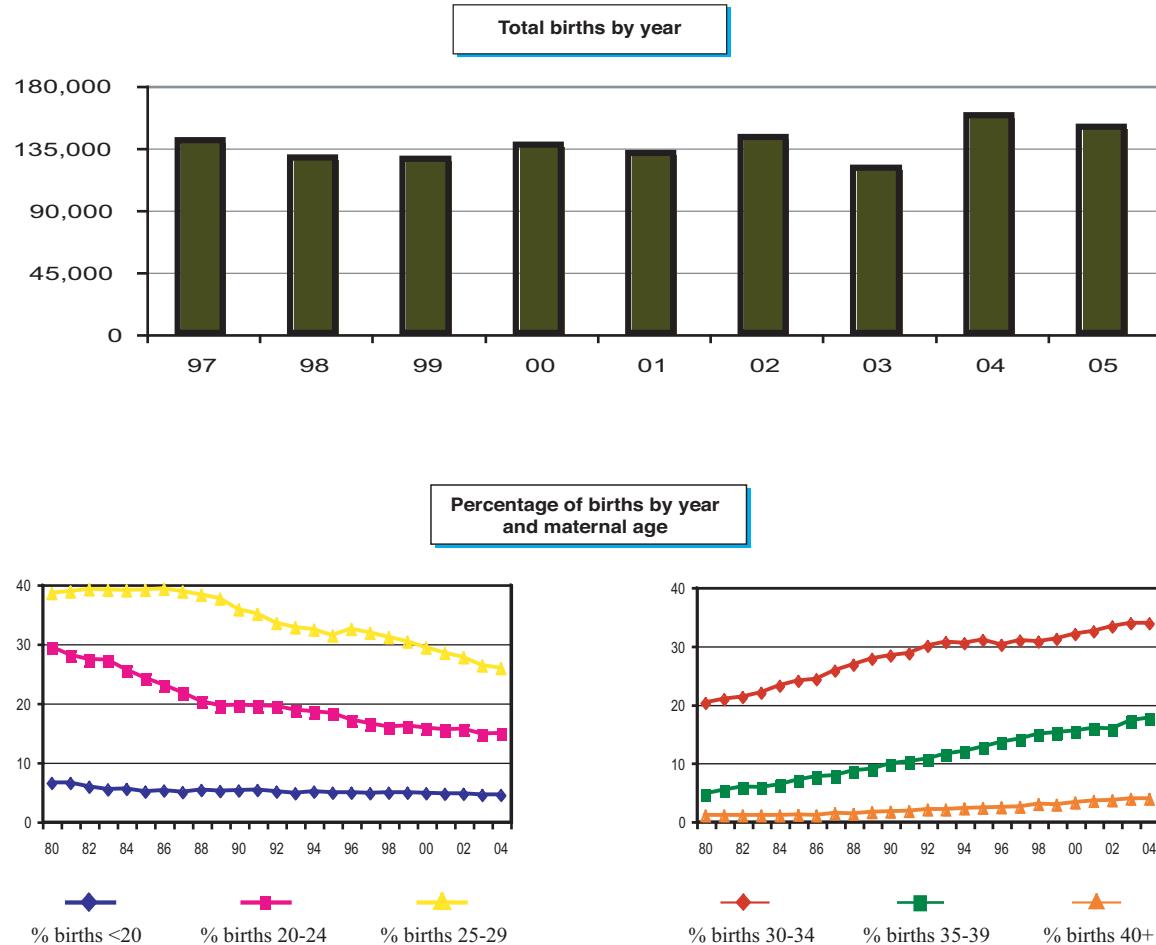
Phone: 86-10-62091138

Fax: 86-10-62091141

E-mail: lzh@public.bta.net.cn

Monitoring Systems

China: BDSS-Beijing



China: BDSS-Beijing , 2005

Live births (LB)	149,080
Stillbirths (SB)	446
Total births	149,526
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	35	nr	2.34
Spina bifida	9	19	nr	1.87
Encephalocele	3	10	nr	0.87
Microcephaly	2	2	nr	0.27
Holoprosencephaly	0	3	nr	0.20
Hydrocephaly	4	65	nr	4.61
Anophthalmos	4	0	nr	0.27
Microphthalmos	2	0	nr	0.13
Unspecified Anophthalmos/ Microphthalmos	nr	nr	nr	nr
Anotia	6	1	nr	0.47
Microtia	38	2	nr	2.68
Unspecified Anotia/Microtia	nr	nr	nr	nr
Transposition of great vessels	nr	nr	nr	nr
Tetralogy of Fallot	nr	nr	nr	nr
Hypoplastic left heart syndrome	nr	nr	nr	nr
Coarctation of aorta	nr	nr	nr	nr
Choanal atresia, bilateral	nr	nr	nr	nr
Cleft palate without cleft lip	28	1	nr	1.94
Cleft lip with or without cleft palate	92	43	nr	9.03
Oesophageal atresia / stenosis with or without fistula	nr	nr	nr	nr
Small intestine atresia / stenosis	nr	nr	nr	nr
Anorectal atresia / stenosis	20	0	nr	1.34
Undescended testis (36 weeks of gestation or later)	2	0	nr	0.13
Hypospadias	8	0	nr	0.54
Epispadias	0	0	nr	0.00
Indeterminate sex	4	1	nr	0.33
Renal agenesis	nr	nr	nr	nr
Cystic kidney	nr	nr	nr	nr
Bladder extrophy	0	0	nr	0.00
Polydactyly, preaxial	77	1	nr	5.22
Total Limb reduction defects (include unspecified)	25	8	nr	2.21
Transverse	21	5	nr	1.74
Preaxial	1	2	nr	0.20
Postaxial	0	1	nr	0.07
Intercalary	3	0	nr	0.20
Mixed	0	0	nr	0.00
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	nr	nr	nr	nr
Omphalocele	3	10	nr	0.87
Gastroschisis	7	7	nr	0.94
Unspecified Omphalocele/Gastroschisis	nr	nr	nr	nr
Prune belly sequence	0	7	nr	0.47
Trisomy 13	nr	nr	nr	nr
Trisomy 18	nr	nr	nr	nr
Down syndrome, all ages (include age unknown)	nr	nr	nr	nr
<20	nr	nr	nr	nr
20-24	nr	nr	nr	nr
25-29	nr	nr	nr	nr
30-34	nr	nr	nr	nr
35-39	nr	nr	nr	nr
40-44	nr	nr	nr	nr
45+	nr	nr	nr	nr
unknown	nr	nr	nr	nr

nr = not reported

Monitoring Systems

China: BDSS-Beijing, Previous years rates 1997 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

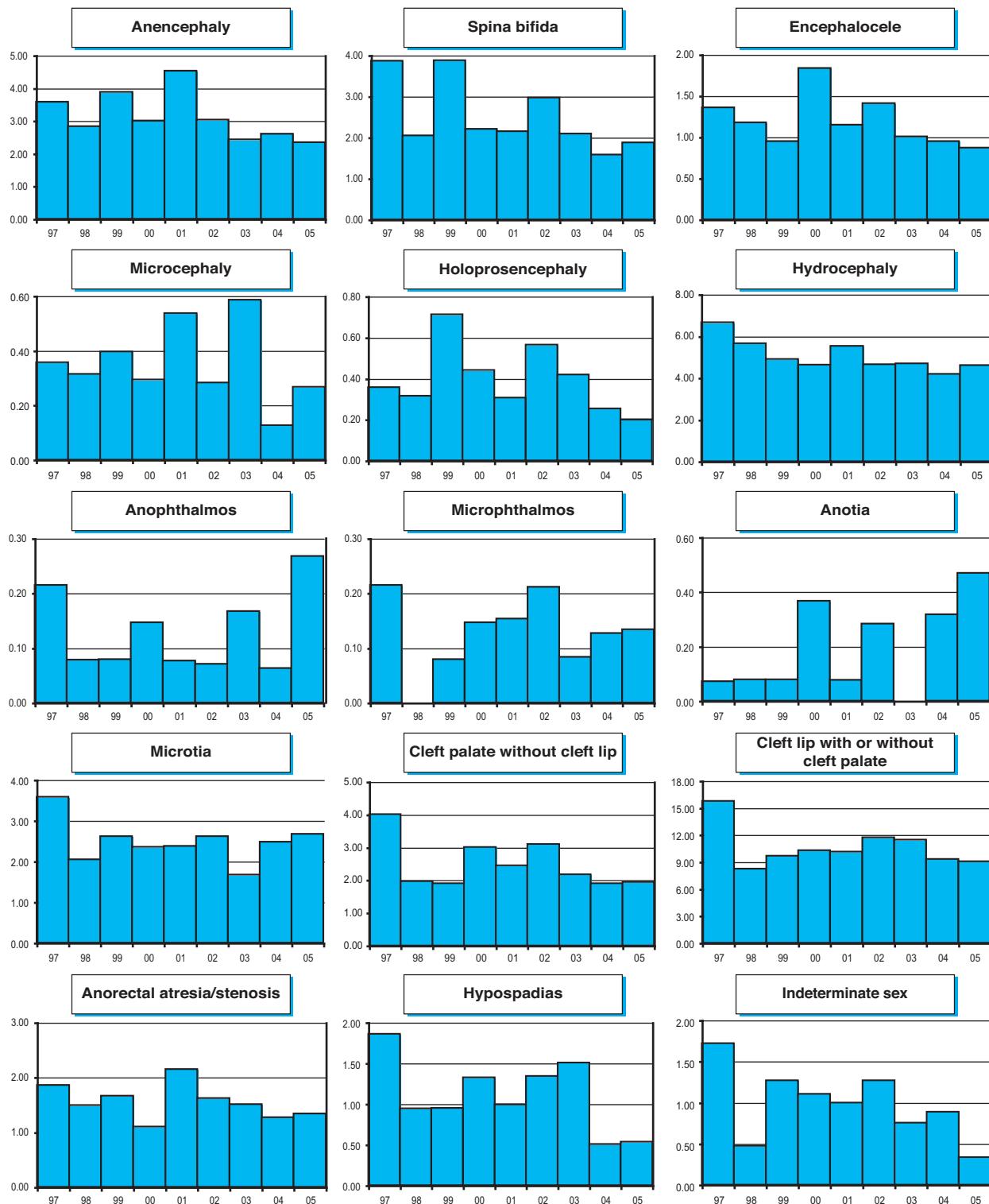
	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000*	2001-2005
Total births					529,573	698,969
Anencephaly	3.32	2.96				
Spina bifida	3.00	2.12				
Encephalocele		1.34	1.07			
Microcephaly		0.34	0.34			
Holoprosencephaly		0.45	0.34			
Hydrocephaly		5.48	4.71			
Anophthalmos		0.13	0.13			
Microphthalmos		0.11	0.14			
Unspecified Anophthalmos / Microphthalmos	---	---				
Anotia	0.15	0.24				
Microtia		2.66	2.39			
Unspecified Anotia / Microtia	---	---				
Transposition of great vessels		nr	nr			
Tetralogy of Fallot		nr	nr			
Hypoplastic left heart syndrome		nr	nr			
Coarctation of aorta		nr	nr			
Choanal atresia, bilateral		nr	nr			
Cleft palate without cleft lip	2.76	2.30				
Cleft lip with or without cleft palate		11.08	10.26			
Oesophageal atresia / stenosis with or without fistula		nr	nr			
Small intestine atresia / stenosis		nr	nr			
Anorectal atresia / stenosis		1.53	1.56			
Undescended testis (36 weeks of gestation or later)		0.21	0.24			
Hypospadias		1.28	0.94			
Epispadias		0.00	0.03			
Indeterminate sex		1.15	0.84			
Renal agenesis		nr	nr			
Cystic kidney		nr	nr			
Bladder exstrophy		0.04	0.03			
Polydactyly, preaxial		6.82	5.71			
Total Limb reduction defects (include unspecified)		2.61	2.36			
Transverse		1.72	1.85			
Preaxial		0.41	0.34			
Postaxial		0.00	0.01			
Intercalary		0.03	0.09			
Mixed		0.05	0.04			
Unspecified	---	---				
Diaphragmatic hernia		nr	nr			
Omphalocele		1.02	0.90			
Gastroschisis		1.64	1.77			
Unspecified Omphalocele / Gastroschisis	---	---				
Prune belly sequence		1.53	0.64			
Trisomy 13		nr	nr			
Trisomy 18		nr	nr			
Down syndrome, all ages (include age unknown)		nr	nr			
<20		nr	nr			
20-24		nr	nr			
25-29		nr	nr			
30-34		nr	nr			
35-39		nr	nr			
40-44		nr	nr			
45+		nr	nr			
unknown	---	---				

* data include less than 5 years

nr = not reported

China: BDSS-Beijing

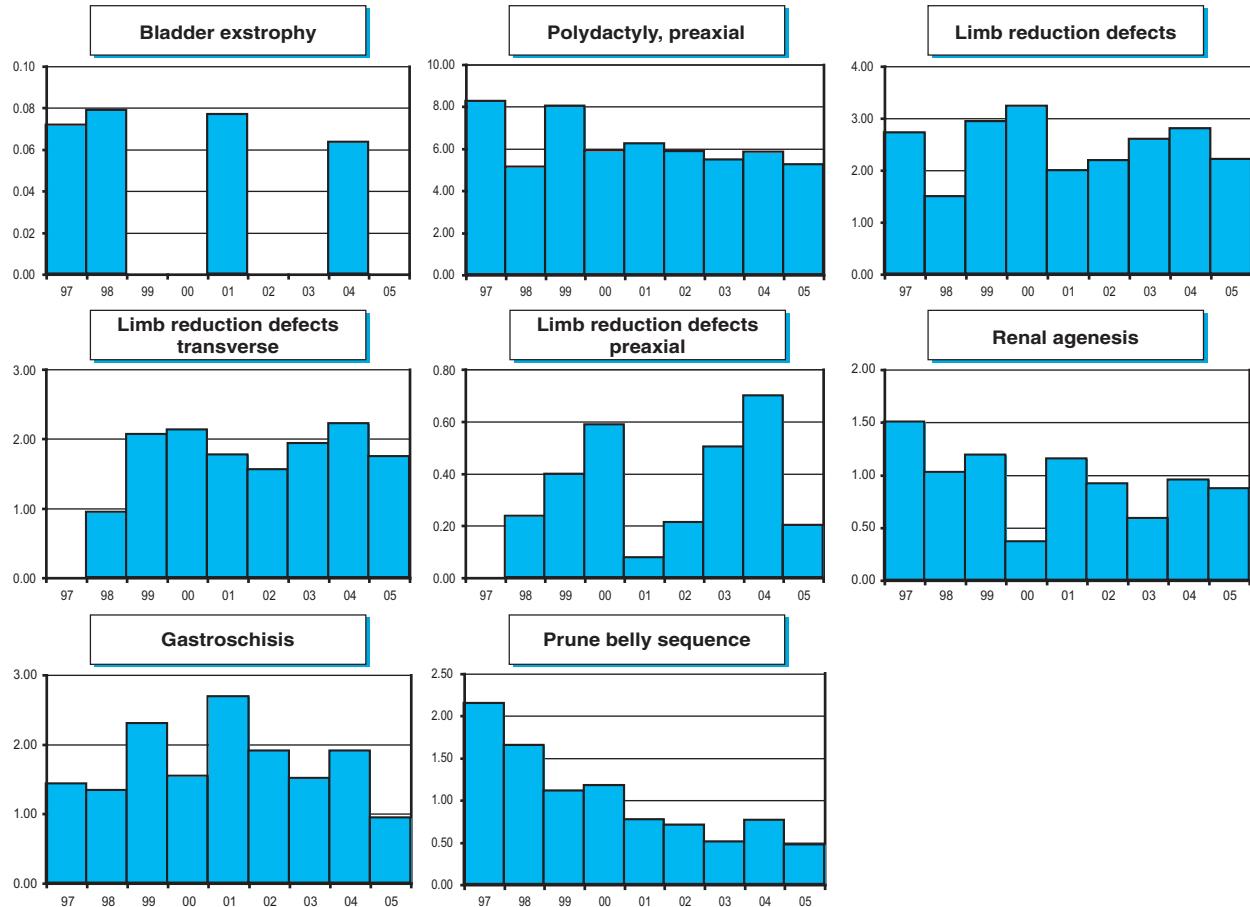
Time trends 1997-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

Monitoring Systems

China: BDSS-Beijing



Note: ■ L+S rates

China: CBDMN

Chinese Birth Defects Program of Sichuan Province, China (until 1994)
Chinese Birth Defects Monitoring Network

History:

The Programme began in 1984. It became an associate member of the ICBDSR in 1985 and a full member in 1987.

Size and coverage:

In 1984, reports were obtained from 100 hospitals but participation has increased. In 1985, 205 hospitals participated. At present, the Programme covers approximately 260,000 births annually in 31 provinces.

Since we resumed reporting data, only one part of data (20 provinces, I remember apprising you by email several years ago) is sent to ICBD. The nationwide programme covers approximately 450,000~500,000 births annually in provinces.

Legislation and funding:

Participation is voluntary. Funding is mainly from local health authorities, also supported by Ministry of health.

Sources of ascertainment:

Reports are obtained from delivery units, paediatric clinics, and pathology departments of the participating hospitals.

Exposure information:

Exposure information is obtained by interviews of mothers of the reported malformed infants. No information is available on exposures in controls.

Background information:

Total number of births from each participating hospital is known.

Addresses and Staff:

Zhu Jun, MD, Programme Director
National Centre Birth Defects Monitoring (CNBDM)

West China University of Medical Sciences

No. 17 Section 3-Ren Min Nam Lu

Chengdu - PRC - 610041, China

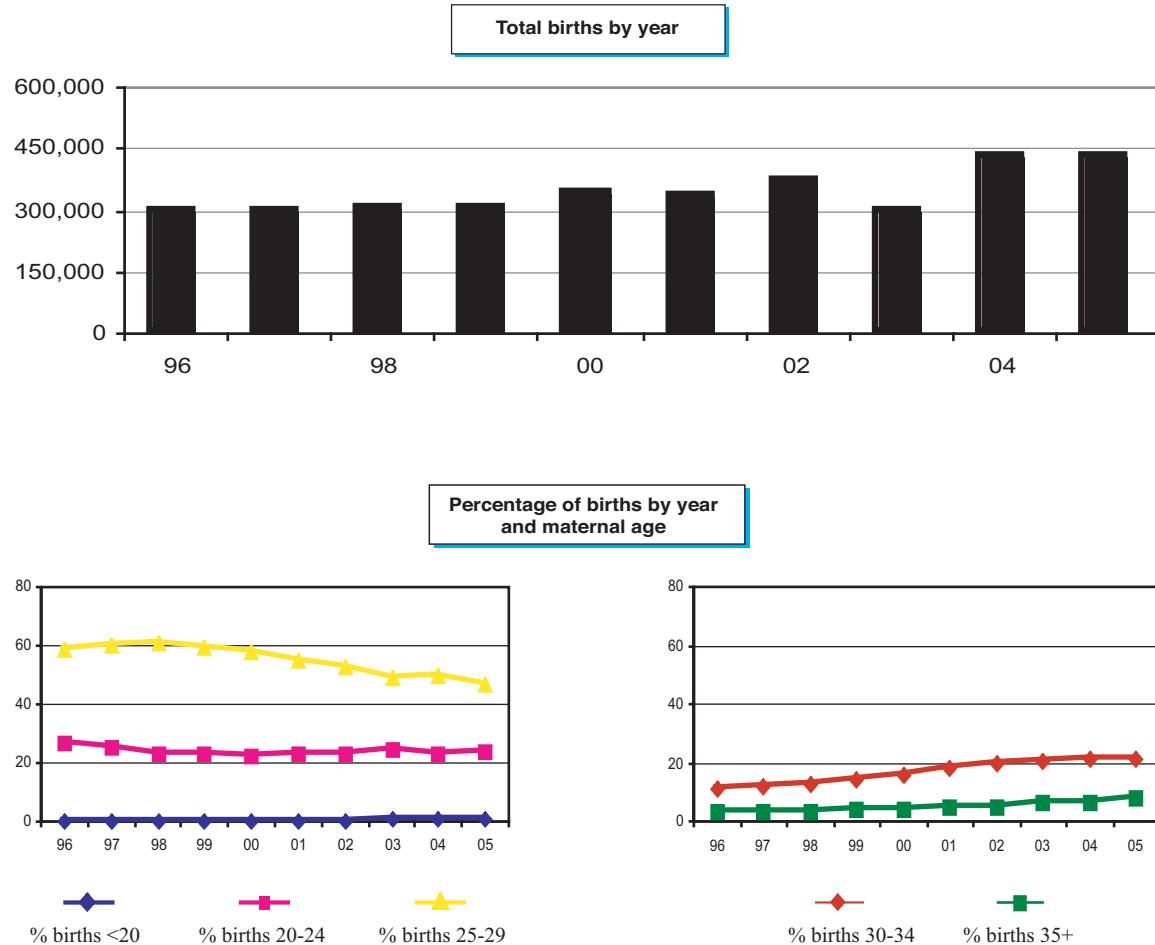
Phone: 86-28-5501363

Fax: 86-28-5501363

E-mail: cnbdms@mail.sc.cninfo.net

Monitoring Systems

China: CBDMN



China: CBDMN, 2005

Live births (LB)	420,773
Stillbirths (SB)	5,733
Total births	426,506
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	11	108	nr	2.79
Spina bifida	70	134	nr	4.78
Encephalocele	23	40	nr	1.48
Microcephaly	5	5	nr	0.23
Holoprosencephaly	nr	nr	nr	nr
Hydrocephaly	nr	nr	nr	nr
Anophthalmos*	6	7	nr	0.30
Microphthalmos	nr	nr	nr	nr
Unspecified Anophthalmos/ Microphthalmos	nr	nr	nr	nr
Anotia**	149	13	nr	3.80
Microtia	nr	nr	nr	nr
Unspecified Anotia/Microtia	nr	nr	nr	nr
Transposition of great vessels	nr	nr	nr	nr
Tetralogy of Fallot	nr	nr	nr	nr
Hypoplastic left heart syndrome	nr	nr	nr	nr
Coarctation of aorta	nr	nr	nr	nr
Choanal atresia, bilateral	nr	nr	nr	nr
Cleft palate without cleft lip	116	4	nr	2.81
Cleft lip with or without cleft palate	405	158	nr	13.20
Oesophageal atresia / stenosis with or without fistula	32	15	nr	1.10
Small intestine atresia / stenosis	nr	nr	nr	nr
Anorectal atresia / stenosis	115	31	nr	3.42
Undescended testis (36 weeks of gestation or later)	55	1	nr	1.31
Hypospadias	193	2	nr	4.57
Epispadias	nr	nr	nr	nr
Indeterminate sex	26	18	nr	1.03
Renal agenesis	15	31	nr	1.08
Cystic kidney	17	61	nr	1.83
Bladder extrophy	1	0	nr	0.02
Polydactyly, unspecified	558	18	nr	13.51
Total Limb reduction defects (include unspecified)	138	83	nr	5.18
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	27	12	nr	0.91
Omphalocele	33	25	nr	1.36
Gastroschisis	53	53	nr	2.49
Unspecified Omphalocele/Gastroschisis	nr	nr	nr	nr
Prune belly sequence	nr	nr	nr	nr
Trisomy 13	nr	nr	nr	nr
Trisomy 18	nr	nr	nr	nr
Down syndrome, all ages (include age unknown)	76	10	nr	2.02
<20	0	0	nr	0.00
20-24	6	1	nr	0.70
25-29	35	4	nr	1.96
30-34	14	3	nr	1.86
35+	21	2	nr	7.05
unknown	nr	nr	nr	nr

* = include Microphthalmos and Unspecified Anophthalmos/Microphthalmos

** = include Microtia and Unspecified Anotia/Microtia

nr = not reported

Monitoring Systems

China: CBDMN, Previous years rates 1996 - 2005

Birth prevalence rates: (LB+SB) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births					1,537,995	1,851,341
Anencephaly	5.31	3.26				
Spina bifida	7.50	6.23				
Encephalocele	1.85	1.53				
Microcephaly	0.21	0.23				
Holoprosencephaly	nr	nr				
Hydrocephaly	6.69	7.10*				
Anophthalmos**	0.40	0.30				
Microphtalmos	nr	nr				
Unspecified Anophthalmos / Microphtalmos	---	---				
Anotia***	2.97	3.21				
Microtia	nr	nr				
Unspecified Anotia / Microtia	---	---				
Transposition of great vessels	nr	nr				
Tetralogy of Fallot	nr	nr				
Hypoplastic left heart syndrome	nr	nr				
Coarctation of aorta	nr	nr				
Choanal atresia, bilateral	nr	nr				
Cleft palate without cleft lip	2.34	2.78				
Cleft lip with or without cleft palate	13.99	14.00				
Oesophageal atresia / stenosis with or without fistula	0.71	0.99				
Small intestine atresia / stenosis	nr	nr				
Anorectal atresia / stenosis	2.86	3.15				
Undescended testis (36 weeks of gestation or later)	0.62	1.08				
Hypospadias	3.45	4.85				
Epispadias	nr	nr				
Indeterminate sex	1.08	1.25*				
Renal agenesis	0.24*	0.55				
Cystic kidney	0.82	1.40				
Bladder exstrophy	0.09	0.07				
Polydactyly, preaxial	nr	13.45*				
Total Limb reduction defects (include unspecified)	5.29	5.34				
Transverse	nr	nr				
Preaxial	nr	nr				
Postaxial	nr	nr				
Intercalary	nr	nr				
Mixed	nr	nr				
Unspecified	---	---				
Diaphragmatic hernia	0.55	0.65				
Omphalocele	1.45	1.46				
Gastroschisis	2.73	2.65				
Unspecified Omphalocele / Gastroschisis	---	---				
Prune belly sequence	nr	nr				
Trisomy 13	nr	0.05*				
Trisomy 18	nr	0.08*				
Down syndrome, all ages (include age unknown)	1.85	2.38				
<20	0.00	5.19				
20-24	1.08	1.16				
25-29	1.46	2.10				
30-34	2.47	2.63				
35+	10.67	8.54				
unknown	---	---				

* data include less than 5 years

** = include Microphtalmos and Unspecified Anophthalmos/Microphtalmos

*** = include Microtia and Unspecified Anotia/Microtia

nr = not reported

China: CBDMN

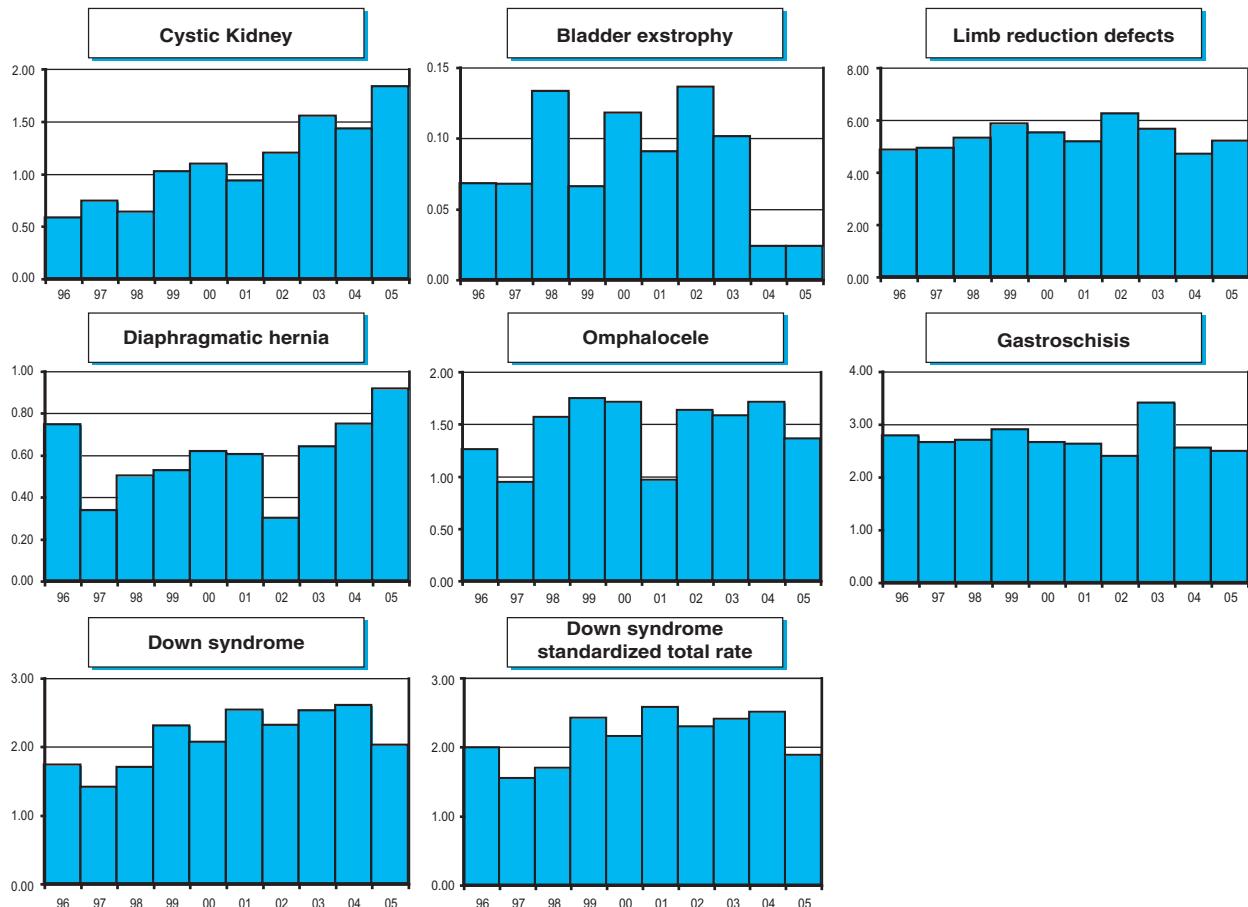
Time trends 1996-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

Monitoring Systems

China: CBDMN



Note: ■ L+S rates

Costa Rica: CREC**Costa Rican Birth Defects Register Center****History:**

The registry was created in 1986, based in a government decree by which birth defects became subject of obligatory notification.

The program became an ICBDSR member in September 2003.

Size and coverage:

The program is population based. Includes all births from the National Security System (CCSS) which covers about 98% of all births occurred in the country, and births of private hospitals.

There are approximately 75000 annual births in Costa Rica.

Legislation and funding:

The Registry is financed by the government as a program of the Costa Rican Institute of Research and Training in Nutrition and Health (INCIENSA), Institute that depends from the Ministry of Health.

Sources of ascertainment:

Reporting is made by neonatologists,

pediatricians and physicians before newborns discharge from maternity services, with biostatistics personal collaboration.

Exposure information:

None is routinely collected at present.

Background information:

Linkage studies are possible with other statistical data from the National Statistics Center and the National Security System Statistical Center

Addresses and Staff:

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Costa Rican Institute of Research and training in
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Monitoring Systems

Costa Rica: 2005

Live births (LB)	71,020
Stillbirths (SB)	528
Total births	71,548
Number of terminations of pregnancy (ToP) for birth defects	not permitted

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	7	2		1.26
Spina bifida	19	1		2.80
Encephalocele	4	0		0.56
Microcephaly	12	0		1.68
Holoprosencephaly	0	0		0.00
Hydrocephaly	7	2		1.26
Anophthalmos	0	0		0.00
Microphthalmos	5	0		0.70
Unspecified Anophthalmos/ Microphthalmos	0	0		0.00
Anotia	0	0		0.00
Microtia	14	0		1.96
Unspecified Anotia/Microtia	0	0		0.00
Transposition of great vessels	1	0		0.14
Tetralogy of Fallot	8	0		1.12
Hypoplastic left heart syndrome	1	0		0.14
Coarctation of aorta	2	0		0.28
Choanal atresia, bilateral	1	1		0.28
Cleft palate without cleft lip	17	0		2.38
Cleft lip with or without cleft palate	40	3		6.01
Oesophageal atresia / stenosis with or without fistula	16	1		2.38
Small intestine atresia / stenosis	7	0		0.98
Anorectal atresia / stenosis	26	1		3.77
Undescended testis (36 weeks of gestation or later)	58	2		8.39
Hypospadias	33	2		4.89
Epispadias	1	0		0.14
Indeterminate sex	11	2		1.82
Renal agenesis	8	0		1.12
Cystic kidney	2	0		0.28
Bladder extrophy	0	0		0.00
Polydactyly, preaxial	64	4		9.50
Total Limb reduction defects (include unspecified)	33	1		4.75
Transverse	nr	nr		nr
Preaxial	nr	nr		nr
Postaxial	nr	nr		nr
Intercalary	nr	nr		nr
Mixed	nr	nr		nr
Unspecified	nr	nr		nr
Diaphragmatic hernia	20	0		2.80
Omphalocele	11	0		1.54
Gastroschisis	7	1		1.12
Unspecified Omphalocele/Gastroschisis	0	0		0.00
Prune belly sequence	4	0		0.56
Trisomy 13	8	0		1.12
Trisomy 18	13	0		1.82
Down syndrome, all ages (include age unknown)	56	2		8.11
<20	5	0		3.51
20-24	6	0		2.78
25-29	11	0		63.95
30-34	4	1		4.55
35-39	20	0		36.54
40-44	10	1		77.25
45+	0	0		0.00
unknown	0	0		0.00

nr = not reported

Cuba: RECUMAC**Cuban Register of Congenital Malformation****History:**

The program started in 1985 and has grown in size and coverage. The registry became a member of ICBDSR in 2003.

Size and coverage:

Reports are obtained from hospitals distributed all over Cuba. The number of participating hospitals has grown in 1986 to 60 at the present time. The annual number of birth is approximately 121 000 representing almost 96% of all births.

Legislation and funding:

It is a research programme with voluntary participation of hospitals. The registry is associated with the National Centre of Medical Genetics, and is financed by Health Public Ministry of Cuba.

Sources of ascertainment:

Reports are obtained from delivery units paediatric departments of the participating hospitals. Mothers are also interviewed directly to gather information and fill in the RECUMAC standard protocols.

Exposure information:

The mother of each reported infant and the mother of a control infant, the next non malformed infant born at the hospital with the same sex as the proband are interviewed on various exposures, including drug usage and parental occupation.

Background information:

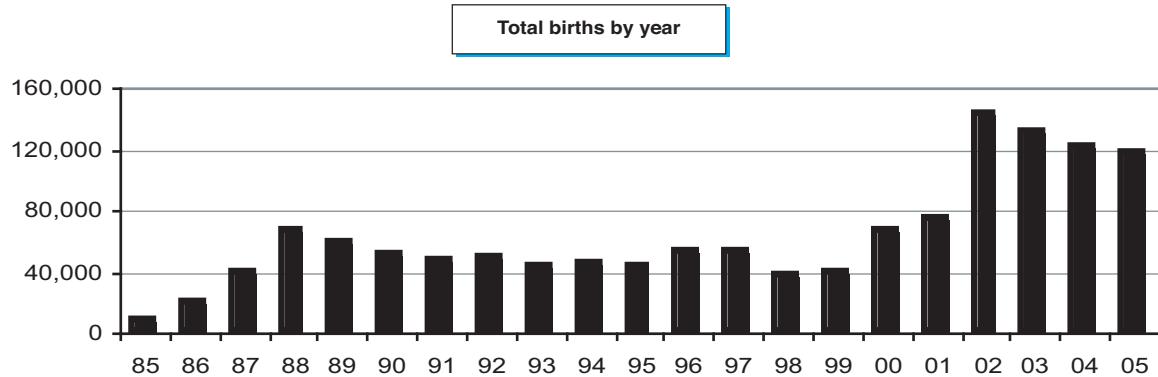
Total number of birth by sex and number of twin pairs in each participating hospital are known. Other background information is obtained partly from summarizing tables of births in each participating hospital, partly from the control material.

Addresses and Staff:

Maria Teresa Pérez Mateo, Recumac
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Ciudad de la Habana. Cuba.
Email: mauro@infomed.sld.cu

Monitoring Systems

Cuba: RECUMAC



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	160	98.8	Cystic kidney	62	72.1
Spina bifida	144	73.8	Limb reduction defects	25	33.8
Encephalocele	32	84.2	Diaphragmatic hernia	42	70.0
Holoprosencephaly	12	85.7	Omphalocele	62	84.9
Hydrocephaly	206	79.8	Gastroschisis	83	85.6
Hypoplastic left heart syndrome	26	65.0	Trisomy 13	24	68.6
Cleft palate without cleft lip	7	11.3	Trisomy 18	21	60.0
Cleft lip with or without cleft palate	26	16.7	Down syndrome	66	17.5
Renal agenesis	17	58.6			

Total ToPs with birth defects = 2,078 Ratio ToPs/Births: 5.60 per 1,000 births

*ToPs/ToPs+Births

Cuba: 2005

Live births (LB)	116,297
Stillbirths (SB)	1,626
Total births	117,923
Number of terminations of pregnancy (ToP) for birth defects	784

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	1	28	2.46
Spina bifida	20	0	44	5.43
Encephalocele	1	0	15	1.36
Microcephaly	4	0	7	0.93
Holoprosencephaly	1	0	8	0.76
Hydrocephaly	17	2	86	8.90
Anophthalmos	2	0	0	0.17
Microphthalmos	2	0	0	0.17
Unspecified Anophthalmos/ Microphthalmos	1	0	0	0.08
Anotia	1	0	0	0.08
Microtia	3	0	0	0.25
Unspecified Anotia/Microtia	3	0	0	0.25
Transposition of great vessels	15	2	11	2.37
Tetralogy of Fallot	12	1	5	1.53
Hypoplastic left heart syndrome	4	1	13	1.53
Coarctation of aorta	4	3	6	1.10
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	24	0	4	2.37
Cleft lip with or without cleft palate	46	0	9	4.66
Oesophageal atresia / stenosis with or without fistula	22	0	6	2.37
Small intestine atresia / stenosis	14	2	6	1.87
Anorectal atresia / stenosis	9	1	1	0.93
Undescended testis (36 weeks of gestation or later)	41	0	0	3.48
Hypospadias	120	0	0	10.18
Epispadias	4	0	0	0.34
Indeterminate sex	5	0	1	0.51
Renal agenesis	3	1	6	0.85
Cystic kidney	7	0	26	2.80
Bladder extrophy	1	0	1	0.17
Polydactyly, preaxial	10	0	0	0.85
Total Limb reduction defects (include unspecified)	15	2	6	1.95
Transverse	0	0	0	0.00
Preaxial	0	0	0	0.00
Postaxial	0	0	0	0.00
Intercalary	0	0	0	0.00
Mixed	0	0	0	0.00
Unspecified	15	2	6	1.95
Diaphragmatic hernia	11	2	16	2.46
Omphalocele	4	0	24	2.37
Gastroschisis	3	0	36	3.31
Unspecified Omphalocele/Gastroschisis	2	1	0	0.25
Prune belly sequence	0	0	1	0.08
Trisomy 13	3	1	10	1.19
Trisomy 18	7	1	8	1.36
Down syndrome, all ages (include age unknown)	98	0	31	10.94
<20	14	0	2	nr
20-24	9	0	1	nr
25-29	15	0	0	nr
30-34	28	0	1	nr
35-39	18	0	13	nr
40-44	12	0	8	nr
45+	0	0	3	nr
unknown	2	0	3	nr

nr = not reported

Monitoring Systems

Cuba: Previous years rates 1985 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 2001

Birth prevalence rates: (LB+SB+TOP) * 10,000 from 2002

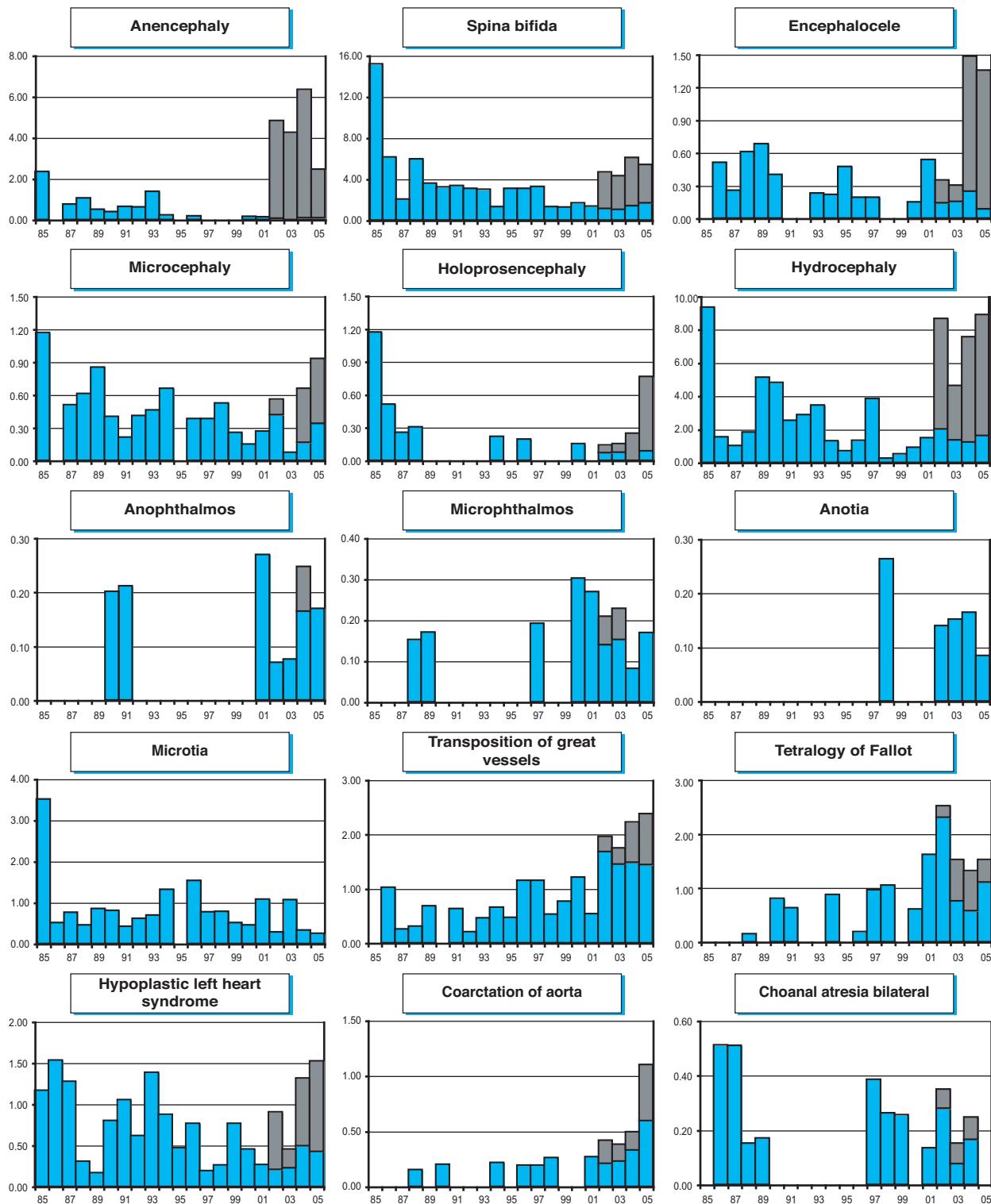
	1974-1980	1981-1985*	1986-1990	1991-1995	1996-2000	2001-2005
Total births	8,552	232,717	227,273	247,335	588,391	
Anencephaly	2.34	0.64	0.57	0.08	3.94	
Spina bifida	15.20	4.13	2.77	2.18	4.62	
Encephalocele	0.00	0.52	0.18	0.12	0.80	
Microcephaly	1.17	0.56	0.35	0.32	0.51	
Holoprosencephaly	1.17	0.17	0.04	0.08	0.27	
Hydrocephaly	9.35	3.14	2.20	1.46	6.68	
Anophthalmos	0.00	0.04	0.04	0.00	0.15	
Microphthalmos	0.00	0.09	0.00	0.12	0.19	
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	
Anotia	0.00	0.00	0.00	0.04	0.12	
Microtia	3.51	0.69	0.62	0.81	0.56	
Unspecified Anotia / Microtia	---	---	---	---	---	
Transposition of great vessels	0.00	0.39	0.48	1.01	1.87	
Tetralogy of Fallot	0.00	0.21	0.31	0.57	1.73	
Hypoplastic left heart syndrome	1.17	0.64	0.88	0.49	0.93	
Coarctation of aorta	0.00	0.09	0.04	0.12	0.54	
Choanal atresia, bilateral	0.00	0.21	0.00	0.16	0.19	
Cleft palate without cleft lip	1.17	1.33	1.41	1.58	1.72	
Cleft lip with or without cleft palate	4.68	4.55	5.94	5.98	4.83	
Oesophageal atresia / stenosis with or without fistula	7.02	1.16	1.41	2.39	2.35	
Small intestine atresia / stenosis	0.00	0.73	0.66	0.81	1.44	
Anorectal atresia / stenosis	17.54	1.03	1.67	0.85	1.29	
Undescended testis (36 weeks of gestation or later)	0.00	4.51	4.18	2.43	2.91	
Hypospadias	0.00	14.87	12.45	10.67	8.00	
Epispadias	1.17	0.26	0.22	0.12	0.15	
Indeterminate sex	3.51	0.21	0.18	0.28	0.39	
Renal agenesis	2.34	0.56	0.22	0.28	0.78	
Cystic kidney	2.34	1.12	0.92	0.61	2.18	
Bladder extrophy	7.02	0.13	0.13	0.24	0.10	
Polydactyly, preaxial	2.34	0.04	0.22	0.49	0.80	
Total Limb reduction defects (include unspecified)	7.02	2.45	2.90	2.39	2.24	
Transverse	2.34	1.07	0.84	0.69	0.46	
Preaxial	0.00	0.00	0.00	0.00	0.03	
Postaxial	0.00	0.00	0.00	0.00	0.00	
Intercalary	0.00	0.00	0.00	0.00	0.10	
Mixed	0.00	0.00	0.00	0.00	0.22	
Unspecified	---	---	---	---	---	
Diaphragmatic hernia	1.17	1.42	1.45	1.62	1.70	
Omphalocele	4.68	0.64	0.57	0.36	1.75	
Gastroschisis	0.00	0.39	0.35	0.44	2.58	
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	
Prune belly sequence	0.00	0.09	0.13	0.00	0.03	
Trisomy 13	1.17	0.47	0.44	0.57	0.83	
Trisomy 18	0.00	0.13	0.35	0.36	0.71	
Down syndrome, all ages (include age unknown)	12.86	7.73	8.05	7.28	9.82	
<20	nr	nr	nr	nr	nr	
20-24	nr	nr	nr	nr	nr	
25-29	nr	nr	nr	nr	nr	
30-34	nr	nr	nr	nr	nr	
35-39	nr	nr	nr	nr	nr	
40-44	nr	nr	nr	nr	nr	
45+	nr	nr	nr	nr	nr	
unknown	---	---	---	---	---	

* data include less than 5 years

nr = not reported

Cuba: RECUMAC

'Time trends 1985-2005 (Birth prevalence rates per 10,000)



Note: L+S rates, ToP rates

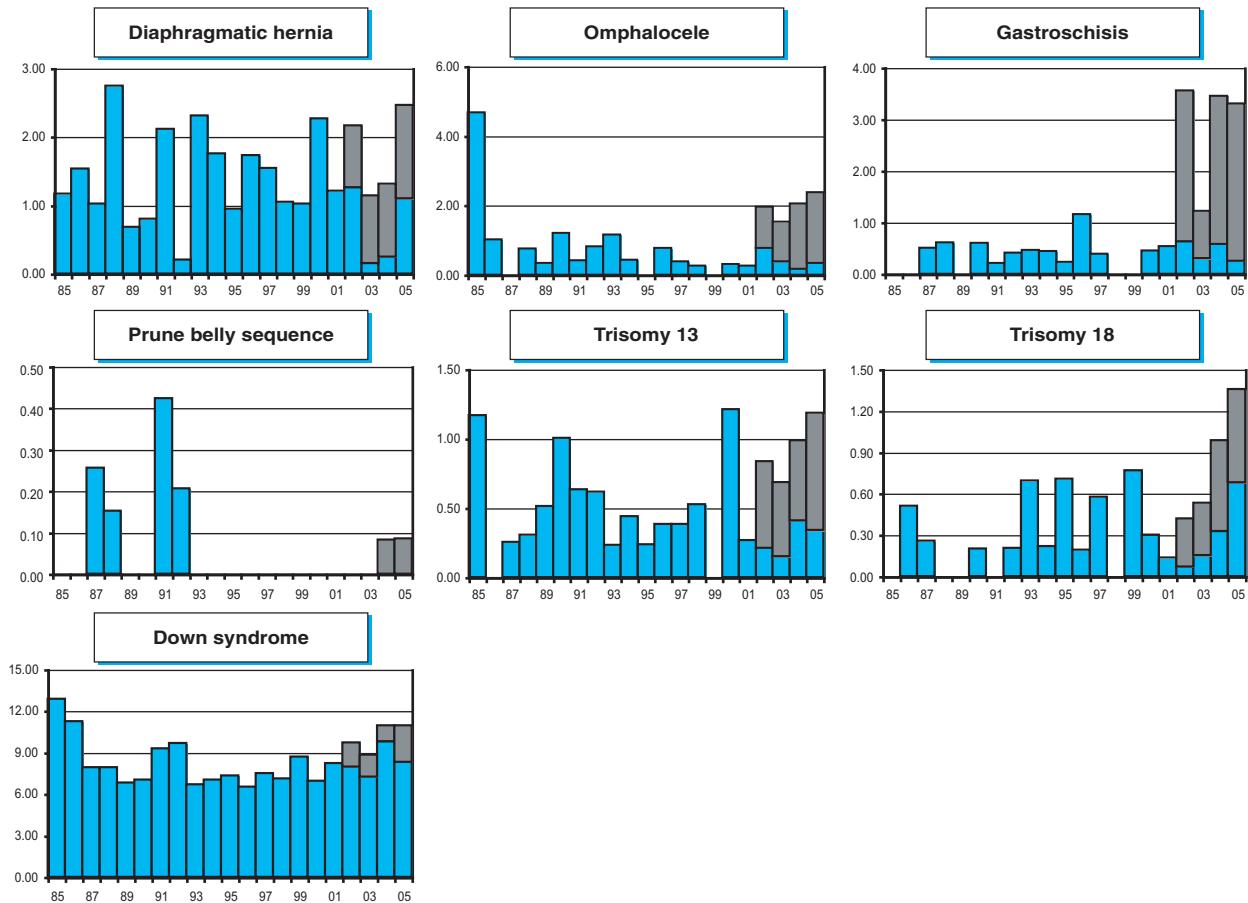
Monitoring Systems

Cuba: RECUMAC



Note: ■ L+S rates, ■ ToP rates

Cuba: RECUMAC



Note: ■ L+S rates, ■ ToP rates

Czech Republic

Congenital Malformations Monitoring Program of the Czech Republic

History:

A registration of malformation began in 1961 and regular monitoring started in 1965. The Programme was a founding member of the Clearinghouse and is a full member.

Size and coverage:

All births occurring in Czech Republic (Bohemia, Moravia and Silesia regions) are covered, at present comprising about 100,000 annual births. Stillbirths weighing at least 1,000g are included.

Legislation and funding:

Reporting is compulsory. The registration is financed and run by the government in the Institute of Health Information and Statistics of the Czech Republic.

Sources of ascertainment:

Reports are obtained from delivery units, neonatal, pediatric, child surgery, pathology departments, genetic departments and cytogenetic laboratories. Reporting to the central registry occurs via Regional Department of Institute of Health Information and Statistics. The bases processing of data and the analysis are performed in the Institute of Health Information and Statistics, more detailed analysis of data is performed in Department of Medical Genetics, Thomayer's University Hospital, Prague, Czech Republic.

Exposure information:

Some exposure information is available on malformed infants, at present none on controls.

Background information:

Information on all births is available in the Institute of Health Information and Statistics of the Czech Republic. Selected information may be also found on the website of the programme.

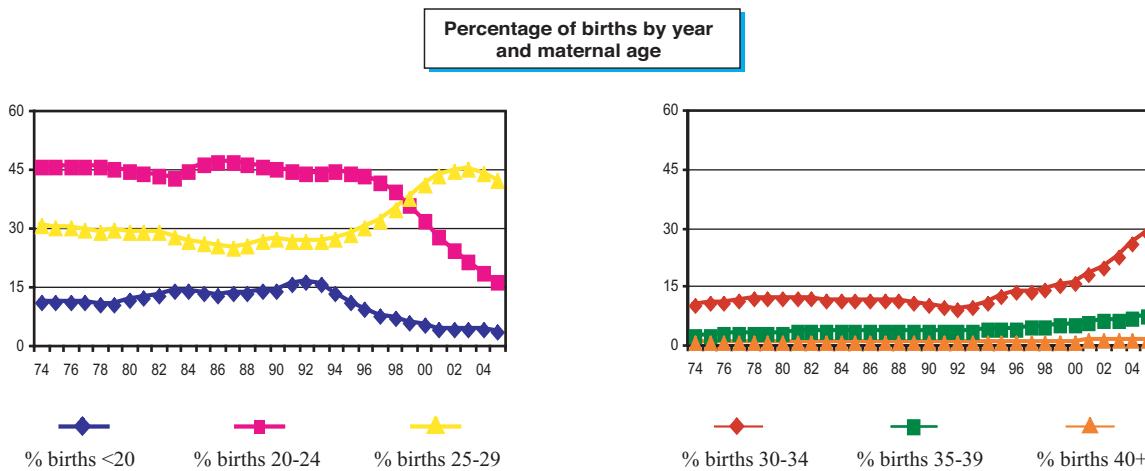
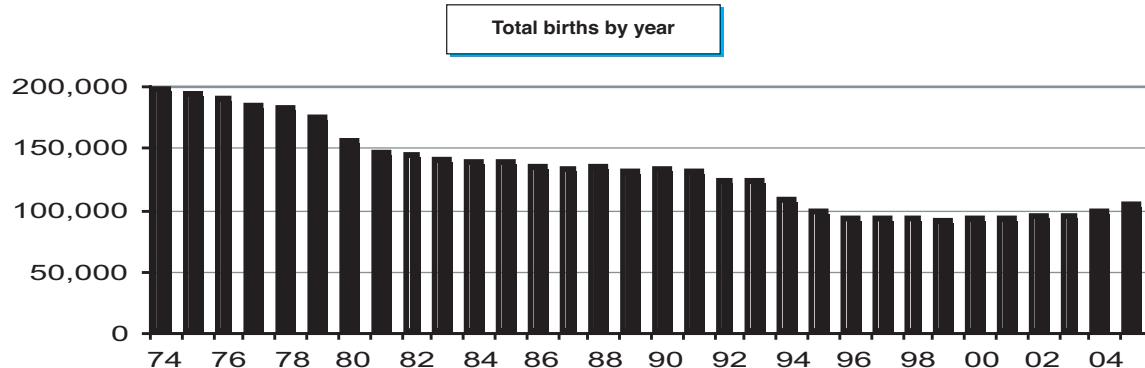
Addresses and Staff:

Antonin Sipek, MD, PhD
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Czech Republic



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	75	91.5	Cystic kidney	30	14.1
Spina bifida	77	70.6	Limb reduction defects	34	18.6
Encephalocele	25	59.5	Diaphragmatic hernia	18	23.7
Holoprosencephaly	19	61.3	Omphalocele	48	59.3
Hydrocephaly	71	48.3	Gastroschisis	69	75.0
Hypoplastic left heart syndrome	41	53.9	Trisomy 13	43	67.2
Cleft palate without cleft lip	0	0.0	Trisomy 18	123	84.2
Cleft lip with or without cleft palate	47	14.7	Down syndrome	390	69.9
Renal agenesis	36	15.7			

Total ToPs with birth defects = 1,821 Ratio ToPs/Births: 6.19 per 1,000 births

*ToPs/ToPs+Births

Monitoring Systems

Czech Republic: 2005

Live births (LB)	102,211
Stillbirths (SB)	287
Total births	102,498
Number of terminations of pregnancy (ToP) for birth defects	663

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	1	1	26	2.73
Spina bifida	2	0	24	2.54
Encephalocele	7	1	7	1.46
Microcephaly	22	3	1	2.54
Holoprosencephaly	12	6	0	1.76
Hydrocephaly	17	0	27	4.29
Anophthalmos	nr	nr	nr	nr
Microphthalmos	nr	nr	nr	nr
Unspecified Anophthalmos/ Microphthalmos	2	0	0	0.20
Anotia	nr	nr	nr	nr
Microtia	nr	nr	nr	nr
Unspecified Anotia/Microtia	5	0	0	0.49
Transposition of great vessels	29	0	0	2.83
Tetralogy of Fallot	29	0	0	2.83
Hypoplastic left heart syndrome	7	0	0	0.68
Coarctation of aorta	42	0	0	4.10
Choanal atresia, bilateral	nr	nr	nr	nr
Cleft palate without cleft lip	70	0	0	6.83
Cleft lip with or without cleft palate	90	1	14	10.24
Oesophageal atresia / stenosis with or without fistula	30	1	0	3.02
Small intestine atresia / stenosis	41	0	0	4.00
Anorectal atresia / stenosis	35	0	0	3.41
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	339	1	0	33.17
Epispadias	nr	nr	nr	nr
Indeterminate sex	nr	nr	nr	nr
Renal agenesis	69	0	6	7.32
Cystic kidney	77	0	12	8.68
Bladder extrophy	nr	nr	nr	nr
Polydactyly, preaxial	135	0	0	13.17
Total Limb reduction defects (include unspecified)	51	0	10	5.95
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	13	0	1	1.37
Omphalocele	11	0	13	2.34
Gastroschisis	12	0	23	3.41
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	nr	nr	nr	nr
Trisomy 13	5	0	12	1.66
Trisomy 18	7	0	52	5.76
Down syndrome, all ages (include age unknown)	54	0	152	20.10
<20	1	0	1	5.34
20-24	8	0	8	9.51
25-29	18	0	28	10.61
30-34	12	0	38	16.90
35-39	8	0	49	74.47
40-44	3	0	26	236.16
45+	0	0	2	444.44
unknown	4	0	0	519.48

nr = not reported

Czech Republic: Previous years rates 1974 - 2005

Birth prevalence rates: (LB+SB) * 10,000

Birth prevalence rates: (LB+SB+TOP) * 10,000 in different periods according to the malformation

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	1,267,450	699,903	658,624	575,342	453,465	478,445
Anencephaly	3.20	2.94	3.34	3.30	3.11	2.49
Spina bifida	3.98	3.87	4.18	3.30	4.28	3.64
Encephalocele	0.51	0.69	0.90	0.96	0.86	1.17
Microcephaly	1.02	1.07	0.97	0.78	0.77	1.73
Holoprosencephaly	nr	nr	nr	0.10*	0.18	0.96
Hydrocephaly	2.30	2.99	3.90	5.14	3.97	5.25
Anophthalmos	nr	nr	nr	nr	0.04*	0.05*
Microphthalmos	nr	nr	nr	nr	0.18*	0.32*
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	nr	nr	nr	nr	0.99*	0.61*
Microtia	nr	nr	nr	nr	0.29*	0.53*
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	2.69	2.03	1.43	1.67*	3.64	3.93
Tetralogy of Fallot	nr	nr	nr	2.02*	3.18	3.26
Hypoplastic left heart syndrome	0.54	0.79	0.64	1.97*	2.18	2.72
Coarctation of aorta	nr	nr	nr	3.89*	3.62	4.66
Choanal atresia, bilateral	nr	nr	nr	0.25*	0.31	0.27*
Cleft palate without cleft lip	5.74	6.59	5.86	5.77	6.11	7.61
Cleft lip with or without cleft palate	9.91	10.37	10.29	10.59	9.35	11.68
Oesophageal atresia / stenosis with or without fistula	1.12	1.37	1.02	1.77	2.23	2.91
Small intestine atresia / stenosis	nr	nr	nr	1.87*	2.12	3.49
Anorectal atresia / stenosis	1.36	1.16	0.62	2.00	2.87	3.89
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	3.89*	12.61	24.98*
Hypospadias	18.60	20.40	22.36	24.06	26.40	32.50
Epispadias	nr	nr	nr	0.25*	0.55	0.37*
Indeterminate sex	nr	nr	nr	0.30*	0.49	0.51*
Renal agenesis	1.59	1.47	1.29	2.05	2.91	6.86
Cystic kidney	2.54	2.41	2.85	2.59	3.99	6.75
Bladder exstrophy	0.15	0.11	0.02	0.21*	0.15	0.24*
Polydactyly, preaxial	nr	nr	12.82*	12.55	12.64	14.34
Total Limb reduction defects (include unspecified)	4.33	5.17	4.84	5.60	5.29	5.75
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	2.56	2.66	1.96	1.74	2.47	2.72
Omphalocele	2.34	2.14	2.63	2.10	2.29	2.74
Gastroschisis	1.06	1.41	0.99	1.15	2.87	3.05
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	nr	nr	nr	nr	nr	0.16
Trisomy 13	nr	nr	0.15*	0.50	0.97	1.84
Trisomy 18	nr	nr	0.46	1.51	3.18	4.62
Down syndrome, all ages (include age unknown)	8.54	7.66	8.65	11.19	14.93	17.85
<20	4.65	5.14	4.08	5.49	7.41	5.29
20-24	5.61	4.38	3.37	5.16	8.79	7.70
25-29	8.61	6.99	6.00	8.46	9.69	11.02
30-34	11.73	8.48	8.59	12.35	20.99	18.39
35-39	31.77	29.60	28.69	45.42	57.02	67.60
40-44	128.08	74.99	66.29	226.64	198.62	200.72
45+	187.27	377.36	430.11	751.88	476.19	523.56
unspecified	---	---	---	---	---	---

* data include less than 5 years

nr = not reported

Monitoring Systems

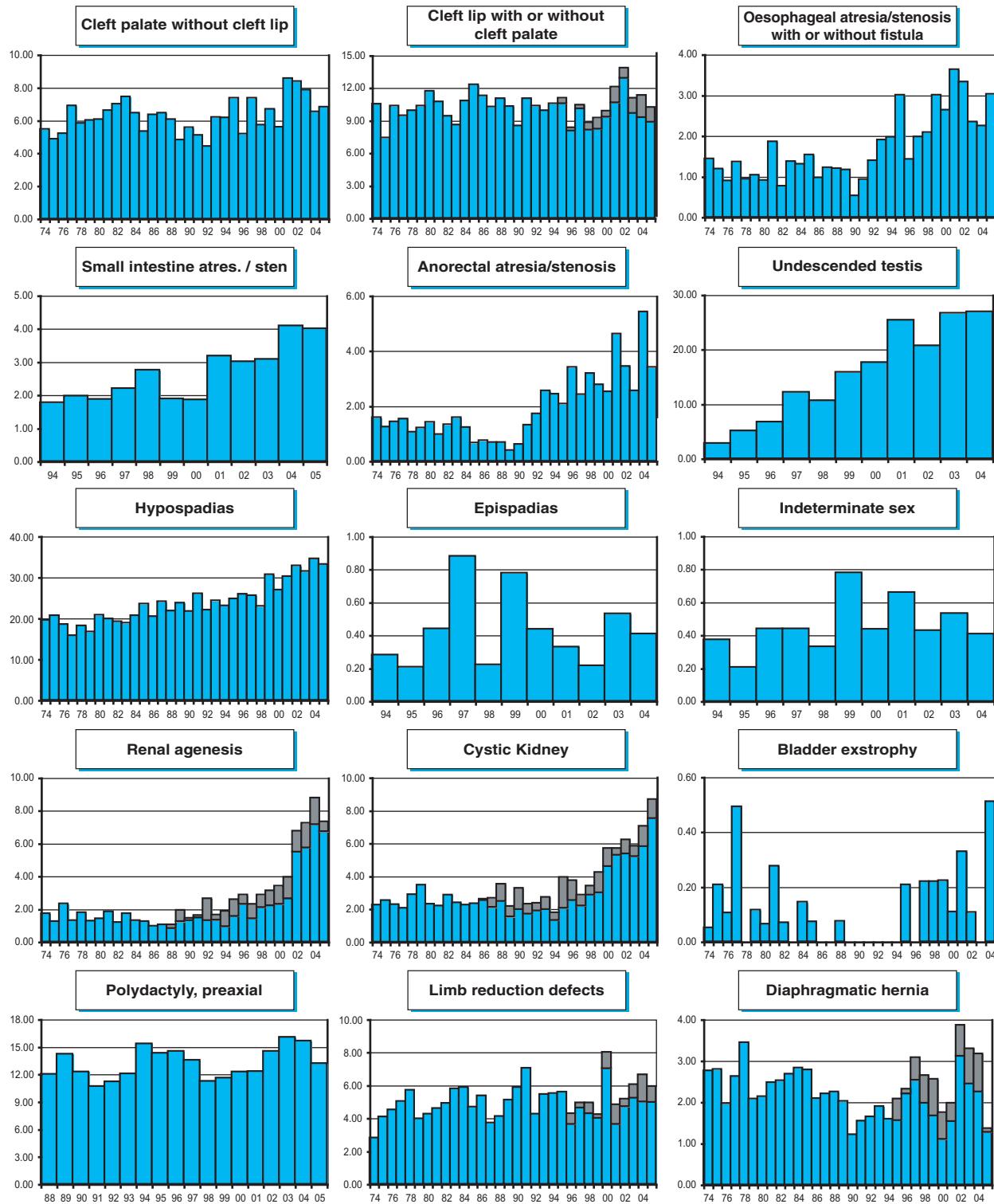
Czech Republic

'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

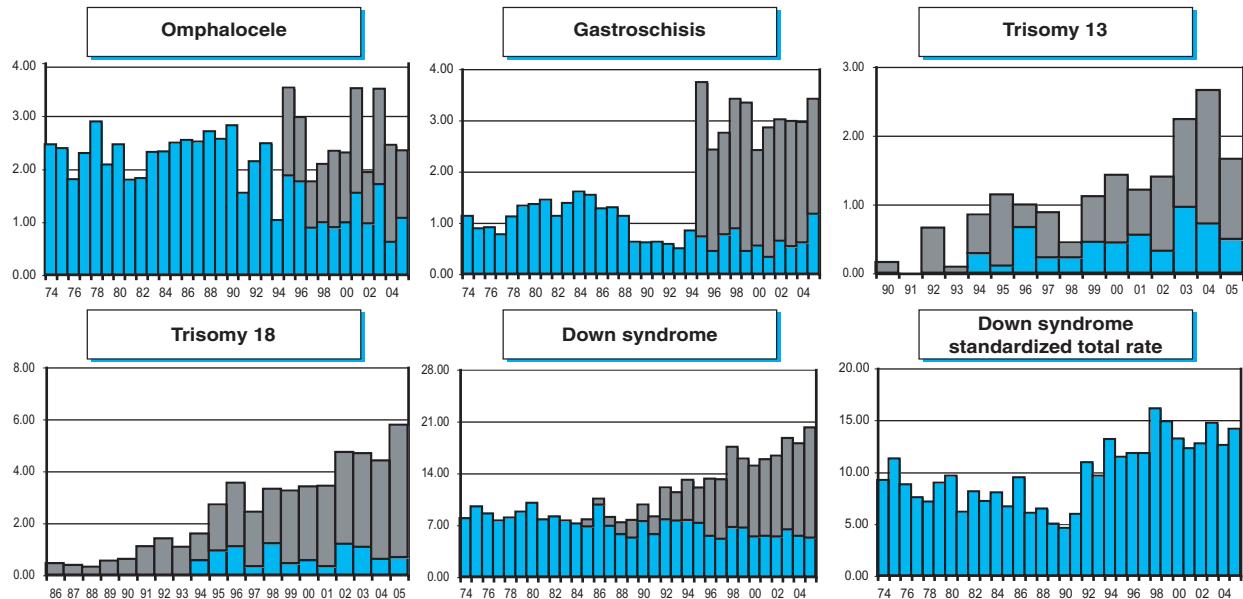
Czech Republic



Note: █ L+S rates, █ ToP rates

Monitoring Systems

Czech Republic



Note: L+S rates, ToP rates

England and Wales

National Congenital Anomaly System (NCAS)

History:

The monitoring programme was started in 1964. It was a founding member of the Clearinghouse and is a full member.

Size and coverage:

All births in England and Wales are covered, at present approximately 649,000 annually. Stillbirths of 24 weeks or more gestation are registered.

Legislation and funding:

Reporting is voluntary. The governmental Office for National Statistics finances the National Congenital Anomaly System.

Sources of ascertainment:

Reports are mainly based on notifications of births prepared by attendants at birth, either physicians or midwives by means of a paper form (the SD56 form). This form contains a written description of the anomaly and details of the birth, along with some demographic information about the parents. In areas covered by local congenital anomaly registers this information is supplemented by other reports from neonatal intensive care units, special care baby units etc.

It has long been recognised, however, that there is under reporting in NCAS. Therefore NCAS has embarked on an on-going programme of improving the level of reporting to the system. Since 1998, local congenital anomaly registers have begun to provide data to NCAS in each of the years detailed below:

1998	CARIS (Wales)
1999	East Midlands & South Yorkshire Congenital Anomaly Register
2000	North Thames (West) Congenital Malformation Register
2000	Merseyside and Cheshire Congenital Anomaly Survey
2002	Wessex Antenatally Detected Anomalies

2002	Register (WANDA) Congenital Anomaly Register for Oxfordshire, Berkshire & Buckinghamshire (Oxfordshire only prior to 2005)
2003	Northern Congenital Abnormality Survey
2003	South West Congenital Anomaly Register

In 2005, congenital anomaly notifications are now received for all births in Wales and 45 per cent of births in England. For areas for which NCAS relies solely on SD56 notification forms recording is likely to be less complete.

Reports of terminations of pregnancy have been compiled from notifications of abortions that are completed by the operating practitioners under the 1967 Abortion Act and are sent to the Chief Medical Officers of England and Wales. The tables sent to the International Clearinghouse only include notifications of abortions performed under Grounds E of the Act. An abortion may be performed under Grounds E if 'there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped'. Since April 2002, the Department of Health has been responsible for the processing of the abortions notification forms and information has been made accessible to the Office for National Statistics (ONS) for statistical purposes.

Exposure information:

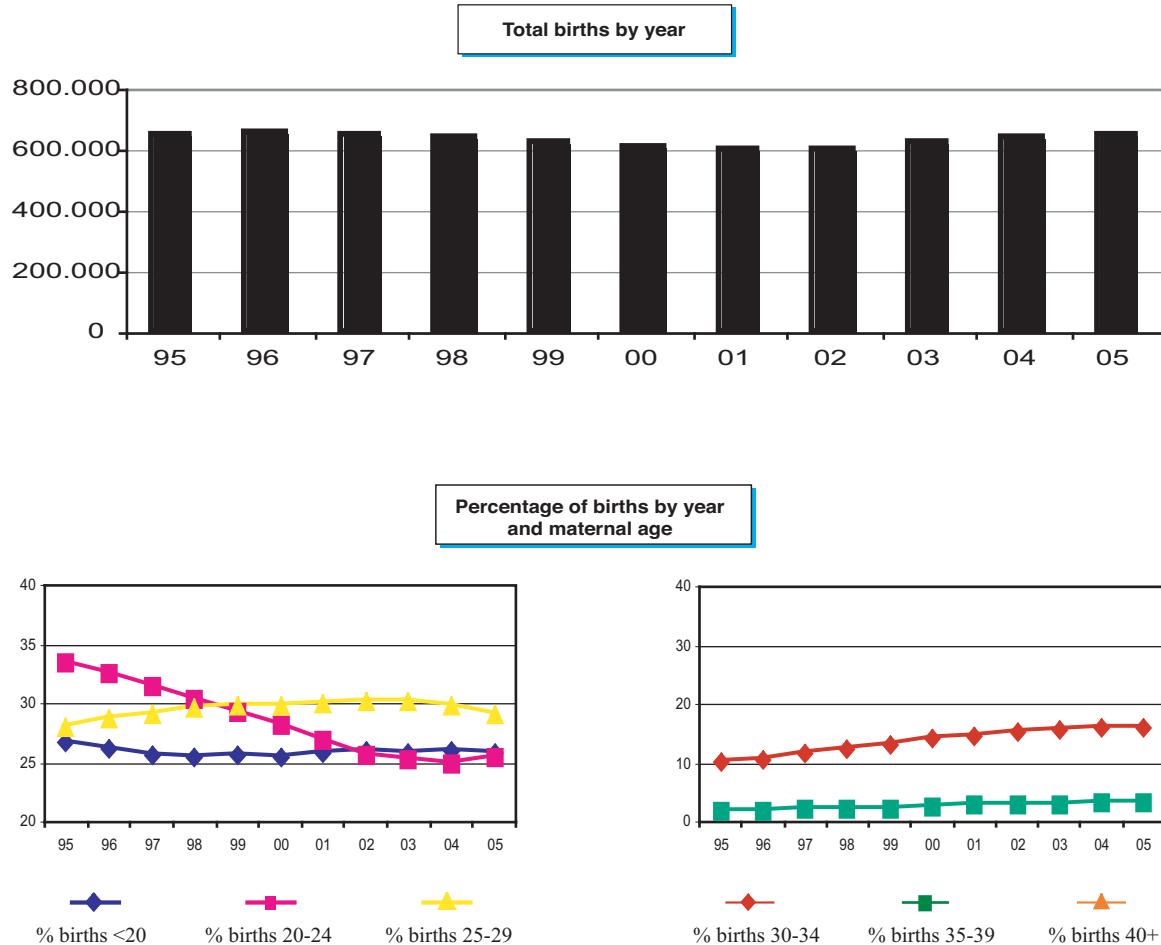
Parents' occupation is known.

Addresses and Staff:

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Office for National Statistics
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Government Buildings
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Newport, Gwent, NP10 8XG
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Monitoring Systems

England and Wales



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	443	84.2	Cystic kidney	68	12.0
Spina bifida	328	60.4	Limb reduction defects	22	3.8
Encephalocele	63	61.8	Diaphragmatic hernia	49	15.4
Holoprosencephaly	93	74.4	Omphalocele	24	12.4
Hydrocephaly	151	38.1	Gastroschisis	0	0.0
Hypoplastic left heart syndrome	90	35.3	Trisomy 13	150	76.1
Cleft palate without cleft lip	0	0.0	Trisomy 18	425	76.4
Cleft lip with or without cleft palate	0	0.0	Down syndrome	1249	48.4
Renal agenesis	75	21.0			

Total ToPs with birth defects = 5,751 (Ratio ToPs/Births: 3.00 per 1,000 births)

*ToPs/ToPs+Births

England and Wales: 2005

Live births (LB)	645,621
Stillbirths (SB)	3,473
Total births	649,094
Number of terminations of pregnancy (ToP) for birth defects	1,916

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	13	12	139	2.53
Spina bifida	47	9	120	2.71
Encephalocele	10	4	24	0.59
Microcephaly	27	7	nr	0.52
Holoprosencephaly	9	4	36	0.75
Hydrocephaly	53	27	44	1.91
Anophthalmos	7	1	nr	0.12
Microphthalmos	10	0	nr	0.15
Unspecified Anophthalmos/ Microphthalmos	0	0	nr	0.00
Anotia	13	0	nr	0.20
Microtia	7	0	nr	0.11
Unspecified Anotia/Microtia	0	0	nr	0.00
Transposition of great vessels	59	5	nr	0.99
Tetralogy of Fallot	67	4	nr	1.09
Hypoplastic left heart syndrome	43	8	32	1.28
Coarctation of aorta	73	5	nr	1.20
Choanal atresia, bilateral	15	0	nr	0.23
Cleft palate without cleft lip	202	4	nr	3.17
Cleft lip with or without cleft palate	311	11	nr	4.96
Oesophageal atresia / stenosis with or without fistula	68	5	nr	1.12
Small intestine atresia / stenosis	60	1	nr	0.94
Anorectal atresia / stenosis	62	3	nr	1.00
Undescended testis (36 weeks of gestation or later)	14	0	nr	0.22
Hypospadias	488	0	nr	7.52
Epispadias	15	0	nr	0.23
Indeterminate sex	33	5	nr	0.59
Renal agenesis	87	9	25	1.86
Cystic kidney	143	12	20	2.70
Bladder extrophy	5	0	nr	0.08
Polydactyly, preaxial	31	1	nr	0.49
Total Limb reduction defects (include unspecified)	141	17	11	2.60
Transverse	48	4	nr	0.80
Preaxial	11	1	nr	0.18
Postaxial	4	0	nr	0.06
Intercalary	21	3	nr	0.37
Mixed	24	3	nr	0.42
Unspecified	33	6	nr	0.60
Diaphragmatic hernia	82	11	15	1.66
Omphalocele	43	7	13	0.97
Gastroschisis	124	4	nr	1.97
Unspecified Omphalocele/Gastroschisis	33	0	nr	0.51
Prune belly sequence	1	0	nr	0.02
Trisomy 13	10	7	52	1.06
Trisomy 18	22	15	151	2.90
Down syndrome, all ages (include age unknown)	419	32	429	13.56
<25	55	1	15	4.23
25-29	51	1	29	4.90
30-34	92	5	96	10.21
35-39	129	18	168	30.09
40+	71	7	121	88.87
unknown	21	0	0	---

nr = not reported

* Abortions performed under Grounds E of the 1967 Abortion Act. Data source: Department of Health. Figures less than 10 are suppressed.

Monitoring Systems

England and Wales: Previous years rates 1995 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995*	1996-2000	2001-2005
Births				651,315	3,169,859	3,113,854
Anencephaly	3.09	2.84	2.77			
Spina bifida	3.38	2.90	2.89			
Encephalocele	0.55	0.52	0.53			
Microcephaly	0.57	0.66	0.75			
Holoprosencephaly	0.48	0.50	0.64			
Hydrocephaly	2.10	2.15	2.06			
Anophthalmos	0.18	0.07	0.08			
Microphthalmos	0.21	0.23	0.21			
Unspecified Anophthalmos / Microphthalmos	---	---	---			
Anotia	0.20	0.21	0.19			
Microtia	0.09	0.03	0.09			
Unspecified Anotia / Microtia	---	---	---			
Transposition of great vessels	0.51	0.76	1.14			
Tetralogy of Fallot	0.46	0.75	1.09			
Hypoplastic left heart syndrome	0.63	0.86	1.24			
Coarctation of aorta	0.37	0.72	1.37			
Choanal atresia, bilateral	0.14	0.13	0.22			
Cleft palate without cleft lip	3.09	3.13	3.18			
Cleft lip with or without cleft palate	6.10	6.32	5.70			
Oesophageal atresia / stenosis with or without fistula	1.09	0.91	1.12			
Small intestine atresia / stenosis	0.68	0.81	1.04			
Anorectal atresia / stenosis	1.49	1.41	1.33			
Undescended testis (36 weeks of gestation or later)	0.21	0.24	0.27			
Hypospadias	7.43	8.78	8.68			
Epispadias	0.43	0.28	0.20			
Indeterminate sex	0.58	0.78	0.59			
Renal agenesis	1.07	1.38	1.81			
Cystic kidney	2.23	2.10	2.96			
Bladder extrophy	0.14	0.18	0.11			
Polydactyly, preaxial	0.48	0.68	0.72			
Total Limb reduction defects (include unspecified)	3.02	3.21	3.11			
Transverse	1.70	1.72	1.00			
Preaxial	0.17	0.17	0.23			
Postaxial	0.21	0.11	0.06			
Intercalary	0.29	0.56	0.79			
Mixed	0.21	0.18	0.27			
Unspecified	---	---	---			
Diaphragmatic hernia	0.80	1.25	1.65			
Omphalocele	1.09	0.97	1.12			
Gastroschisis	1.52	1.75	2.23			
Unspecified Omphalocele / Gastroschisis	---	---	---			
Prune belly sequence	0.12	0.04	0.06			
Trisomy 13	0.57	0.80	1.06			
Trisomy 18	1.41	2.00	2.88			
Down syndrome, all ages (include age unknown)	9.53	11.83	12.92			
<20	nr	nr	nr			
20-24	nr	nr	nr			
25-29	4.03	5.64	5.01			
30-34	8.74	9.76	10.05			
35-39	27.16	29.47	29.51			
40-45	nr	nr	nr			
45+	nr	nr	nr			
unspecified	---	---	---			

* data include less than 5 years

nr = not reported

England and Wales

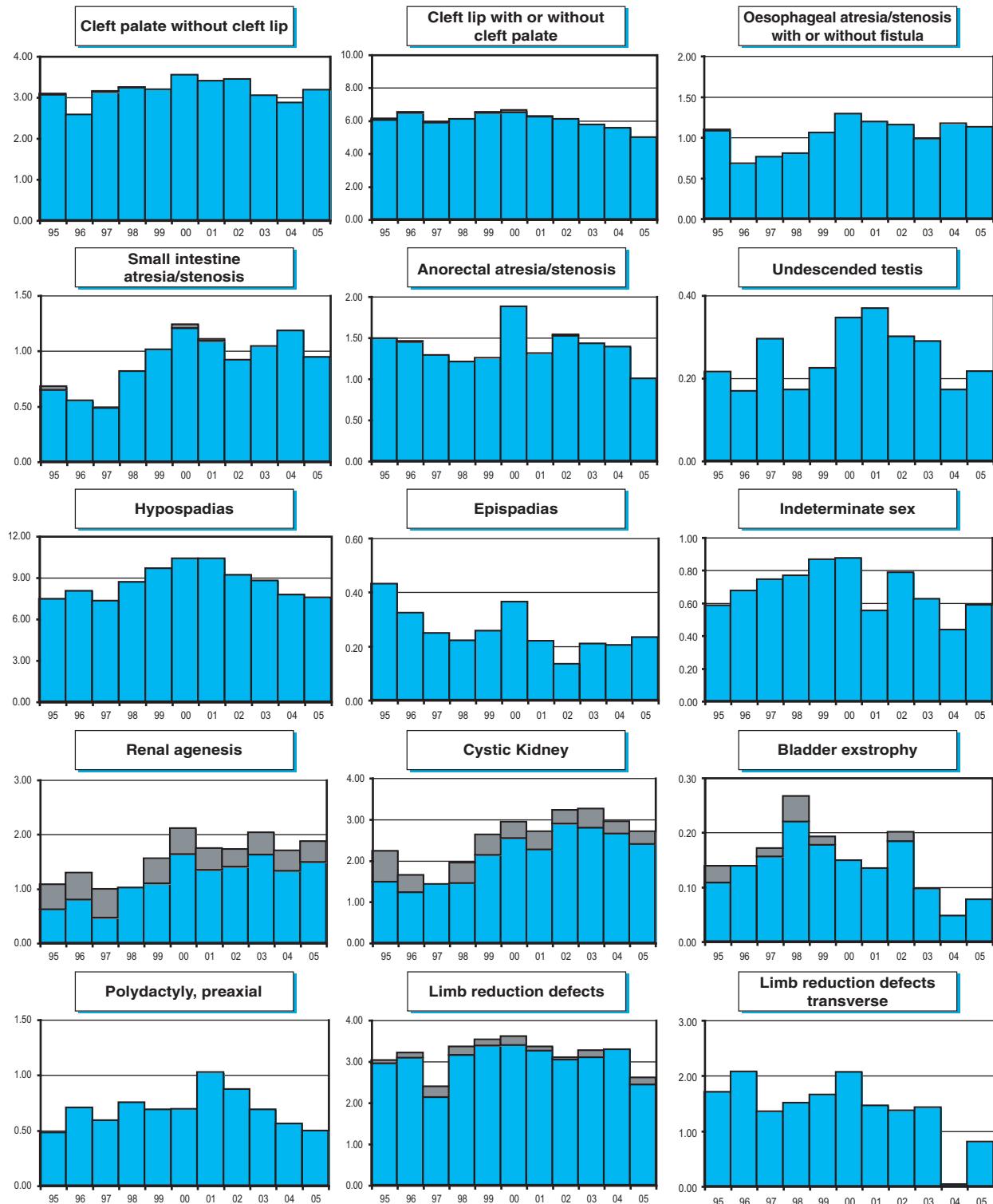
Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

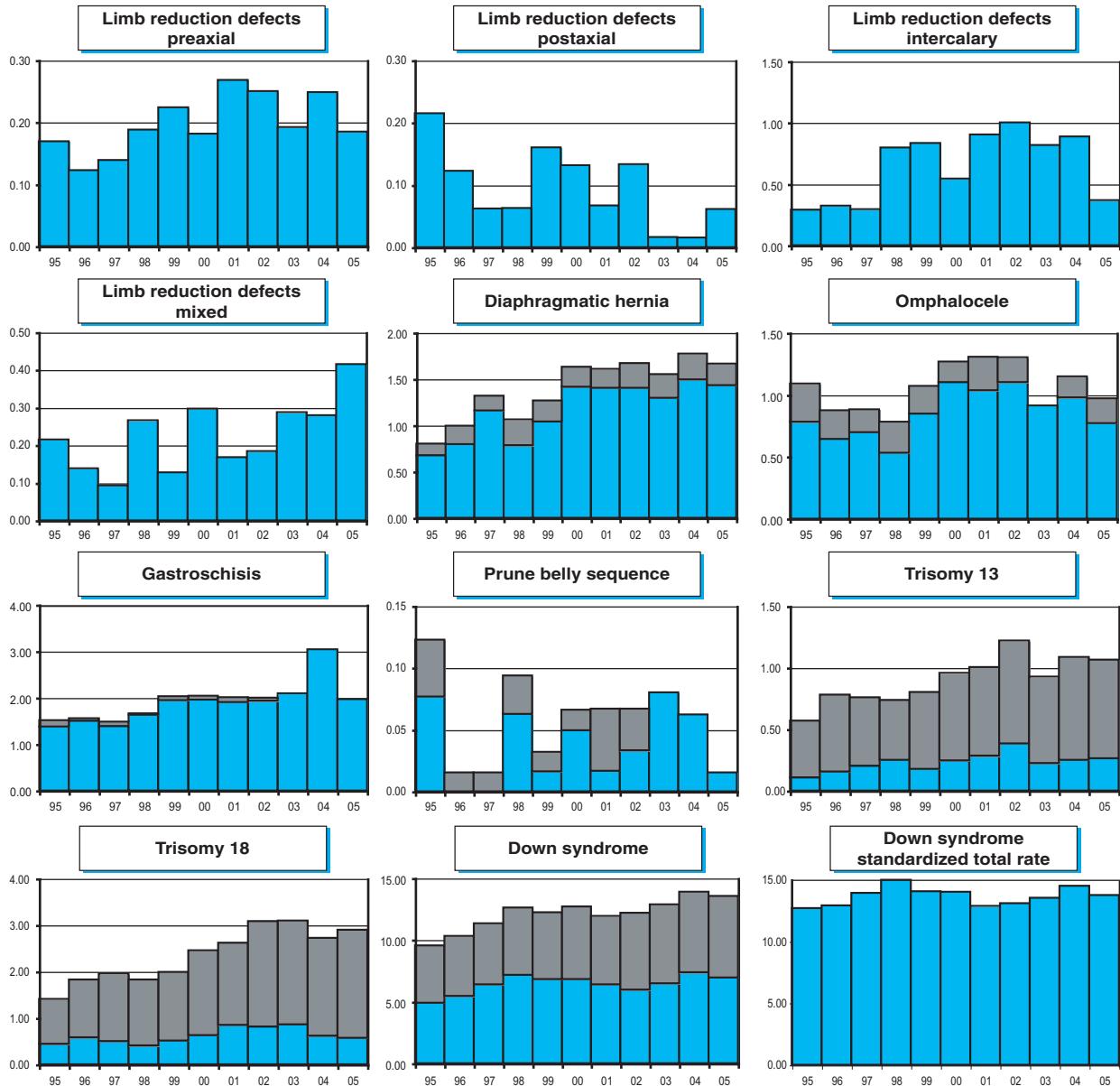
Monitoring Systems

England and Wales



Note: ■ L+S rates, ■ ToP rates

England and Wales



Note: ■ L+S rates, ■ ToP rates

Finland

The Finnish Register of Congenital Malformations

History:

The registry was established in 1963 and regular monitoring started in 1977. It was a founding member of the ICBDSR and is a full member. In 1998 the registry became an associate member of EUROCAT. The registry system (data collection etc.) has been changed twice, in 1985 and in 1993.

Size and coverage:

The registry is national and population based. All births in Finland are covered, at present approximately 58,000 annually. Stillbirths of 22 weeks / 500 g or more are registered. Information on malformations is principally collected up to 1 year of age, but later information is also included. Selective terminations of pregnancy and spontaneous abortions with malformations have been included since 1993.

Legislation and funding:

Reporting is compulsory. The registry is regulated by the act and statute on the national health care registers with personal data. The registry is run and financed by STAKES, the governmental National Research and Development Centre for Welfare and Health (under the Ministry of Social Affairs and Health).

Sources and ascertainment:

Reports are obtained from delivery units, neonatal, paediatric and pathology departments, death certificates and cytogenetic laboratories. Case information is also received from the national Medical Birth Register, Abortion

Register and Hospital Discharge Register. The diagnoses of the malformation cases received from other sources are confirmed from the hospitals.

Exposure information:

Until 1986, extensive exposure information was obtained from maternity health centres and by personal interviews for cases with selected malformations and their controls. In 1987-1992 only parental occupation was reported. Exposure information, like maternal occupation, medication, X-rays and diseases, etc., has been obtained since 1993. Some exposure information on all births is also available in the Medical Birth Register since 1987.

Background information:

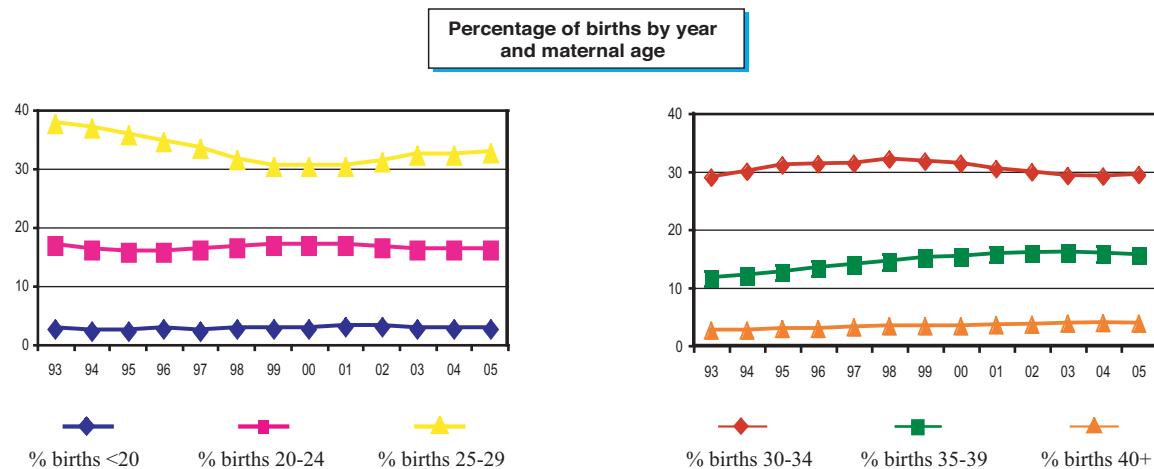
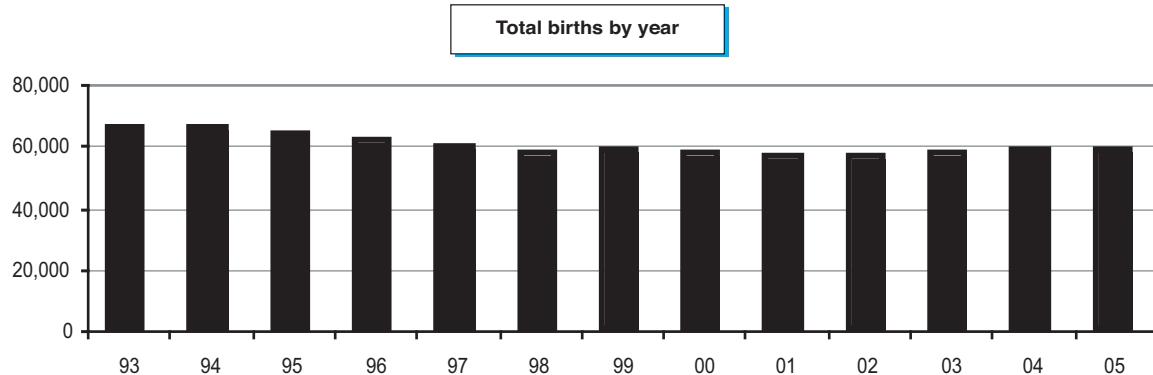
Epidemiological background data are available on all births in the Medical Birth Register and in the Statistics Finland.

Address and Staff:

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Finland



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	54	96.4	Cystic kidney	37	28.2
Spina bifida	31	38.3	Limb reduction defects	26	20.3
Encephalocele	22	71.0	Diaphragmatic hernia	17	33.3
Holoprosencephaly	14	48.3	Omphalocele	55	55.6
Hydrocephaly	35	43.8	Gastroschisis	25	43.1
Hypoplastic left heart syndrome	15	20.8	Trisomy 13	24	70.6
Cleft palate without cleft lip	14	5.7	Trisomy 18	73	61.3
Cleft lip with or without cleft palate	24	13.1	Down syndrome	242	53.7
Renal agenesis	19	65.5			

Total ToPs with birth defects = 880 (Ratio ToPs/Births: 5.10 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

Finland: 2005

Live births (LB)	57,745
Stillbirths (SB)	182
Total births	57,927
Number of terminations of pregnancy (ToP) for birth defects	304

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	0	18	3.11
Spina bifida	13	1	15	5.01
Encephalocele	3	0	9	2.07
Microcephaly	10	0	0	1.73
Holoprosencephaly	7	0	3	1.73
Hydrocephaly	13	3	14	5.18
Anophthalmos	1	0	1	0.35
Microphthalmos	5	1	1	1.21
Unspecified Anophthalmos / Microphthalmos	0	0	0	0.00
Anotia	nr	nr	nr	nr
Microtia	nr	nr	nr	nr
Unspecified Anotia / Microtia	27	0	0	4.66
Transposition of great vessels	19	0	2	3.63
Tetralogy of Fallot	22	0	5	4.66
Hypoplastic left heart syndrome	16	1	9	4.49
Coarctation of aorta	47	0	0	8.11
Choanal atresia, bilateral	6	0	0	1.04
Cleft palate without cleft lip	75	1	7	14.33
Cleft lip with or without cleft palate	55	0	9	11.05
Oesophageal atresia / stenosis with or without fistula	20	1	1	3.80
Small intestine atresia / stenosis	5	0	0	0.86
Anorectal atresia / stenosis	23	0	4	4.66
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	69	0	1	12.08
Hypospadias severe	16	0	0	2.76
Epispadias	0	0	0	0.00
Indeterminate sex	9	0	0	1.55
Renal agenesis	4	0	7	1.90
Cystic kidney	32	1	11	7.60
Bladder extrophy	1	1	2	0.69
Polydactyly, preaxial	21	1	2	4.14
Total Limb reduction defects (include unspecified)	23	0	11	5.87
Transverse	14	0	3	2.93
Preaxial	5	0	3	1.38
Postaxial	0	0	2	0.35
Intercalary	3	0	1	0.69
Mixed	1	0	2	0.52
Unspecified	0	0	0	0.00
Diaphragmatic hernia	12	1	9	3.80
Omphalocele	12	2	17	5.35
Gastroschisis	10	0	9	3.28
Unspecified Omphalocele/Gastroschisis	0	0	1	0.17
Prune belly sequence	0	0	2	0.35
Trisomy 13	3	0	5	1.38
Trisomy 18	11	6	27	7.60
Down syndrome, all ages (include age unknown)	65	3	82	25.89
<20	1	0	0	6.18
20-24	3	0	4	7.45
25-29	12	0	7	10.08
30-34	18	0	18	21.18
35-39	19	2	25	51.41
40-44	9	1	26	178.84
45+	3	0	2	446.43
unknown	0	0	0	0.00

nr = not reported

Finland: Previous years rates 1993 - 2005

Prevalence rates: (LB+SB+TOP) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995*	1996-2000	2001-2005
Births						
Anencephaly	2.27	3.21	3.09			
Spina bifida	4.07	4.72	4.70			
Encephalocele		1.24	1.44	2.04		
Microcephaly		2.47	2.22	1.54		
Holoprosencephaly		1.44	1.26	1.51		
Hydrocephaly		7.94	6.73	5.30		
Anophthalmos		0.36	0.62	0.53		
Microphthalmos		1.86	1.74	1.37		
Unspecified Anophthalmos / Microphthalmos		---	---	---		
Anotia		nr	nr	nr		
Microtia		nr	nr	nr		
Unspecified Anotia / Microtia		---	---	---		
Transposition of great vessels		3.82	4.31	3.79		
Tetralogy of Fallot		2.42	3.96	3.76		
Hypoplastic left heart syndrome		3.09	3.93	4.18		
Coarctation of aorta		8.35	10.39	9.20		
Choanal atresia, bilateral		0.88	0.99	1.05		
Cleft palate without cleft lip		16.34	13.33	13.87		
Cleft lip with or without cleft palate		11.55	10.56	11.06		
Oesophageal atresia / stenosis with or without fistula		3.45	3.79	3.72		
Small intestine atresia / stenosis		1.29	1.06	1.12		
Anorectal atresia / stenosis		5.36	5.64	4.56		
Undescended testis (36 weeks of gestation or later)		nr	nr	nr		
Hypospadias		3.04	3.25	3.37		
Epispadias		0.21	0.31	0.35		
Indeterminate sex		0.77	1.44	1.69		
Renal agenesis		1.91	1.71	1.51		
Cystic kidney		5.88	6.60	7.76		
Bladder exstrophy		0.46	0.55	0.70		
Polydactyly, preaxial		4.43	4.44	4.00		
Total Limb reduction defects (include unspecified)		7.22	6.80	7.55		
Transverse		4.43	3.66	3.83		
Preaxial		1.70	1.74	2.53		
Postaxial		0.15	0.41	0.39		
Intercalary		0.41	0.41	0.35		
Mixed		0.41	0.34	0.28		
Unspecified		---	---	---		
Diaphragmatic hernia		2.32	2.63	3.02		
Omphalocele		4.23	4.00	5.30		
Gastroschisis		1.70	2.60	3.41		
Unspecified Omphalocele / Gastroschisis		---	---	---		
Prune belly sequence		0.21	0.31	0.28		
Trisomy 13		2.42	1.88	2.04		
Trisomy 18		5.36	5.98	6.71		
Down syndrome, all ages (include age unknown)		23.05	23.14	25.59		
<20		18.54	6.48	8.30		
20-24		6.02	7.48	7.48		
25-29		12.35	9.39	10.61		
30-34		17.94	17.83	16.54		
35-39		56.41	53.17	57.15		
40-44		177.56	173.54	179.27		
45+		419.85	248.45	391.06		
unknown		---	---	---		

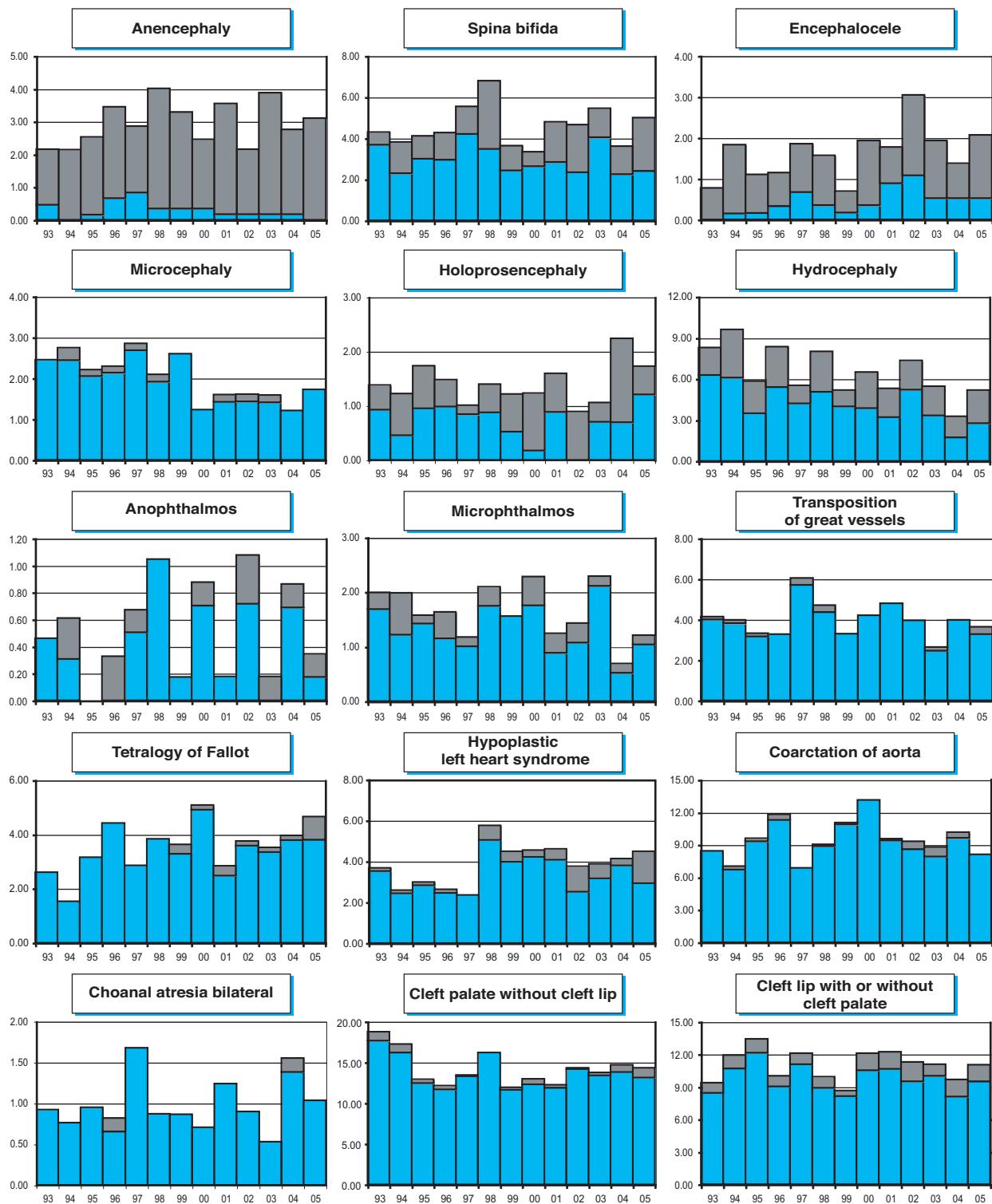
* data include less than 5 years

nr = not reported

Monitoring Systems

Finland

'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

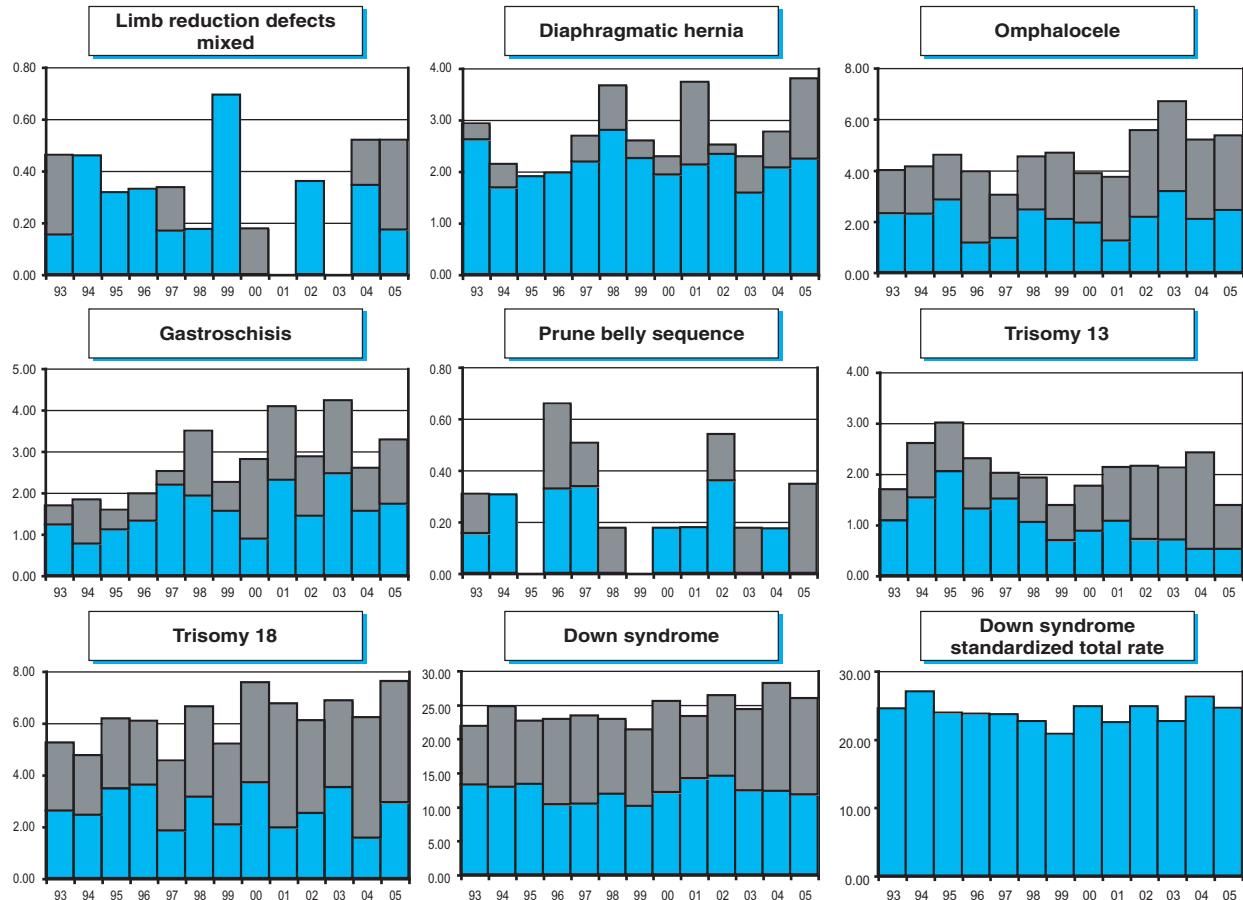
Finland



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Finland



Note: ■ L+S rates, ■ ToP rates

France: Paris

History:

The Programme was initiated in 1975, but the registry really started in 1981. It became an associate member of the Clearinghouse in 1982. It is also a member of EUROCAT.

Size and coverage:

The registry covers 38.000 annual births (about 5% of all births in France), that is all births (live and still births of 22 weeks or more) and terminations of pregnancy in the population of Greater Paris delivering in Paris maternity units. The estimation of the coverage of the registry is around 95%.

Legislation and funding:

Reporting is voluntary. The registry is part of a research unit of INSERM (National Institute of Health and Medical Research). The registry has been officially recognized by the French National Comity of Registries, and is renewed for four years (2001-2005) and supported by an annual grant from INSERM and Institut de la Veille Sanitaire (Institute for Health Surveillance).

Sources of ascertainment:

Reports are actively collected from delivery units, pediatric departments, cytogenetic laboratories, pathology departments. Terminations of pregnancy

are included. Case information is also received from the health certificates of the first week.

Exposure information:

Information on maternal drug use, maternal and paternal diseases and occupations, outcome of previous pregnancies, is available for the malformed cases. Data about techniques of prenatal screening (ultrasound, serum markers) and prenatal diagnosis are systematically collected.

Background information:

Background data on births are available from the National Institute of Statistics (INSEE).

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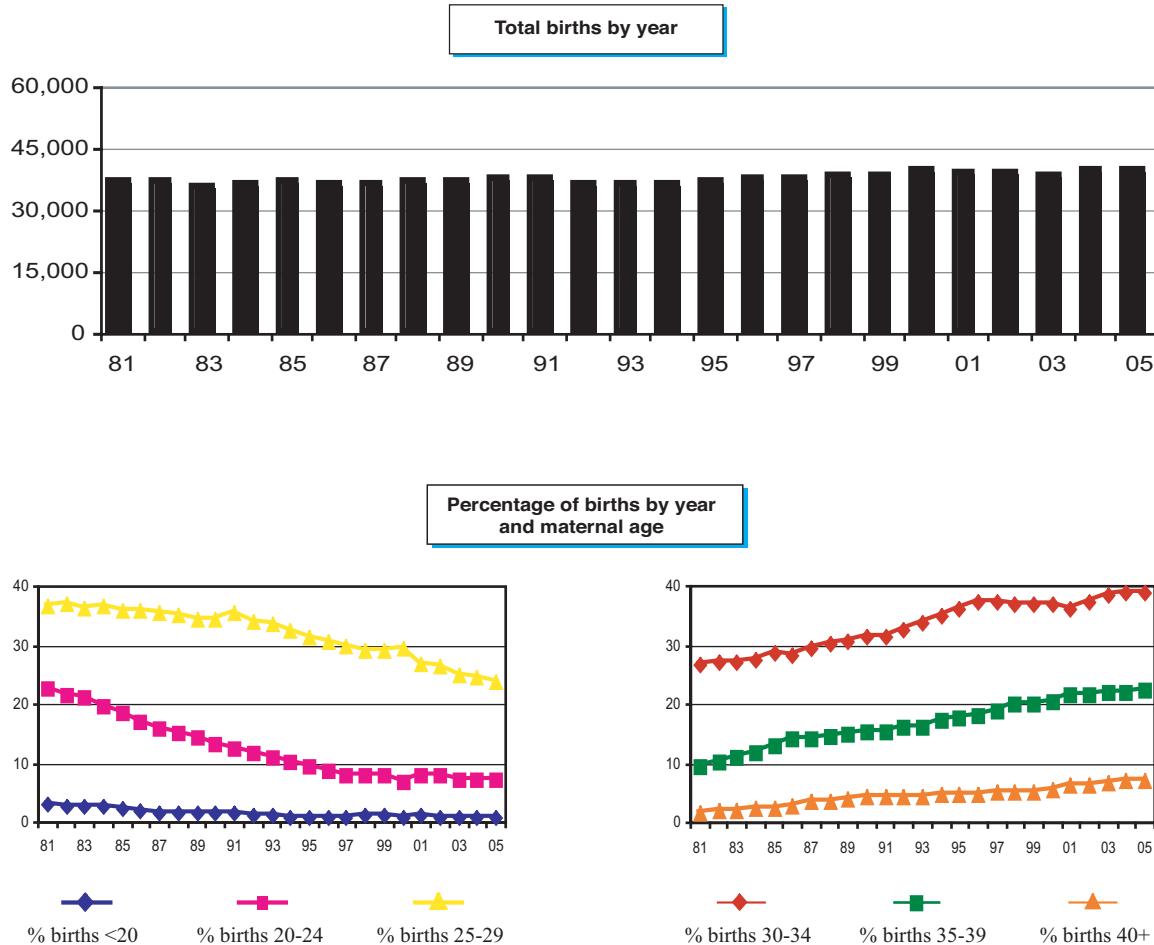
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Monitoring Systems

France: Paris



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	73	96.1	Cystic kidney	34	29.8
Spina bifida	35	70.0	Limb reduction defects	55	65.5
Encephalocele	20	90.9	Diaphragmatic hernia	14	22.2
Holoprosencephaly	39	88.6	Omphalocele	44	64.7
Hydrocephaly	86	48.9	Gastroschisis	5	15.2
Hypoplastic left heart syndrome	34	66.7	Trisomy 13	46	88.5
Cleft palate without cleft lip	14	21.9	Trisomy 18	146	88.5
Cleft lip with or without cleft palate	27	27.6	Down syndrome	424	85.0
Renal agenesis	23	62.2			

Total ToPs with birth defects = 1,506 (Ratio ToPs/Births: 12.86 per 1,000 births)

*ToPs/ToPs+Births

France: Paris, 2005

Live births (LB)	38,856
Stillbirths (SB)	459
Total births	39,315
Number of terminations of pregnancy (ToP) for birth defects	487

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	2	0	25	6.87
Spina bifida	5	0	8	3.31
Encephalocele	0	0	7	1.78
Microcephaly	5	1	3	2.29
Holoprosencephaly	1	0	9	2.54
Hydrocephaly	31	2	28	15.52
Anophthalmos	1	0	0	0.25
Microphthalmos	1	0	2	0.76
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	5	0	0	1.27
Microtia	2	0	0	0.51
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	17	0	0	4.32
Tetralogy of Fallot	11	0	5	4.07
Hypoplastic left heart syndrome	6	0	8	3.56
Coarctation of aorta	10	0	1	2.80
Choanal atresia, bilateral	1	0	1	0.51
Cleft palate without cleft lip	21	1	5	6.87
Cleft lip with or without cleft palate	25	0	7	8.14
Oesophageal atresia / stenosis with or without fistula	16	1	1	4.58
Small intestine atresia / stenosis	18	0	2	5.09
Anorectal atresia / stenosis	8	0	6	3.56
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	49	0	2	12.97
Epispadias	3	0	0	0.76
Indeterminate sex	4	0	5	2.29
Renal agenesis	8	1	10	4.83
Cystic kidney	23	1	8	8.14
Bladder extrophy	1	1	0	0.51
Polydactyly, preaxial	5	0	0	1.27
Total Limb reduction defects (include unspecified)	5	0	11	4.07
Transverse	5	0	4	2.29
Preaxial	0	0	5	1.27
Postaxial	0	0	0	0.00
Intercalary	0	0	2	0.51
Mixed	0	0	0	0.00
Unspecified	0	0	0	0.00
Diaphragmatic hernia	16	2	4	5.60
Omphalocele	4	0	17	5.34
Gastroschisis	9	0	1	2.54
Unspecified Omphalocele/Gastroschisis	0	0	5	1.27
Prune belly sequence	0	0	1	0.25
Trisomy 13	2	0	13	3.82
Trisomy 18	4	2	47	13.48
Down syndrome, all ages (include age unknown)	34	2	145	46.04
<20	0	0	0	0.00
20-24	1	0	2	10.66
25-29	6	0	10	17.04
30-34	11	0	30	26.81
35-39	6	0	57	72.23
40-44	9	2	42	203.30
45+	1	0	4	253.81
unknown	0	0	0	0.00

nr = not reported

Monitoring Systems

France: Paris, Previous years rates 1981 - 2005

Prevalence rates: (LB+SB) * 10,000 until 1993

Prevalence rates: (LB+SB+TOP) * 10,000 since 1994

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	181,879	183,304	182,631	190,269	195,065	
Anencephaly	1.15	0.71	2.35	5.47	6.20	
Spina bifida	3.08	1.85	2.96	5.20	4.41	
Encephalocele	0.66	0.76	1.10	2.21	2.00	
Microcephaly	2.36	2.13	2.74	3.10	2.87	
Holoprosencephaly	0.27	0.44	0.82	3.00	3.49	
Hydrocephaly	3.63	3.27	7.12	12.40	14.61	
Anophthalmos	0.27	0.16	0.44	0.26	0.21	
Microphthalmos	0.82	0.93	1.64	1.37	1.44	
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	
Anotia	0.16	0.49	0.55	0.63	1.03	
Microtia	0.27	0.65	0.55	0.58	0.77	
Unspecified Anotia / Microtia	---	---	---	---	---	
Transposition of great vessels	2.42	2.29	3.89	5.83	5.28	
Tetralogy of Fallot	0.93	1.85	1.92	3.94	4.36	
Hypoplastic left heart syndrome	1.59	1.53	2.35	3.52	4.00	
Coarctation of aorta	1.26	2.24	2.52	3.68	3.38	
Choanal atresia, bilateral	0.66	0.65	0.33	0.58	0.46	
Cleft palate without cleft lip	3.74	4.42	6.35	6.99	6.10	
Cleft lip with or without cleft palate	6.87	7.69	9.31	9.67	7.38	
Oesophageal atresia / stenosis with or without fistula	2.47	2.95	3.39	4.10	4.25	
Small intestine atresia / stenosis	0.33	1.25	2.35	1.68	4.20	
Anorectal atresia / stenosis	3.35	1.91	3.83	2.73	4.15	
Undescended testis (36 weeks of gestation or later)	8.80	13.86	10.73	6.10	5.39	
Hypospadias	9.73	12.55	14.02	10.30	15.48	
Epispadias	0.16	0.71	0.38	0.37	0.41	
Indeterminate sex	1.43	1.25	1.42	1.16	1.49	
Renal agenesis	0.99	1.04	2.03	2.58	3.18	
Cystic kidney	1.65	3.27	6.08	9.83	10.36	
Bladder exstrophy	0.33	0.16	0.77	0.58	0.41	
Polydactyly, preaxial	0.66	0.98	1.86	2.31	1.33	
Total Limb reduction defects (include unspecified)	nr	nr	6.78*	6.88	7.69	
Transverse	nr	nr	2.44*	3.21	4.25	
Preaxial	nr	nr	0.54*	1.05	1.38	
Postaxial	nr	nr	0.54*	0.37	0.77	
Intercalary	nr	nr	0.27*	0.58	0.41	
Mixed	nr	nr	0.00*	0.47	0.56	
Unspecified	---	---	---	---	---	
Diaphragmatic hernia	2.31	2.78	3.94	5.41	5.54	
Omphalocele	1.59	1.85	2.79	5.10	6.25	
Gastroschisis	0.60	1.04	2.19	2.89	3.23	
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	
Prune belly sequence	0.16	0.05	0.00	0.16	0.21	
Trisomy 13	0.44	0.65	1.04	3.84	4.61	
Trisomy 18	1.48	1.15	3.50	8.67	13.33	
Down syndrome, all ages (include age unknown)	11.66	12.17	21.25	35.84	40.91	
<20	10.57	13.59	5.19	11.44	18.42	
20-24	6.92	6.17	8.48	16.73	10.99	
25-29	7.27	5.60	9.52	15.25	13.97	
30-34	11.46	12.50	14.47	22.59	22.69	
35-39	24.28	28.02	41.18	55.52	63.95	
40-44	50.30	24.12	115.23	201.15	191.37	
45+	183.49	181.16	206.19	310.42	381.68	
unspecified	---	---	---	---	---	

* data include less than 5 years

nr = not reported

France: Paris

'Time trends 1981-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

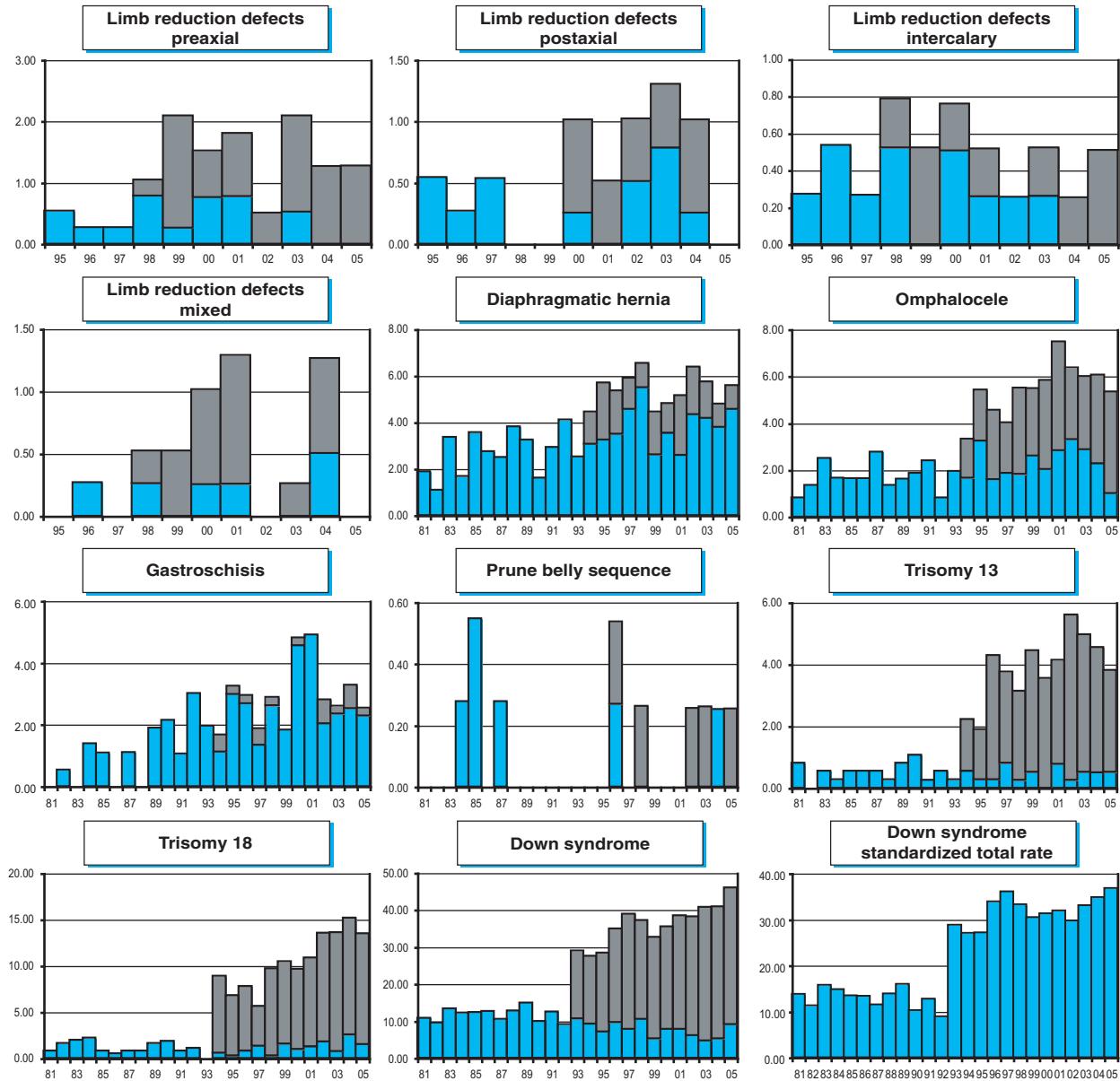
Monitoring Systems

France: Paris



Note: ■ L+S rates, ■ ToP rates

France: Paris



Note: ■ L+S rates, ■ ToP rates

France-Rhône Alpes : (REMERA)

Central-East France Register of Congenital Malformations (until 2006)

History:

The registry began in 1973 within the Rhône-Alps area -the Auvergne region was added in 1983, the Jura area in 1985, the Côte d'Or & Nièvre in 1989 and Saône-et-Loire in 1990. The Programme was a founding member of the ICBDSR and is a full member. In 1998 the registry was split up and the Auvergne region, became financially independent, under the responsibility of Christine Francannet. The collaboration between Auvergne and the rest of the FCE-registry is maintained and common results are published. In December 2006, France Central-East Register was closed. A new register (REMERA) was created, covering part of the previous one.

Size and coverage:

The registry covers all births in the area approximately 56,000 births annually, which represents about 7% of all births in France. Stillbirths of 22 weeks or more gestation are included.

Legislation and funding:

REMERA received agreement from the French Comité National des Registres
It has only public sources of funding: Ministry of Health, Region, Health authorities.

Sources of ascertainment:

The registry is population based and covers 4 French departments of Rhône-Alpes region : Rhône, Loire, Isère, Savoie.
Data collection is actively performed in private and public maternity wards and pediatric units. Other sources of information include cytogenetic laboratories, pathology laboratories, departments of medical genetics, birth certificates and data set called "Résumé Standardisé de Sortie" (similar to a "Standardized Discharge Summary").
Data is registered on a dedicated and secured server.

The maximum age at postnatal diagnosis is 1 year. For children born in year x, notifications are taken into account until March x+2. We have no follow-up procedure.

Are excluded from registration: balanced chromosomal anomalies, pyloric stenosis, metabolic disorders, minor malformations (small angiomas or naevi, hip subdislocation, small foot deformities, ill-defined facial anomalies, inguinal and umbilical hernias).

Our official stillbirth definition is 22 w (28 w before 1997), which is our lower gestational age limit to include early fetal deaths/spontaneous abortions. Terminations are registered since 1985 (TOP can be performed up to full term in case of lethal or severe foetal abnormalities).

Exposure information:

Our exposure data includes drug intake in 1st trimester of pregnancy, biological, physical and chemical hazards, medically assisted procreation, occupation. Denominators information is obtained from National institute of Statistics. We collect no controls.

Background information:

Some background information is available from the general population statistics.

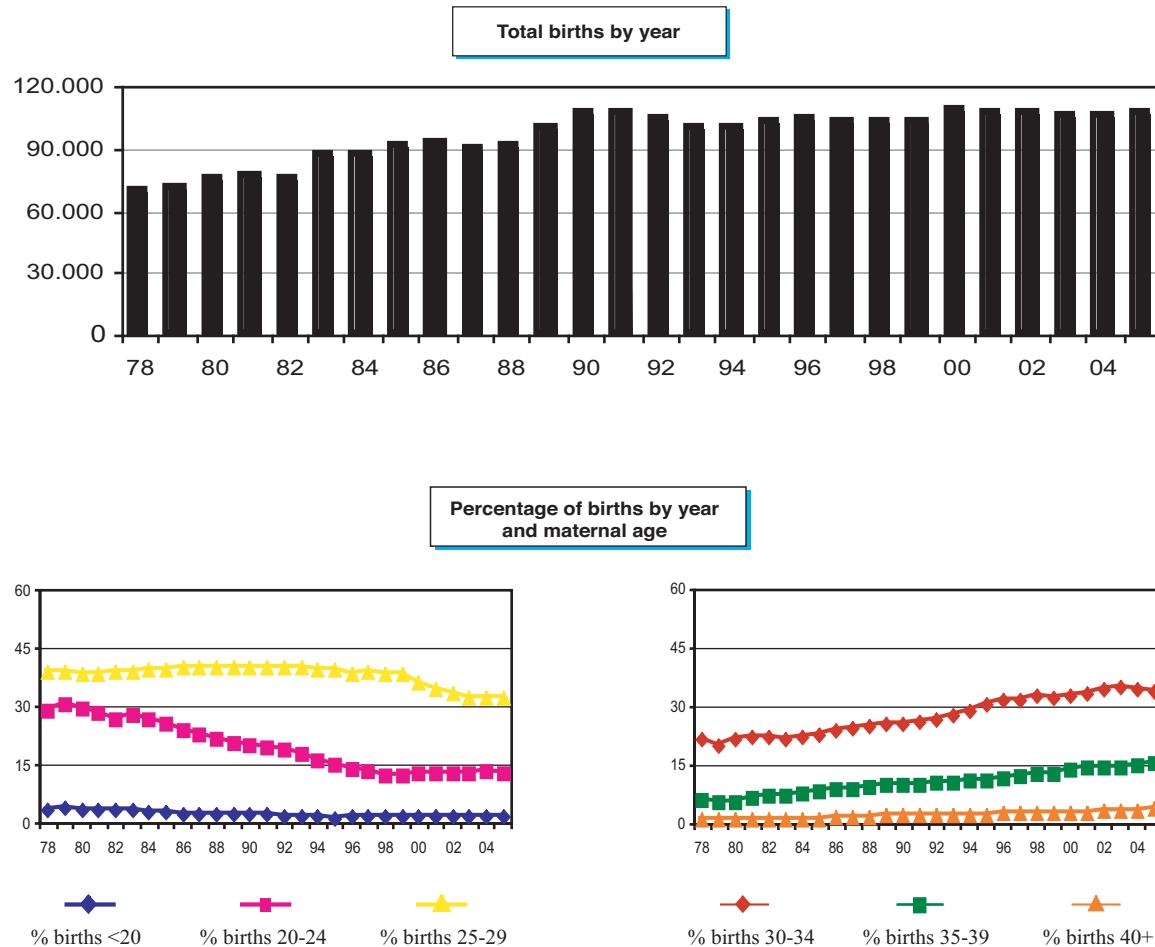
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France-Rhône Alpes : (REMERA)



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	93	80.17	Cystic kidney	5	4.03
Spina bifida	40	35.09	Limb reduction defects	6	5.36
Encephalocele	10	40.00	Diaphragmatic hernia	6	9.84
Holoprosencephaly	13	36.11	Omphalocele	33	50.00
Hydrocephaly	37	19.27	Gastroschisis	6	15.00
Hypoplastic left heart syndrome	13	15.85	Trisomy 13	44	70.97
Cleft palate without cleft lip	6	3.17	Trisomy 18	138	74.19
Cleft lip with or without cleft palate	12	6.06	Down syndrome	351	63.82
Renal agenesis	16	11.68			

Total ToPs with birth defects = 1,770 (Ratio ToPs/Births: 5.57 per 1,000 births)

*ToPs/ToPs+Births

Monitoring Systems

France-Rhône Alpes: REMERA, 2005

Live births (LB) 106,111
 Stillbirths (SB) 877
 Total births 106,988
 Number of terminations of pregnancy (ToP) for birth defects 649

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	1	24	2.34
Spina bifida	7	2	42	4.77
Encephalocele	0	1	20	1.96
Microcephaly	9	0	14	2.15
Holoprosencephaly	2	0	23	2.34
Hydrocephaly	23	1	38	5.80
Anophthalmos	1	0	4	0.47
Microphthalmos	5	0	3	0.75
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	2	0	0	0.19
Microtia	4	0	3	0.65
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	46	0	8	5.05
Tetralogy of Fallot	36	0	5	3.83
Hypoplastic left heart syndrome	9	3	19	2.90
Coarctation of aorta	30	0	0	2.80
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	53	0	7	5.61
Cleft lip with or without cleft palate	63	1	17	7.57
Oesophageal atresia / stenosis with or without fistula	27	2	3	2.99
Small intestine atresia / stenosis	20	1	4	2.34
Anorectal atresia / stenosis	20	1	12	3.08
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	103	0	4	10.00
Epispadias	1	0	0	0.09
Indeterminate sex	9	0	3	1.12
Renal agenesis	1	1	5	0.65
Cystic kidney	29	0	24	4.95
Bladder extrophy	3	0	1	0.37
Polydactyly, preaxial	7	0	3	0.93
Total Limb reduction defects (include unspecified)	33	3	19	5.14
Transverse	23	1	5	2.71
Preaxial	4	1	8	1.22
Postaxial	2	1	3	0.56
Intercalary	2	0	1	0.28
Mixed	2	0	2	0.37
Unspecified	0	0	0	0.00
Diaphragmatic hernia	30	1	5	3.36
Omphalocele	13	0	16	2.71
Gastroschisis	20	0	2	2.06
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	2	0.19
Trisomy 13	5	0	22	2.52
Trisomy 18	5	0	61	6.17
Down syndrome, all ages (include age unknown)	48	3	203	23.74
<20	0	0	3	18.30
20-24	6	0	10	11.65
25-29	5	1	14	5.79
30-34	10	0	49	16.15
35-39	8	0	72	47.97
40-44	3	2	45	135.21
45+	0	0	7	351.76
unknown	16	0	3	---

nr = not reported

France-Rhône Alpes: REMERA, Previous years rates 1978 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1993

Birth prevalence rates: (LB+SB+TOP) * 10,000 from 1994

	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	215,606	416,195	480,672	512,163	519,052	532,292
Anencephaly	0.70	1.03	0.37	0.92	1.52	1.88
Spina bifida	4.31	3.53	2.14	2.99	3.62	4.19
Encephalocele	0.65	0.67	0.94	1.48	1.44	1.92
Microcephaly	1.30	2.23	2.35	1.89	1.73	2.25
Holoprosencephaly	0.42	0.38	0.69	1.52	1.48	1.43
Hydrocephaly	1.90	2.84	3.02	3.36	5.05	6.41
Anophthalmos	0.32	0.10	0.21	0.20	0.13	0.26
Microphthalmos	1.11	0.89	1.29	1.03	1.27	0.79
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	0.19	0.36	0.42	0.29	0.54	0.32
Microtia	0.14	0.26	0.29	0.39	0.52	0.47
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	3.01	2.98	3.89	2.97	3.12	3.79
Tetralogy of Fallot	1.76	2.40	2.35	2.13	2.41	2.86
Hypoplastic left heart syndrome	1.16	2.26	2.33	1.97	2.89	2.67
Coarctation of aorta	1.90	2.81	2.95	2.46	2.43	2.33
Choanal atresia, bilateral	0.56	0.62	0.96	0.51	1.00	0.85
Cleft palate without cleft lip	4.17	5.00	4.66	6.29	6.32	5.35
Cleft lip with or without cleft palate	6.86	6.42	6.20	7.52	8.05	7.06
Oesophageal atresia / stenosis with or without fistula	2.13	2.40	2.60	3.22	3.08	2.69
Small intestine atresia / stenosis	1.62	1.44	1.85	1.97	2.64	2.80
Anorectal atresia / stenosis	2.09	2.84	3.29	3.32	3.99	3.55
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	nr
Hypospadias	6.40	6.05	9.99	9.41	12.52	11.59
Epispadias	0.19	0.19	0.29	0.12	0.31	0.13
Indeterminate sex	0.60	0.74	0.81	0.72	0.58	0.68
Renal agenesis	0.42	0.79	0.62	0.80	1.52	1.20
Cystic kidney	0.28	1.54	2.50	3.63	4.57	4.68
Bladder exstrophy	0.23	0.17	0.33	0.41	0.31	0.34
Polydactyly, preaxial	0.70	0.82	1.46	2.15	2.08	1.35
Total Limb reduction defects (include unspecified)	4.64	4.16	4.33	4.53	5.18	4.73
Transverse	2.41	2.04	2.58	2.23	2.56	2.44
Preaxial	0.65	0.70	0.64	0.57	0.87	1.13
Postaxial	0.37	0.24	0.48	0.33	0.39	0.47
Intercalary	0.42	0.60	0.27	0.55	0.44	0.32
Mixed	0.60	0.50	0.33	0.29	0.37	0.30
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	1.76	2.96	2.33	2.85	2.77	3.06
Omphalocele	1.07	1.11	1.25	1.41	2.50	2.46
Gastroschisis	0.42	0.84	0.92	1.23	1.21	1.62
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.28	0.14	0.40	0.43	0.48	0.17
Trisomy 13	0.28	0.58	1.00	1.13	1.81	2.10
Trisomy 18	0.93	0.99	1.98	3.03	4.32	4.60
Down syndrome, all ages (include age unknown)	11.87	11.05	10.96	14.70	19.96	22.56
<20	8.95	3.24	5.69	6.69	11.92	6.00
20-24	7.09	6.69	5.38	6.39	8.33	7.97
25-29	5.63	5.36	7.13	6.46	7.82	7.74
30-34	12.92	10.12	9.39	10.00	14.05	13.53
35-39	27.15	30.92	21.90	33.54	44.07	47.83
40-44	115.63	59.62	54.30	101.05	143.51	144.84
45+	123.46	112.36	110.38	294.12	273.75	231.71
unknown	---	---	---	---	---	---

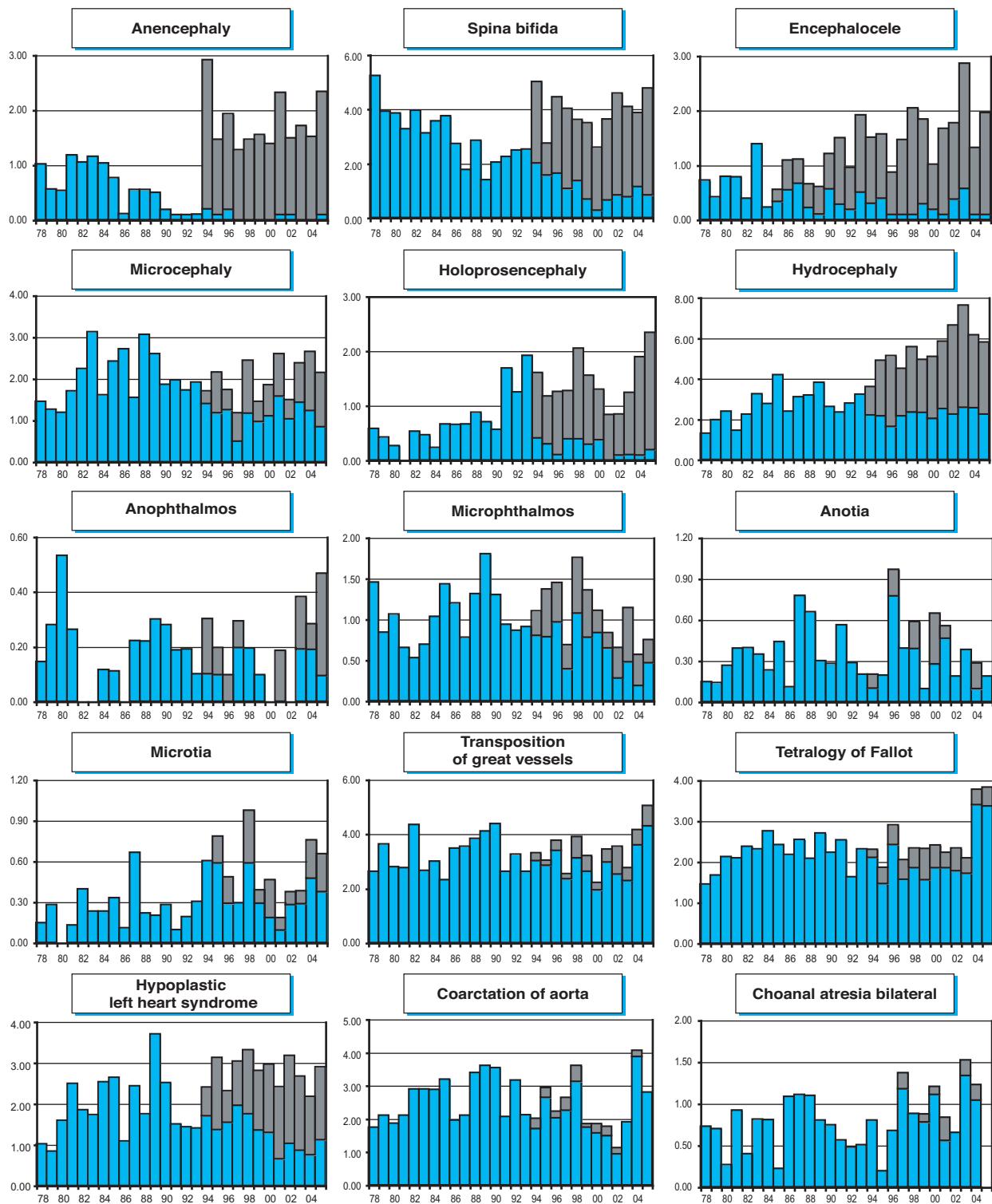
* data include less than 7 years

nr = not reported

Monitoring Systems

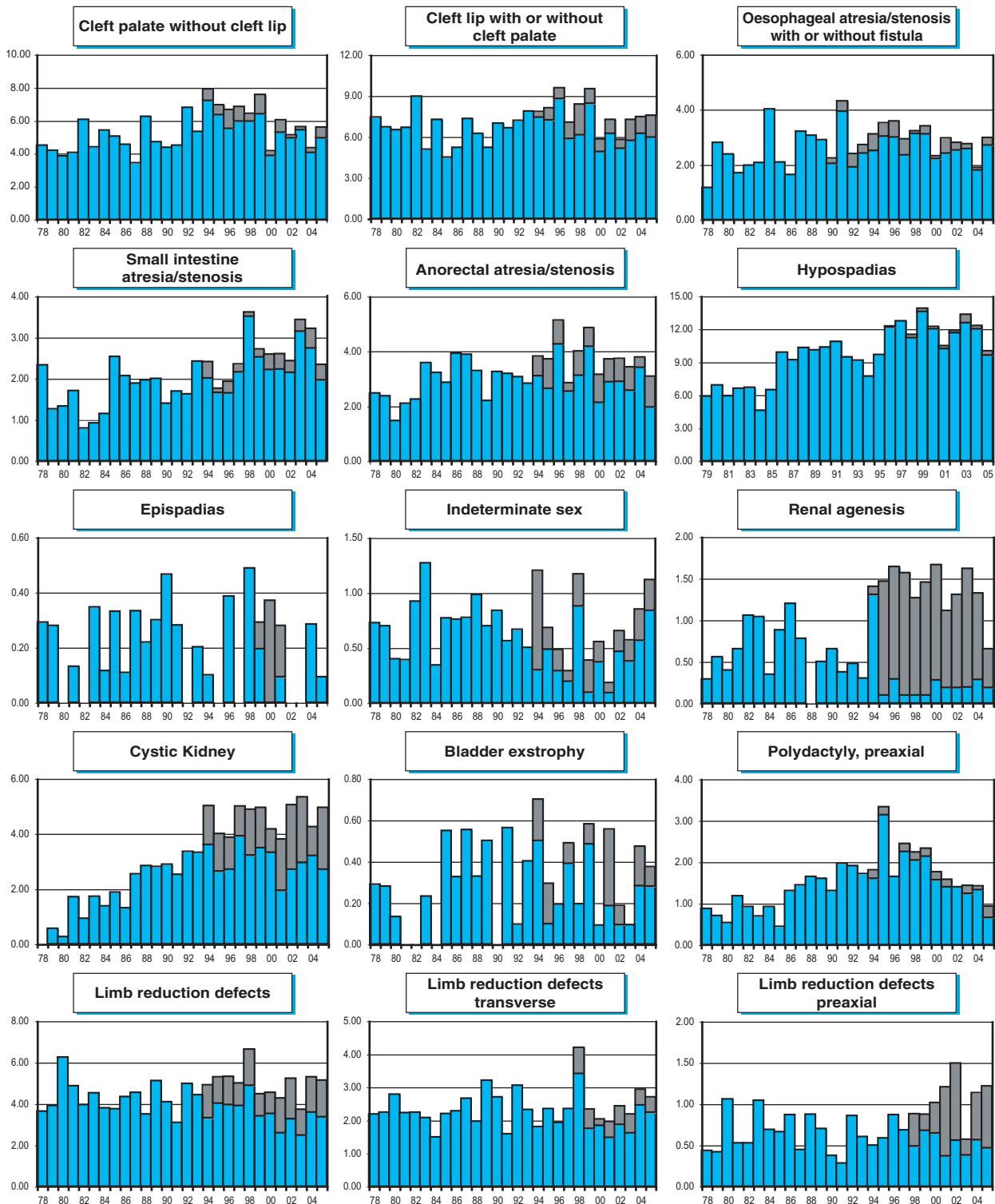
France-Rhône Alpes : (REMERA)

'Time trends 1978-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

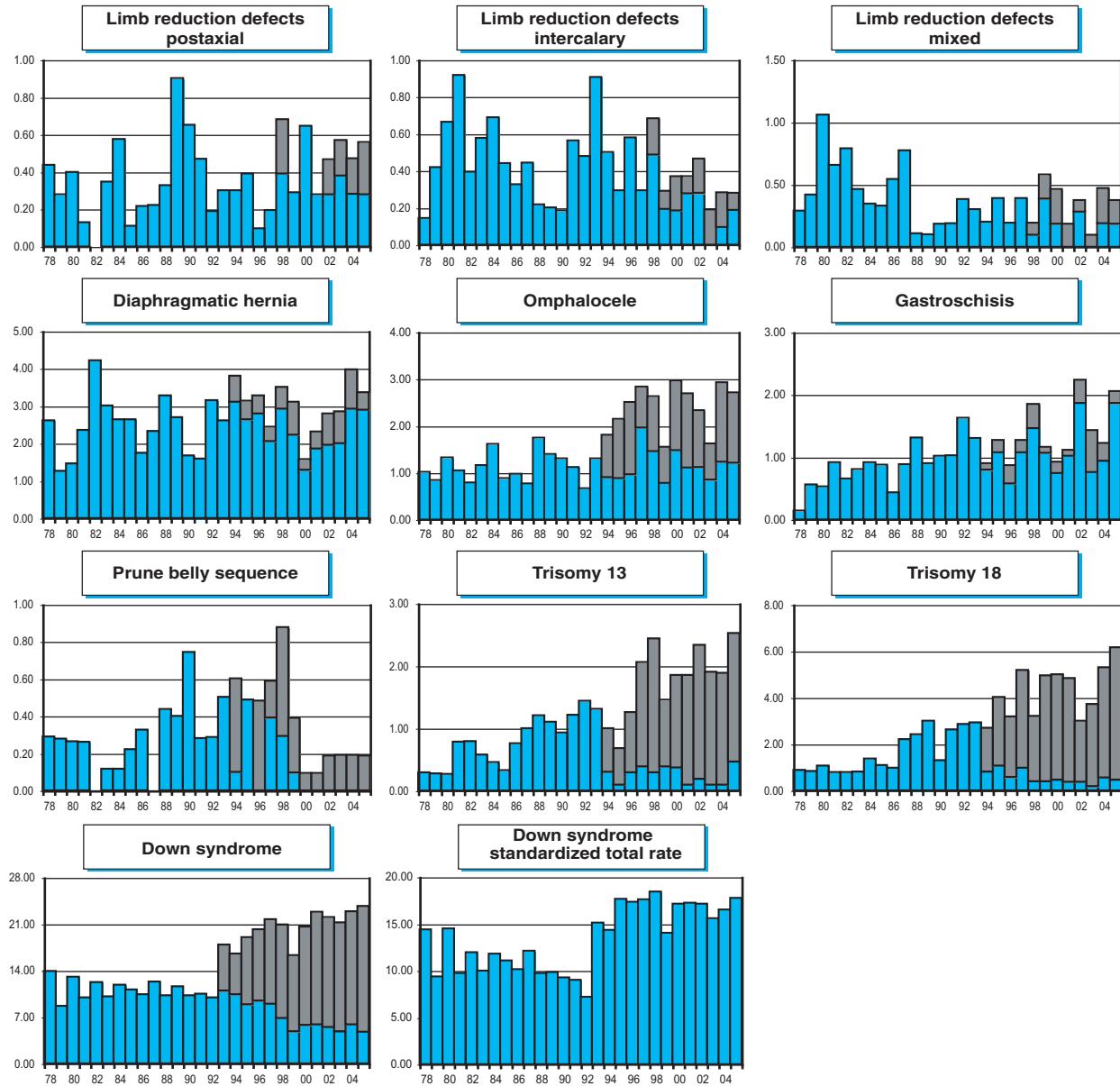
France-Rhône Alpes : (REMERA)



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

France-Rhône Alpes : (REMERA)



Note: ■ L+S rates, ■ ToP rates

France: Strasbourg

Strasbourg Prospective Study of Congenital Malformations.

History:

The registry was started in 1979. The Programme became an associate member of the Clearinghouse in 1982.

Size and coverage:

All births in an area including and around Strasbourg and the department of Bas-Rhin are covered -13,000 to 13,500 annually, or 1,8% of all births in France.

Legislation and funding:

The Programme is a research Programme, recognised by the local University, the local health authorities and funded by the Institut national de Veille Sanitaire, Ministry of Health, INSERM and CREGEMES (Centre Régional de Génétique Médicale de Strasbourg)

Sources of ascertainment:

Reports are obtained from medical files of gynecologists, pediatricians, fetopathologists and radiologists. No control infant is selected.

Exposure information:

Information on various exposures is obtained after

analysis of hospital files (maternity files or pediatric files). More precise information may be obtained from genetic files (if it exists) after direct interview of the mother

Background information:

General demographic information is obtained from the National Institute of Statistics. Further information is obtained from Social Security Records and Health Sheets.

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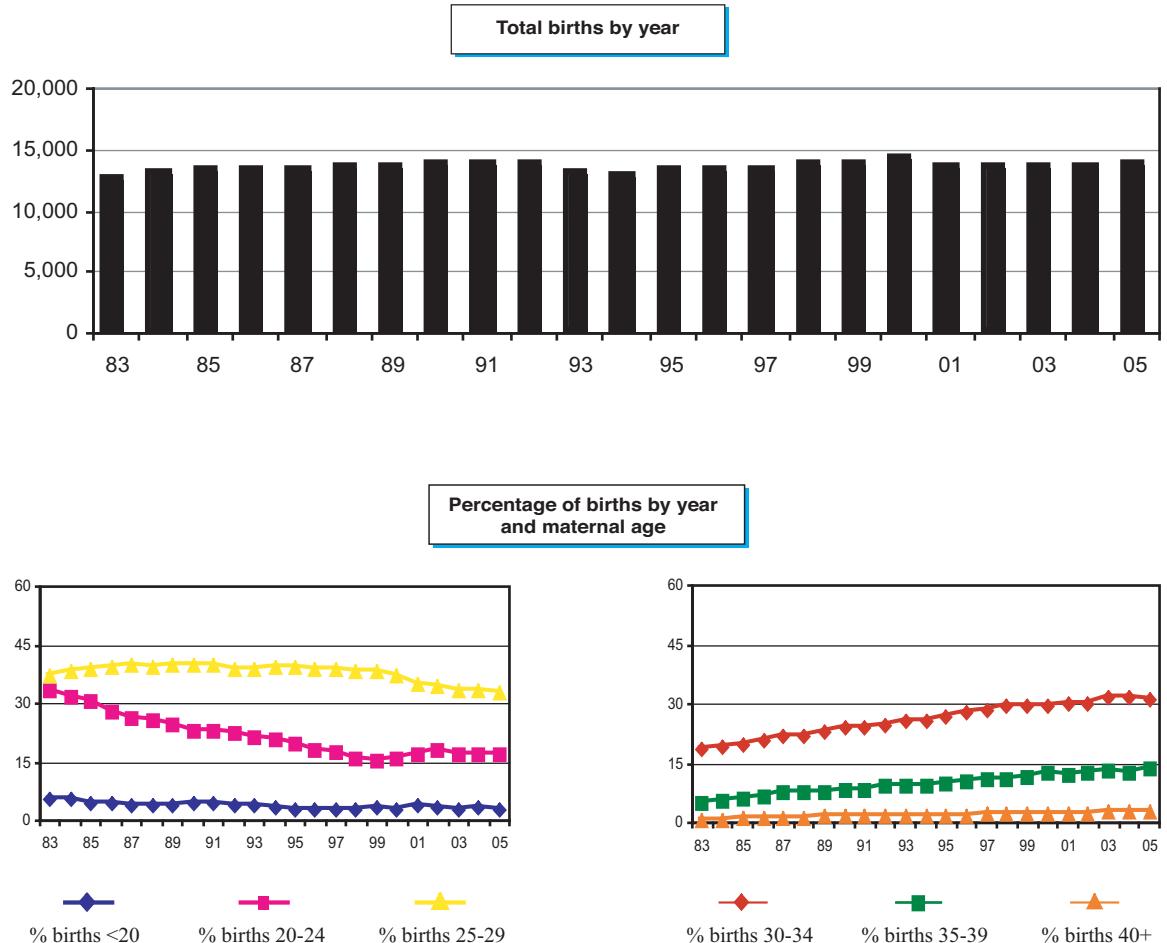
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Monitoring Systems

France: Strasbourg



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	26	96.30	Cystic kidney	7	25.93
Spina bifida	24	92.31	Limb reduction defects	13	35.14
Encephalocele	6	100.00	Diaphragmatic hernia	4	21.05
Holoprosencephaly	15	100.00	Omphalocele	11	84.62
Hydrocephaly	18	90.00	Gastroschisis	0	0.00
Hypoplastic left heart syndrome	9	90.00	Trisomy 13	15	93.75
Cleft palate without cleft lip	3	8.57	Trisomy 18	28	90.32
Cleft lip with or without cleft palate	15	26.32	Down syndrome	62	60.78
Renal agenesis	10	37.04			

Total ToPs with birth defects = 279 (Ratio ToPs/Births: 6.86 per 1,000 births)

*ToPs/ToPs+Births

France: Strasbourg, 2005

Live births (LB)	13,635
Stillbirths (SB)	119
Total births	13,754
Number of terminations of pregnancy (ToP) for birth defects	89

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	1	5	4.36
Spina bifida	1	0	12	9.45
Encephalocele	0	0	1	0.73
Microcephaly	2	0	1	2.18
Holoprosencephaly	0	0	4	2.91
Hydrocephaly	0	0	5	3.64
Anophthalmos	1	0	0	0.73
Microphthalmos	3	0	2	3.64
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	0	0	0	0.00
Microtia	1	0	1	1.45
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	2	0	0	1.45
Tetralogy of Fallot	3	0	2	3.64
Hypoplastic left heart syndrome	0	1	2	2.18
Coarctation of aorta	5	0	0	3.64
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	15	0	1	11.63
Cleft lip with or without cleft palate	10	0	6	11.63
Oesophageal atresia / stenosis with or without fistula	3	0	0	2.18
Small intestine atresia / stenosis	4	0	0	2.91
Anorectal atresia / stenosis	6	0	4	7.27
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	26	0	0	18.90
Epispadias	1	0	0	0.73
Indeterminate sex	0	1	0	0.73
Renal agenesis	8	0	1	6.54
Cystic kidney	8	0	4	8.72
Bladder extrophy	0	0	0	0.00
Polydactyly, preaxial	5	0	1	4.36
Total Limb reduction defects (include unspecified)	7	0	7	10.18
Transverse	1	0	1	1.45
Preaxial	0	0	2	1.45
Postaxial	0	0	1	0.73
Intercalary	0	0	1	0.73
Mixed	6	0	2	5.82
Unspecified	0	0	0	0.00
Diaphragmatic hernia	2	0	2	2.91
Omphalocele	0	0	4	2.91
Gastroschisis	2	0	0	1.45
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	0	0	4	2.91
Trisomy 18	0	1	8	6.54
Down syndrome, all ages (include age unknown)	7	1	23	22.54
<20	0	0	0	0.00
20-24	0	0	0	0.00
25-29	2	0	3	11.07
30-34	2	0	7	20.89
35-39	1	1	12	75.68
40-44	2	0	1	80.43
45+	0	0	0	0.00
unknown	0	0	0	0.00

nr = not reported

Monitoring Systems

France: Strasbourg, Previous years rates 1983 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1993

Birth prevalence rates: (LB+SB+TOP) * 10,000 from 1994

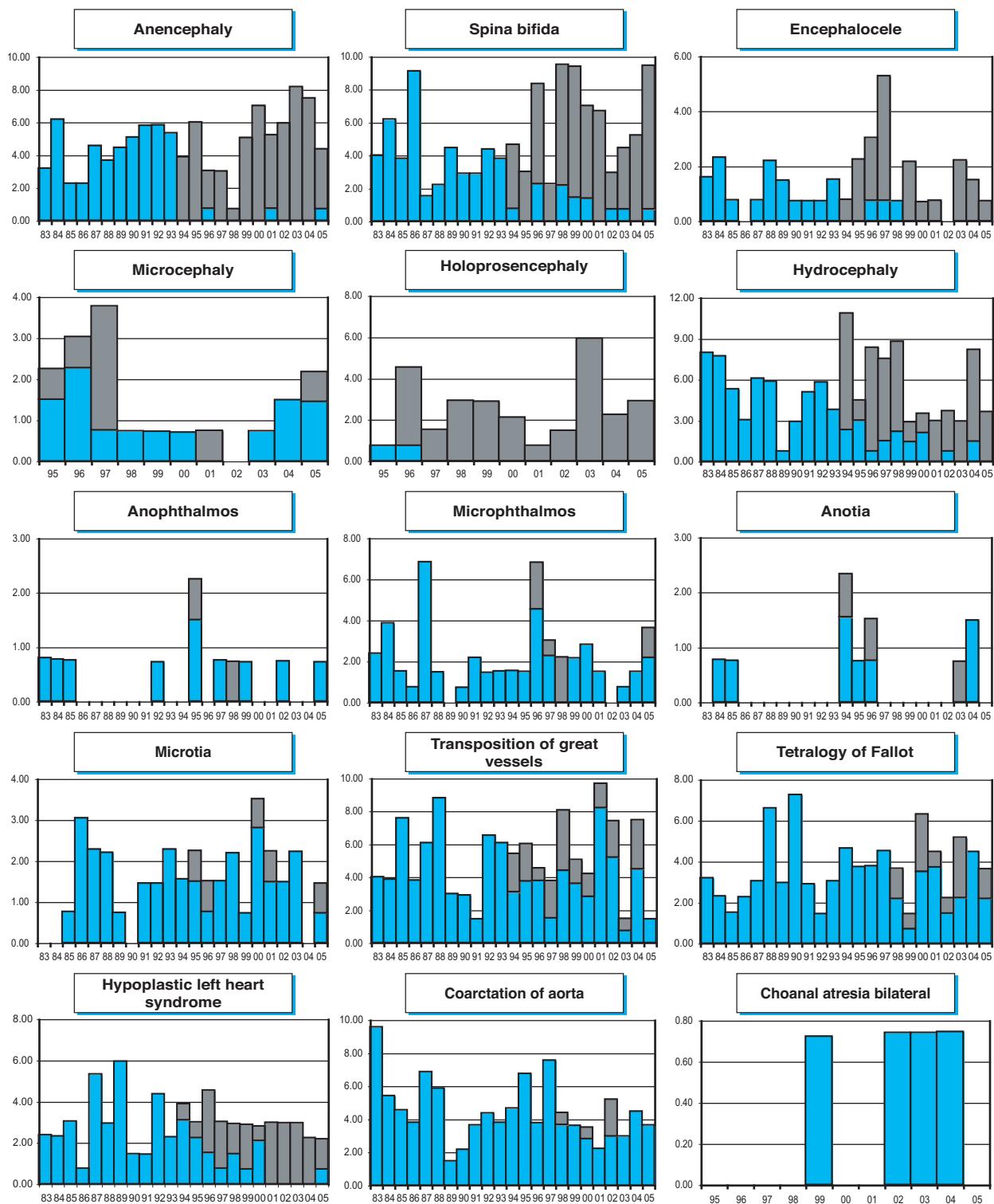
	1974-1980	1981-1985*	1986-1990	1991-1995	1996-2000	2001-2005
Births	38,613	67,098	66,826	68,143	67,544	
Anencephaly	3.88	4.02	5.39	3.82	6.22	
Spina bifida	4.66	4.02	3.74	7.34	5.77	
Encephalocele	1.55	1.04	1.20	2.35	1.04	
Microcephaly	nr	nr	1.53*	1.76	1.04	
Holoprosencephaly	nr	nr	0.76*	2.79	2.66	
Hydrocephaly	6.99	3.73	5.99	6.16	4.29	
Anophthalmos	0.78	0.00	0.60	0.44	0.30	
Microphthalmos	2.59	1.94	1.65	3.38	1.48	
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	
Anotia	0.52	0.00	0.60	0.29	0.56*	
Microtia	0.26	1.64	1.80	1.91	1.48	
Unspecified Anotia / Microtia	---	---	---	---	---	
Transposition of great vessels	5.18	4.92	5.09	5.14	5.48	
Tetralogy of Fallot	2.33	4.47	3.14	3.96	4.00	
Hypoplastic left heart syndrome	2.59	3.28	2.99	3.23	2.66	
Coarctation of aorta	6.47	4.02	4.64	4.55	3.70	
Choanal atresia, bilateral	nr	nr	0.00	0.15	0.44	
Cleft palate without cleft lip	9.32	8.64	9.58	6.31	8.44	
Cleft lip with or without cleft palate	8.55	9.69	13.02	13.21	13.03	
Oesophageal atresia / stenosis with or without fistula	2.85	2.68	2.39	2.94	3.85	
Small intestine atresia / stenosis	nr	nr	1.91*	2.20	1.92	
Anorectal atresia / stenosis	4.40	5.07	5.09	7.34	4.74	
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	1.52*	nr	
Hypospadias	16.32	25.49	26.04	20.55	22.65	
Epispadias	nr	nr	0.00*	0.29	0.30	
Indeterminate sex	nr	nr	0.38*	0.29	1.04	
Renal agenesis	nr	nr	2.67*	5.87	7.99	
Cystic kidney	nr	nr	5.35*	8.81	7.40	
Bladder exstrophy	nr	nr	0.38*	0.44	0.30	
Polydactyly, preaxial	nr	nr	2.67*	4.26	3.55	
Total Limb reduction defects (include unspecified)	5.70	7.75	7.93	10.86	8.44	
Transverse	4.14	4.62	3.29	5.87	3.70	
Preaxial	1.55	2.09	1.65	0.88	0.89	
Postaxial	0.00	0.60	0.30	0.44	0.59	
Intercalary	0.00	0.00	0.90	0.73	0.15	
Mixed	0.00	0.45	0.45	0.73	2.81	
Unspecified	---	---	---	---	---	
Diaphragmatic hernia	3.88	5.07	4.34	4.99	3.55	
Omphalocele	2.07	4.17	4.19	3.67	2.96	
Gastroschisis	1.81	1.94	2.99	1.61	1.78	
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	
Prune belly sequence	nr	nr	0.38*	0.29	0.89	
Trisomy 13	nr	nr	2.67*	1.76	2.81	
Trisomy 18	nr	nr	3.82*	3.96	7.11	
Down syndrome, all ages (include age unknown)	10.62	16.99	25.74	25.97	25.76	
<20	5.05	14.69	17.01	15.06	4.86	
20-24	8.19	7.61	11.92	9.81	10.38	
25-29	4.08	8.66	13.74	10.75	5.71	
30-34	12.25	18.05	15.43	23.79	16.31	
35-39	43.17	52.35	97.93	81.02	82.58	
40-44	209.79	261.78	268.27	192.31	152.25	
45+	0.00	217.39	222.22	0.00	0.00	
unspecified	---	---	---	---	---	

* data include less than 5 years

nr = not reported

France: Strasbourg

'Time trends 1983-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

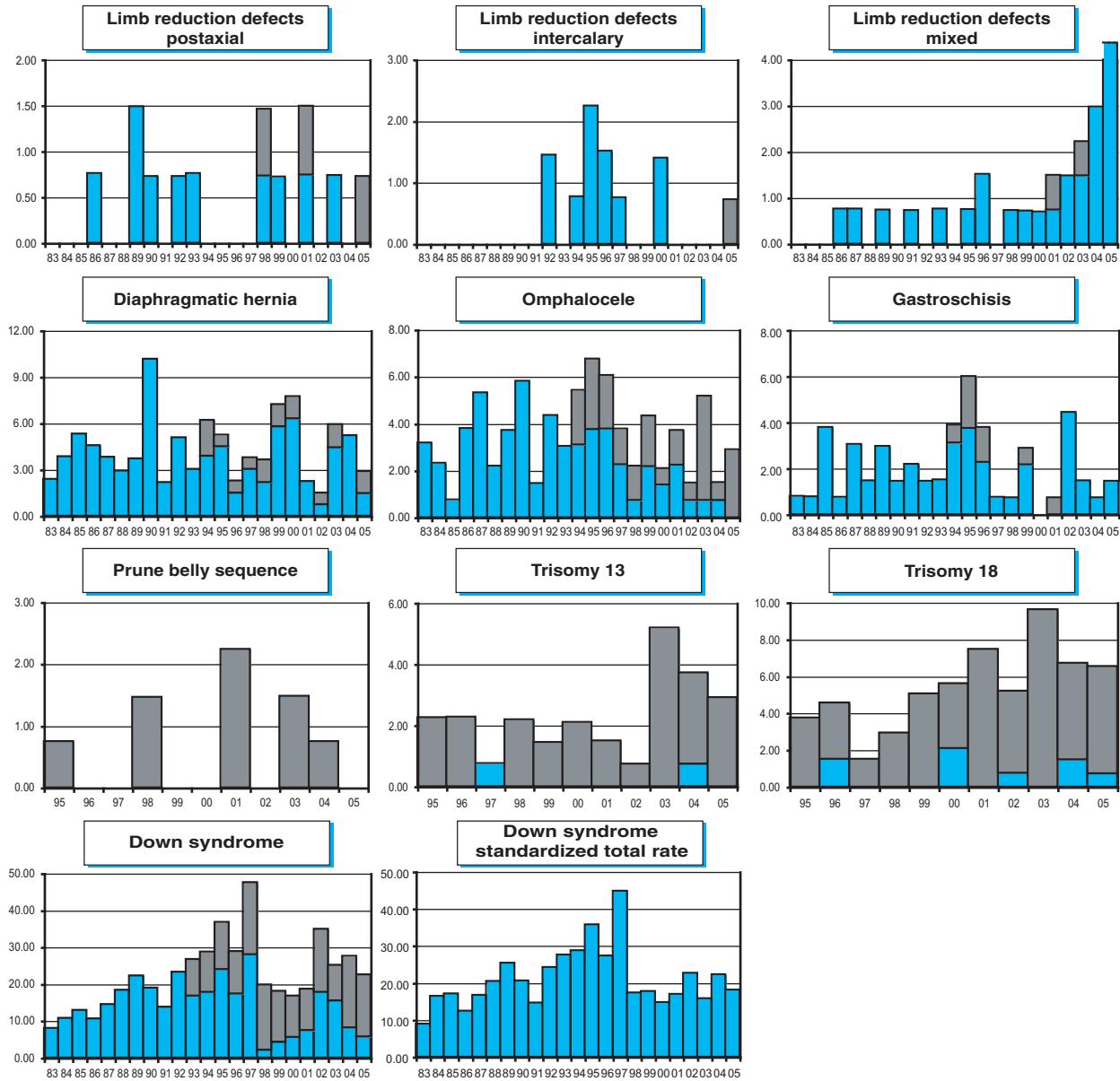
Monitoring Systems

France: Strasbourg



Note: ■ L+S rates, ■ ToP rates

France: Strasbourg



Note: ■ L+S rates, ■ ToP rates

Germany: Saxony-Anhalt

Malformation Monitoring Saxony-Anhalt

History:

Since 1980 in the city of Magdeburg all live- and stillbirths, abortions after the 16th week of gestation (spontaneous and induced abortions according to medical evidence based on prenatal diagnoses of congenital defects), and postnatal anomalies or congenital defects have been recorded up to the first week of life. After the reunification of Germany and the creation of the Federal state of Saxony-Anhalt, the survey of congenital defects included approximately two-thirds of all births with postnatal anomalies and congenital defects in the same federal state. Since 1 January 2000 the survey region includes the entire state of Saxony-Anhalt. Saxony-Anhalt has 2.44 million inhabitants (31.12.2006) and annual births at a rate of about 17 000 children (2006). The survey system is multi-centric and based on population.

Legislation and funding:

1980 to 1989: Ministry of Health of the former German Democratic Republic
1990 to 1992: Medical Faculty, Magdeburg
1993 to 1995: Ministry of Health, Federal Republic of Germany
since 1995: Ministry of Labour, Women, Health and Social Security of the Federal State of Saxony-Anhalt. The Malformation Monitoring is working in order of Ministry of Labour, Women, Health and Social Security of the Federal State of Saxony-Anhalt.

Sources of ascertainment:

The co-operation partner are:

- 29 obstetrics departments
- 27 children hospitals
- 10 institutions of prenatal diagnostic (geneticists, gynecologists)
- 6 departments of pathology

Exposure information:

Maternal and paternal occupation (in groups);

occupation risk; drugs in pregnancy (ATC-code); alcohol, nicotine, drug abuse.

Background information:

Population based registry (Federal State Saxony-Anhalt); written informed consent of the mother (parents); name and address don't registered; two healthy "controls" per one malformed child; inclusion of terminations of pregnancy, spontaneous abortions after 16th week of gestation, live and stillborn babies; definition of stillbirth: >/= 500 grams; maximum age to include diagnoses: 1 year (almost 1st week of life); annual report (in German).

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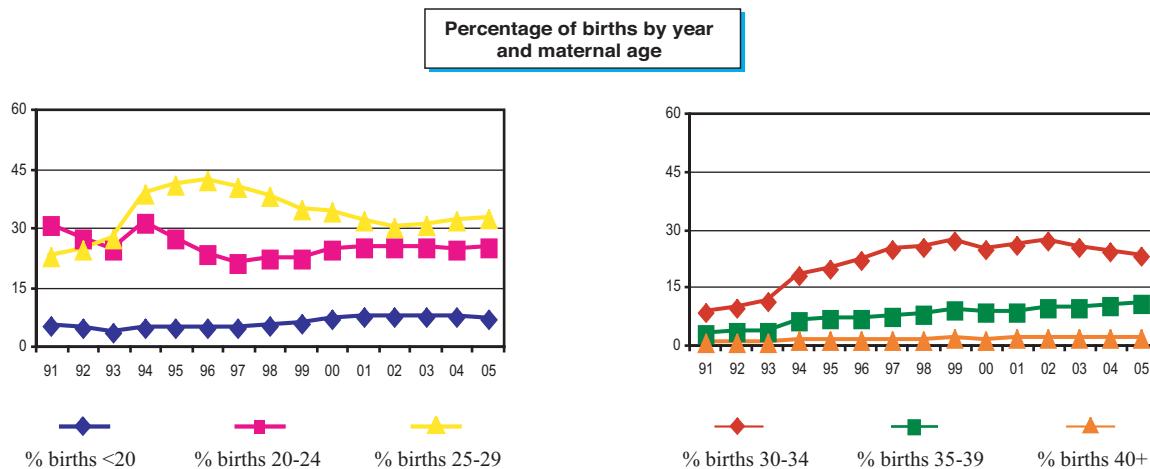
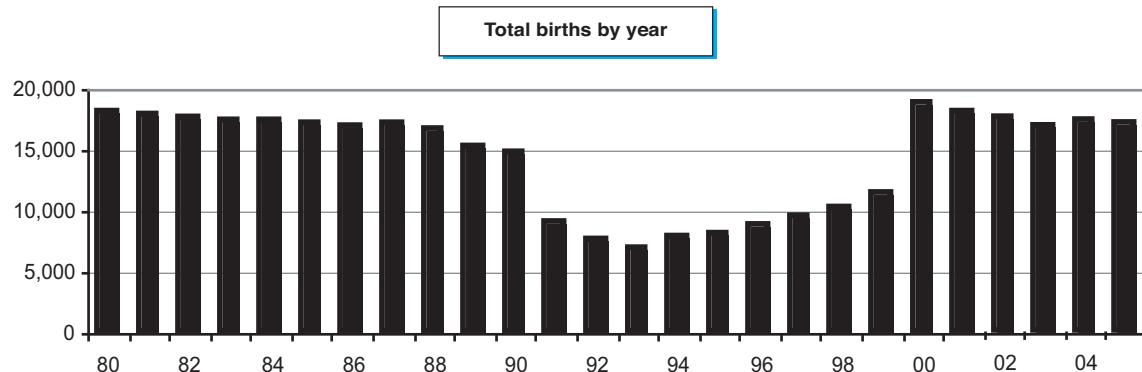
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Germany: Saxony Anhalt



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	18	100.0	Cystic kidney	9	18.8
Spina bifida	17	51.5	Limb reduction defects	14	35.0
Encephalocele	6	75.0	Diaphragmatic hernia	6	42.9
Holoprosencephaly	10	100.0	Omphalocele	16	72.7
Hydrocephaly	14	50.0	Gastroschisis	6	22.2
Hypoplastic left heart syndrome	5	50.0	Trisomy 13	3	100.0
Cleft palate without cleft lip	6	13.6	Trisomy 18	18	78.3
Cleft lip with or without cleft palate	12	14.8	Down syndrome	42	57.5
Renal agenesis	11	91.7			

Total ToPs with birth defects = 239 (Ratio ToPs/Births: 4.63 per 1,000 births)

*ToPs/ToPs+Births

Monitoring Systems

Germany: Saxony Anhalt, 2005

Live births (LB)	17,166
Stillbirths (SB)	66
Total births	17,232
Number of terminations of pregnancy (ToP) for birth defects	83

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	0	4	2.32
Spina bifida	3	0	2	2.90
Encephalocele	0	0	0	0.00
Microcephaly	40	1	0	23.79
Holoprosencephaly	0	0	1	0.58
Hydrocephaly	6	0	5	6.38
Anophthalmos	0	0	1	0.58
Microphthalmos	1	0	0	0.58
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	0	0	1	0.58
Microtia	1	0	0	0.58
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	9	0	0	5.22
Tetralogy of Fallot	10	1	0	6.38
Hypoplastic left heart syndrome	1	0	3	2.32
Coarctation of aorta	6	0	0	3.48
Choanal atresia, bilateral	1	0	0	0.58
Cleft palate without cleft lip	16	0	2	10.45
Cleft lip with or without cleft palate	21	0	4	14.51
Oesophageal atresia / stenosis with or without fistula	3	0	1	2.32
Small intestine atresia / stenosis	3	0	0	1.74
Anorectal atresia / stenosis	4	0	2	3.48
Undescended testis (36 weeks of gestation or later)	28	0	0	16.25
Hypospadias	15	0	0	8.70
Epispadias	0	0	0	0.00
Indeterminate sex	0	0	0	0.00
Renal agenesis	1	0	0	0.58
Cystic kidney	14	0	4	10.45
Bladder extrophy	0	0	2	1.16
Polydactyly, preaxial	3	0	0	1.74
Total Limb reduction defects (include unspecified)	4	0	4	4.64
Transverse	1	0	1	1.16
Preaxial	0	0	0	0.00
Postaxial	0	0	0	0.00
Intercalary	1	0	1	1.16
Mixed	0	0	2	1.16
Unspecified	2	0	0	1.16
Diaphragmatic hernia	1	0	2	1.74
Omphalocele	3	0	6	5.22
Gastroschisis	5	0	3	4.64
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	2	1.16
Trisomy 13	0	0	1	0.58
Trisomy 18	1	0	6	4.06
Down syndrome, all ages (include age unknown)	5	0	14	11.03
<20	0	0	0	0.00
20-24	1	0	0	2.34
25-29	1	0	2	5.36
30-34	0	0	2	4.99
35-39	3	0	6	50.08
40-44	0	0	4	131.58
45+	0	0	0	0.00
unknown	0	0	0	0.00

Germany: Saxony Anhalt, Previous years rates 1980 - 2005

Prevalence rates: (LB+SB+TOP) * 10,000

	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	18,113	87,531	80,602	39,659	59,053	87,458
Anencephaly	0.55	2.40	3.47	1.51	2.71	2.74
Spina bifida	1.10	5.48	11.17	4.54	5.93	6.40
Encephalocele	0.00	0.57	1.36	0.76	2.20	1.72
Microcephaly	nr	nr	2.04*	3.53	8.13	15.32
Holoprosencephaly	nr	nr	1.73*	0.25	0.85	1.60
Hydrocephaly	nr	nr	4.39*	8.83	9.14	7.55
Anophthalmos	nr	nr	0.00*	1.01	0.00	0.23
Microphthalmos	nr	nr	1.25*	1.01	0.85	0.46
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	nr	nr	0.00*	0.25	0.00	0.34
Microtia	nr	nr	0.00*	0.25	0.51	1.26
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	nr	nr	2.20*	4.03	6.43	5.03
Tetralogy of Fallot	nr	nr	0.78*	1.26	3.05	3.54
Hypoplastic left heart syndrome	nr	nr	4.55*	2.27	5.08	2.74
Coarctation of aorta	nr	nr	1.41*	2.27	3.05	3.43
Choanal atresia, bilateral	nr	nr	0.78*	1.51	1.19	0.46
Cleft palate without cleft lip	nr	nr	5.33*	5.80	8.13	9.95
Cleft lip with or without cleft palate	nr	nr	13.96*	13.11	18.12	15.21
Oesophageal atresia / stenosis with or without fistula	nr	nr	2.82*	1.51	2.88	2.97
Small intestine atresia / stenosis	nr	nr	1.25*	3.28	1.69	2.29
Anorectal atresia / stenosis	nr	nr	3.61*	3.53	2.37	3.09
Undescended testis (36 weeks of gestation or later)	nr	nr	11.45*	19.67	12.02	10.75
Hypospadias	nr	nr	13.02*	20.93	15.41	8.35
Epispadias	nr	nr	0.31*	0.50	0.51	0.23
Indeterminate sex	nr	nr	0.47*	0.00	1.19	0.46
Renal agenesis	nr	nr	1.57*	1.51	2.71	2.06
Cystic kidney	nr	nr	2.04*	4.79	3.05	6.97
Bladder exstrophy	nr	nr	0.78*	0.25	0.34	0.23
Polydactyly, preaxial	nr	nr	0.47*	3.03	3.22	3.54
Total Limb reduction defects (include unspecified)	nr	nr	5.96*	5.30	8.64	7.20
Transverse	nr	nr	nr	nr	4.79*	2.63
Preaxial	nr	nr	nr	nr	0.00*	0.57
Postaxial	nr	nr	nr	nr	0.00*	0.00
Intercalary	nr	nr	nr	nr	1.60*	1.60
Mixed	nr	nr	nr	nr	1.60*	1.72
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	nr	nr	1.88*	0.50	1.69	2.74
Omphalocele	nr	nr	5.33*	1.26	3.39	3.54
Gastroschisis	nr	nr	1.10*	2.52	3.39	4.34
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	nr	nr	0.16*	1.01	1.02	0.91
Trisomy 13	0.00	0.34	0.50*	0.50	2.03	0.69
Trisomy 18	0.55	1.03	0.87*	1.26	1.35	3.89
Down syndrome, all ages (include age unknown)	5.52	8.80	8.81*	11.60	16.93	15.44
<20	nr	nr	nr	nr	0.00*	6.27
20-24	nr	nr	nr	nr	4.37*	5.99
25-29	nr	nr	nr	nr	11.04*	8.40
30-34	nr	nr	nr	nr	14.94*	10.94
35-39	nr	nr	nr	nr	71.20*	49.04
40-44	nr	nr	nr	nr	120.48*	174.51
45+	nr	nr	nr	nr	nr	392.16
unspecified	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Monitoring Systems

Germany: Saxony Anhalt

'Time trends 1980-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

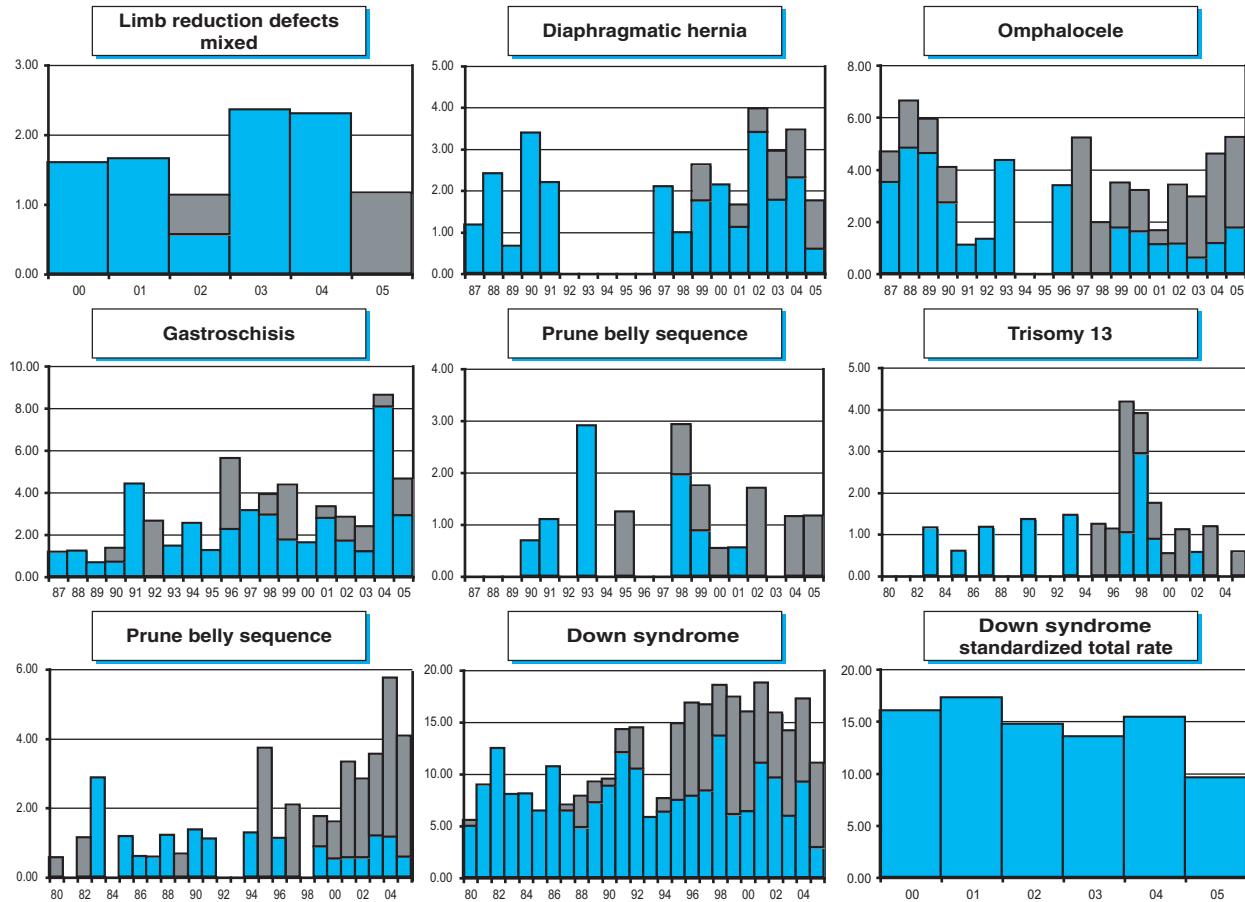
Germany: Saxony Anhalt



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Germany: Saxony Anhalt



Note: ■ L+S rates, ■ ToP rates

Hungary

Hungarian Congenital Abnormality Registry

History:

Centralized registration of congenital abnormalities began in Hungary in 1962, and came under our coordination in 1970. Monitoring began in 1973. The Programme was a founding member of the International Clearinghouse and is a full member.

Size and coverage:

The registry covers all births in Hungary, approximately 100,000 annually. Criteria to define stillbirth was changed in 1998. At present, stillbirths of at least 24 weeks gestation or 500 grams are registered. Prenatally diagnosed and terminated fetuses are also registered.

Legislation and funding:

Reporting is compulsory. The registry is currently run and financed by the National Center for Healthcare Audit and Improvement; formerly by the National Center for Epidemiology, and the National Institute of Public Health.

Sources of ascertainment:

Reports are obtained from multiple sources, such as delivery units, neonatal and pediatric surgery, pathology, and prenatal diagnostic centers. Abnormalities detected before the age of one are reported. Variations in figures (especially in the 1990s) may reflect incomplete notification.

Exposure information:

Exposure information has been available since 1980, when a case-control system was initiated. Mothers of

selected malformed infants and controls are interviewed by community nurses to collect information.

Background information:

General background information on all births is available from central statistics.

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Hungarian Congenital Abnormality Registry
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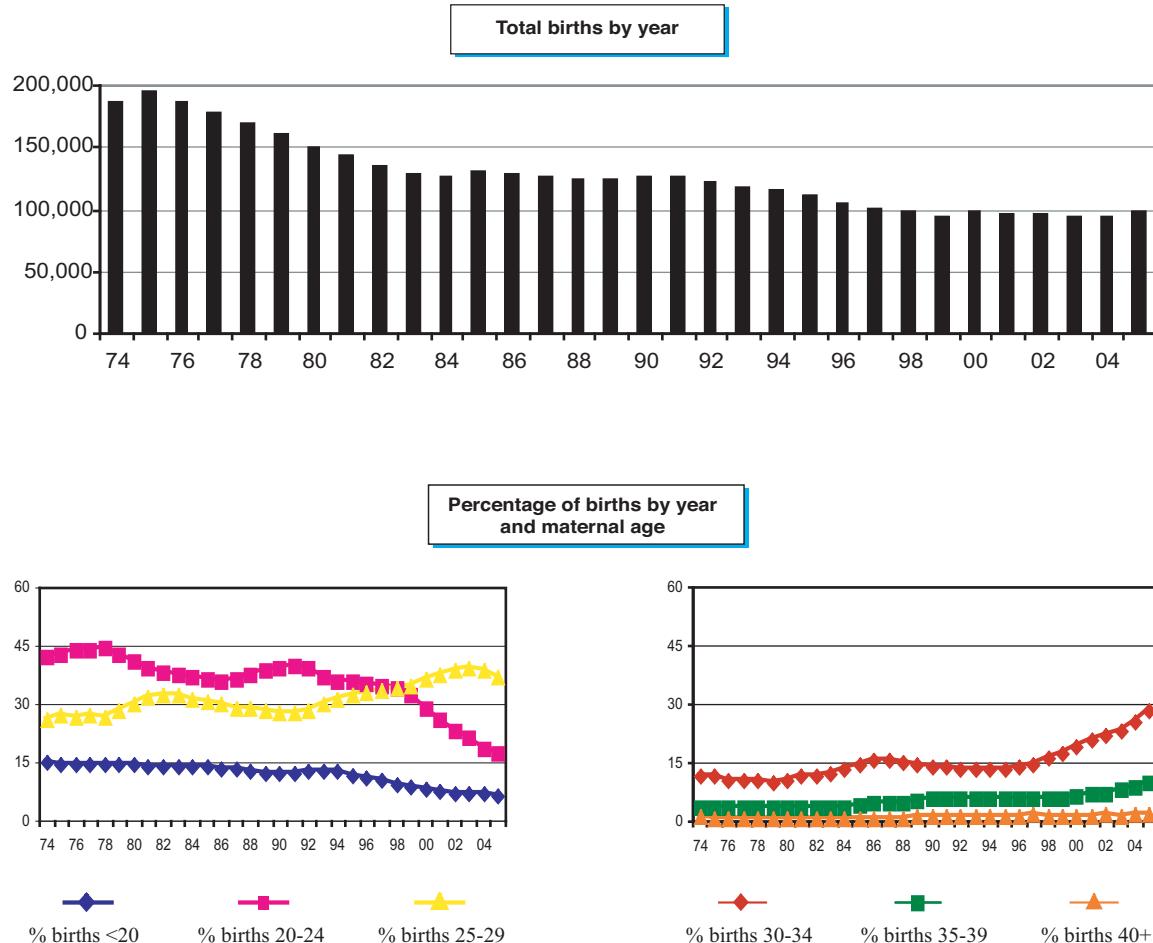
Phone: 36-1-476 1129

Fax: 36-1-476 1389

Web: <http://www.oszmk.hu/index.php?m=76>

Monitoring Systems

Hungary



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	37	88.1	Cystic kidney	9	9.5
Spina bifida	50	54.9	Limb reduction defects	6	6.3
Encephalocele	4	33.3	Diaphragmatic hernia	4	20.0
Holoprosencephaly	4	20.0	Omphalocele	18	54.5
Hydrocephaly	51	46.4	Gastroschisis	10	58.8
Hypoplastic left heart syndrome	9	23.1	Trisomy 13	18	72.0
Cleft palate without cleft lip	0	0.0	Trisomy 18	37	72.5
Cleft lip with or without cleft palate	4	1.9	Down syndrome	153	38.1
Renal agenesis	7	36.8			

Total ToPs with birth defects = 739 (Ratio ToPs/Births: 25.59 per 1,000 births)

*ToPs/ToPs+Births

Hungary: 2005

Live births (LB)	97,496
Stillbirths (SB)	506
Total births	98,002
Number of terminations of pregnancy (ToP) for birth defects	257

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	3	0	10	1.33
Spina bifida	18	0	16	3.47
Encephalocele	1	0	0	0.10
Microcephaly	12	0	0	1.22
Holoprosencephaly	3	0	0	0.31
Hydrocephaly	19	2	17	3.88
Anophthalmos	0	0	0	0.00
Microphthalmos	3	0	0	0.31
Unspecified Anophthalmos / Microphthalmos	0	0	0	0.00
Anotia	8	0	0	0.82
Microtia	1	0	0	0.10
Unspecified Anotia / Microtia	0	0	0	0.00
Transposition of great vessels	12	0	2	1.43
Tetralogy of Fallot	25	0	0	2.55
Hypoplastic left heart syndrome	11	0	6	1.73
Coarctation of aorta	20	0	0	2.04
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	30	0	0	3.06
Cleft lip with or without cleft palate	68	0	1	7.04
Oesophageal atresia / stenosis with or without fistula	20	0	1	2.14
Small intestine atresia / stenosis	14	0	0	1.43
Anorectal atresia / stenosis	15	0	0	1.53
Undescended testis (36 weeks of gestation or later)	181	0	0	18.47
Hypospadias	281	0	0	28.67
Epispadias	nr	nr	nr	nr
Indeterminate sex	2	0	0	0.20
Renal agenesis	4	0	2	0.61
Cystic kidney	29	0	4	3.37
Bladder extrophy	0	0	1	0.10
Polydactyly, preaxial	79	0	0	8.06
Total Limb reduction defects (include unspecified)	32	0	1	3.37
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	7	0	1	0.82
Omphalocele	6	0	3	0.92
Gastroschisis	3	0	3	0.61
Unspecified Omphalocele / Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	1	1	5	0.71
Trisomy 18	3	0	14	1.73
Down syndrome, all ages (include age unknown)	82	0	60	14.49
<20	5	0	2	11.05
20-24	15	0	1	9.52
25-29	18	0	3	5.76
30-34	24	0	13	13.47
35-39	18	0	28	48.99
40+	7	0	15	141.84
unknown	0	0	0	0.00

NOTE1: Epispadias included in Hypospadias

NOTE2: Only isolated birth defects are reported

nr = not reported

Monitoring Systems

Hungary: Previous years rates 1974 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1993

Birth prevalence rates: (LB+SB+TOP) * 10,000 from 1994

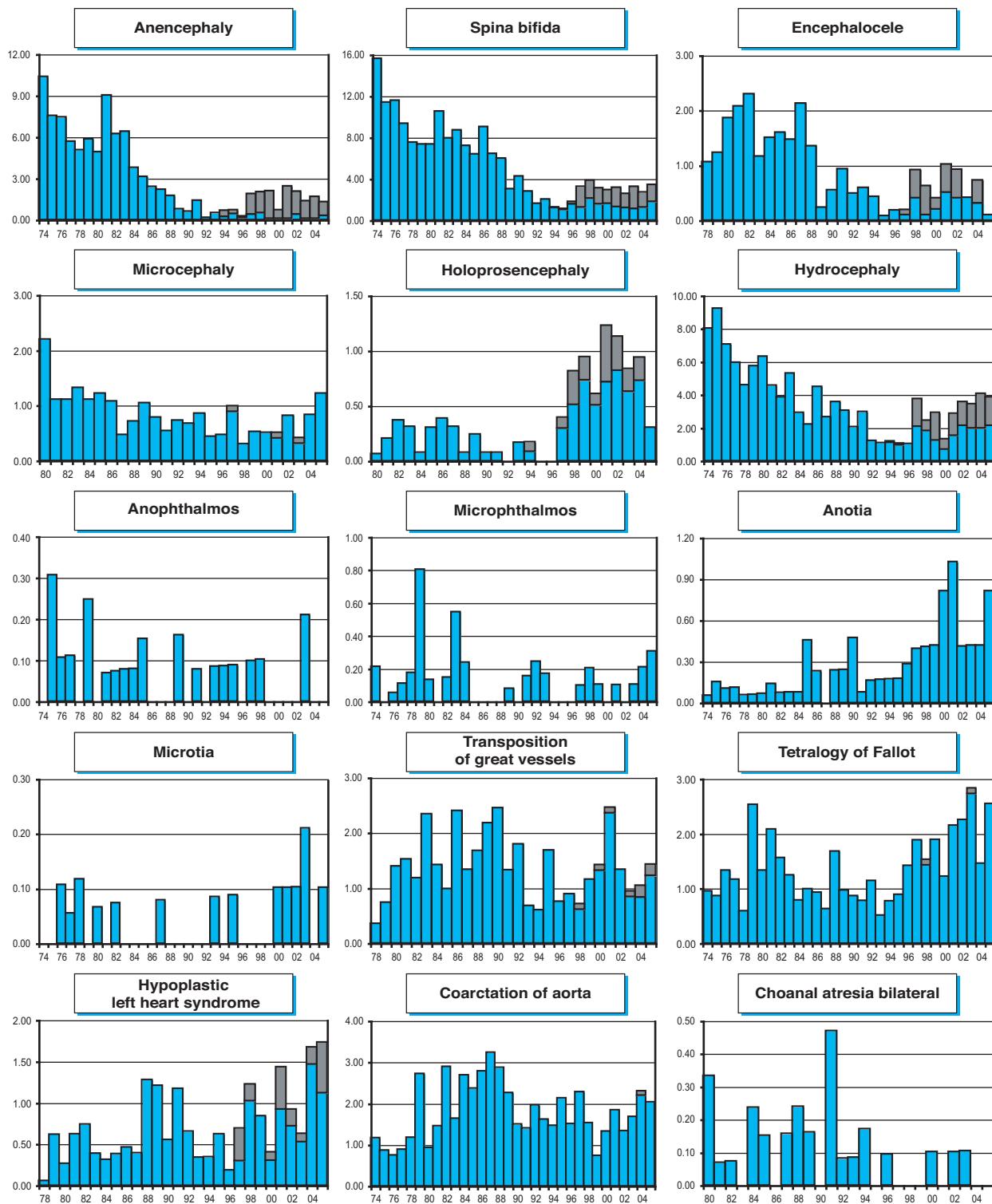
	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	1,230,902	663,967	631,149	595,926	497,607	483,716
Anencephaly	6.82	5.80	1.57	0.70	1.39	1.78
Spina bifida	10.23	8.22	5.80	1.81	2.99	3.04
Encephalocele	1.37*	1.75	1.16	0.52	0.46	0.64
Microcephaly	2.20*	1.17	0.82	0.65	0.56	0.76
Holoprosencephaly	0.07*	0.26	0.22	0.08	0.54	0.89
Hydrocephaly	6.80	3.80	3.18	1.54	2.29	3.58
Anophthalmos	0.11	0.09	0.03	0.07	0.04	0.04
Microphthalmos	0.20	0.18	0.02	0.12	0.08	0.14
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	0.09	0.17	0.24	0.15	0.46	0.62
Microtia	0.05	0.02	0.02	0.03	0.02	0.10
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	0.81*	1.49	2.01	1.22	0.98	1.45
Tetralogy of Fallot	1.23	1.36	1.01	0.82	1.59	2.25
Hypoplastic left heart syndrome	0.31*	0.50	0.78	0.64	0.66	1.28
Coarctation of aorta	1.19	2.20	2.54	1.71	1.49	1.84
Choanal atresia, bilateral	0.33*	0.11	0.11	0.17	0.04	0.04
Cleft palate without cleft lip	3.85	4.70	3.72	3.14	2.75	3.43
Cleft lip with or without cleft palate	10.87	11.22	9.38	8.64	6.43	6.95
Oesophageal atresia / stenosis with or without fistula	1.96*	1.64	1.93	1.11	0.96	1.24
Small intestine atresia / stenosis	1.33*	1.43	1.28	0.96	0.52	1.03
Anorectal atresia / stenosis	2.14*	2.26	1.90	1.31	0.88	1.12
Undescended testis (36 weeks of gestation or later)	15.68*	17.65	16.43	14.83	9.45	14.86
Hypospadias	16.28	21.19	21.22	21.13	18.99	23.84
Epispadias	nr	nr	nr	nr	nr	nr
Indeterminate sex	0.13*	0.35	0.33	0.17	0.12	0.45
Renal agenesis	1.41*	0.83	1.20	0.59	0.18	0.48
Cystic kidney	0.00*	0.05	0.24	0.44	1.63	2.85
Bladder extrophy	0.13*	0.42	0.35	0.05	0.08	0.10
Polydactyly, preaxial	0.00*	1.20	2.11	1.14	6.43	8.15
Total Limb reduction defects (include unspecified)	nr	4.35*	3.90	2.72	3.22	3.12
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	1.96	2.35	2.19	1.38	0.84	0.54
Omphalocele	nr	1.98*	1.14	0.72	0.86	1.16
Gastroschisis	nr	0.46*	0.52	0.59	0.58	0.79
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	nr	nr	nr	0.00	0.10	0.00
Trisomy 13	nr	0.17*	0.24	0.20	0.26	0.76
Trisomy 18	nr	0.25*	0.30	0.22	0.72	1.72
Down syndrome, all ages (include age unknown)	8.98	8.03	8.32	8.16	8.32	14.06
<20	nr	1.80*	1.97	1.64	2.77	6.52
20-24	nr	2.11*	2.88	2.06	3.58	7.47
25-29	nr	3.55*	4.28	2.75	4.42	7.99
30-34	nr	5.02*	5.50	4.52	6.71	13.93
35-39	nr	11.82*	17.97	18.28	21.12	41.01
40-44	nr	57.93*	57.61	78.04	106.78	164.09
45+	nr	nr	nr	nr	nr	nr
unspecified	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Hungary

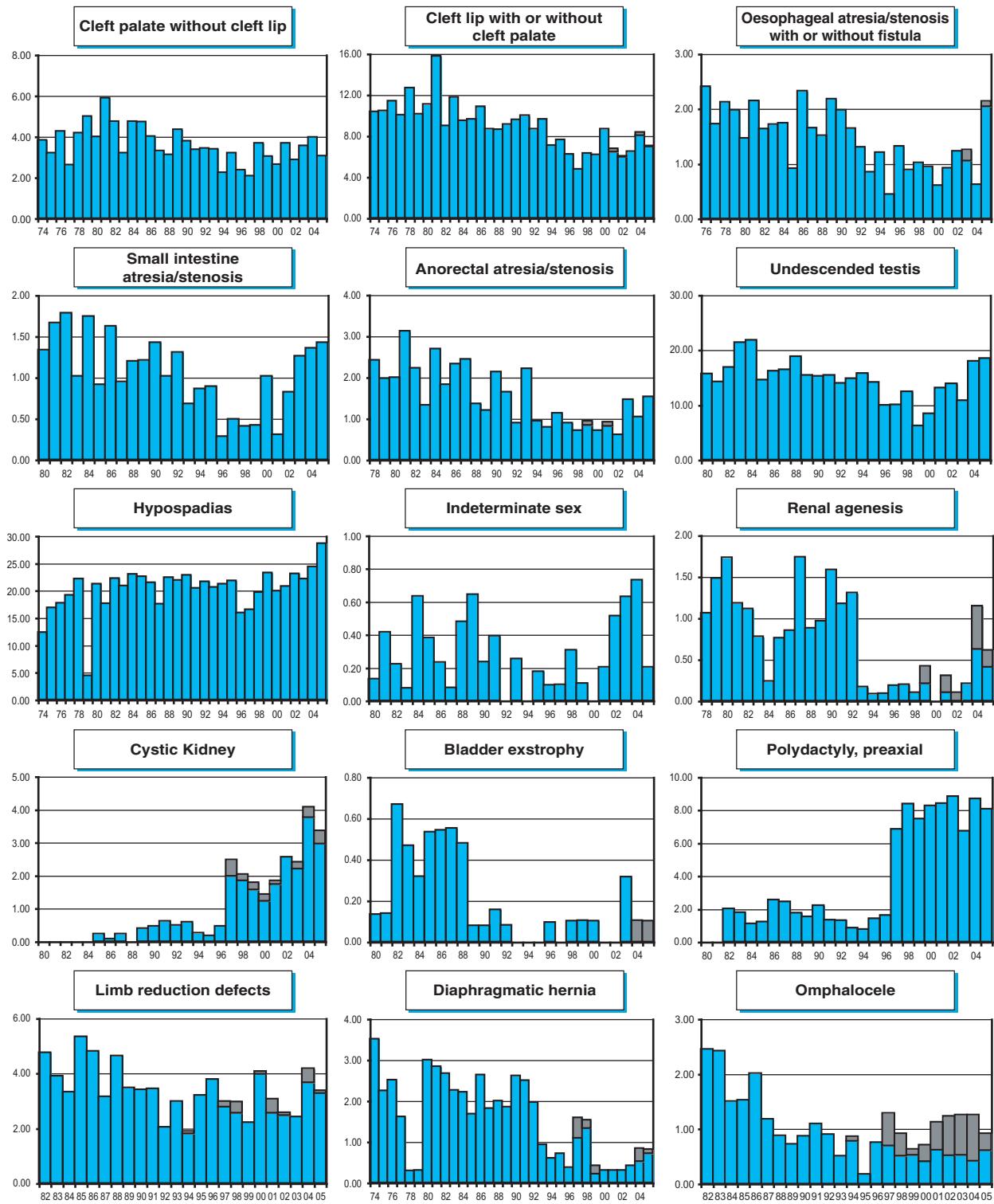
'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

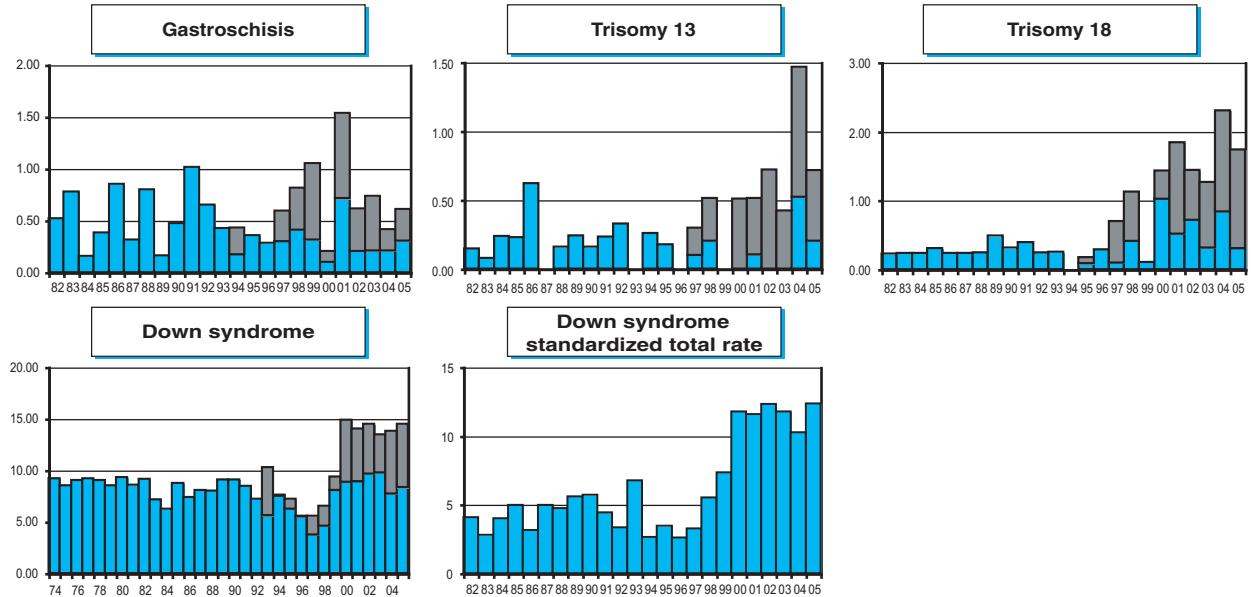
Monitoring Systems

Hungary



Note: ■ L+S rates, ■ ToP rates

Hungary



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Iran: TROCA

Tabriz Registry of Congenital Anomalies (TROCA)

History:

The programme was initiated in 2000, but the registry started in 2003. It was then accepted as a member of the ICBDSR in the 2006 annual meeting in Uppsala, Sweden.

Size and coverage:

TROCA is a hospital-based registry and situated in the North-West of Iran covering all births and children in three university hospitals in the city of Tabriz. This city is one of the three major cities in the country. The programme is based on approximately 60-70% of all births (15000 births per year) in the area.

Legislation and funding:

The programme has been financially supported by the National Public Health Management Centre (NPMC) as a research grant. TROCA is located in the Alzahra University hospital of Tabriz University of Medical Sciences.

Exposure information:

Some exposure information are currently available of mothers of all malformed infants. Other women giving birth in all university hospitals with normal newborns routinely complete a similar form. They might be considered as matched control group.

Background information: General epidemiological data and basic characteristic information are available for all births.

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School of Medicine

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Web: <http://www.tbzmed.ac.ir/troca>

Iran: 2005

Live births (LB)	20,477
Stillbirths (SB)	225
Total births	20,702
Number of terminations of pregnancy (ToP) for birth defects	17

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	13	19	nr	15.46
Spina bifida	2	nr	nr	0.97
Encephalocele	1	nr	nr	0.48
Microcephaly	1	1	nr	0.97
Holoprosencephaly	nr	nr	nr	nr
Hydrocephaly	26	2	nr	13.53
Anophthalmos	nr	nr	nr	nr
Microphthalmos	1	nr	nr	0.48
Unspecified Anophthalmos/ Microphthalmos	1	nr	nr	0.48
Anotia	nr	nr	nr	nr
Microtia	nr	nr	nr	nr
Unspecified Anotia/Microtia	nr	nr	nr	nr
Transposition of great vessels	1	nr	nr	0.48
Tetralogy of Fallot	nr	nr	nr	nr
Hypoplastic left heart syndrome	nr	nr	nr	nr
Coarctation of aorta	nr	nr	nr	nr
Choanal atresia, bilateral	nr	nr	nr	nr
Cleft palate without cleft lip	8	1	nr	4.35
Cleft lip with or without cleft palate	5	nr	nr	2.42
Oesophageal atresia / stenosis with or without fistula	4	nr	nr	1.93
Small intestine atresia / stenosis	nr	nr	nr	nr
Anorectal atresia / stenosis	3	nr	nr	1.45
Undescended testis (36 weeks of gestation or later)	55	1	nr	27.05
Hypospadias	14	nr	nr	6.76
Epispadias	nr	nr	nr	nr
Indeterminate sex	nr	nr	nr	nr
Renal agenesis	2	nr	nr	0.97
Cystic kidney	nr	nr	nr	nr
Bladder extrophy	nr	nr	nr	nr
Polydactyly, preaxial	17	nr	nr	8.21
Total Limb reduction defects (include unspecified)	42	nr	nr	20.29
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	42	nr	nr	20.29
Diaphragmatic hernia	nr	nr	nr	nr
Omphalocele	nr	nr	nr	nr
Gastroschisis	nr	nr	nr	nr
Unspecified Omphalocele/Gastroschisis	nr	nr	nr	nr
Prune belly sequence	nr	nr	nr	nr
Trisomy 13	nr	nr	nr	nr
Trisomy 18	2	nr	nr	0.97
Down syndrome, all ages (include age unknown)	7	nr	nr	3.38
<20	nr	nr	nr	nr
20-24	1	nr	nr	1.75
25-29	nr	nr	nr	nr
30-34	1	nr	nr	3.68
35-39	1	nr	nr	10.67
40-44	nr	nr	nr	nr
45+	nr	nr	nr	nr
unknown	4	nr	nr	1.93

nr = not reported

Monitoring Systems

Ireland

Dublin EUROCAT Registry

Ireland

Dublin EUROCAT Registry

History:

Register began in September 1979 and joined EUROCAT at the same time. Joined International Clearinghouse in 1997.

Size and coverage:

The Registry is population-based and situated in the East of Ireland covering the counties of Dublin, Wicklow and Kildare. About one third (22,000 births) of all births in Ireland occur in this region.

Legislation and funding:

The Registry is located within the Population Health Directorate of the Health Service Executive. Staffing includes a full time Research Nurse and a part time secretary and is led by a Specialist in Public Health Medicine. Funding is provided by the Department of Health through the Health Service Executive. There is a Steering Committee comprised of specialists from each of Maternity and Paediatric Hospitals in the catchment plus a representative from the Department of Health.

Exposure information:

For each malformed infant reported, very limited information is given on certain exposures. No information is available on controls.

Sources of ascertainment:

All live and still births included. Termination of pregnancy is not legal in Ireland.

Addresses and Staff:

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Health Service Executive

Dr. Steeven's Hospital

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E-mail: bob.mcdonnell@mailf.hse.ie

Virginia Delaney, Registry Co-ordinator/Research nurse

Population Health Directorate

Health Service Executive

Dr. Steeven's Hospital

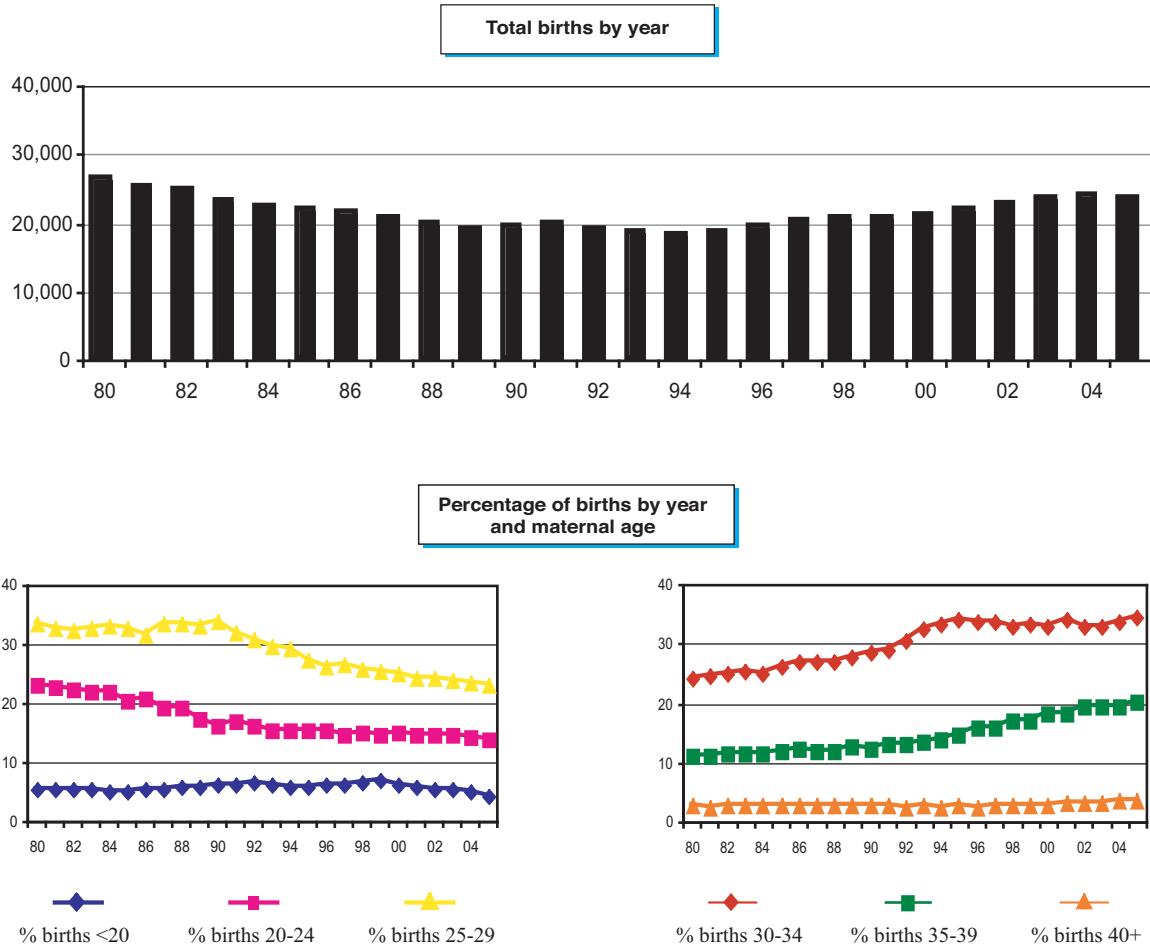
Dublin 8 - Ireland

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Ireland: Dublin



Monitoring Systems

Ireland: Dublin, 2005

Live births (LB)*	23,306
Stillbirths (SB)*	130
Total births*	23,436
Number of terminations of pregnancy (ToP) for birth defects	not permitted

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	2	3		2.13
Spina bifida	4	0		1.71
Encephalocele	1	1		0.85
Microcephaly	3	1		1.71
Holoprosencephaly	2	2		1.71
Hydrocephaly	2	1		1.28
Anophthalmos	0	0		0.00
Microphthalmos	3	0		1.28
Unspecified Anophthalmos/ Microphthalmos	0	0		0.00
Anotia	0	0		0.00
Microtia	1	0		0.43
Unspecified Anotia/Microtia	0	0		0.00
Transposition of great vessels	9	1		4.27
Tetralogy of Fallot	12	0		5.12
Hypoplastic left heart syndrome	7	2		3.84
Coarctation of aorta	12	0		5.12
Choanal atresia, bilateral	4	0		1.71
Cleft palate without cleft lip	17	0		7.25
Cleft lip with or without cleft palate	19	0		8.11
Oesophageal atresia / stenosis with or without fistula	5	1		2.56
Small intestine atresia / stenosis	2	0		0.85
Anorectal atresia / stenosis	11	0		4.69
Undescended testis (36 weeks of gestation or later)	nr	nr		nr
Hypospadias	16	0		6.83
Epispadias	nr	nr		nr
Indeterminate sex	0	0		0.00
Renal agenesis	4	2		2.56
Cystic kidney	10	1		4.69
Bladder extrophy	4	0		1.71
Polydactyly, preaxial	15	1		6.83
Total Limb reduction defects (include unspecified)	5	1		2.56
Transverse	nr	nr		nr
Preaxial	nr	nr		nr
Postaxial	nr	nr		nr
Intercalary	nr	nr		nr
Mixed	nr	nr		nr
Unspecified	nr	nr		nr
Diaphragmatic hernia	5	0		2.13
Omphalocele	6	2		3.41
Gastroschisis	9	0		3.84
Unspecified Omphalocele/Gastroschisis	0	0		0.00
Prune belly sequence	0	0		0.00
Trisomy 13	5	2		2.99
Trisomy 18	5	8		5.55
Down syndrome, all ages (include age unknown)	52	1		22.61
<20	2	0		19.96
20-24	3	0		9.30
25-29	2	0		3.69
30-34	14	0		17.40
35-39	22	0		46.89
40-44	8	1		106.89
45+	1	0		434.78
unknown	0	0		0.00

nr = not reported

* estimated

Ireland: Dublin, Previous years rates 1980 - 2005

Birth prevalence rates: (LB+SB) * 10,000

	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	26,202	117,167	99,902	93,658	101,861	115,776
Anencephaly	17.94	13.23	8.21	4.59	3.24	2.85
Spina bifida	2.67	16.64	10.01	6.19	5.20	3.80
Encephalocele	1.53	2.73	1.30	2.78	1.47	1.12
Microcephaly	3.43	4.18	2.70	4.06	4.32	3.37
Holoprosencephaly	0.00	0.34	0.40	0.64	1.28	1.21
Hydrocephaly	nr	nr	nr	nr	2.06	2.25
Anophthalmos	0.00	0.34	0.00	0.43	0.59	0.17
Microphthalmos	0.00	0.85	1.30	1.17	2.85	0.86
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	nr	nr	nr	nr	nr	0.11*
Microtia	nr	nr	nr	nr	nr	0.11*
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	nr	nr	nr	nr	5.10	3.89
Tetralogy of Fallot	2.29	2.99	2.60	3.10	3.73	2.94
Hypoplastic left heart syndrome	2.29	2.05	2.10	2.24	1.96	2.59
Coarctation of aorta	3.82	4.78	6.81	5.87	6.09	6.82
Choanal atresia, bilateral	0.38	0.34	0.70	1.17	1.87	1.04
Cleft palate without cleft lip	7.25	7.00	6.71	8.54	7.66	8.72
Cleft lip with or without cleft palate	9.92	9.64	7.31	9.40	8.25	7.69
Oesophageal atresia / stenosis with or without fistula	4.58	3.76	3.40	3.20	3.44	2.16
Small intestine atresia / stenosis	2.29	2.90	2.70	2.03	2.26	0.86
Anorectal atresia / stenosis	2.67	3.41	4.30	2.88	2.06	2.94
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	nr
Hypospadias	12.21	15.28	10.61	12.71	18.85	11.83
Epispadias	nr	nr	nr	nr	nr	nr
Indeterminate sex	0.00	0.17	0.30	0.11	0.39	0.26
Renal agenesis	5.34	5.29	3.70	4.06	4.81	1.64
Cystic kidney	1.14	4.01	1.80	4.59	3.34	3.37
Bladder exstrophy	nr	nr	nr	nr	0.49	1.04
Polydactyly, preaxial	8.01	6.66	4.90	5.66	7.56	8.90
Total Limb reduction defects (include unspecified)	4.58	3.84	4.20	3.95	4.61	4.06
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	3.05	3.24	4.20	4.80	4.42	3.37
Omphalocele	2.29	2.56	2.60	2.14	2.65	3.71
Gastroschisis	0.00	0.34	0.40	1.17	2.65	3.02
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.00	0.09	0.50	0.53	0.39	0.69
Trisomy 13	1.14	1.02	1.20	0.64	3.44	2.07
Trisomy 18	1.91	2.30	2.00	3.20	4.12	4.23
Down syndrome, all ages (include age unknown)	21.75	18.44	17.92	20.93	23.27	20.64
<20	nr	nr	nr	17.96*	7.57	8.38
20-24	nr	nr	nr	7.84*	7.89	7.77
25-29	nr	nr	nr	9.68*	10.30	5.83
30-34	nr	nr	nr	17.85*	18.25	13.40
35-39	nr	nr	nr	42.21*	51.61	45.59
40-44	nr	nr	nr	164.38*	144.81	130.60
45+	nr	nr	nr	869.57*	560.75	192.31
unknown	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Monitoring Systems

Ireland: Dublin

Time trends 1980-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

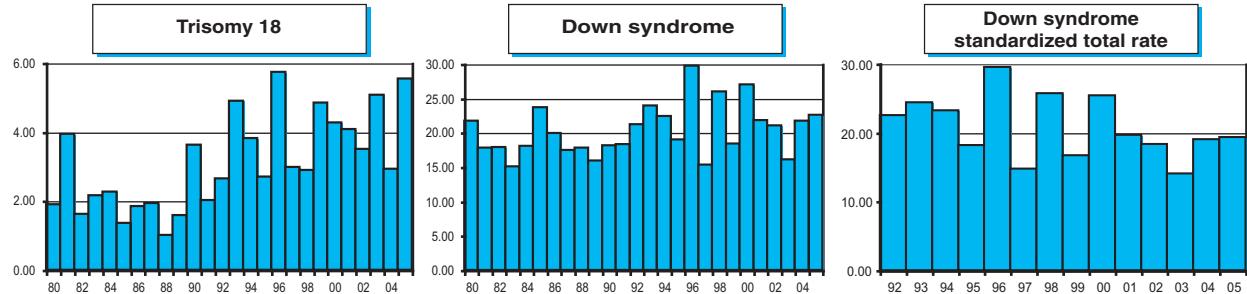
Ireland: Dublin



Note: ■ L+S rates

Monitoring Systems

Ireland: Dublin



Note: ■ L+S rates

Israel: IBDSP

Israel Birth Defects Surveillance Program

History :

The program started in one hospital in 1966 and was a founder member of the Clearinghouse. It was a full member until 1986, when it became an associate member.

Size and coverage:

Reports are now obtained from five hospitals: three are located in the central region of the country, one in the south (with the largest number of births in the country) and one in the north. The total number of births is now around 40,000 per year (27% of all births in Israel).

Stillbirths of 20 weeks gestation or more and 500 grams or more are included.

The registry of termination of pregnancy began in 1995.

Legislation and funding:

The Registry is a research program supported by research grants without any governmental support.

Sources and ascertainment:

Reporting is voluntary. Reports are obtained from the Departments of Neonatology in the participating hospitals. The included hospitals are: Rabin Medical Center, Beilinson Hospital, Petah Tikva (Prof Sirota, Prof Linder)
Lis Medical Center, Tel-Aviv (Prof Dolberg); these two hospitals are affiliated to Sackler School of Medicine, Tel-Aviv University.
Kaplan Hospital, Rehovot (Prof Shinwell) affiliated to Hebrew University, Jerusalem.

The hospital in the south is Soroka Medical Center, Beer Sheva (Dr Landau, Prof Zmora) affiliated to Ben-Gurion University of the Negev, Beer-Sheva. The hospital in the north is Bnai Zion Medical Center, Haifa (Dr Bader), affiliated to Faculty of Medicine, Technion, Haifa.

Exposure information:

Complete anamneses are obtained by interviews of mothers of all malformed infants. The socio-demographic data of all the other women with normal newborns are also obtained.

Background information:

Epidemiological information on all births occurring in the participating hospitals is available.

Addresses and Staff:

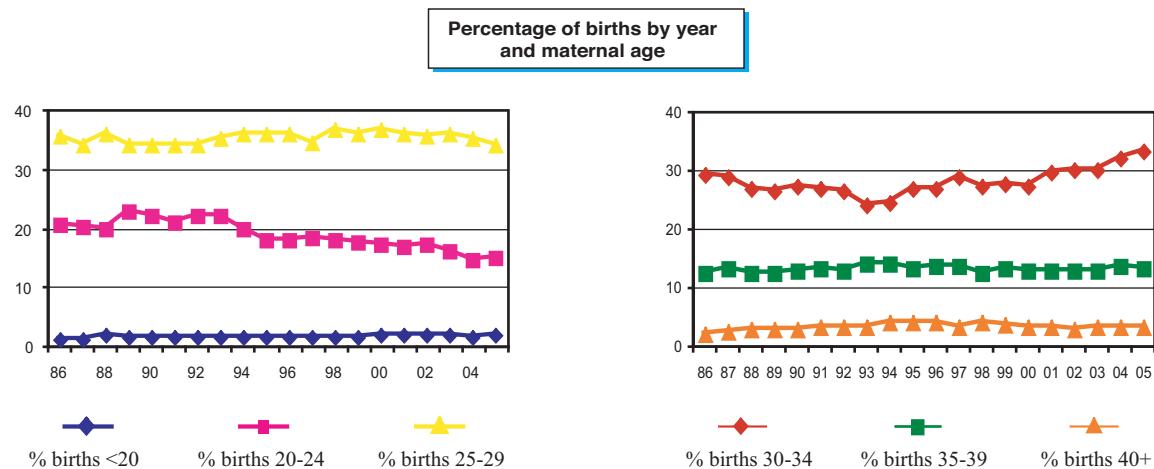
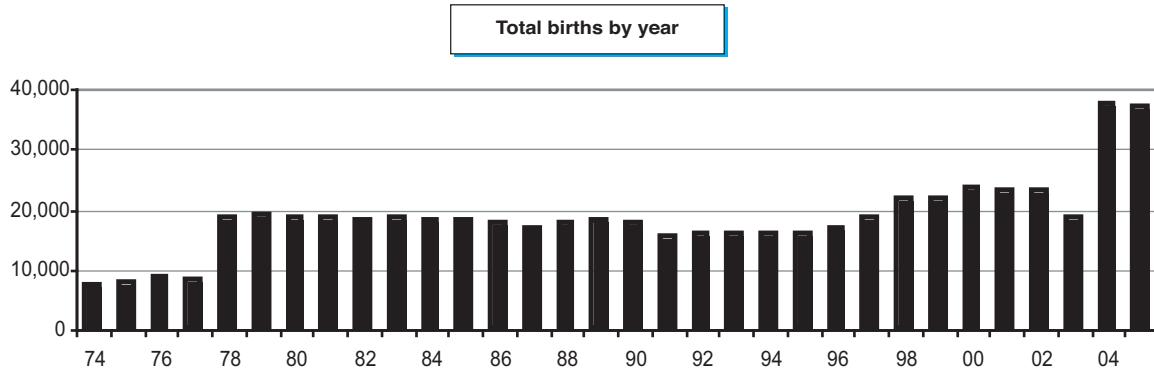
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Monitoring Systems

Israel: IBDSP



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	6	26.1	Cystic kidney	1	5.3
Spina bifida	10	28.6	Limb reduction defects	2	7.4
Encephalocele	2	66.7	Diaphragmatic hernia	3	15.0
Holoprosencephaly	2	50.0	Omphalocele	2	22.2
Hydrocephaly	11	21.6	Gastroschisis	0	0.0
Hypoplastic left heart syndrome	5	22.7	Trisomy 13	2	40.0
Cleft palate without cleft lip	0	0.0	Trisomy 18	2	14.3
Cleft lip with or without cleft palate	4	9.1	Down syndrome	37	38.1
Renal agenesis	1	7.7			

Total ToPs with birth defects = 112 (Ratio ToPs/Births: 1.20 per 1,000)

*ToPs/ToPs+Births

Israel: IBDMS, 2005

Live births (LB)	36,598
Stillbirths (SB)	331
Total births	36,929
Number of terminations of pregnancy (ToP) for birth defects	37

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	5	1	0	1.62
Spina bifida	7	2	5	3.79
Encephalocele	0	0	0	0.00
Microcephaly	6	0	1	1.90
Holoprosencephaly	2	0	1	0.81
Hydrocephaly	14	1	0	4.06
Anophthalmos	0	0	0	0.00
Microphtalmos	1	0	0	0.27
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	0	0	0	0.00
Microtia	1	0	0	0.27
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	12	0	3	4.06
Tetralogy of Fallot	17	0	2	5.15
Hypoplastic left heart syndrome	6	0	4	2.71
Coarctation of aorta	13	1	2	4.33
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	20	0	0	5.42
Cleft lip with or without cleft palate	17	0	1	4.87
Oesophageal atresia/stenosis with or without fistula	13	0	0	3.52
Small intestine atresia/stenosis	1	0	0	0.27
Anorectal atresia/stenosis	5	0	0	1.35
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	108	0	0	29.25
Epispadias	0	0	0	0.00
Indeterminate sex	nr	nr	nr	nr
Renal agenesis	5	0	0	1.35
Cystic kidney	9	0	0	2.44
Bladder extrophy	0	0	0	0.00
Polydactyl, preaxial	4	0	0	1.08
Total Limb reduction defects (include unspecified)	7	0	1	2.17
Transverse	3	0	1	1.08
Preaxial	3	0	0	0.81
Postaxial	0	0	0	0.00
Intercalary	1	0	0	0.27
Mixed	0	0	0	0.00
Unspecified	0	0	0	0.00
Diaphragmatic hernia	8	0	0	2.17
Omphalocele	2	0	2	1.08
Gastroschisis	1	0	0	0.27
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	2	1	0	0.81
Trisomy 13	1	0	1	0.54
Trisomy 18	5	0	0	1.35
Down syndrome, all ages (include age unknown)	23	0	14	10.02
<20	1	0	0	15.92
20-24	3	0	0	5.49
25-29	4	0	1	3.99
30-34	4	0	5	7.34
35-39	5	0	5	20.36
40-44	6	0	3	90.27
45+	0	0	0	0.00
unknown	0	0	0	0.00

nr = not reported

Monitoring Systems

Israel: IBDMS, Previous years rates 1974 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1985

Birth prevalence rates: (LB+SB+TOP) * 10,000 since 1986

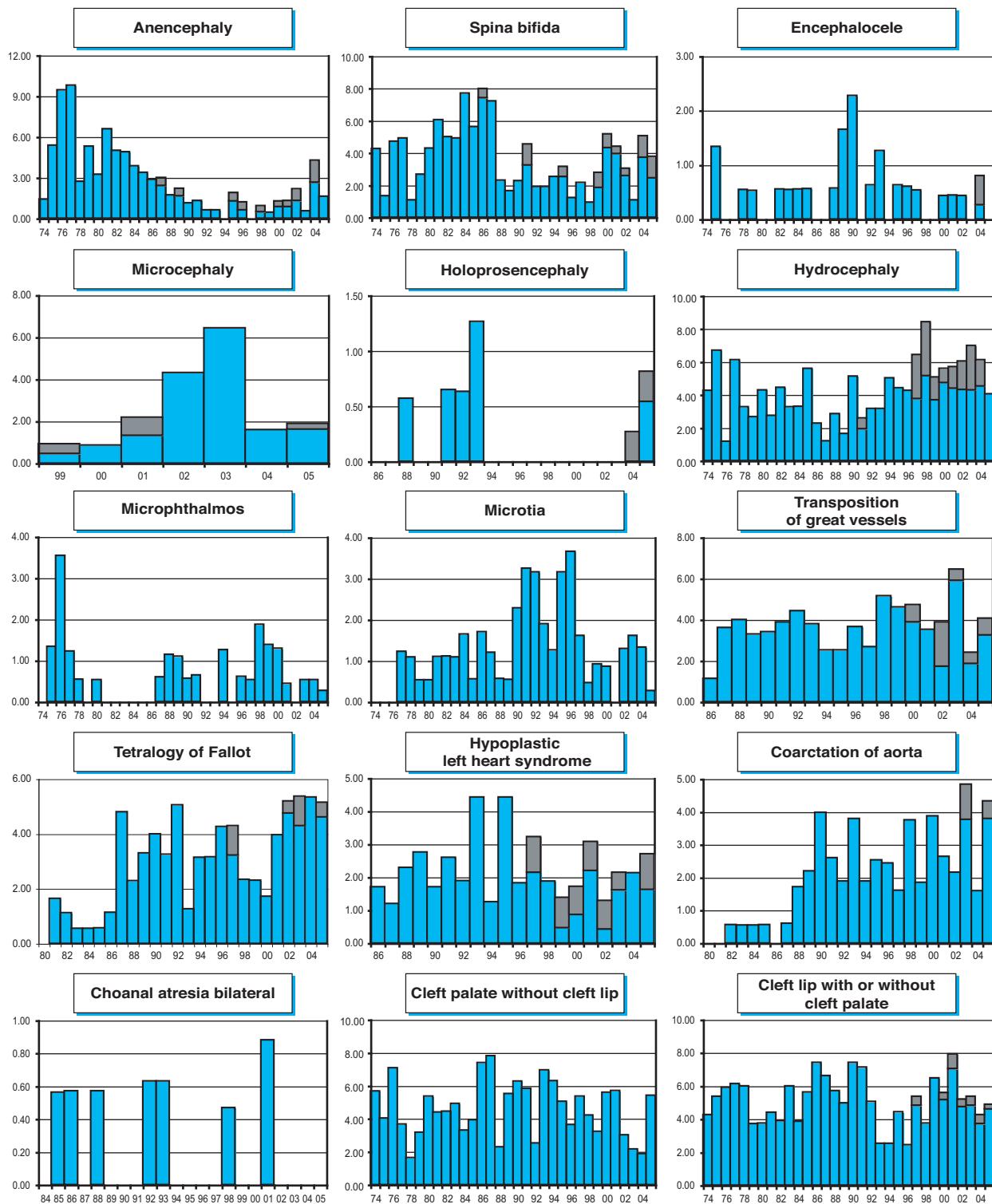
	1974-80	1981-85	1986-90	1991-95	1996-00	2001-05
Births	86,899	90,506	87,374	78,764	101,249	138,884
Anencephaly	4.83	4.75	2.17	0.89	0.79	2.23
Spina bifida	3.11	5.86	4.23	2.79	2.57	3.74
Encephalocele	0.35	0.44	0.92	0.51	0.30	0.36
Microcephaly	nr	nr	0.00	0.00	0.40	2.88
Arhinencephaly/Holoprosencephaly	nr	0.28	0.11	0.51	0.00	0.29
Hydrocephaly	3.80	3.87	2.63	3.68	6.02	5.62
Anophthalmos	0.00	0.00	0.00	0.00	0.00	0.14
Microphthalmos	0.81	0.00	0.69	0.38	1.19	0.36
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	---
Anotia	0.00	0.00	0.00	0.13	0.00	0.00
Microtia	0.58	1.10	1.26	2.54	1.38	0.86
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	nr	nr	3.09	3.43	4.25	3.82
Tetralogy of Fallot	nr	0.88	3.09	3.17	2.86	5.04
Hypoplastic left heart syndrome	nr	nr	1.95	2.92	1.98	2.30
Coarctation of aorta	nr	0.44	1.72	2.54	2.77	3.02
Choanal atresia, bilateral	nr	0.28*	0.23	0.25	0.10	0.14
Cleft palate without cleft lip	4.03	4.20	5.84	5.33	4.44	3.67
Cleft lip with or without cleft palate	4.83	4.75	6.41	4.32	4.84	5.33
Oesophageal atresia/stenosis with or without fistula	1.61	1.66	3.09	3.81	2.27	2.09
Small intestine atresia/stenosis	nr	0.83*	1.37	1.27	0.40	1.01
Anorectal atresia/stenosis	1.84	3.09	4.23	3.30	2.37	1.58
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	nr
Hypospadias	28.42	26.52	34.68	41.77	36.44	34.27
Epispadias	0.12	0.11	0.00	0.25	0.20	0.22
Indeterminate sex	nr	nr	nr	nr	nr	0.27*
Renal agenesis	nr	nr	0.69	0.89	0.49	0.94
Cystic kidney	0.46	0.99	1.26	1.14	1.78	2.02
Bladder exstrophy	0.12	0.22	0.92	0.25	0.30	0.50
Polydactyly, preaxial	0.23	0.66	0.46	0.38	1.19	1.01
Total Limb reduction defects (include unspecified)	3.11	3.09	2.63	3.55	1.09	2.45
Transverse	nr	0.69*	1.26	1.52	0.40	1.08
Preaxial	nr	0.69*	0.57	0.25	0.49	1.08
Postaxial	nr	0.42*	0.11	0.76	0.00	0.07
Intercalary	nr	0.28*	0.34	0.25	0.20	0.14
Mixed	nr	0.69*	0.34	0.76	0.00	0.07
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	2.15*	2.65	1.83	2.67	1.58	2.02
Omphalocele	1.61	2.54	0.80	1.27	0.40	0.94
Gastroschisis	0.00	0.77	0.23	0.00	0.20	0.36
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.46	0.11	0.11	0.00	0.10	0.29
Trisomy 13	nr	0.83*	0.34	0.38	0.49	0.50
Trisomy 18	nr	0.56*	0.69	0.63	1.28	1.30
Down syndrome, all ages (include age unknown)	10.24	11.05	11.90	6.86	9.09	10.08
<20	nr	nr	nr	nr	nr	16.31
20-24	nr	nr	nr	0.00	2.76	4.61
25-29	nr	nr	nr	2.90	5.49	4.93
30-34	nr	nr	nr	6.91	8.23	6.91
35-39	nr	nr	nr	17.90	16.54	19.74
40-44	nr	nr	nr	38.74	58.34	79.98
45+	nr	nr	nr	79.37	81.97	92.17
unknown	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Israel: IBDSP

'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

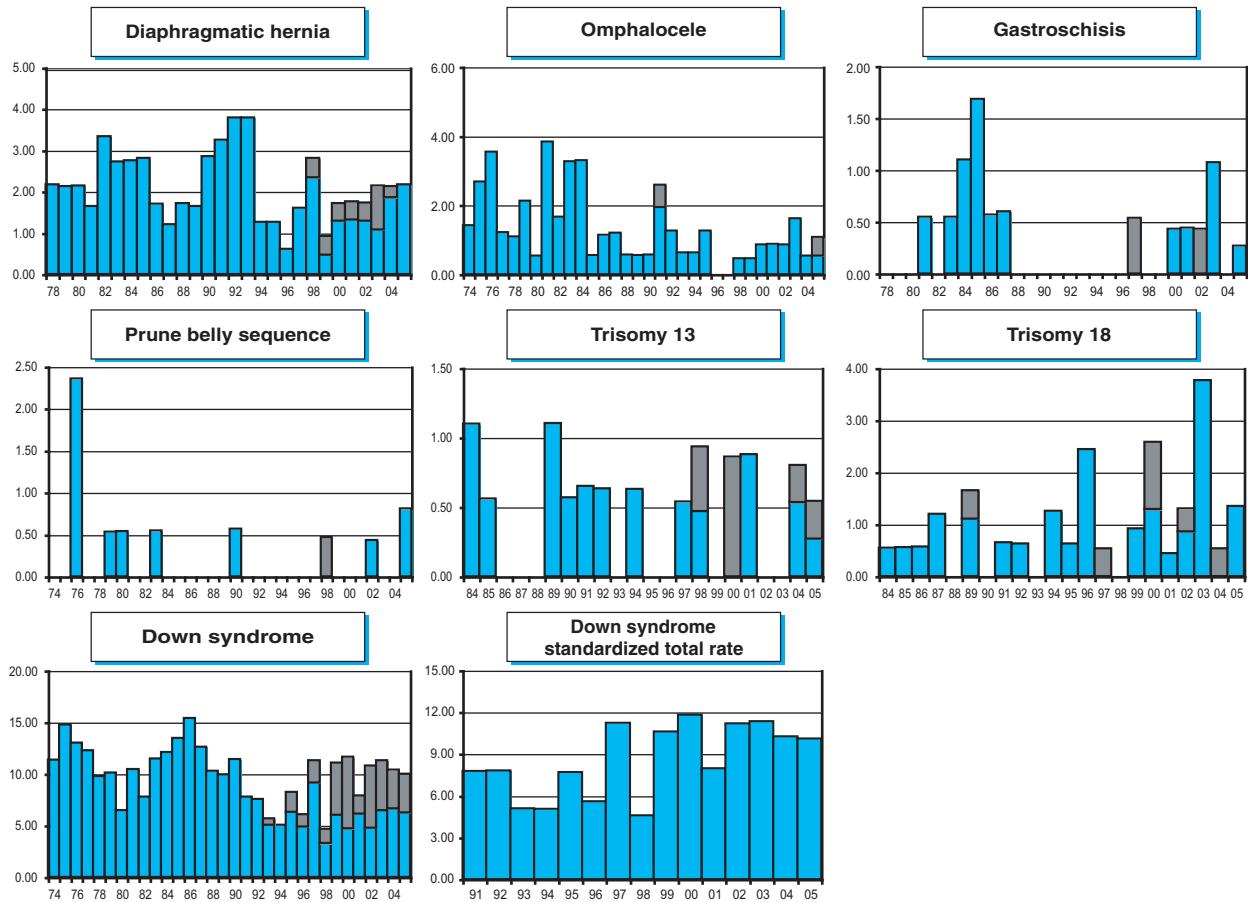
Monitoring Systems

Israel: IBDSP



Note: ■ L+S rates, ■ ToP rates

Israel: IBDSP



Note: ■ L+S rates, ■ ToP rates

Italy: BDRCam

Birth Defects Registry of Campania (BDRCam)

History:

The Registry started in 1991 and became a full member of the ICBDSR in 1996.

Size and coverage:

The Registry is based on reporting from hospitals distributed in Campania, a region in southern Italy. Naples is the main city. Initially 38 hospitals reported and the annual number of births was 38.000. Until 2001 the registry is hospital-based covering approximately 50.000 annual births. Actually beginning from 2002, the registry is population based covering approximately 100% of all births. Stillbirths and induced abortions are included. In 2002 is started officially a link with birth regional registry.

Legislation and funding:

The Registry is a surveillance Programme supported by grants from Regional Health Authorities. Participation was voluntary up to 1995. From 1996 participation is mandatory.

Sources of ascertainment:

Reports are obtained from delivery units and pediatric clinics at the participating hospitals. For selected malformations multiple sources are used

with follow-up to one year using specific records from pediatric specialties departments dealing with malformed infants.

Exposure information:

For each malformed infant reported, information is given on certain exposures, including maternal drug usage and parental occupation. Beginning from 2002 informations on controls are available but only partially on induced abortions.

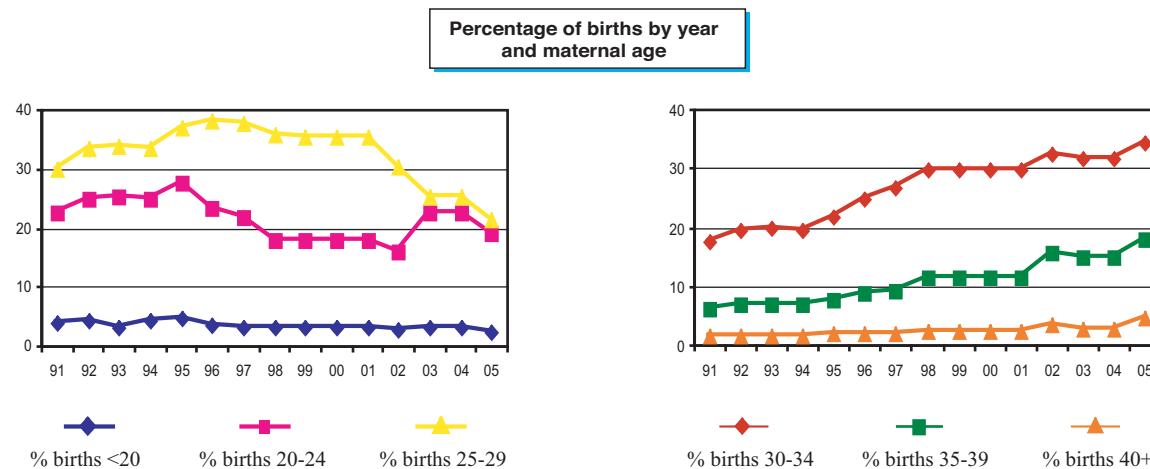
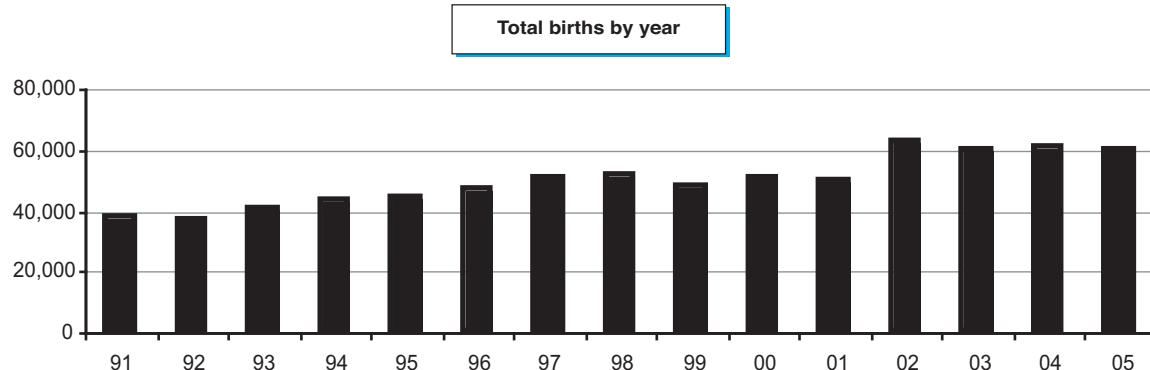
Background information:

Always from 2002 background information is given on certain exposures, including maternal drug usage and parental occupation. Informations on controls are available.

Addresses and Staff:

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Registro Campano Difetti Congeniti (BDRCam),
Medical Genetics Division,
Azienda Ospedaliera "G. Rummo", Via
dell'Angelo 1,
82100 Benevento, Italy
Phone: 39- 0824-57374
Fax: 39-0824-57495
E-mail: giorecam@tin.it

Italy: BDRCam



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	61	92.4	Cystic kidney	18	48.6
Spina bifida	41	80.4	Limb reduction defects	21	30.9
Encephalocele	11	100.0	Diaphragmatic hernia	12	36.4
Holoprosencephaly	13	72.2	Omphalocele	31	77.5
Hydrocephaly	116	92.1	Gastroschisis	7	100.0
Hypoplastic left heart syndrome	34	89.5	Trisomy 13	11	84.6
Cleft palate without cleft lip	6	10.3	Trisomy 18	37	84.1
Cleft lip with or without cleft palate	25	25.0	Down syndrome	167	68.4
Renal agenesis	21	39.6			

Total ToPs with birth defects = 801 (Ratio ToPs/Births: 4.41 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

Italy: BDRCam, 2005

Live births (LB)	59,432
Stillbirths (SB)	114
Total births	59,546
Number of terminations of pregnancy (ToP) for birth defects	272

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	0	23	3.86
Spina bifida	2	0	8	1.68
Encephalocele	0	0	4	0.67
Microcephaly	4	0	1	0.84
Holoprosencephaly	2	0	3	0.84
Hydrocephaly	6	0	34	6.72
Anophthalmos	2	0	0	0.34
Microphtalmos	2	0	0	0.34
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	2	0	0	0.34
Microtia	0	0	0	0.00
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	8	0	0	1.34
Tetralogy of Fallot	4	0	4	1.34
Hypoplastic left heart syndrome	1	0	10	1.85
Coarctation of aorta	5	0	2	1.18
Choanal atresia, bilateral	2	0	0	0.34
Cleft palate without cleft lip	17	0	1	3.02
Cleft lip with or without cleft palate	23	0	7	5.04
Oesophageal atresia/stenosis with or without fistula	9	0	1	1.68
Small intestine atresia/stenosis	6	0	2	1.34
Anorectal atresia/stenosis	10	1	3	2.35
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	30	0	0	5.04
Epispadias	3	0	0	0.50
Indeterminate sex	4	0	0	0.67
Renal agenesis	9	0	5	2.35
Cystic kidney	7	1	5	2.18
Bladder exstrophy	0	0	0	0.00
Polydactyl, preaxial	7	0	0	1.18
Total Limb reduction defects (include unspecified)	13	0	8	3.53
Transverse	11	0	5	2.69
Preaxial	1	0	2	0.50
Postaxial	0	0	0	0.00
Intercalary	0	0	1	0.17
Mixed	1	0	0	0.17
Unspecified	0	0	0	0.00
Diaphragmatic hernia	6	0	7	2.18
Omphalocele	1	0	8	1.51
Gastroschisis	0	0	0	0.00
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	1	0.17
Trisomy 13	0	0	4	0.67
Trisomy 18	2	0	18	3.36
Down syndrome, all ages (include age unknown)	16	1	53	11.76
<20	0	0	0	0.00
20-24	2	0	0	1.77
25-29	1	0	2	2.38
30-34	2	0	9	5.42
35-39	7	0	24	24.25
40-44	1	1	12	63.55
45+	0	0	0	0.00
unknown	3	0	6	137.40

nr = not reported

Italy: BDRCam, Previous years rates 1991 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1993
 Birth prevalence rates: (LB+SB+TOP) * 10,000 from 1994

	1974-80	1981-85	1986-90	1991-95	1996-00	2001-05
Total births				202,482	246,252	292,752
Anencephaly				1.83	3.05	3.25
Spina bifida				3.16	3.33	2.56
Encephalocele				0.64	1.02	0.79
Microcephaly				1.04	0.77	0.79
Holoprosencephaly				0.44	1.22	1.02
Hydrocephaly				4.10	5.44	6.11
Anophthalmos				0.64	0.37	0.20
Microphthalmos				0.25	0.24	0.65
Unspecified Anophthalmos / Microphthalmos				---	---	---
Anotia				0.69	0.53	0.41
Microtia				0.35	0.85	0.38
Unspecified Anotia / Microtia				---	---	---
Transposition of great vessels				1.58	2.19	1.06
Tetralogy of Fallot				2.72	2.40	2.22
Hypoplastic left heart syndrome				0.99	1.99	1.84
Coarctation of aorta				1.68	1.91	1.02
Choanal atresia, bilateral				0.20	0.16	0.24
Cleft palate without cleft lip				4.30	4.91	3.59
Cleft lip with or without cleft palate				7.06	7.23	5.19
Oesophageal atresia / stenosis with or without fistula				2.27	2.03	1.74
Small intestine atresia / stenosis				2.02	2.11	1.30
Anorectal atresia / stenosis				3.06	3.01	2.43
Undescended testis (36 weeks of gestation or later)				nr	nr	nr
Hypospadias				3.51	3.53	5.47
Epispadias				0.25	0.20	0.17
Indeterminate sex				0.40	0.69	0.79
Renal agenesis				1.93	3.37	3.25
Cystic kidney				1.78	2.60	2.08
Bladder exstrophy				0.35	0.16	0.00
Polydactyly, preaxial				1.78	1.87	1.23
Total Limb reduction defects (include unspecified)				5.28	5.08	3.96
Transverse				3.61	2.68	2.46
Preaxial				0.69	0.97	0.68
Postaxial				0.25	0.49	0.51
Intercalary				0.35	0.53	0.24
Mixed				0.15	0.12	0.07
Unspecified				---	---	---
Diaphragmatic hernia				1.98	2.44	2.12
Omphalocele				1.38	1.99	2.05
Gastroschisis				0.35	0.61	0.51
Unspecified Omphalocele / Gastroschisis				---	---	---
Prune belly sequence				0.00*	0.13*	0.10
Trisomy 13				0.84	0.61	0.72
Trisomy 18				1.04	1.95	1.95
Down syndrome, all ages (include age unknown)				12.54	13.08	12.74
<20				3.59	3.74	4.70
20-24				6.51	3.51	1.92
25-29				7.51	5.25	4.78
30-34				12.77	9.71	7.38
35-39				36.46	28.39	31.26
40-44				102.45	125.31	89.71
45+				197.37	226.24	70.30
unknown				---	---	---

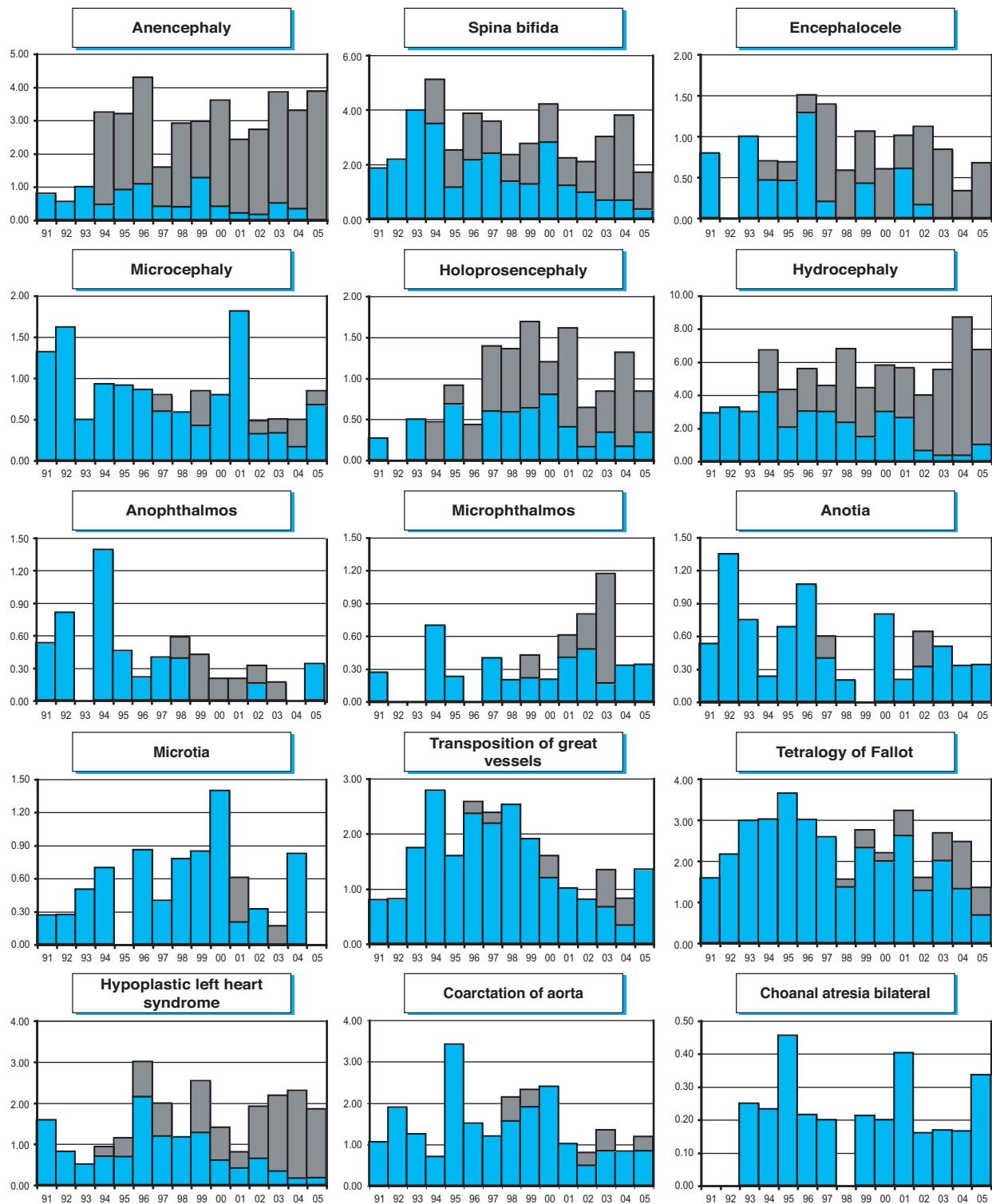
* data include less than 5 years

nr = not reported

Monitoring Systems

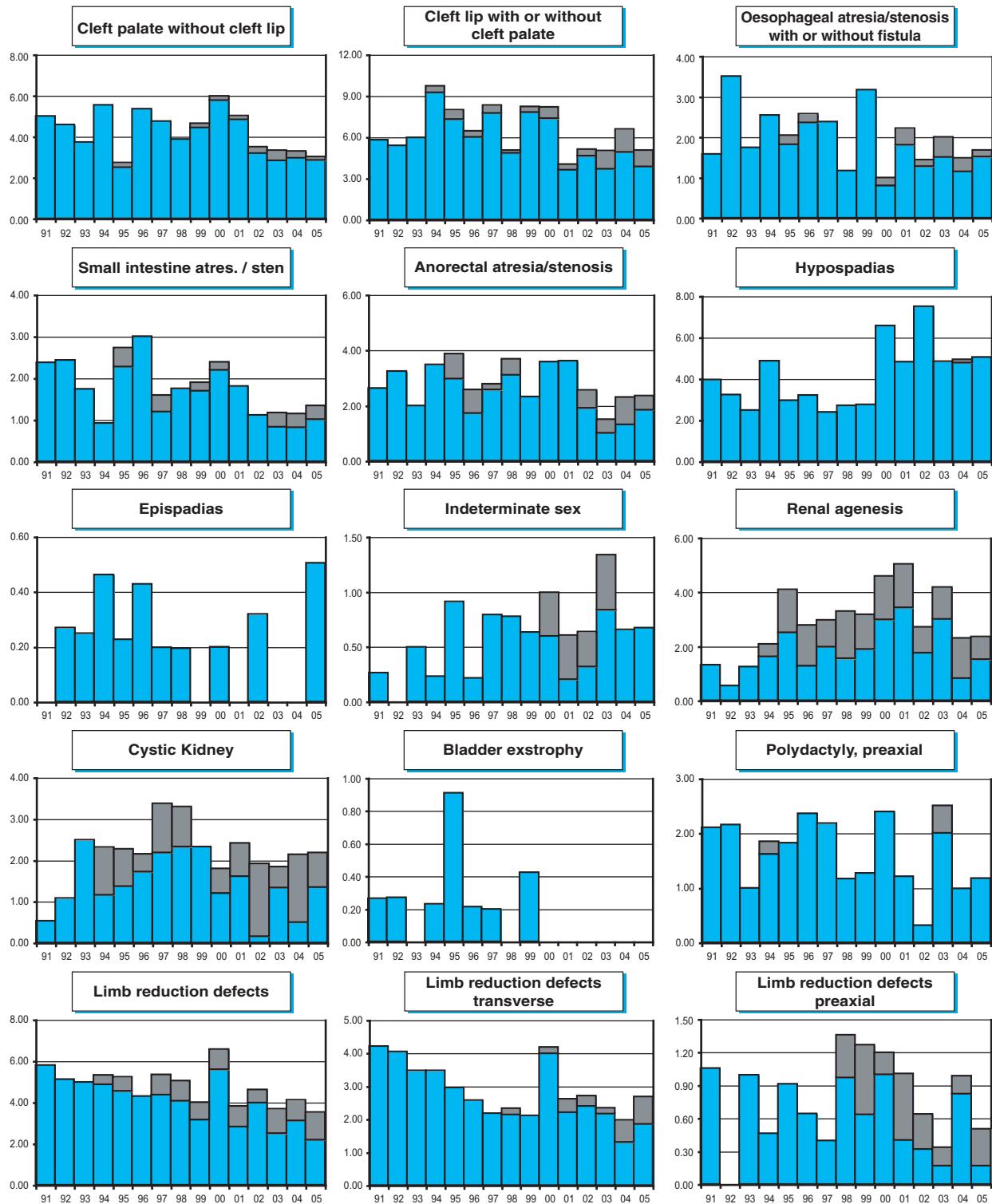
Italy: BDRCam

'Time trends 1991-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

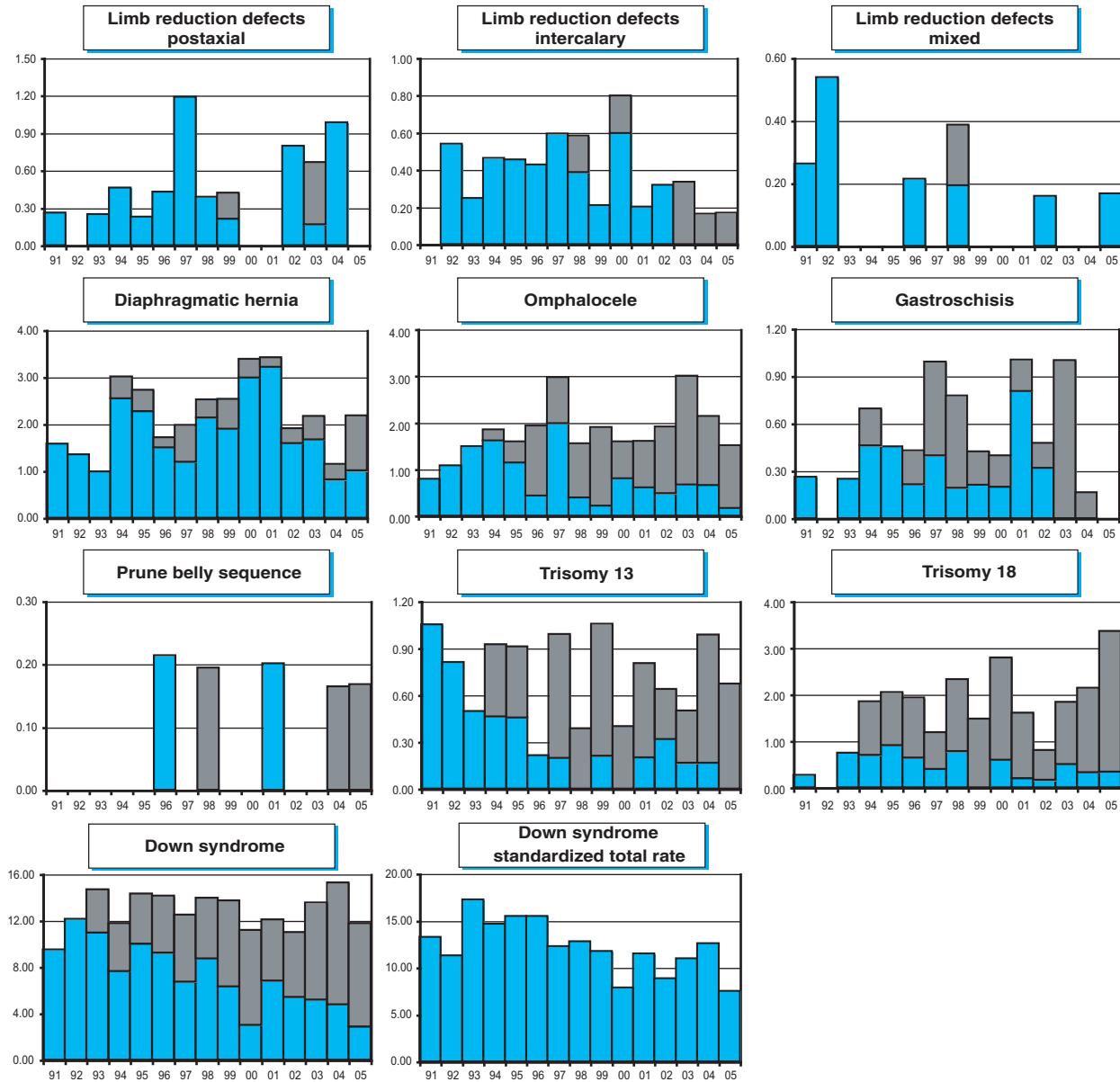
Italy: BDRCam



Note: L+S rates, ToP rates

Monitoring Systems

Italy: BDRCam



Note: ■ L+S rates, ■ ToP rates

Italy: IMER

Emilia-Romagna Registry of Congenital Malformations (IMER)

History:

The registry was started in 1978 in a few hospitals and has increased in size to now include 45 delivery units. The Programme became an associate member of the Clearinghouse in 1985.

Size and coverage:

The Programme is based on approximately 90% of all births in the Emilia-Romagna region, or approximately 25,000 annual births (4% of all births in Italy). Stillbirths of 28 weeks or more gestation are included.

Legislation and funding:

The Programme is recognised and financed by the health authorities, the National Research Council, and the Regional Health Council. Hospital participation is voluntary.

Sources of ascertainment:

Reporting is made by neonatologists and pediatricians during the first week of the infant's life. Selected malformations are followed up.

Exposure information:

Detailed exposure information is obtained by interviews of the mothers of malformed infants. For each malformed infant, a control is chosen (the baby born before or after the malformed case in the same hospital) and its mother is interviewed in a similar way.

Background information:

Some general demographic information is known for all births in the area. For each participating hospital, the number of livebirths and stillbirths are known.

Addresses and Staff:

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Istituto di Pediatria Preventiva/Neonatologia
Universita' di Bologna
Via Massarenti 11
40138 Bologna, Italy

Phone: 39-051-342754 /6364654

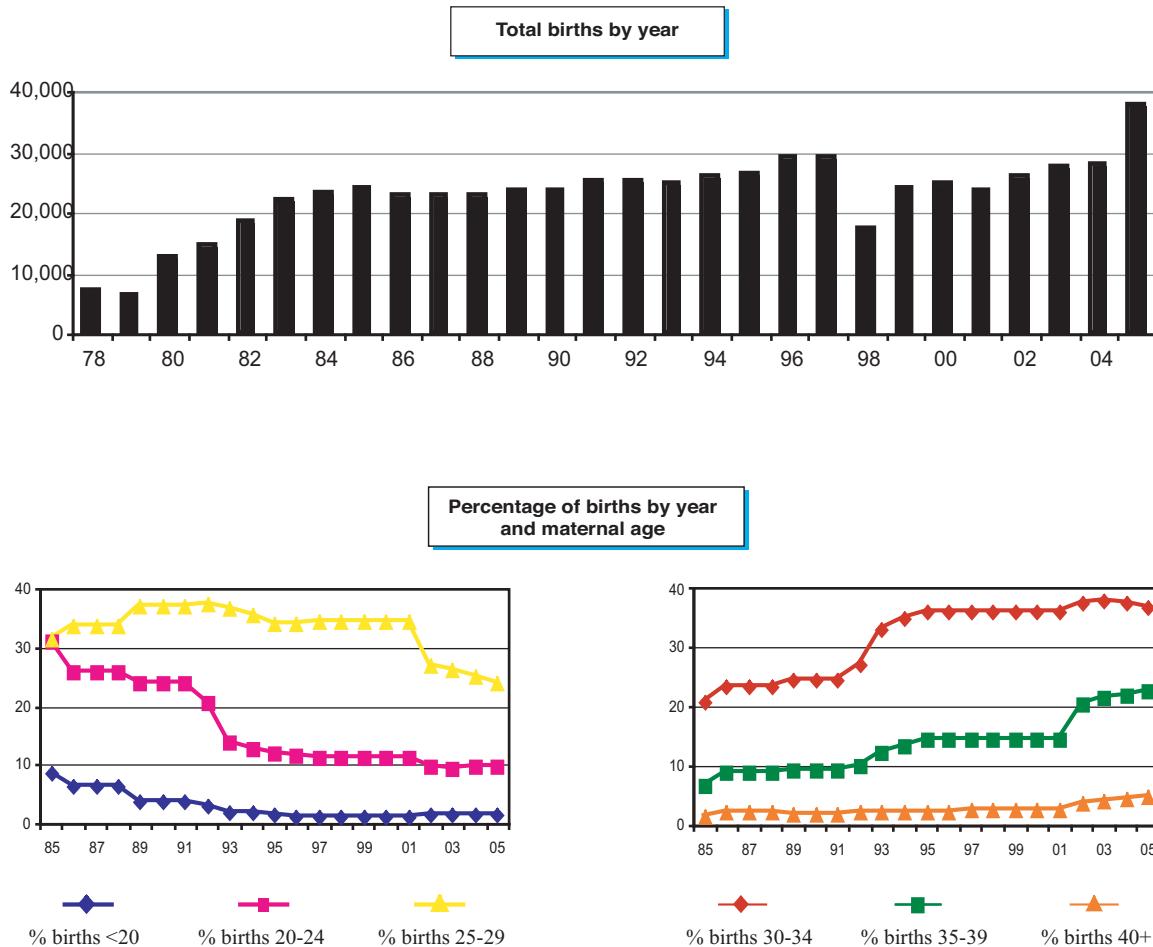
Fax: 39-051-342754

E-mail: guido.cocchi@unibo.it

Website: www.unife.it/imer

Monitoring Systems

Italy: IMER



Total ToPs with birth defects = 561 (Ratio ToPs/Births: 6.03 per 1,000)

*ToPs/ToPs+Births

Italy: IMER, 2005

Live births (LB)	37,530
Stillbirths (SB)	75
Total births	37,605
Number of terminations of pregnancy (ToP) for birth defects	186

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	2	8	2.66
Spina bifida	4	0	7	2.93
Encephalocele	1	1	2	1.06
Microcephaly	6	0	0	1.60
Holoprosencephaly	0	0	5	1.33
Hydrocephaly	6	0	9	3.99
Anophthalmos	0	0	0	0.00
Microphthalmos	4	0	2	1.60
Unspecified Anophthalmos/ Microphthalmos	0	0	0	0.00
Anotia	8	0	0	2.13
Microtia	5	0	0	1.33
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	11	0	5	4.25
Tetralogy of Fallot	11	0	3	3.72
Hypoplastic left heart syndrome	4	0	8	3.19
Coarctation of aorta	14	0	3	4.52
Choanal atresia, bilateral	3	0	0	0.80
Cleft palate without cleft lip	15	0	0	3.99
Cleft lip with or without cleft palate	20	0	7	7.18
Oesophageal atresia / stenosis with or without fistula	18	0	1	5.05
Small intestine atresia / stenosis	5	0	1	1.60
Anorectal atresia / stenosis	9	0	1	2.66
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	55	0	1	14.89
Epispadias	0	0	0	0.00
Indeterminate sex	4	0	0	1.06
Renal agenesis	7	0	7	3.72
Cystic kidney	16	0	6	5.85
Bladder extrophy	1	0	0	0.27
Polydactyly, preaxial	16	0	1	4.52
Total Limb reduction defects (include unspecified)	18	0	4	5.85
Transverse	5	0	2	1.86
Preaxial	4	0	1	1.33
Postaxial	3	0	0	0.80
Intercalary	0	0	0	0.00
Mixed	1	0	0	0.27
Unspecified	5	0	1	1.60
Diaphragmatic hernia	8	0	0	2.13
Omphalocele	1	0	1	0.53
Gastroschisis	2	0	1	0.80
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	0	0	4	1.06
Trisomy 18	0	0	13	3.46
Down syndrome, all ages (include age unknown)	31	0	42	19.41
<20	2	0	0	34.97
20-24	1	0	0	2.73
25-29	2	0	2	4.48
30-34	5	0	10	10.90
35-39	13	0	17	35.19
40-44	7	0	12	111.24
45+	0	0	0	0.00
unknown	1	0	1	57.47

nr = not reported

Monitoring Systems

Italy: IMER, Previous years rates 1978 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1993

Birth prevalence rates: (LB+SB+TOP) * 10,000 from 1994

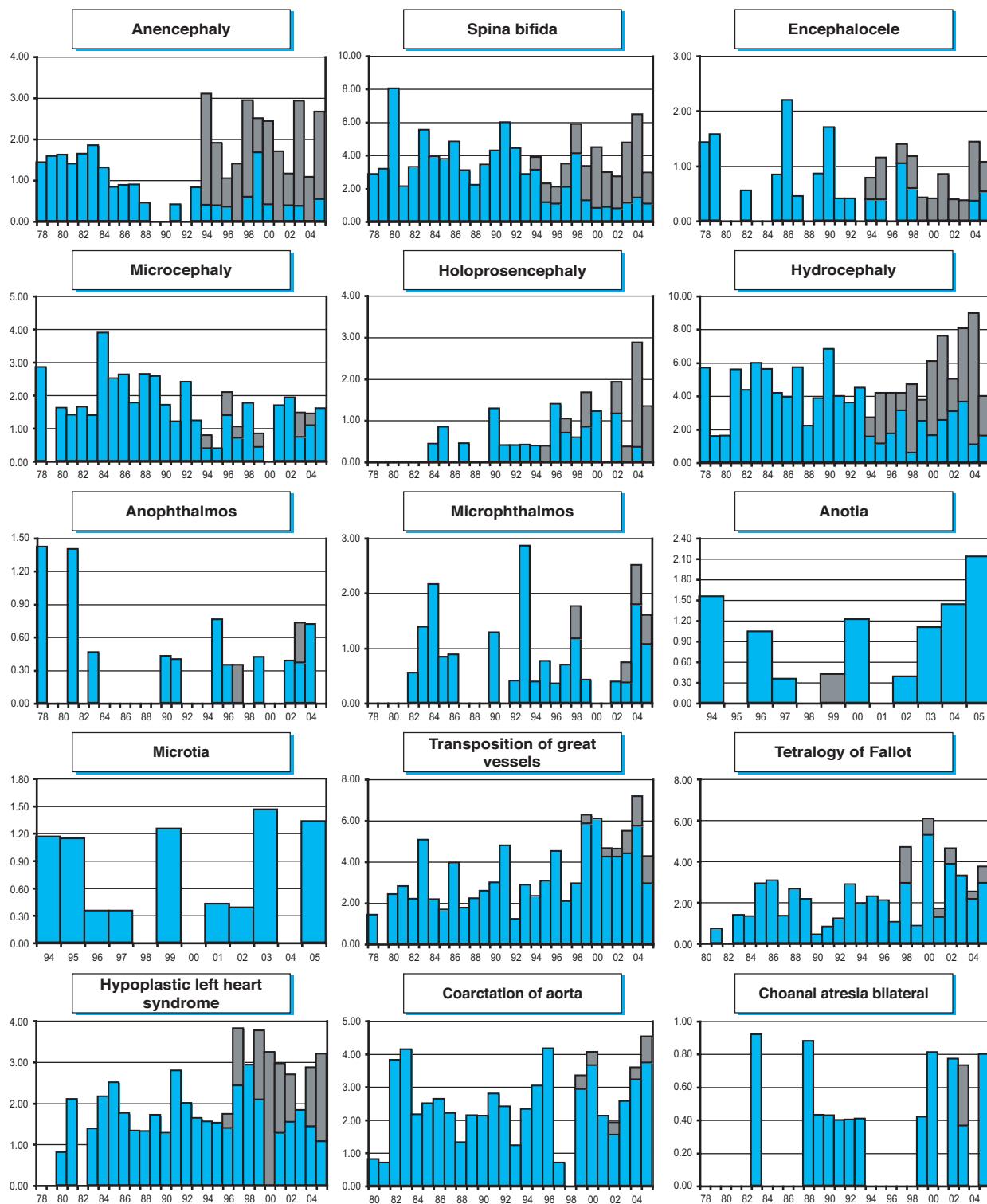
	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	25,878	101,622	115,334	126,943	123,541	142,659
Anencephaly	1.55	1.38	0.43	1.26	1.94	1.96
Spina bifida	5.41	3.84	3.55	3.86	3.64	3.93
Encephalocele	0.77	0.30	1.04	0.55	0.65	0.84
Microcephaly	1.55	2.26	2.25	1.18	1.13	1.61
Holoprosencephaly	0.00	0.30	0.35	0.39	1.21	1.33
Hydrocephaly	2.71	5.12	4.51	3.78	4.53	6.52
Anophthalmos	0.39	0.30	0.09	0.24	0.24	0.35
Microphthalmos	0.00	1.08	0.43	0.87	0.57	1.12
Unspecified Anophthalmos / Microphthalmos	---	---	---	---	---	---
Anotia	nr	nr	nr	0.77*	0.65	1.12
Microtia	nr	nr	nr	1.15*	0.40	0.77
Unspecified Anotia / Microtia	---	---	---	---	---	---
Transposition of great vessels	1.55	2.76	2.69	2.84	4.37	5.19
Tetralogy of Fallot	0.00	1.38	1.91	1.81	2.75	3.22
Hypoplastic left heart syndrome	0.39	1.67	1.47	1.89	3.08	2.73
Coarctation of aorta	0.80	2.76	2.08	2.36	2.59	3.08
Choanal atresia, bilateral	0.00	0.20	0.35	0.24	0.24	0.49
Cleft palate without cleft lip	3.48	5.12	7.20	4.88	4.05	3.93
Cleft lip with or without cleft palate	6.57	8.07	6.59	6.07	5.91	6.38
Oesophageal atresia / stenosis with or without fistula	3.09	3.94	3.90	3.70	3.56	3.50
Small intestine atresia / stenosis	2.71	2.26	3.90	3.23	2.75	2.66
Anorectal atresia / stenosis	0.39	3.35	3.12	2.99	2.67	3.72
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	nr
Hypospadias	20.87	18.89	20.64	17.27*	16.59	16.12
Epispadias	nr	nr	nr	0.00*	0.00	0.00
Indeterminate sex	nr	nr	nr	0.00*	0.24	0.56
Renal agenesis	3.09	0.98	1.56	1.50	3.08	4.28
Cystic kidney	0.39	0.59	0.78	0.39	4.21	4.49
Bladder exstrophy	0.77	0.30	0.69	0.08	0.24	0.21
Polydactyly, preaxial	9.27	9.64	7.37	6.14	3.89	2.59
Total Limb reduction defects (include unspecified)	nr	6.25*	5.72	4.73	4.45	4.98
Transverse	nr	4.16*	3.12	2.44	2.02	1.61
Preaxial	nr	0.00*	0.78	0.79	1.13	0.91
Postaxial	nr	0.42*	0.61	0.47	0.49	0.77
Intercalary	nr	0.42*	0.78	0.47	0.57	0.42
Mixed	nr	0.42*	0.35	0.32	0.08	0.21
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	1.16	1.67	2.08	3.15	3.24	3.50
Omphalocele	2.32	1.57	1.82	2.05	1.70	2.52
Gastroschisis	0.00	0.98	0.78	0.95	0.73	1.19
Unspecified Omphalocele / Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.39	0.49	0.26	0.24	0.40	0.14
Trisomy 13	1.16	1.38	0.87	0.71	0.89	1.89
Trisomy 18	0.39	1.38	1.04	1.26	2.35	4.70
Down syndrome, all ages (include age unknown)	17.78	13.48	12.40	15.83	19.43	18.65
<20	nr	0.00*	3.36	6.68	13.25	14.49
20-24	nr	4.05*	5.19	5.73	9.88	5.64
25-29	nr	13.22*	9.43	9.85	5.90	4.45
30-34	nr	14.01*	16.42	13.67	13.02	11.37
35-39	nr	62.15*	27.93	34.53	46.97	36.18
40-44	nr	55.40*	61.64	125.33	161.68	107.70
45+	nr	333.33*	0.00	165.29	198.68	86.58
unknown	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Italy: IMER

Time trends 1978-2003 (Birth prevalence rates per 10,000)



Note: L+S rates, ToP rates

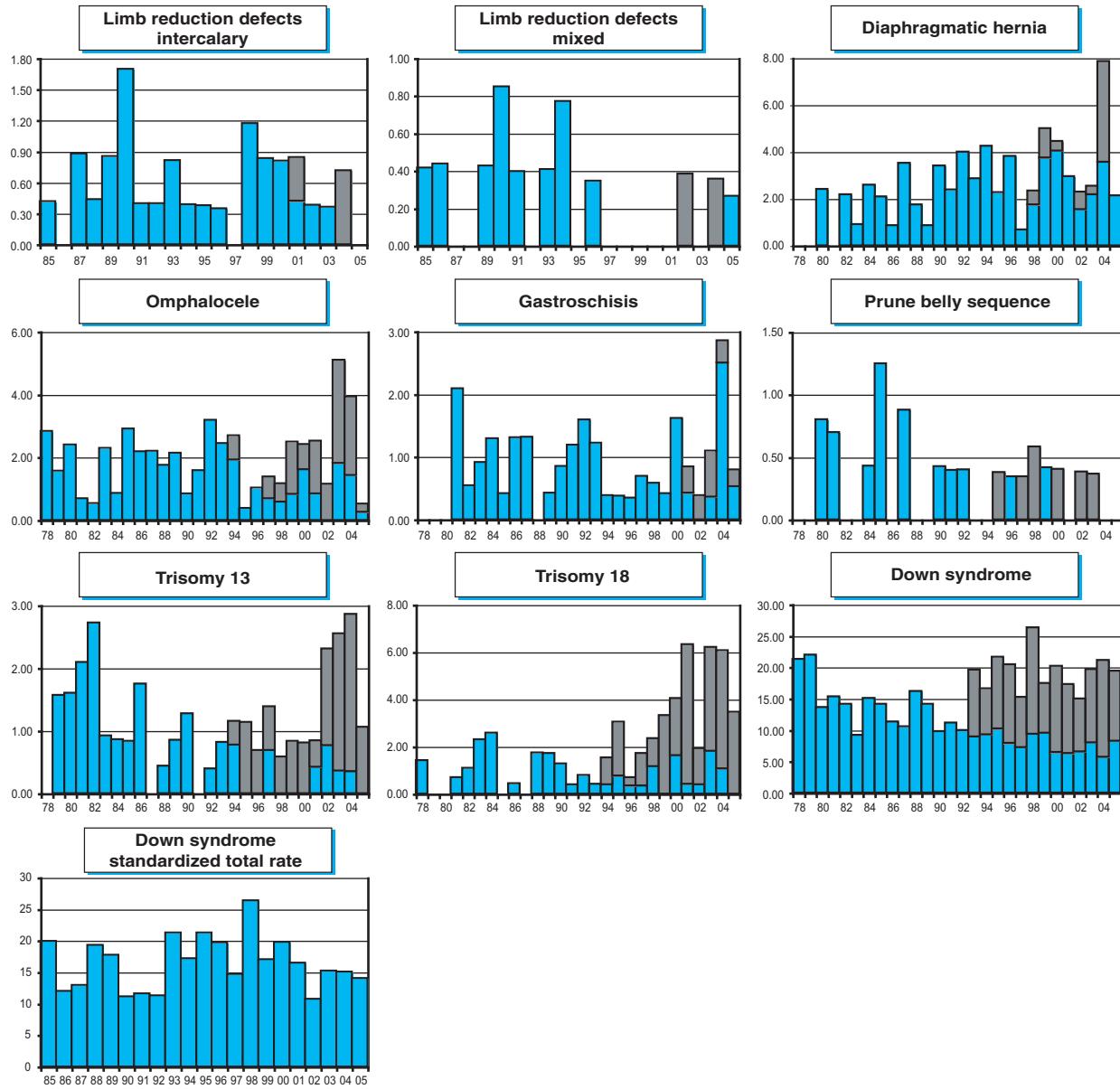
Monitoring Systems

Italy: IMER



Note: ■ L+S rates, ■ ToP rates

Italy: IMER



Note: ■ L+S rates, ■ ToP rates

Italy: ISMAC

Sicilian Registry of Congenital Malformations (ISMAC)

History:

The registry started in 1991 and became an associate member of the Clearinghouse in 1996.

Size and coverage:

The Programme is hospital based and actually collaborates with four south-east provinces (Catania, Enna, Ragusa and Siracusa) of the nine Sicilian provinces, with a covering rate higher than 75% and with more than 19,000 controlled newborns for year. Stillbirths are included.

Legislation and funding:

The Programme is a surveillance Programme with a voluntary participation, supported by ASMAC-Associazione per la Prevenzione Sociale e per il Trattamento delle Malformazioni Congenite and under Osservatorio Epidemiologico Regionale-Sicilia.

Sources of ascertainment:

Reports are obtained from delivery units, pediatric units and other specialistic departments.

Exposure information: for each malformed infant reported, information is given on certain exposures, including maternal drug usage and parental occupation. Up to now no information on controls is available.

Background information:

Up to now little background information is available and no information on controls is available.

Addresses and Staff:

Sebastiano Bianca, MD, Programme Director
Sicilian Registry of Congenital Malformations (ISMAC)

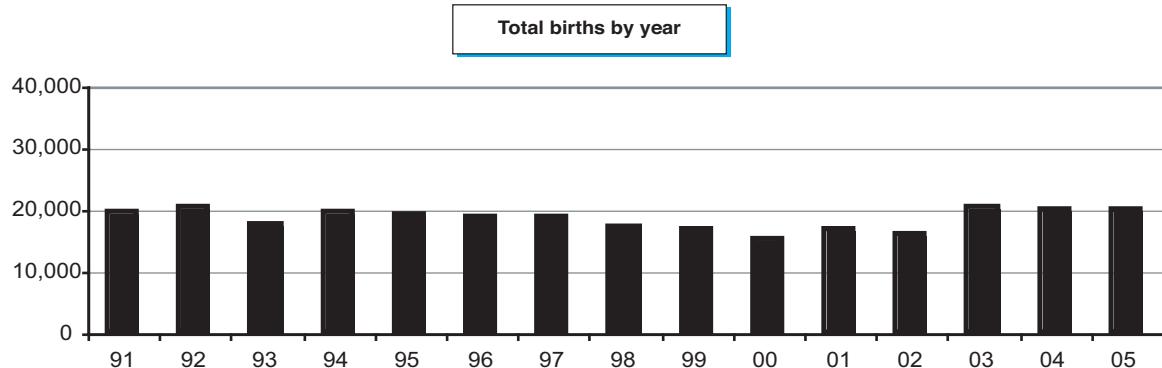
Genetica Medica – Dipartimento Materno Infantile
ARNAS Garibaldi Nesima – Via Palermo, 636
95123 Catania, Italy

Phone: 39-095-7595384

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Italy: ISMAC



Monitoring Systems

Italy: ISMAC, 2005

Live births (LB)	19,960
Stillbirths (SB)	nr
Total births	19,960
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	0	nr	0.00
Spina bifida	4	0	nr	2.00
Encephalocele	1	0	nr	0.50
Microcephaly	0	0	nr	0.00
Holoprosencephaly	0	0	nr	0.00
Hydrocephaly	7	0	nr	3.51
Anophthalmos	0	0	nr	0.00
Microphthalmos	0	0	nr	0.00
Unspecified Anophthalmos/ Microphthalmos	0	0	nr	0.00
Anotia	0	0	nr	0.00
Microtia	1	0	nr	0.50
Unspecified Anotia/Microtia	0	0	nr	0.00
Transposition of great vessels	3	0	nr	1.50
Tetralogy of Fallot	6	0	nr	3.01
Hypoplastic left heart syndrome	1	0	nr	0.50
Coarctation of aorta	8	0	nr	4.01
Choanal atresia, bilateral	1	0	nr	0.50
Cleft palate without cleft lip	12	0	nr	6.01
Cleft lip with or without cleft palate	7	0	nr	3.51
Oesophageal atresia / stenosis with or without fistula	4	0	nr	2.00
Small intestine atresia / stenosis	0	0	nr	0.00
Anorectal atresia / stenosis	5	0	nr	2.51
Undescended testis (36 weeks of gestation or later)	33	0	nr	16.53
Hypospadias	49	0	nr	24.55
Epispadias	0	0	nr	0.00
Indeterminate sex	1	0	nr	0.50
Renal agenesis	1	0	nr	0.50
Cystic kidney	1	0	nr	0.50
Bladder extrophy	1	0	nr	0.50
Polydactyly, preaxial	7	0	nr	3.51
Total Limb reduction defects (include unspecified)	5	0	nr	2.51
Transverse	1	0	nr	0.50
Preaxial	3	0	nr	1.50
Postaxial	1	0	nr	0.50
Intercalary	0	0	nr	0.00
Mixed	0	0	nr	0.00
Unspecified	0	0	nr	0.00
Diaphragmatic hernia	6	0	nr	3.01
Omphalocele	0	0	nr	0.00
Gastroschisis	0	0	nr	0.00
Unspecified Omphalocele/Gastroschisis	0	0	nr	0.00
Prune belly sequence	0	0	nr	0.00
Trisomy 13	1	0	nr	0.50
Trisomy 18	1	0	nr	0.50
Down syndrome, all ages (include age unknown)	8	0	nr	4.01
<20	0	0	nr	nr
20-24	0	0	nr	nr
25-29	1	0	nr	nr
30-34	5	0	nr	nr
35-39	2	0	nr	nr
40-44	0	0	nr	nr
45+	0	0	nr	nr
unknown	0	0	nr	nr

nr = not reported

Italy: ISMAC, Previous years rates 1991 - 2005

Birth prevalence rates: (LB+SB) * 10,000

Birth prevalence rates: (LB+SB+TOP) * 10,000 only for 2000-2001-2004

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	96,220	87,015	93,312			
Anencephaly	0.83	1.03	1.71			
Spina bifida	3.95	3.10	2.89			
Encephalocele	0.21	0.46	0.64			
Microcephaly	0.94	2.07	0.75			
Holoprosencephaly	0.21	0.46	0.21			
Hydrocephaly	3.64	3.33	4.93			
Anophthalmos	0.00	0.23	0.21			
Microphthalmos	0.31	0.34	0.86			
Unspecified Anophthalmos / Microphthalmos	---	---	---			
Anotia	nr	0.40*	0.54			
Microtia	nr	0.20*	0.43			
Unspecified Anotia / Microtia	---	---	---			
Transposition of great vessels	4.16	2.30	1.82			
Tetralogy of Fallot	nr	1.41*	2.57			
Hypoplastic left heart syndrome	0.42	1.61	2.04			
Coarctation of aorta	nr	0.81*	2.14			
Choanal atresia, bilateral	0.10	0.44*	1.29			
Cleft palate without cleft lip	4.78	4.83	4.61			
Cleft lip with or without cleft palate	6.55	6.90	4.07			
Oesophageal atresia / stenosis with or without fistula	3.53	2.30	2.25			
Small intestine atresia / stenosis	7.38	1.72	1.50			
Anorectal atresia / stenosis	3.01	2.53	1.82			
Undescended testis (36 weeks of gestation or later)	5.92	11.49	15.54			
Hypospadias	nr	17.81	21.86			
Epispadias	0.00	0.44*	0.21			
Indeterminate sex	0.42	0.23	0.64			
Renal agenesis	1.56	1.03	1.18			
Cystic kidney	0.83	1.26	2.57			
Bladder exstrophy	0.10	0.59*	0.32			
Polydactyly, preaxial	0.21	2.49*	2.57			
Total Limb reduction defects (include unspecified)	3.43	2.87	3.11			
Transverse	nr	2.42*	2.14			
Preaxial	nr	0.00*	0.32			
Postaxial	nr	0.40*	0.11			
Intercalary	nr	0.00*	0.00			
Mixed	nr	0.00*	0.00			
Unspecified	---	---	---			
Diaphragmatic hernia	1.87	1.61	2.79			
Omphalocele	1.77	1.38	0.75			
Gastroschisis	0.83	0.92	1.82			
Unspecified Omphalocele / Gastroschisis	---	---	---			
Prune belly sequence	0.00	0.15*	0.00			
Trisomy 13	0.21	1.17*	1.29			
Trisomy 18	0.52	0.92	1.29			
Down syndrome, all ages (include age unknown)	13.20	12.53	8.57			
<20	nr	nr	nr			
20-24	nr	nr	nr			
25-29	nr	nr	nr			
30-34	nr	nr	nr			
35-39	nr	nr	nr			
40-44	nr	nr	nr			
45+	nr	nr	nr			
unknown	---	---	---			

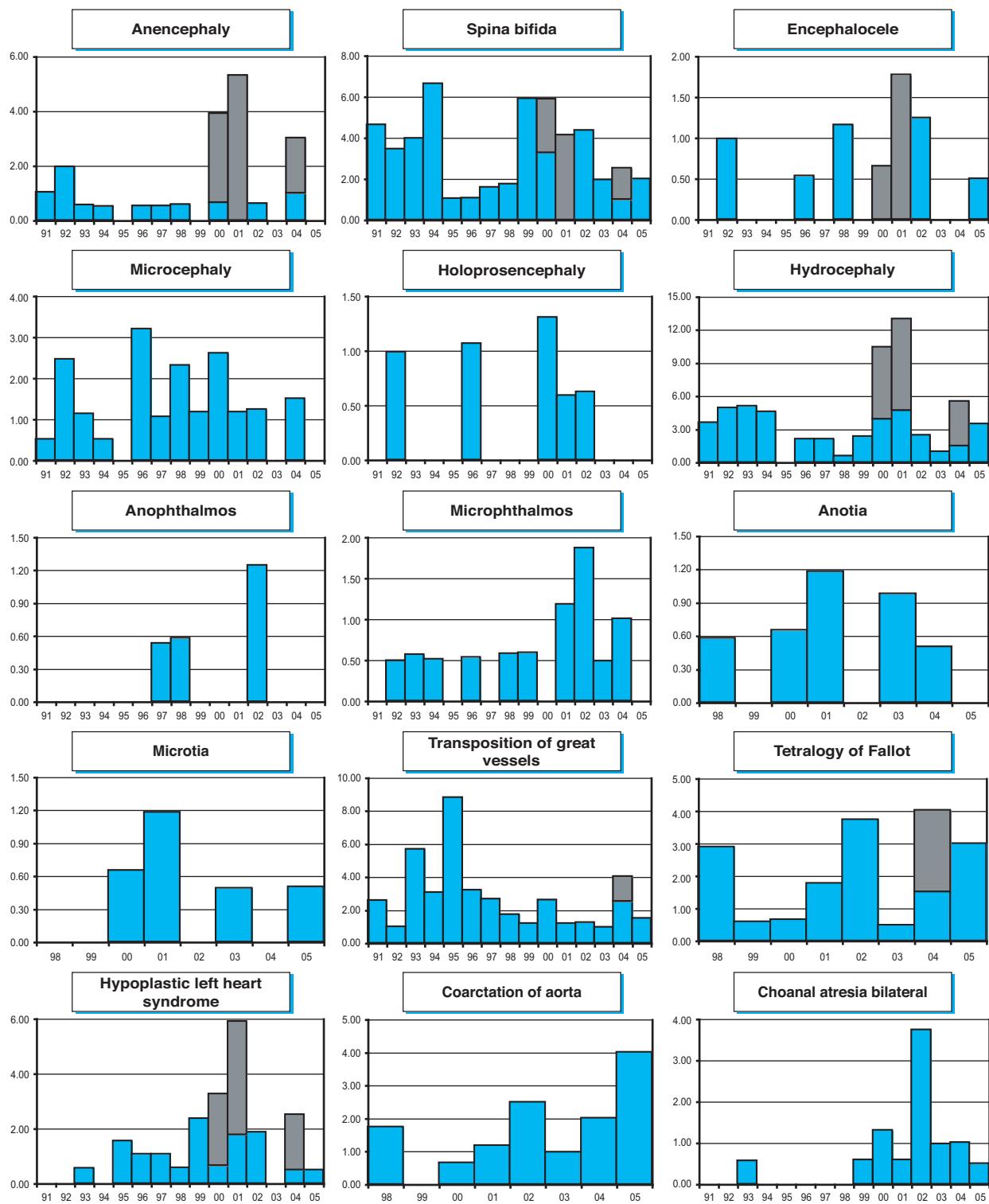
* data include less than 5 and 7 years

nr = not reported

Monitoring Systems

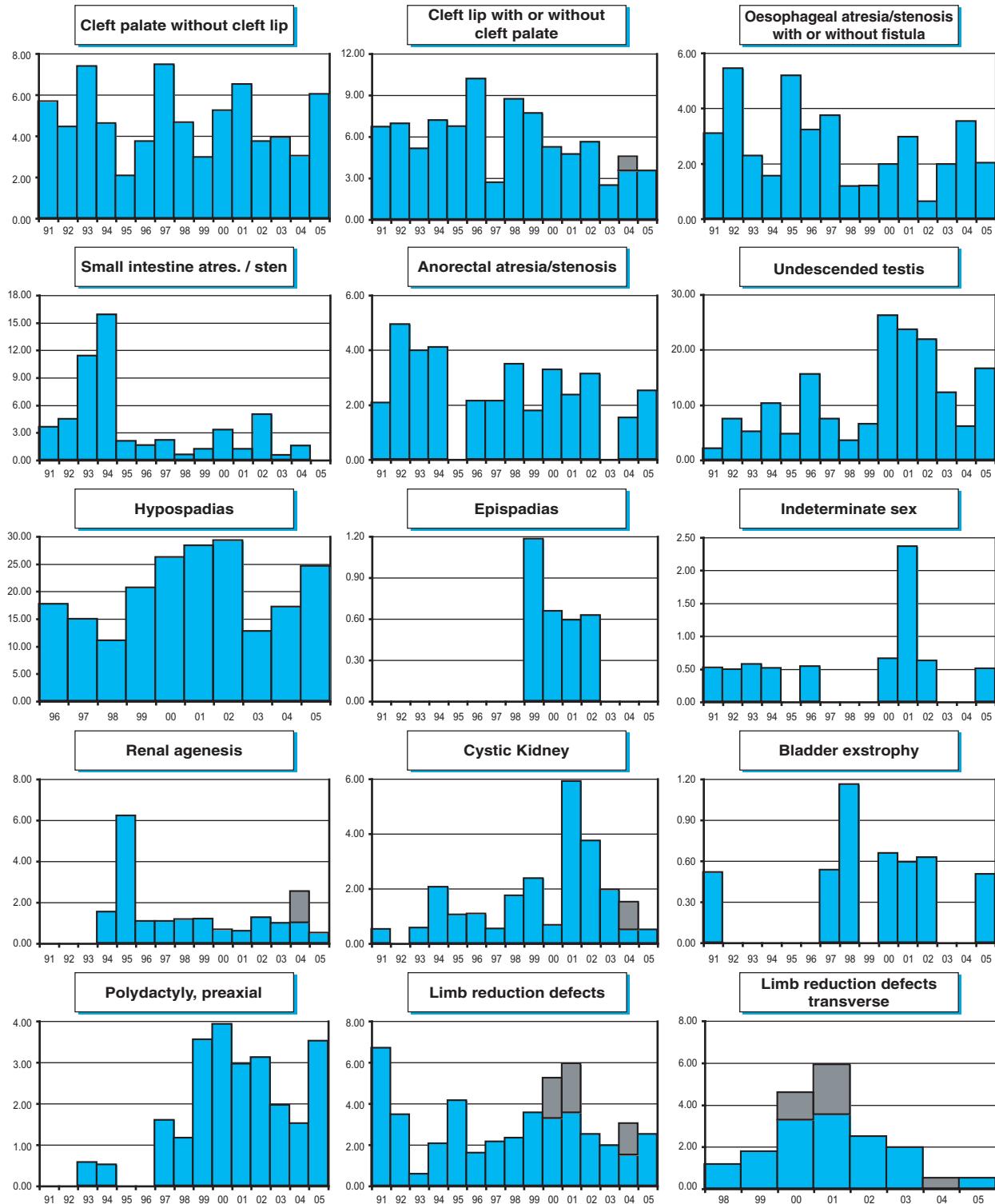
Italy: ISMAC

'Time trends 1991-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

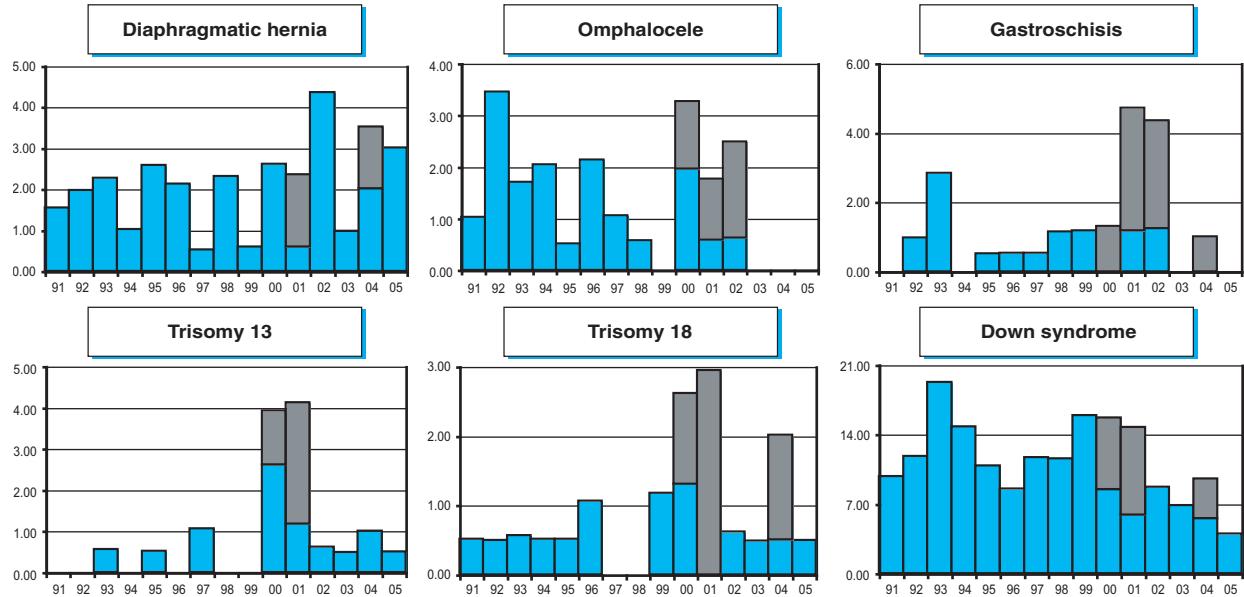
Italy: ISMAC



Note: L+S rates, ToP rates

Monitoring Systems

Italy: ISMAC



Note: ■ L+S rates, ■ ToP rates

Italy: North East**North East Italy Registry of Congenital Malformations****History:**

The Registry was established in 1981 to include the Veneto, Friuli Venezia Giulia and Trentino Alto Adige regions. The Registry became a member of Eurocat in 1985, and an associate member of Clearinghouse in 1997.

Size and coverage:

Reports are obtained from 60 participating hospitals, with a total of approximately 57,000 annual births; the actual coverage is estimated at 73%.

Legislation and funding:

Reporting is voluntary. The Programme is partly run by privately funded research organisations and partly by Regional Health Authorities.

Sources of ascertainment:

Reports are obtained on specific forms from delivery units, induced abortion units, pediatric, cardiology, ophthalmology and pathology departments, regional induced abortion database and cytogenetic laboratories. 32 selected malformations are recorded within 7 days from birth (within 3 years of age for cardiovascular and ophthalmological anomalies

only). In induced abortions all fetal anomalies are recorded. Two control infants are selected for each malformed one.

Exposure information:

Detailed information on various exposures, including maternal or paternal occupation, diseases and drug use is obtained by interview of the mothers at the birth of the malformed infants and controls. Only selected malformations are collected.

Background information:

Some epidemiological background data of all births are available. For each participating hospital the number of livebirths and stillbirths by sex and number of twin pairs are known.

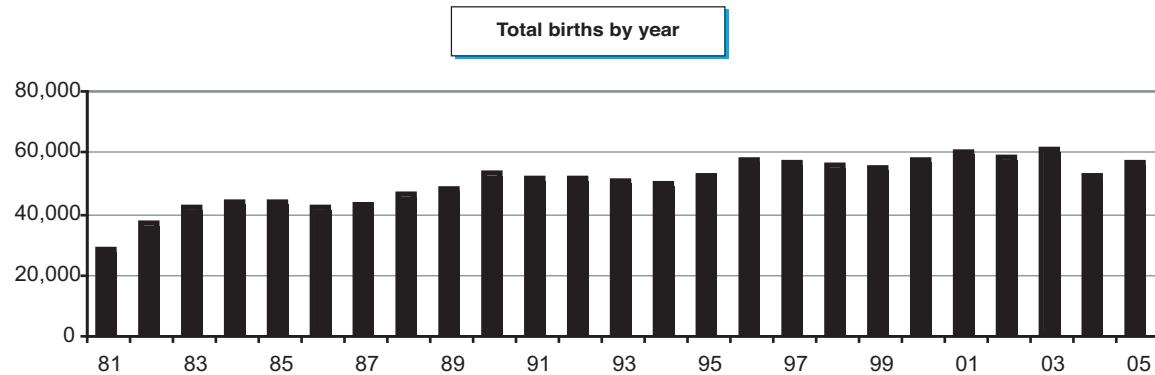
Addresses and Staff:

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Website: www.genetica.pediatria.unipd.it

Monitoring Systems

Italy: North East



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	16	80.0	Cystic kidney	5	35.7
Spina bifida	23	48.9	Limb reduction defects	20	30.3
Encephalocele	3	50.0	Diaphragmatic hernia	5	14.3
Holoprosencephaly	9	69.2	Omphalocele	13	59.1
Hydrocephaly	27	47.4	Gastroschisis	3	17.6
Hypoplastic left heart syndrome	9	40.9	Trisomy 13	14	82.4
Cleft palate without cleft lip	8	7.1	Trisomy 18	23	74.2
Cleft lip with or without cleft palate	17	12.2	Down syndrome	106	42.2
Renal agenesis	6	75.0			

Total ToPs with birth defects = 401 (Ratio ToPs/Births: 2.45 per 1,000)

*ToPs/ToPs+Births

Italy: North East, 2005

Live births (LB)	55,683
Stillbirths (SB)	398
Total births	56,081
Number of terminations of pregnancy (ToP) for birth defects	146

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	0	5	0.89
Spina bifida	8	0	7	2.67
Encephalocele	1	0	0	0.18
Microcephaly	4	0	0	0.71
Holocephaly	3	0	1	0.71
Hydrocephaly	9	0	11	3.57
Anophthalmos	1	0	0	0.18
Microphtalmos	5	0	1	1.07
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	0	0	0	0.00
Microtia	10	0	1	1.96
Unspecified Anotia/Microtia	1	0	0	0.18
Transposition of great vessels	8	0	0	1.43
Tetralogy of Fallot	13	0	0	2.32
Hypoplastic left heart syndrome	6	0	2	1.43
Coarctation of aorta	7	0	0	1.25
Choanal atresia, bilateral	2	0	0	0.36
Cleft palate without cleft lip	34	0	2	6.42
Cleft lip with or without cleft palate	35	0	7	7.49
Oesophageal atresia/stenosis with or without fistula	7	0	0	1.25
Small intestine atresia/stenosis	13	0	1	2.50
Anorectal atresia/stenosis	8	0	5	2.32
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	19	0	0	3.39
Epispadias	0	0	0	0.00
Indeterminate sex	nr	nr	nr	nr
Renal agenesis	0	0	5	0.89
Cystic kidney	3	0	1	0.71
Bladder extrophy	1	0	0	0.18
Polydactyly, preaxial	9	0	0	1.60
Total Limb reduction defects (include unspecified)	17	0	12	5.17
Transverse	6	0	0	1.07
Preaxial	3	0	1	0.71
Postaxial	0	0	0	0.00
Intercalary	1	0	1	0.36
Mixed	1	0	0	0.18
Unspecified	6	0	10	2.85
Diaphragmatic hernia	8	0	1	1.60
Omphalocele	1	0	4	0.89
Gastroschisis	5	0	0	0.89
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	1	0	3	0.71
Trisomy 18	2	0	7	1.60
Down syndrome, all ages (include age unknown)	36	0	33	12.30
<20	0	0	0	nr
20-24	0	0	0	nr
25-29	2	0	3	nr
30-34	4	0	3	nr
35-39	13	0	13	nr
40-44	3	0	14	nr
45+	1	0	0	nr
unknown	13	0	0	nr

nr = not reported

Monitoring Systems

Italy: North East, Previous years rates 1981 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1995

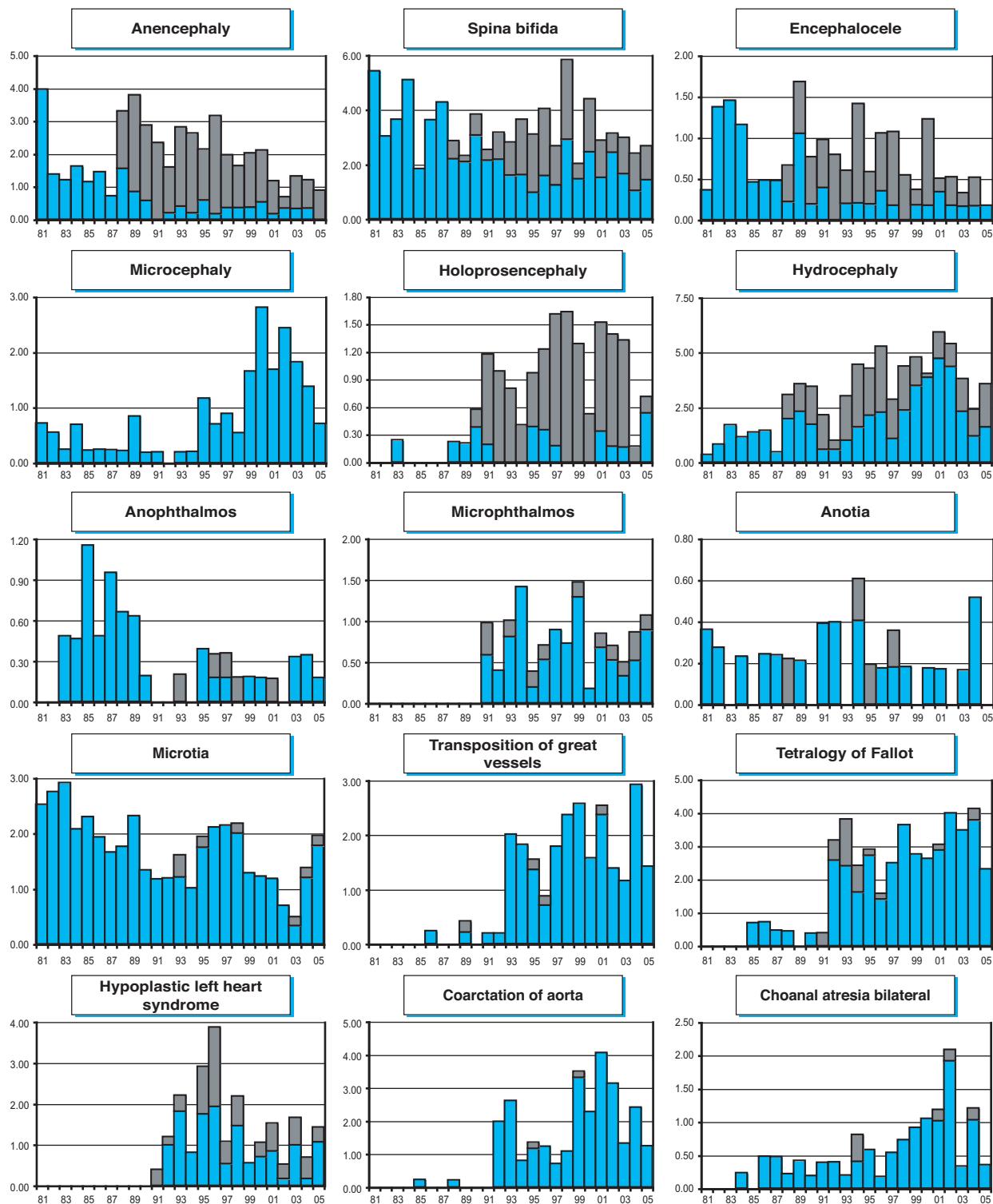
Birth prevalence rates: (LB+SB+TOP) * 10,000 from 1996

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	191,827	228,340	252,097	279,021	290,902	
Anencephaly	1.72	2.50	2.30	2.19	1.07	
Spina bifida	3.70	3.37	3.05	3.80	2.82	
Encephalocele	0.99	0.83	0.87	0.86	0.41	
Microcephaly	0.47	0.35	0.36	1.33	1.62	
Holoprosencephaly	0.05	0.22	0.87	1.25	1.03	
Hydrocephaly	1.15	2.50	2.98	4.26	4.23	
Anophthalmos	0.47	0.57	0.12	0.25	0.21	
Microphthalmos	0.00	0.00	0.83	0.79	0.79	
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	
Anotia	0.16	0.18	0.32	0.18	0.17	
Microtia	2.50	1.80	1.39	1.79	1.13	
Unspecified Anotia/Microtia	---	---	---	---	---	
Transposition of great vessels	0.00	0.13	1.15	1.83	1.89	
Tetralogy of Fallot	0.16	0.39	2.54	2.62	3.40	
Hypoplastic left heart syndrome	0.00	0.00	1.51	1.76	1.17	
Coarctation of aorta	0.05	0.04	1.35	1.76	2.44	
Choanal atresia, bilateral	0.05	0.35	0.48	0.68	1.03	
Cleft palate without cleft lip	4.27	5.96	4.68	4.80	5.95	
Cleft lip with or without cleft palate	9.12	8.23	7.81	7.74	7.49	
Oesophageal atresia/stenosis with or without fistula	2.50	1.97	3.05	2.51	2.78	
Small intestine atresia/stenosis	0.42	0.83	1.11	0.90	2.34	
Anorectal atresia/stenosis	2.61	3.11	2.30	2.87	2.54	
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	
Hypospadias	6.93	6.57	6.47	10.14	12.10	
Epispadias	0.10	0.13	0.12	0.18	0.03	
Indeterminate sex	nr	nr	nr	nr	nr	
Renal agenesis	0.73	0.88	0.44	0.72	0.41	
Cystic kidney	0.00	0.00	0.32	0.68	1.13	
Bladder exstrophy	0.26	0.39	0.20	0.18	0.21	
Polydactyly, preaxial	1.62	2.63	2.30	1.86	1.72	
Total Limb reduction defects (include unspecified)	5.68	6.44	5.47	4.69	4.30	
Transverse	3.18	3.50	2.82	2.69	1.44	
Preaxial	0.00	0.18	0.87	0.57	0.45	
Postaxial	0.00	0.18	0.16	0.14	0.28	
Intercalary	0.63	0.88	0.87	0.39	0.24	
Mixed	1.88	0.74	0.16	0.18	0.03	
Unspecified	---	---	---	---	---	
Diaphragmatic hernia	0.31	0.66	0.67	1.04	1.96	
Omphalocele	1.36	1.40	1.27	1.18	1.27	
Gastroschisis	0.78	0.83	0.56	0.50	0.89	
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	
Prune belly sequence	0.05	0.04	0.36	0.14	0.07	
Trisomy 13	0.83	0.57	0.79	1.11	1.07	
Trisomy 18	0.94	1.80	2.26	2.72	1.99	
Down syndrome, all ages (include age unknown)	14.34	15.94	16.62	16.09	16.02	
<20	nr	nr	nr	nr	nr	
20-24	nr	nr	nr	nr	nr	
25-29	nr	nr	nr	nr	nr	
30-34	nr	nr	nr	nr	nr	
35-39	nr	nr	nr	nr	nr	
40-44	nr	nr	nr	nr	nr	
45+	nr	nr	nr	nr	nr	
unknown	---	---	---	---	---	

nr = not reported

Italy: North East

'Time trends 1981-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

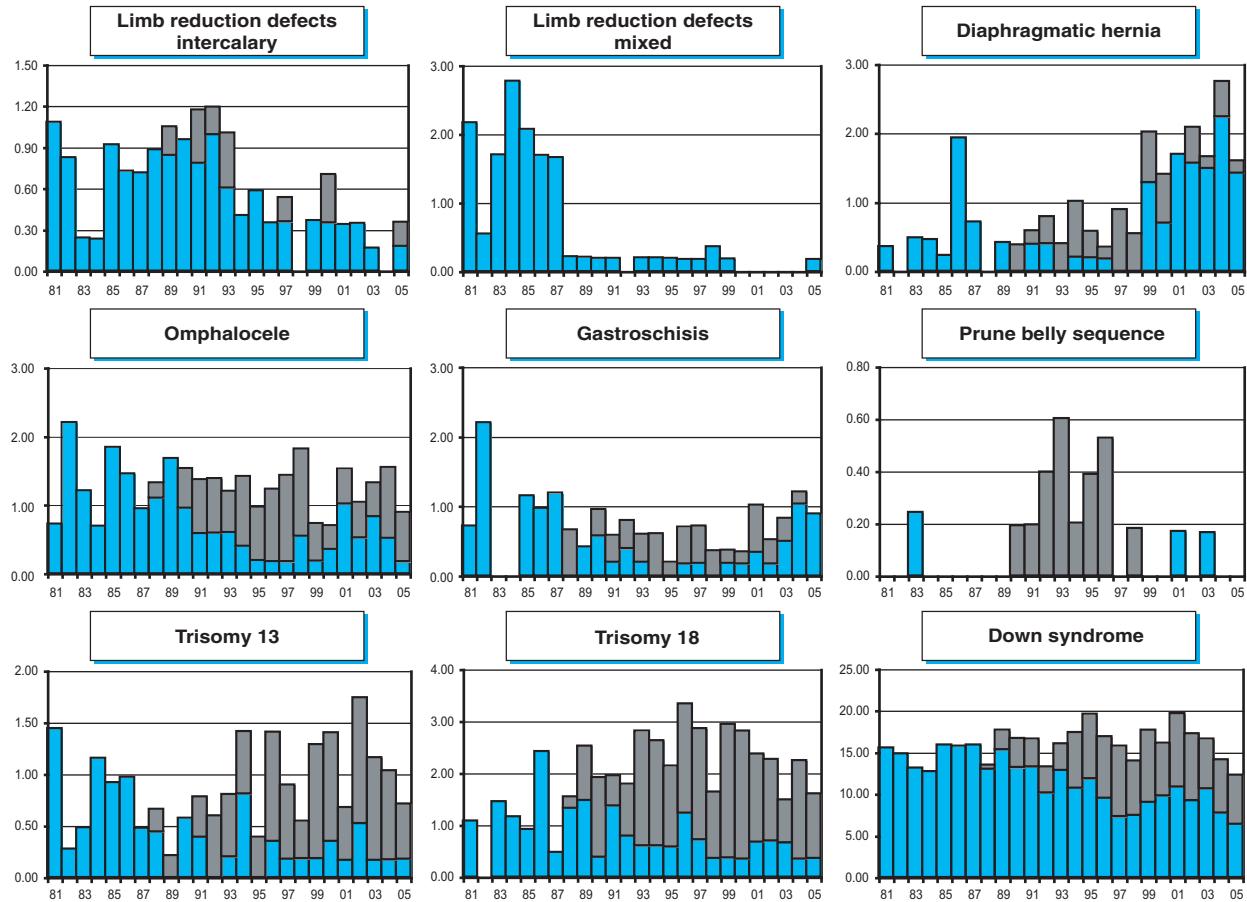
Monitoring Systems

Italy: North East



Note: ■ L+S rates, ■ ToP rates

Italy: North East



Note: ■ L+S rates, ■ ToP rates

Italy: Tuscany

Tuscany Registry of Congenital Defects (RTDC)

History:

The registry started in 1979 in the province of Florence and from 1992 in the whole Tuscany region. The Programme became a full member of the Clearinghouse in 1998.

Size and coverage:

The Programme is population based, involves all the regional hospitals and the coverage is around 95% of all births in the Tuscany region (approximately 3.5 millions inhabitants and 25,000 births/year). Stillbirths of 20 weeks or more gestation and induced abortions after prenatal diagnosis of birth defects are systematically included. Malformed babies diagnosed within the first year of life are also registered.

Legislation and funding:

The Registry is a surveillance Programme included in the Regional Statistics System; it is formally recognised and supported by the Tuscany Region Health Authority.

Sources and ascertainment:

Multiple sources are used to ascertain malformed infants; records are obtained from all obstetrical and maternity units, pediatric departments, neonatal and pediatric surgery units, prenatal diagnostic centers and pathology services. Mothers are interviewed by using a standardized

questionnaire.

Exposure information:

Exposure information on maternal and paternal occupation, life-style, and socio-economical characteristics are obtained by interviews of mothers of malformed infants.

Background information:

Vital statistics and other epidemiological information are obtained by the birth medical records collected by the Regional Bureau of Statistics. Selected information is obtained from the control material collected.

Addresses and Staff:

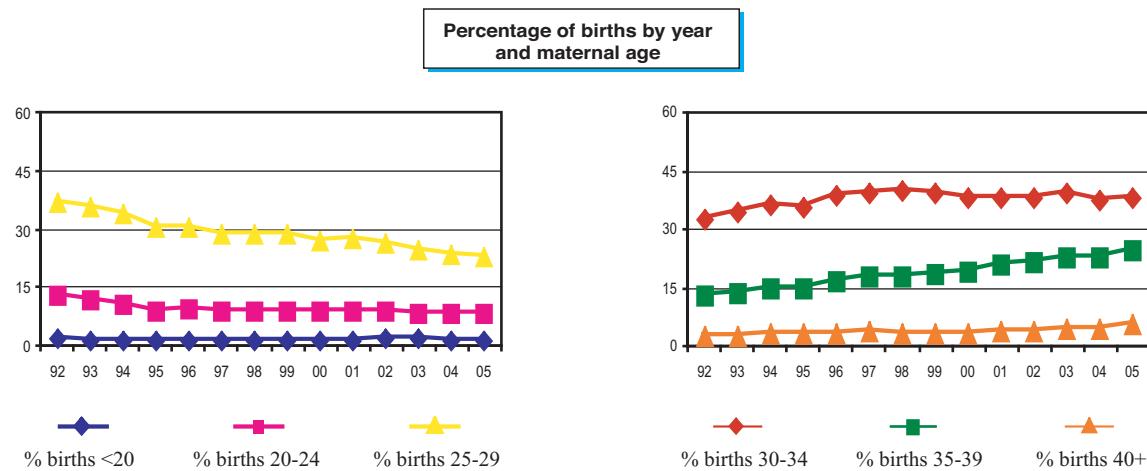
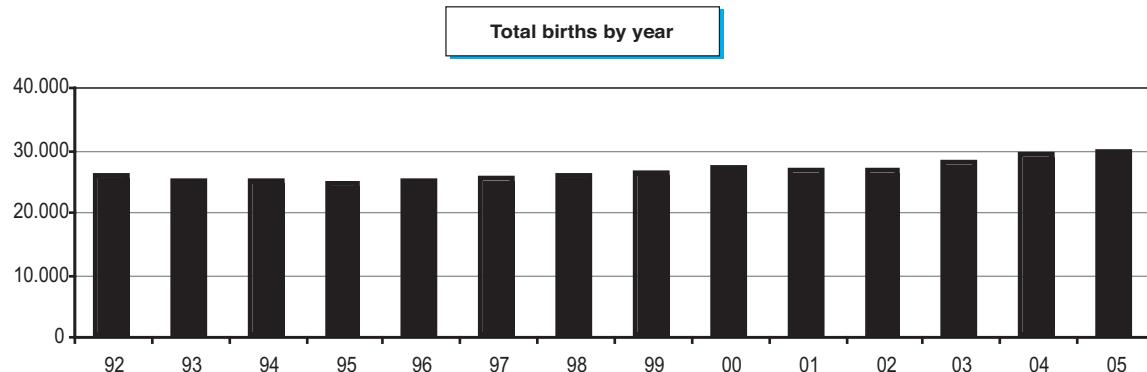
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Italy: Tuscany



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	9	81.8	Cystic kidney	9	24.3
Spina bifida	18	64.3	Limb reduction defects	8	17.0
Encephalocele	3	75.0	Diaphragmatic hernia	2	14.3
Holoprosencephaly	9	81.8	Omphalocele	7	50.0
Hydrocephaly	22	51.2	Gastroschisis	5	71.4
Hypoplastic left heart syndrome	8	44.4	Trisomy 13	4	40.0
Cleft palate without cleft lip	2	4.7	Trisomy 18	22	84.6
Cleft lip with or without cleft palate	6	12.0	Down syndrome	105	75.0
Renal agenesis	5	71.4			

Total ToPs with birth defects = 292 (Ratio ToPs/Births: 3.40 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

Italy: Tuscany, 2005

Live births (LB)	29,322
Stillbirths (SB)	89
Total births	29,411
Number of terminations of pregnancy (ToP) for birth defects	76

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	2	0	4	2.04
Spina bifida	1	0	5	2.04
Encephalocele	1	0	2	1.02
Microcephaly	0	0	1	0.34
Holoprosencephaly	0	0	3	1.02
Hydrocephaly	5	0	5	3.40
Anophthalmos	0	0	0	0.00
Microphtalmos	1	0	0	0.34
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	1	0	0	0.34
Microtia	3	0	0	1.02
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	4	0	0	1.36
Tetralogy of Fallot	7	0	1	2.72
Hypoplastic left heart syndrome	3	0	3	2.04
Coarctation of aorta	5	0	0	1.70
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	11	0	0	3.74
Cleft lip with or without cleft palate	18	0	2	6.80
Oesophageal atresia/stenosis with or without fistula	8	0	0	2.72
Small intestine atresia/stenosis	2	0	0	0.68
Anorectal atresia/stenosis	4	0	0	1.36
Undescended testis (36 weeks of gestation or later)	6	0	0	2.04
Hypospadias	21	0	0	7.14
Epispadias	1	0	0	0.34
Indeterminate sex	0	0	0	0.00
Renal agenesis	1	0	1	0.68
Cystic kidney	8	0	0	2.72
Bladder extrophy	0	0	0	0.00
Polydactyly, preaxial	0	0	0	0.00
Total Limb reduction defects (include unspecified)	9	0	3	4.08
Transverse	3	0	0	1.02
Preaxial	1	0	0	0.34
Postaxial	0	0	2	0.68
Intercalary	0	0	0	0.00
Mixed	0	0	0	0.00
Unspecified	5	0	1	2.04
Diaphragmatic hernia	0	0	0	0.00
Omphalocele	0	0	4	1.36
Gastroschisis	0	0	1	0.34
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	1	0	0	0.34
Trisomy 18	1	0	6	2.38
Down syndrome, all ages (include age unknown)	12	0	27	13.26
<20	0	0	0	0.00
20-24	0	0	0	0.00
25-29	2	0	1	4.55
30-34	2	0	3	4.45
35-39	5	0	14	26.48
40-44	2	0	8	67.07
45+	0	0	1	212.77
unknown	1	0	0	833.33

Italy: Tuscany, Previous years rates 1992 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000 since 1992 except for LRD subcategories (ToPs reported since 1998)

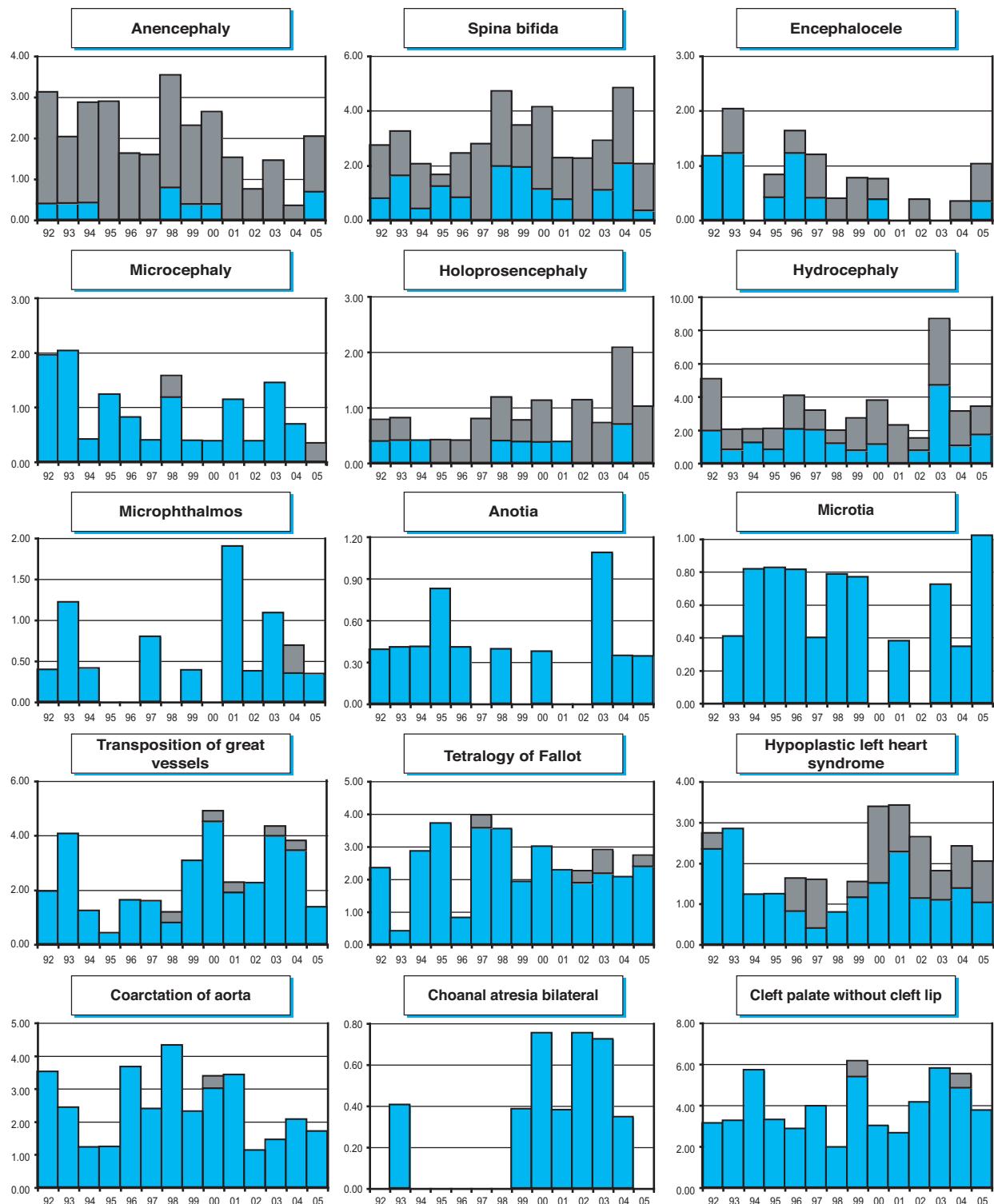
	1974-1980	1981-1985	1986-1990	1991-1995*	1996-2000	2001-2005
Total births	99,132	127,968	139,034			
Anencephaly	2.72	2.34	1.22			
Spina bifida	2.42	3.52	2.88			
Encephalocele	1.01	0.94	0.36			
Microcephaly	1.41	0.70	0.79			
Holoprosencephaly	0.61	0.86	1.08			
Hydrocephaly	2.82	3.13	3.81			
Anophthalmos	0.00	0.23	0.07			
Microphtalmos	0.50	0.23	0.86			
Unspecified Anophthalmos/Microphtalmos	---	---	---			
Anotia	0.50	0.23	0.36			
Microtia	0.50	0.55	0.50			
Unspecified Anotia/Microtia	---	---	---			
Transposition of great vessels	1.92	2.50	2.81			
Tetralogy of Fallot	2.32	2.66	2.45			
Hypoplastic left heart syndrome	2.02	1.80	2.45			
Coarctation of aorta	2.12	3.20	1.94			
Choanal atresia, bilateral	0.10	0.23	0.43			
Cleft palate without cleft lip	3.83	3.59	4.39			
Cleft lip with or without cleft palate	7.46	6.72	5.90			
Oesophageal atresia/stenosis with or without fistula	2.32	2.66	2.23			
Small intestine atresia/stenosis	1.01	0.55	1.22			
Anorectal atresia/stenosis	1.61	2.34	2.73			
Undescended testis (36 weeks of gestation or later)	4.44	7.19	8.42			
Hypospadias	5.55	3.05	7.34			
Epispadias	0.30	0.16	0.29			
Indeterminate sex	1.01	0.55	0.36			
Renal agenesis	1.61	1.41	0.86			
Cystic kidney	3.13	3.59	4.10			
Bladder exstrophy	0.30	0.23	0.14			
Polydactyly, preaxial	0.91	1.25	0.86			
Total Limb reduction defects (include unspecified)	5.04	5.47	5.68			
Transverse	3.63	3.28	3.60			
Preaxial	0.20	0.39	0.58			
Postaxial	0.10	0.47	0.14			
Intercalary	0.20	0.70	0.43			
Mixed	0.50	0.47	0.07			
Unspecified	---	---	---			
Diaphragmatic hernia	1.41	1.41	2.16			
Omphalocele	2.12	1.48	1.58			
Gastroschisis	0.40	0.55	0.50			
Unspecified Omphalocele/Gastroschisis	---	---	---			
Prune belly sequence	0.10	0.16	0.00			
Trisomy 13	0.50	0.94	1.08			
Trisomy 18	2.32	3.75	2.66			
Down syndrome, all ages (include age unknown)	14.22	16.25	16.40			
<20	0.00	0.00	0.00			
20-24	8.35	2.64	4.31			
25-29	8.31	8.22	2.93			
30-34	12.21	11.83	8.30			
35-39	28.51	28.99	27.13			
40-44	64.03	119.47	136.47			
45+	238.10	0.00	197.04			
unknown	---	---	---			

* data include less than 5 years

Monitoring Systems

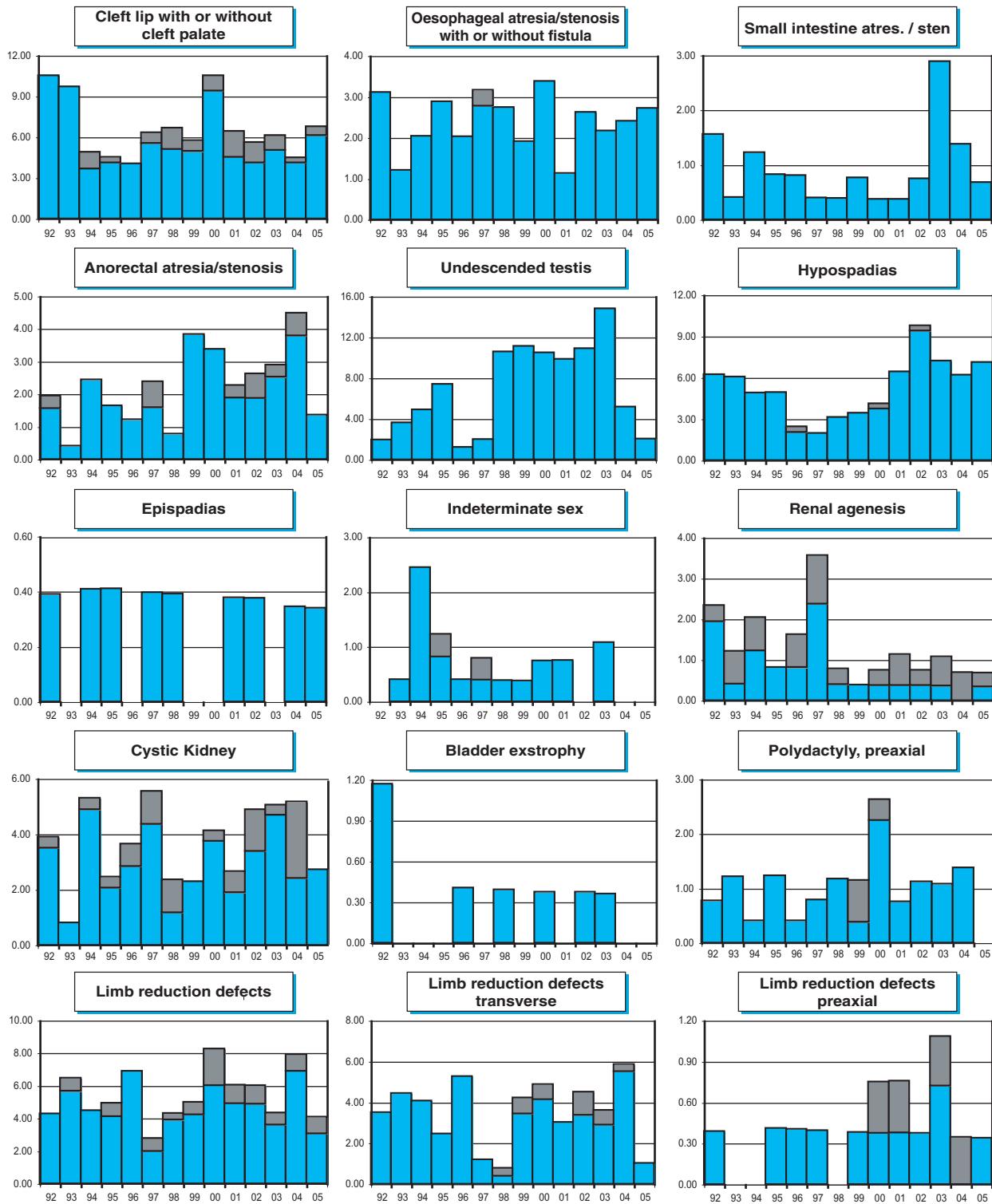
Italy: Tuscany

Time trends 1992-2005 (Birth prevalence rates per 10,000)



Note: L+S rates, ToP rates

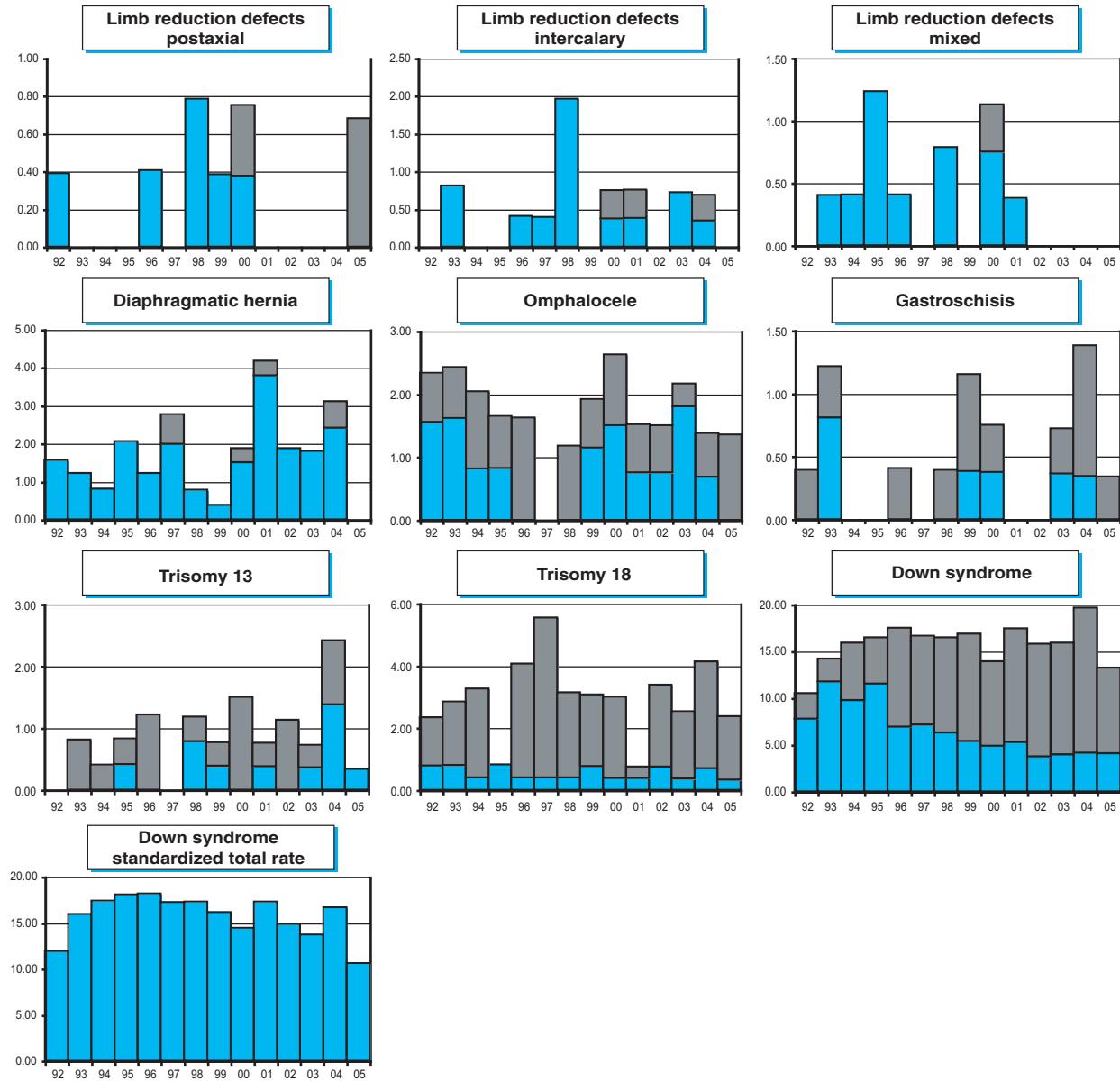
Italy: Tuscany



Note: L+S rates, ToP rates

Monitoring Systems

Italy: Tuscany



Note: ■ L+S rates, ■ ToP rates

Japan: JAOG

Japan Association of Obstetricians and Gynaecologists (JAOG)

History:

The Programme started in 1972 and became a full member of the Clearinghouse in 1988.

Size and coverage:

The Programme is based on reports from 270 hospitals throughout Japan. At present approximately 100,000 births are covered, representing about 9% of all Japanese births. Stillbirths of 22 weeks or more gestation are included.

Legislation and funding:

The Programme is a research Programme acknowledged by the Ministry of Welfare and supported by the Japanese Association of Obstetricians and Gynecologists.

Sources of ascertainment:

Reports are obtained from delivery units and pediatric clinics of the participating hospitals.

Exposure information:

Exposure to drugs, X-ray and viral infections are available.

Background informations:

Basic epidemiological information on all births is available from each participating hospital.

Addresses and Staff:

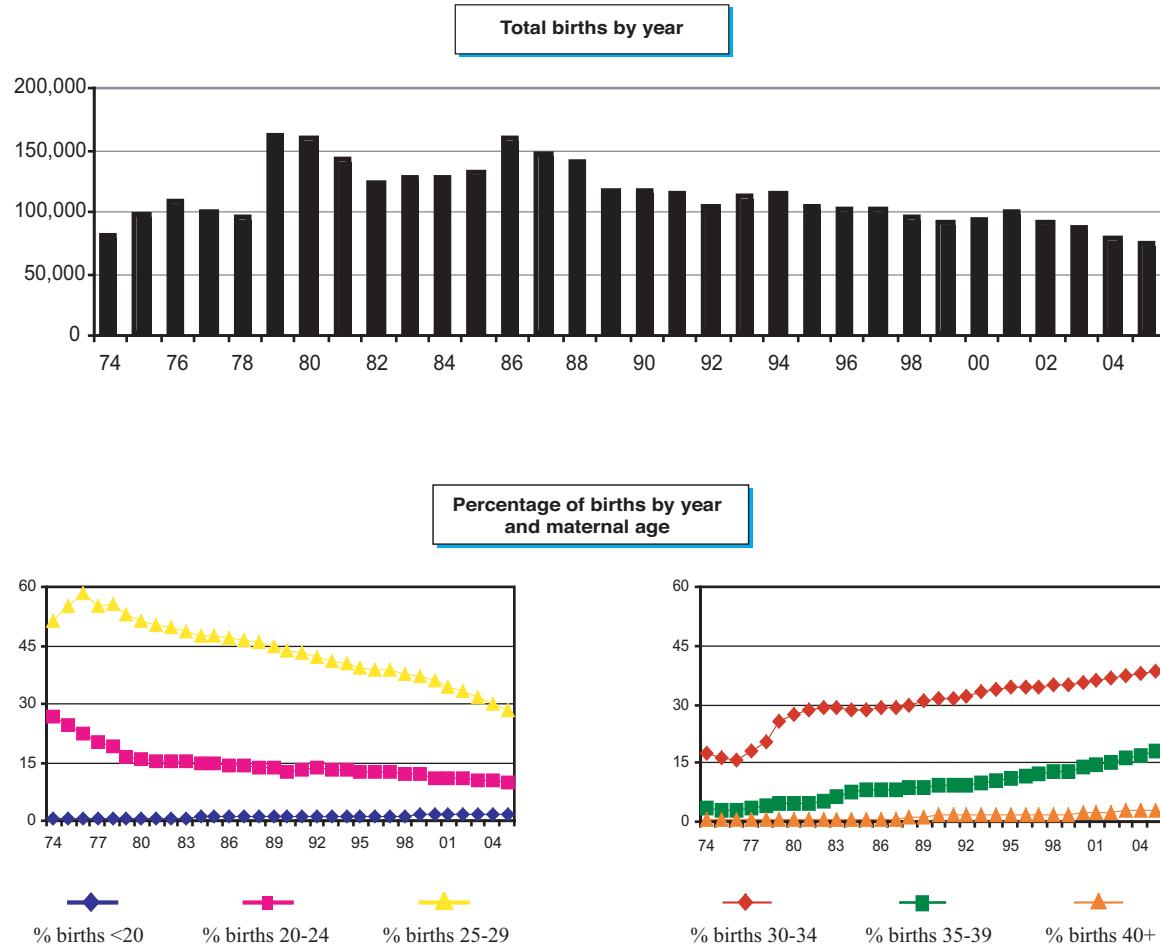
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Monitoring Systems

Japan: JAOG



Japan: JAOG, 2005

Live births (LB)	71,765
Stillbirths (SB)	464
Total births	72,229
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	5	5	nr	1.38
Spina bifida	30	4	nr	4.71
Encephalocele	8	0	nr	1.11
Microcephaly	5	0	nr	0.69
Holoprosencephaly	8	10	nr	2.49
Hydrocephaly	46	6	nr	7.20
Anophthalmos	1	2	nr	0.42
Microphtalmos	2	0	nr	0.28
Unspecified Anophthalmos/Microphtalmos	0	0	nr	0.00
Anotia	nr	nr	nr	nr
Microtia	7	2	nr	1.25
Unspecified Anotia/Microtia	nr	nr	nr	nr
Transposition of great vessels	30	1	nr	4.29
Tetralogy of Fallot	41	0	nr	5.68
Hypoplastic left heart syndrome	35	4	nr	5.40
Coarctation of aorta	26	1	nr	3.74
Choanal atresia, bilateral	nr	nr	nr	nr
Cleft palate without cleft lip	46	2	nr	6.65
Cleft lip with or without cleft palate	117	13	nr	18.00
Oesophageal atresia/stenosis with or without fistula	41	3	nr	6.09
Small intestine atresia/stenosis	66	4	nr	9.69
Anorectal atresia/stenosis	43	3	nr	6.37
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	33	0	nr	4.57
Epispadias	nr	nr	nr	nr
Indeterminate sex	nr	nr	nr	nr
Renal agenesis	11	3	nr	1.94
Cystic kidney	29	9	nr	5.26
Bladder extrophy	2	0	nr	0.28
Polydactyly, preaxial	46	0	nr	6.37
Total Limb reduction defects (include unspecified)	25	2	nr	3.74
Transverse	3	1	nr	0.55
Preaxial	6	0	nr	0.83
Postaxial	4	1	nr	0.69
Intercalary	3	0	nr	0.42
Mixed	8	0	nr	1.11
Unspecified	1	0	nr	0.14
Diaphragmatic hernia	37	3	nr	5.54
Omphalocele	21	3	nr	3.32
Gastroschisis	17	4	nr	2.91
Unspecified Omphalocele/Gastroschisis	2	0	nr	0.28
Prune belly sequence	0	0	nr	0.00
Trisomy 13	12	5	nr	2.35
Trisomy 18	34	16	nr	6.92
Down syndrome, all ages (include age unknown)	87	4	nr	12.60
<20	0	0	nr	0.00
20-24	4	0	nr	0.55
25-29	13	2	nr	2.08
30-34	26	0	nr	3.60
35-39	34	1	nr	4.85
40-44	10	1	nr	1.52
45+	0	0	nr	0.00
unknown	0	0	nr	0.00

nr = not reported

Monitoring Systems

Japan: JAOG, Previous years rates 1974 - 2005

Prevalence rates: (LB+SB) * 10,000

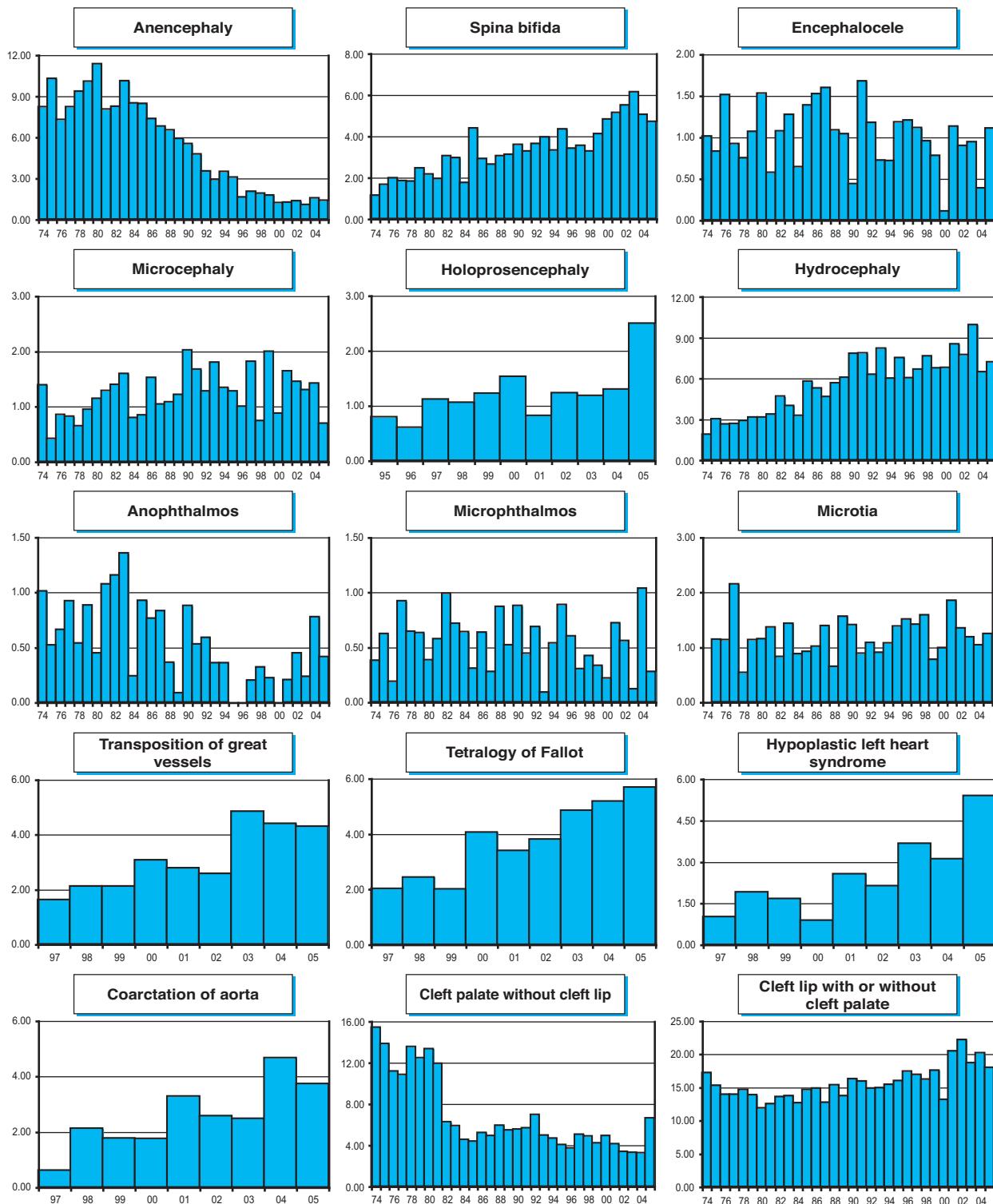
	1974-1980	1981-85	1986-90	1991-95	1996-00	2001-05
Births	787,267	641,607	669,652	539,382	474,407	420,750
Anencephaly	9.48	8.65	6.50	3.56	1.71	1.31
Spina bifida	1.96	2.81	3.03	3.69	3.82	5.32
Encephalocele	1.13	0.98	1.18	1.09	0.84	0.90
Microcephaly	0.90	1.18	1.36	1.48	1.29	1.33
Holoprosencephaly	nr	nr	nr	0.79*	1.10	1.35
Hydrocephaly	2.85	4.21	5.78	7.17	6.77	8.03
Anophthalmos	0.70	0.95	0.60	0.37	0.15	0.40
Microphthalmos	0.53	0.64	0.63	0.52	0.38	0.55
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	---
Anotia	nr	nr	nr	nr	nr	nr
Microtia	1.08	1.09	1.18	1.06	1.26	1.35
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	nr	nr	nr	nr	2.21*	3.71
Tetralogy of Fallot	nr	nr	nr	nr	2.61*	4.49
Hypoplastic left heart syndrome	nr	nr	nr	nr	1.36*	3.28
Coarctation of aorta	nr	nr	nr	nr	1.54*	3.30
Choanal atresia, bilateral	nr	nr	nr	nr	nr	nr
Cleft palate without cleft lip	12.85	6.70	5.39	5.25	4.55	4.06
Cleft lip with or without cleft palate	14.07	13.39	14.52	15.41	16.25	19.99
Oesophageal atresia/stenosis with or without fistula	1.05*	1.22	1.64	2.35	2.87	5.04
Small intestine atresia/stenosis	nr	nr	nr	nr	4.42*	6.63
Anorectal atresia/stenosis	3.96	3.58	4.42	4.17	4.38	5.70
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	nr
Hypospadias	1.83	2.35	2.42	3.02	2.95	4.52
Epispadias	nr	nr	nr	nr	nr	nr
Indeterminate sex	nr	nr	nr	nr	nr	nr
Renal agenesis	nr	nr	1.09	1.56	1.67	2.14
Cystic kidney	nr	nr	nr	nr	2.77*	4.80
Bladder exstrophy	0.17*	0.12	0.16	0.09	0.21	0.31
Polydactyly, preaxial	nr	nr	5.88	6.64	6.09	6.44
Total Limb reduction defects (include unspecified)	nr	nr	nr	3.29*	3.18	3.64
Transverse	nr	nr	nr	0.30*	0.36	0.40
Preaxial	nr	nr	nr	0.52*	0.57	0.67
Postaxial	nr	nr	nr	0.21*	0.34	0.33
Intercalary	nr	nr	nr	1.41*	0.95	0.81
Mixed	nr	nr	nr	0.52*	0.59	0.93
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	nr	nr	2.05	3.08	4.43	6.01
Omphalocele	1.09	1.37	3.03	2.98	3.56	3.45
Gastroschisis	1.05	0.86	1.33	1.45	2.11	2.66
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	nr	nr	nr	0.19*	0.00	0.02
Trisomy 13	nr	nr	nr	0.46*	0.95	1.50
Trisomy 18	nr	nr	nr	2.20*	4.01	8.03
Down syndrome, all ages (include age unknown)	4.25*	4.72	6.17	6.27	8.43	10.53
<20	nr	nr	nr	5.81*	1.64	6.13
20-24	nr	nr	nr	2.15*	2.98	4.05
25-29	nr	nr	nr	3.98*	5.39	5.45
30-34	nr	nr	nr	5.67*	8.02	8.87
35-39	nr	nr	nr	16.38*	18.78	21.37
40+	nr	nr	nr	66.60*	47.53	56.67
unknown	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Japan: JAOG

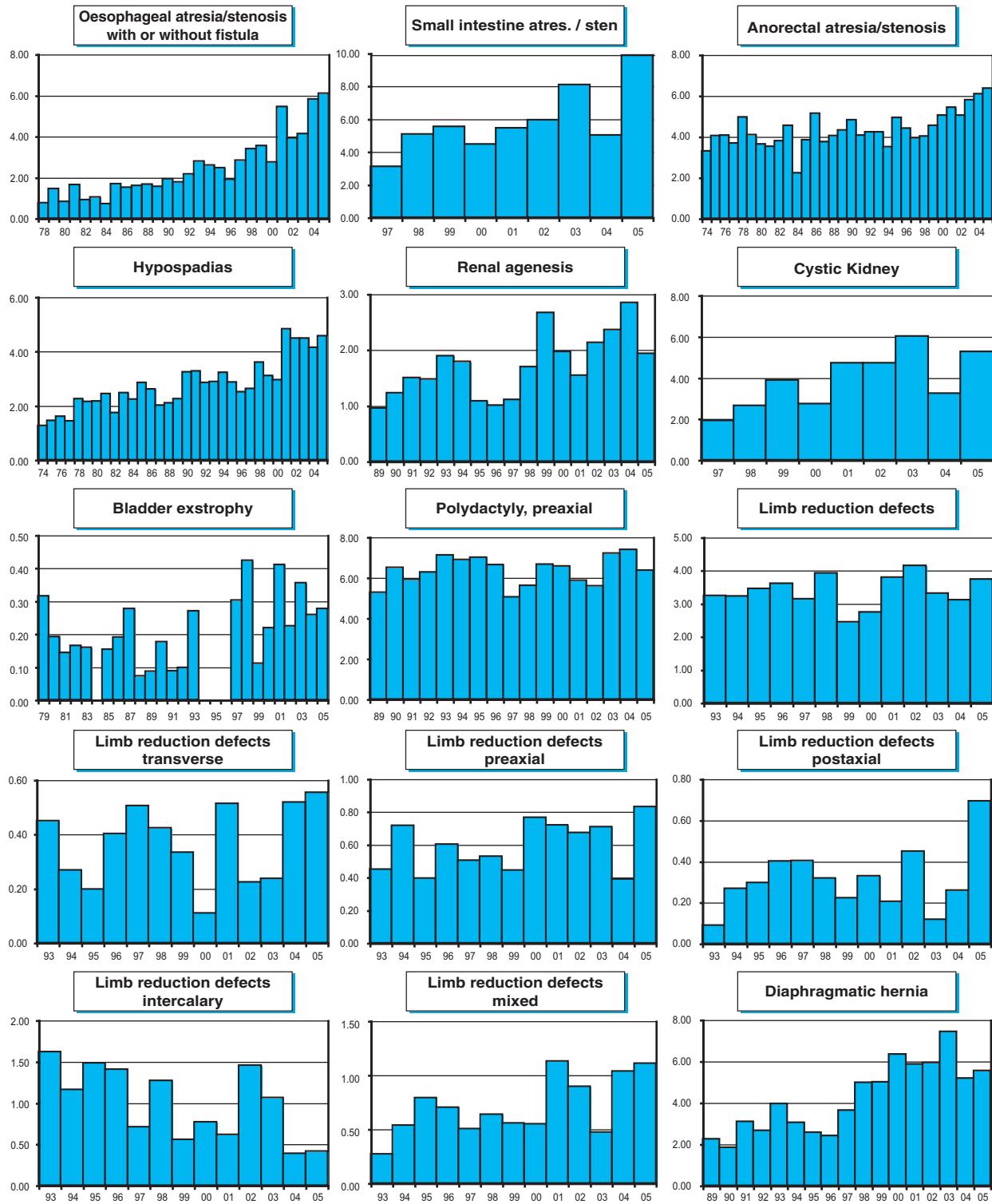
Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

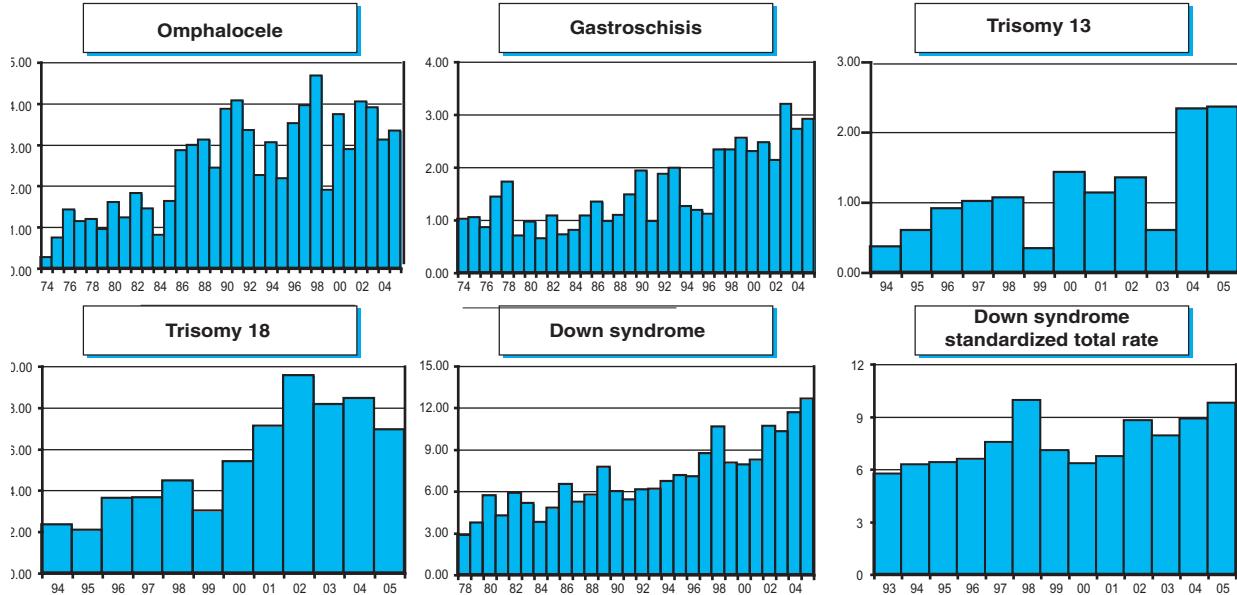
Monitoring Systems

Japan: JAOG



Note: ■ L+S rates

Japan: JAOG



Note: ■ L+S rates

Malta

Malta Congenital Anomalies Register (MCAR)

History:

The register started in 1985 as a research project of the University of Malta. It started as a hospital based register collecting data regarding congenital anomalies diagnosed in babies born at the main general hospital. It became a member of EUROCAT in 1986. Funding for the research project was stopped in 1995 and in 1997 the Department of Health Information assumed the functions of data collection increasing coverage to all hospitals on the islands making it a population based register. The Register was accepted as an associate member of the Clearinghouse in 2000.

Size and coverage:

The registry is population based and now covers 4000 births per year.

Legislation and funding:

The registry is run and funded by the state Department of Health Information and Research. Reporting is not statutory.

Sources of ascertainment:

The registry employs active data collection from multiple sources including delivery and obstetric wards, doctors' reporting, cardiac lab records,

genetics clinic records, National Mortality Register, National Obstetric Information Systems database, Hospital Activity Analysis databases, National Cancer Register and the Hypothyroid Screening Programme.

Exposure information:

Information regarding maternal exposure to medicinal drugs, smoking, alcohol and drug abuse as well as parental occupation are collected for all malformed infants and fetuses.

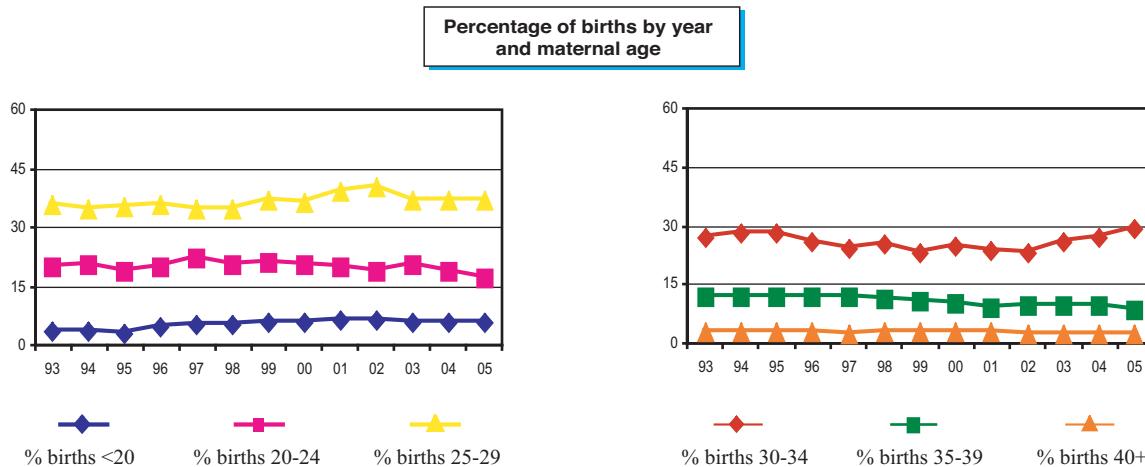
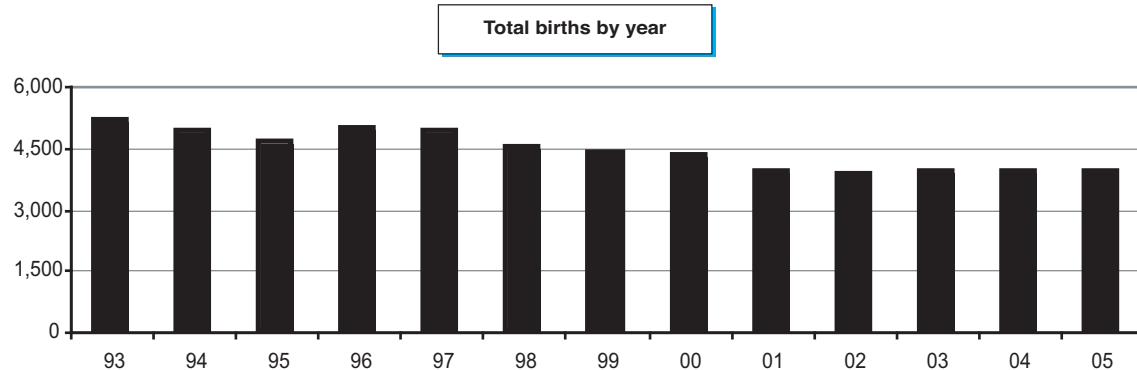
Background information:

Epidemiological background data on all births are available from the National Obstetric Information Systems database and vital statistics.

Addresses and Staff:

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Malta



Monitoring Systems

Malta: MCAR, 2005

Live births (LB)	2,357
Stillbirths (SB)	8
Total births	3,865
Number of terminations of pregnancy (ToP) for birth defects	not permitted

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	1	0		2.59
Spina bifida	1	0		2.59
Encephalocele	2	0		5.17
Microcephaly	0	0		0.00
Holoprosencephaly	0	0		0.00
Hydrocephaly	2	0		5.17
Anophthalmos	0	0		0.00
Microphtalmos	0	0		0.00
Unspecified Anophthalmos/Microphtalmos	0	0		0.00
Anotia	0	0		0.00
Microtia	0	0		0.00
Unspecified Anotia/Microtia	0	0		0.00
Transposition of great vessels	1	0		2.59
Tetralogy of Fallot	3	0		7.76
Hypoplastic left heart syndrome	0	0		0.00
Coarctation of aorta	2	0		5.17
Choanal atresia, bilateral	1	0		2.59
Cleft palate without cleft lip	7	0		18.11
Cleft lip with or without cleft palate	2	0		5.17
Oesophageal atresia/stenosis with or without fistula	1	0		2.59
Small intestine atresia/stenosis	0	0		0.00
Anorectal atresia/stenosis	1	0		2.59
Undescended testis (36 weeks of gestation or later)	nr	nr		nr
Hypospadias	9	0		23.29
Epispadias	0	0		0.00
Indeterminate sex	0	0		0.00
Renal agenesis	0	0		0.00
Cystic kidney	1	0		2.59
Bladder extrophy	0	0		0.00
Polydactyly, total	3	0		7.76
Total Limb reduction defects (include unspecified)	0	0		0.00
Transverse	nr	nr		nr
Preaxial	nr	nr		nr
Postaxial	nr	nr		nr
Intercalary	nr	nr		nr
Mixed	nr	nr		nr
Unspecified	nr	nr		nr
Diaphragmatic hernia	0	0		0.00
Omphalocele	1	0		2.59
Gastroschisis	0	0		0.00
Unspecified Omphalocele/Gastroschisis	1	0		2.59
Prune belly sequence	0	0		0.00
Trisomy 13	0	0		0.00
Trisomy 18	1	0		2.59
Down syndrome, all ages (include age unknown)	11	0		28.46
<20	0	0		0.00
20-24	1	0		15.22
25-29	0	0		0.00
30-34	2	0		17.70
35-39	4	0		121.95
40-44	4	0		500.00
45+	0	0		0.00
unknown	0	0		0.00

nr = not reported

Malta: MCAR, Previous years rates 1993 - 2005

Birth prevalence rates: (LB+SB) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995*	1996-2000	2001-2005
Births	14,668	22,964	19,396			
Anencephaly	3.41	4.35	2.06			
Spina bifida	8.86	5.23	5.16			
Encephalocele	1.36	2.61	2.06			
Microcephaly	4.77	3.05	2.58			
Holoprosencephaly	0.68	1.31	0.00			
Hydrocephaly	8.86	4.35	2.58			
Anophthalmos	0.68	0.00	0.00			
Microphtalmos	0.00	2.18	0.52			
Unspecified Anophthalmos/Microphtalmos	---	---	---			
Anotia	0.00	0.00	0.00			
Microtia	0.00	0.00	0.00			
Unspecified Anotia/Microtia	---	---	---			
Transposition of great vessels	2.73	6.10	3.09			
Tetralogy of Fallot	2.73	5.23	3.09			
Hypoplastic left heart syndrome	2.05	0.87	3.61			
Coarctation of aorta	5.45	5.66	5.67			
Choanal atresia, bilateral	1.36	1.31	1.55			
Cleft palate without cleft lip	15.00	15.24	8.25			
Cleft lip with or without cleft palate	10.23	9.58	6.19			
Oesophageal atresia/stenosis with or without fistula	2.73	2.61	1.55			
Small intestine atresia/stenosis	0.68	1.74	2.58			
Anorectal atresia/stenosis	3.41	3.92	5.67			
Undescended testis (36 weeks of gestation or later)	nr	nr	nr			
Hypospadias	10.91	18.72	19.08			
Epispadias	2.05	0.44	0.00			
Indeterminate sex	1.36	1.31	0.52			
Renal agenesis	1.36	0.87	2.06			
Cystic kidney	4.77	3.92	1.55			
Bladder exstrophy	0.00	0.00	0.00			
Polydactyly, preaxial	14.32	16.11	16.50			
Total Limb reduction defects (include unspecified)	7.50	5.23	4.64			
Transverse	nr	nr	nr			
Preaxial	nr	nr	nr			
Postaxial	nr	nr	nr			
Intercalary	nr	nr	nr			
Mixed	nr	nr	nr			
Unspecified	---	---	---			
Diaphragmatic hernia	4.77	6.53	2.58			
Omphalocele	2.73	1.74	2.06			
Gastroschisis	1.36	0.87	1.03			
Unspecified Omphalocele/Gastroschisis	---	---	---			
Prune belly sequence	0.68	0.44	0.00			
Trisomy 13	0.00	0.44	0.52			
Trisomy 18	2.05	3.48	5.16			
Down syndrome, all ages (include age unknown)	20.45	14.81	23.20			
<20	0.00	16.75	0.00			
20-24	0.00	0.00	2.72			
25-29	5.83	4.92	8.14			
30-34	22.24	14.17	26.03			
35-39	68.81	42.60	84.70			
40-44	166.21	132.01	238.10			
45+	0.00	416.67	0.00			
unknown	---	---	---			

* data include less than 5 years

nr = not reported

Monitoring Systems

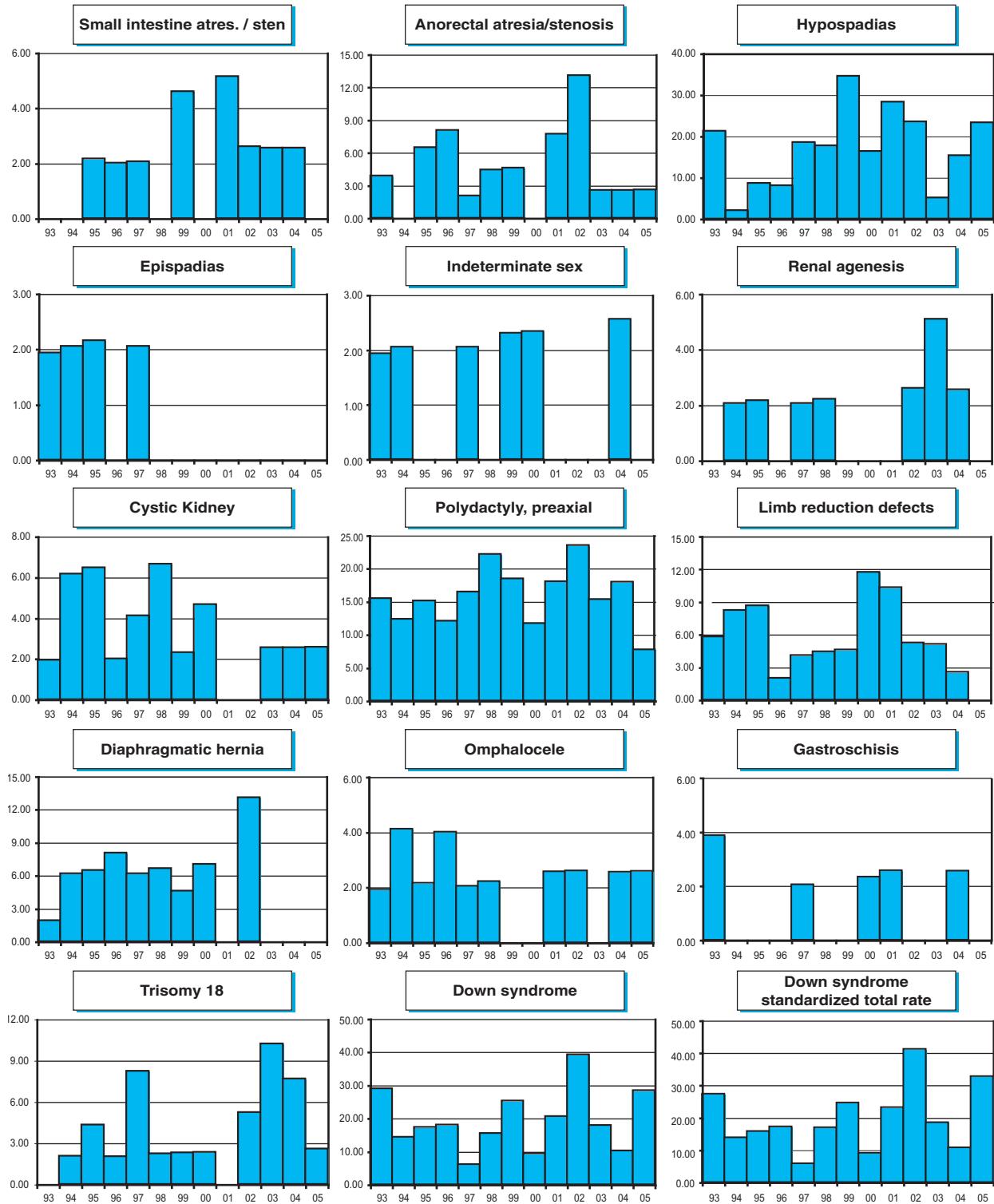
Malta

'Time trends 1993-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

Malta



Note: ■ L+S rates

Monitoring Systems

Mexico: RYVEMCE

Mexican Registry and Epidemiological Surveillance of External Congenital Malformations (RYVEMCE)

History:

The Programme was started in 1978. The Programme became a full member of the ICBDSR in 1980.

Size and coverage:

Reports are obtained from 15 hospitals in 11 cities in Mexico. Participation is voluntary. The annual number of births is approximately 40.000, about 3.5% of all births in Mexico. Stillbirths of 20 weeks or more gestation and/or at least 500g birthweight are included.

Legislation and funding:

The Programme is a research Programme and is funded by research grants.

Sources of ascertainment:

Reports are obtained from the delivery units and pediatric departments of the participating hospitals.

Exposure information:

The mother of each reported infant and the mother of a control infant -the next non-malformed infant born at that hospital with the same sex as the proband- are interviewed on various exposures, including drug usage and parental occupation.

Background information:

The total number of births in the hospitals is known.

Addresses and Staff:

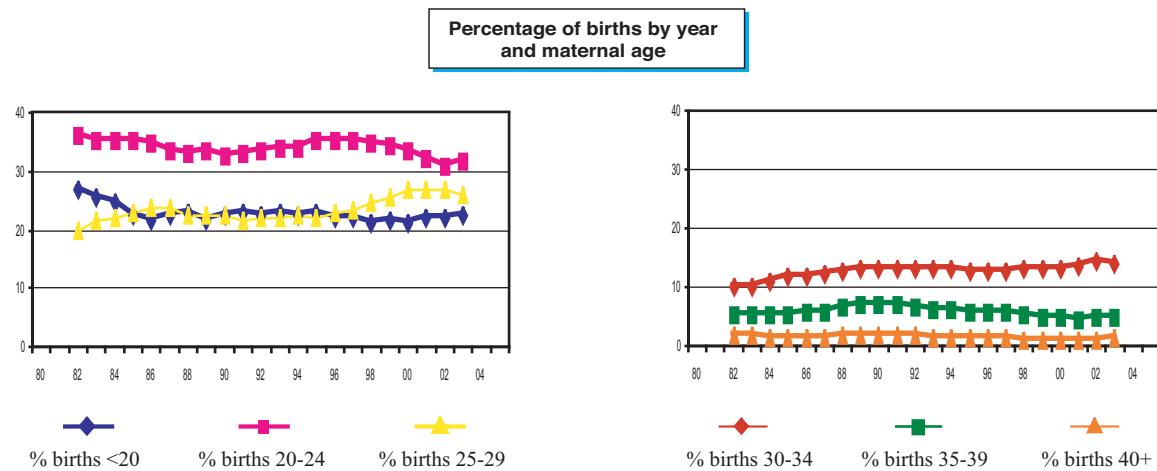
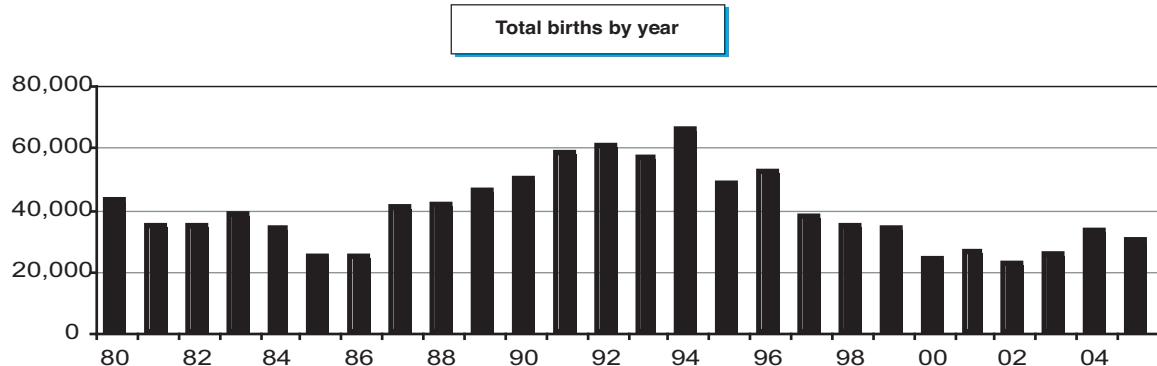
Osvaldo Mutchinick, MD, Programme Director
RYVEMCE Departamento de Genética, Inst. Nacional de Ciencias Médicas y Nutrición Vasco de Quiroga 15, Tlalpan, C.P.14000 Mexico DF, Mexico

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Mexico: RYVEMCE



Monitoring Systems

Mexico: RYVEMCE, 2005

Live births (LB)	29,089
Stillbirths (SB)	374
Total births	29,463
Number of terminations of pregnancy (ToP) for birth defects	not permitted

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	8		2.72
Spina bifida	14	0		4.75
Encephalocele	3	0		1.02
Microcephaly	7	2		3.05
Holoprosencephaly	6	2		2.72
Hydrocephaly	19	3		7.47
Anophthalmos*	2	2		1.36
Microphthalmos	nr	nr		nr
Unspecified Anophthalmos/Microphthalmos	nr	nr		nr
Anotia**	25	2		9.16
Microtia	nr	nr		nr
Unspecified Anotia/Microtia	nr	nr		nr
Transposition of great vessels	2	0		0.68
Tetralogy of Fallot	0	0		0.00
Hypoplastic left heart syndrome	0	0		0.00
Coarctation of aorta	0	0		0.00
Choanal atresia, bilateral	0	0		0.00
Cleft palate without cleft lip	8	1		3.05
Cleft lip with or without cleft palate	34	3		12.56
Oesophageal atresia/stenosis with or without fistula	8	0		2.72
Small intestine atresia/stenosis	7	0		2.38
Anorectal atresia/stenosis	12	1		4.41
Undescended testis (36 weeks of gestation or later)	nr	nr		nr
Hypospadias	17	0		5.77
Epispadias	1	0		0.34
Indeterminate sex	4	4		2.72
Renal agenesis	2	1		1.02
Cystic kidney	2	0		0.68
Bladder extrophy	1	0		0.34
Polydactyly, preaxial	32	1		11.20
Total Limb reduction defects (include unspecified)	12	7		6.45
Transverse	8	2		3.39
Preaxial	1	1		0.68
Postaxial	3	1		1.36
Intercalary	0	0		0.00
Mixed	0	0		0.00
Unspecified	0	3		1.02
Diaphragmatic hernia	3	1		1.36
Omphalocele	4	2		2.04
Gastroschisis	17	0		5.77
Unspecified Omphalocele/Gastroschisis	0	0		0.00
Prune belly sequence	2	0		0.68
Trisomy 13	0	0		0.00
Trisomy 18	0	0		0.00
Down syndrome, all ages (include age unknown)	32	1		11.20
<20	6	0		8.82
20-24	8	0		7.97
25-29	6	0		9.01
30-34	6	0		16.60
35-39	4	0		23.53
40-44	2	1		77.12
45+	0	0		0.00
unknown	0	0		0.00

* = include Microphthalmos and Unspecified Anophthalmos/ Microphthalmos

** = include Microtia and Unspecified Anotia/Microtia

nr = not reported

Mexico: RYVEMCE, Previous years rates 1980 - 2005

Birth prevalence rates: (LB+SB) * 10,000

	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	42,344	164,972	201,504	288,684	180,775	135,139
Anencephaly	17.71	18.18	20.25	15.93	12.94	5.77
Spina bifida	13.46	11.76	16.62	14.86	14.11	7.47
Encephalocele	4.25	2.91	3.18	2.32	2.43	1.41
Microcephaly	2.13	2.55	2.58	1.91	1.88	2.00
Holoprosencephaly	0.00	0.18	0.40	0.87	0.61	1.85
Hydrocephaly	6.14	5.64	4.76	5.99	6.20	7.03
Anophthalmos**	2.13	2.67	1.69	1.84	1.05	2.00
Microphthalmos	nr	nr	nr	nr	nr	nr
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	---
Anotia***	7.79	6.61	6.30	6.58	6.47	9.40
Microtia	nr	nr	nr	nr	nr	nr
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	0.00	0.06	0.10	0.17	0.28	0.30
Tetralogy of Fallot	0.00	0.00	0.00	0.28	0.11	0.15
Hypoplastic left heart syndrome	0.00	0.00	0.05	0.00	0.00	0.22
Coarctation of aorta	0.24	0.00	0.05	0.10	0.00	0.00
Choanal atresia, bilateral	0.24	0.24	0.40	0.52	0.17	0.15
Cleft palate without cleft lip	3.78	2.79	3.77	3.95	2.38	2.81
Cleft lip with or without cleft palate	14.17	12.67	12.56	12.51	12.11	15.61
Oesophageal atresia/stenosis with or without fistula	1.65	1.09	2.28	1.91	2.38	2.96
Small intestine atresia/stenosis	1.42	0.48	0.99	1.25	1.44	2.22
Anorectal atresia/stenosis	4.72	3.76	4.71	4.99	4.48	5.03
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	nr	nr
Hypospadias	4.49	3.94	4.22	5.23	3.32	4.22
Epispadias	nr	nr	nr	nr	nr	0.16
Indeterminate sex	1.89	1.64	2.18	2.53	1.99	2.89
Renal agenesis	0.71	0.24	0.50	0.62	0.50	0.52
Cystic kidney	0.24	0.30	0.55	0.87	1.00	1.70
Bladder exstrophy	0.47	0.48	0.40	0.38	0.61	0.15
Polydactyly, preaxial	10.39	11.88	14.14	12.68	11.40	13.54
Total Limb reduction defects (include unspecified)	5.20	6.12	6.90	5.96	5.09	6.96
Transverse	nr	nr	nr	nr	nr	3.85
Preaxial	nr	nr	nr	nr	nr	1.26
Postaxial	nr	nr	nr	nr	nr	0.44
Intercalary	nr	nr	nr	nr	nr	0.44
Mixed	nr	nr	nr	nr	nr	0.67
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	0.94	0.42	1.09	0.97	0.89	1.41
Omphalocele	2.60	1.39	1.44	1.73	1.49	2.52
Gastroschisis	0.47	0.79	1.49	2.01	3.10	5.33
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.94	1.21	1.29	0.80	0.94	0.59
Trisomy 13	0.71	0.18	0.30	0.21	0.11	0.22
Trisomy 18	1.18	0.61	0.55	0.31	0.06	0.30
Down syndrome, all ages (include age unknown)	14.41	11.88	14.24	14.06	11.56	11.03
<20	6.13*	10.76	7.95	6.65	6.64	
20-24	5.63*	6.27	8.21	4.61	7.45	
25-29	4.64*	9.57	12.56	6.40	6.85	
30-34	14.72*	17.32	14.25	13.79	10.70	
35-39	45.92*	43.52	41.83	45.11	53.13	
40-44	155.72*	131.49	146.58	266.27	106.46	
45+	466.67*	262.01	173.91	389.61	0.00*	
unknown	---	---	---	---	---	---

* data include less than 5 and 7 years

** = include Microphthalmos and Unspecified Anophthalmos/ Microphthalmos

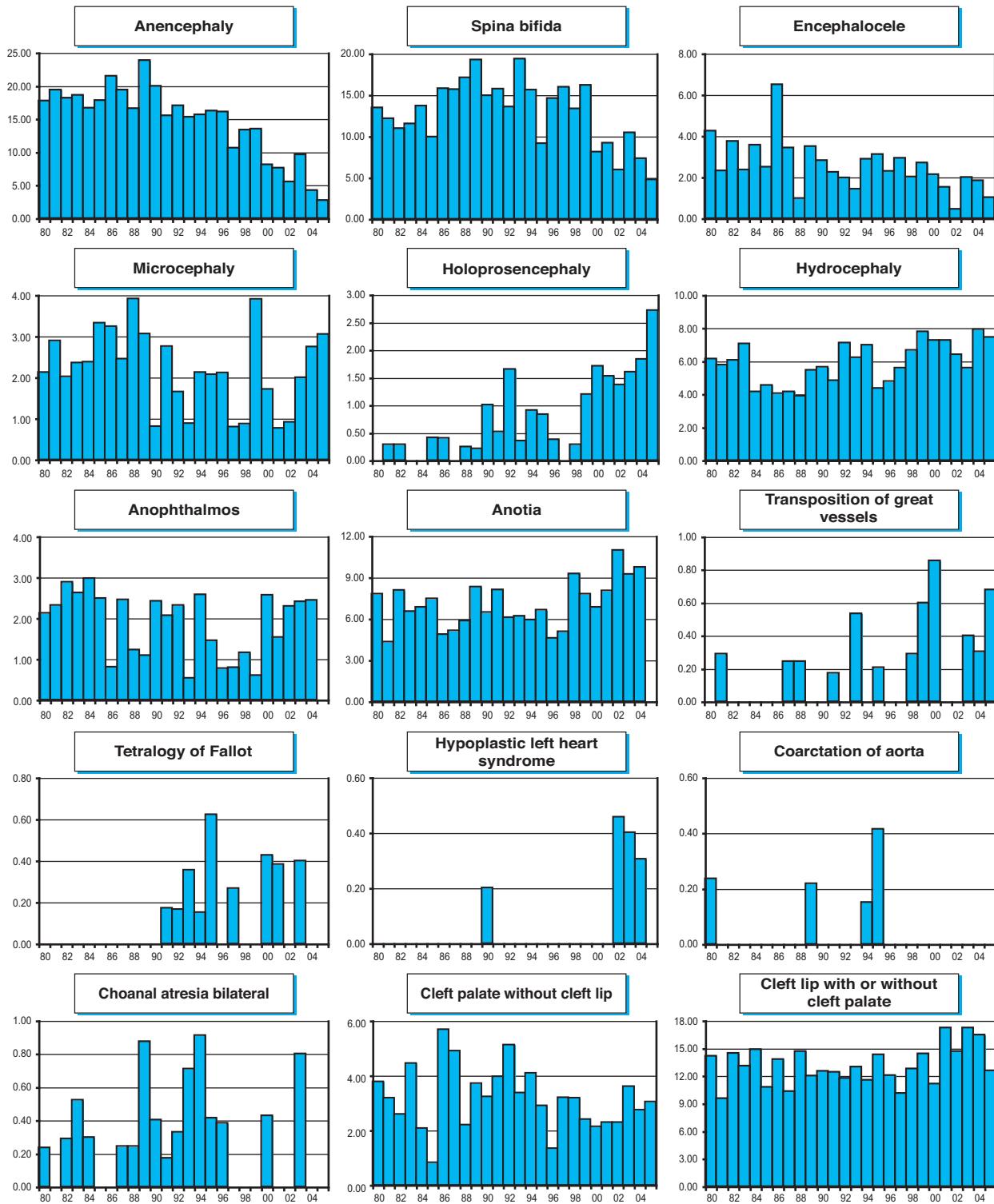
*** = include Microtia and Unspecified Anotia/Microtia

nr = not reported

Monitoring Systems

Mexico: RYVEMCE

'Time trends 1980-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

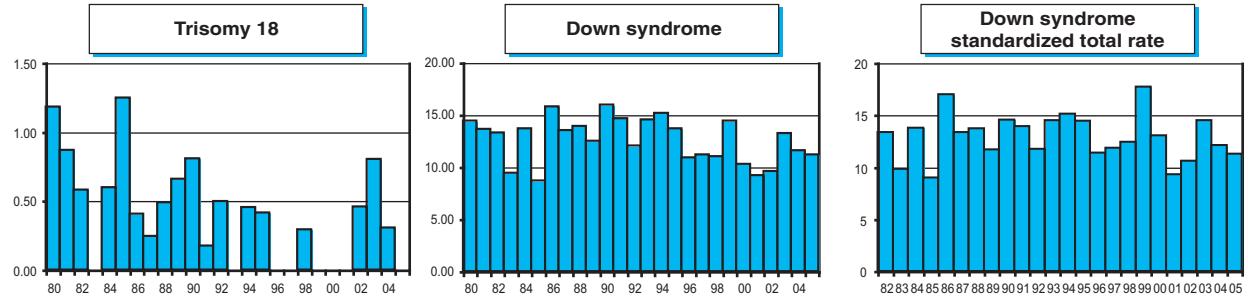
Mexico: RYVEMCE



Note: ■ L+S rates

Monitoring Systems

Mexico: RYVEMCE



Note: ■ L+S rates

New Zealand

New Zealand Congenital Anomalies Monitoring Programme

History:

The Programme began in 1975 and became a full member of the ICBDSR in 1979.

Size and coverage:

The Programme covers all livebirths (approximately 56,000 per year) delivered or treated in a New Zealand publicly funded hospital. Only these data are included in the quarterly and annual reports to the ICBDSR. Data on stillbirths are retrospectively added to the database together with additional cases derived from the national perinatal and mortality databases. In late 1995 the definition of stillbirth was changed from 28 weeks completed gestation to 20 weeks or more gestation and/or 400g birthweight.

Legislation and funding:

The Programme is run and funded by the Public Health Directorate, Ministry of Health.

Sources of ascertainment:

Ascertainment is from discharge records of

publicly funded hospitals and stillbirth notification forms. Data on voluntary terminations of pregnancy are being added to the database.

Exposure information:

No exposure information are currently available, but attempts are being made to obtain such data as well as increase the level of ascertainment.

Background information:

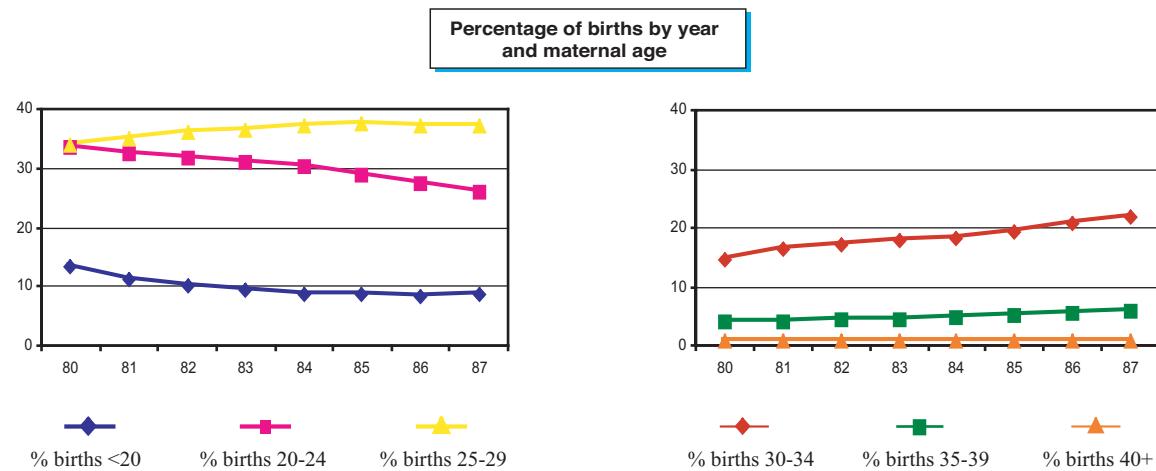
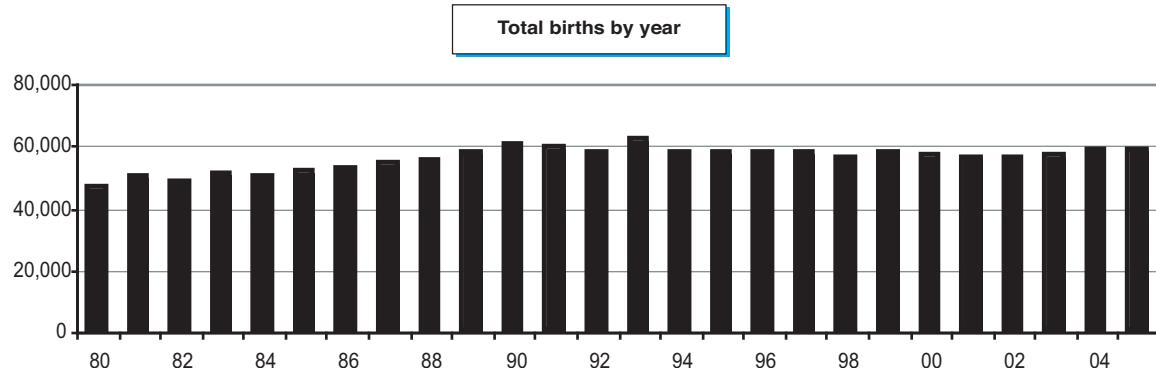
General epidemiological characteristics for all births are available.

Addresses and Staff:

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PO Box 5013
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Monitoring Systems

New Zealand



New Zealand: 2005

Live births (LB)	57,745
Stillbirths (SB)	360
Total births	58,105
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	nr	nr	0.00
Spina bifida	15	nr	nr	2.58
Encephalocele	5	nr	nr	0.86
Microcephaly	18	nr	nr	3.10
Holoprosencephaly	nr	nr	nr	nr
Hydrocephaly	18	nr	nr	3.10
Anophthalmos	1	nr	nr	0.17
Microphtalmos	5	nr	nr	0.86
Unspecified Anophthalmos/Microphtalmos	0	nr	nr	0.00
Anotia	nr	nr	nr	nr
Microtia	nr	nr	nr	nr
Unspecified Anotia/Microtia	nr	nr	nr	nr
Transposition of great vessels	25	nr	nr	4.30
Tetralogy of Fallot	36	nr	nr	6.20
Hypoplastic left heart syndrome	9	nr	nr	1.55
Coarctation of aorta	13	nr	nr	2.24
Choanal atresia, bilateral	6	nr	nr	1.03
Cleft palate without cleft lip	54	nr	nr	9.29
Cleft lip with or without cleft palate	36	nr	nr	6.20
Oesophageal atresia/stenosis with or without fistula	13	nr	nr	2.24
Small intestine atresia/stenosis	17	nr	nr	2.93
Anorectal atresia/stenosis	17	nr	nr	2.93
Undescended testis (36 weeks of gestation or later)	342	nr	nr	58.86
Hypospadias + epispadias	139	nr	nr	23.92
Epispadias	nr	nr	nr	nr
Indeterminate sex	8	nr	nr	1.38
Renal agenesis	19	nr	nr	3.27
Cystic kidney	37	nr	nr	6.37
Bladder extrophy	2	nr	nr	0.34
Polydactyly, preaxial	49	nr	nr	8.43
Total Limb reduction defects (include unspecified)	15	nr	nr	2.58
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	14	nr	nr	2.41
Omphalocele	nr	nr	nr	nr
Gastroschisis	nr	nr	nr	nr
Unspecified Omphalocele/Gastroschisis	32	nr	nr	5.51
Prune belly sequence	nr	nr	nr	nr
Trisomy 13	2	nr	nr	0.34
Trisomy 18	4	nr	nr	0.69
Down syndrome, all ages (include age unknown)	62	nr	nr	10.67
<20	nr	nr	nr	nr
20-24	nr	nr	nr	nr
25-29	nr	nr	nr	nr
30-34	nr	nr	nr	nr
35-39	nr	nr	nr	nr
40-44	nr	nr	nr	nr
45+	nr	nr	nr	nr
unknown	nr	nr	nr	nr

nr = not reported

Monitoring Systems

New Zealand: Previous years rates 1980 - 2005

Birth prevalence rates: (LB) * 10,000

	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	46,180	249,914	279,760	293,819	284,949	284,803
Anencephaly	6.93	4.56	2.14	0.75	0.49	0.25
Spina bifida	12.56	10.08	5.72	3.98	3.16	1.97
Encephalocele	nr	0.66*	0.74*	0.00*	0.39	0.53
Microcephaly	nr	nr	nr	nr	2.77	2.91
Holoprosencephaly	nr	nr	nr	nr	nr	nr
Hydrocephaly	7.36	3.48	3.36	2.76	3.65	3.55
Anophthalmos	nr	nr	nr	nr	0.00	0.07
Microphthalmos	nr	nr	nr	nr	0.67	0.81
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	---
Anotia	nr	nr	nr	nr	nr	nr
Microtia	nr	nr	nr	nr	nr	nr
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	nr	nr	0.55*	nr	5.12	4.78
Tetralogy of Fallot	nr	nr	nr	nr	4.65*	4.35
Hypoplastic left heart syndrome	nr	nr	0.82*	1.90*	1.40	1.09
Coarctation of aorta	nr	nr	nr	nr	2.00*	3.44
Choanal atresia, bilateral	nr	nr	nr	nr	1.02	1.02
Cleft palate without cleft lip	6.06	6.44	7.11	5.04	8.81	9.55
Cleft lip with or without cleft palate	10.83	8.56	7.58	3.57	5.62	5.93
Oesophageal atresia/stenosis with or without fistula	1.73	1.88	1.75	2.42	2.11	1.47
Small intestine atresia/stenosis	nr	nr	nr	nr	1.79	2.27*
Anorectal atresia/stenosis	1.73	2.52	2.36	2.89	2.28	2.42
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	67.12*	73.24
Hypospadias	12.13	13.64	12.47	12.15*	22.53	28.69
Epispadias	nr	nr	nr	nr	nr	nr
Indeterminate sex	nr	nr	nr	nr	0.48*	0.81
Renal agenesis	nr	0.20*	0.43*	nr	3.52*	3.05
Cystic kidney	nr	nr	nr	nr	5.83	5.97
Bladder exstrophy	nr	nr	nr	nr	0.39*	0.25
Polydactyly, preaxial	nr	nr	nr	nr	5.99*	9.73
Total Limb reduction defects (include unspecified)	3.03	4.00	2.97	2.04	2.63	2.88
Transverse	nr	nr	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr	nr	nr
Mixed	nr	nr	nr	nr	nr	nr
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	nr	1.51*	1.48*	nr	2.41*	2.46
Omphalocele	nr	2.28	1.57	2.58*	nr	nr
Gastroschisis	nr	0.28	0.62*	nr	nr	nr
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	nr	nr	nr	nr	nr	nr
Trisomy 13	nr	nr	nr	nr	0.42	0.42
Trisomy 18	nr	nr	nr	nr	0.95	1.19
Down syndrome, all ages (include age unknown)	8.01	9.32	9.29	9.38*	11.02	11.31
<20	1.63	6.22	6.64*	nr	nr	nr
20-24	4.52	4.55	3.14*	nr	nr	nr
25-29	8.92	8.36	8.83*	nr	nr	nr
30-34	10.46	9.92	8.38*	nr	nr	nr
35-39	22.27	37.78	26.30*	nr	nr	nr
40-44	82.42	97.04	274.46*	nr	nr	nr
45+	0.00	144.93	217.39*	nr	nr	nr
unspecified	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

New Zealand

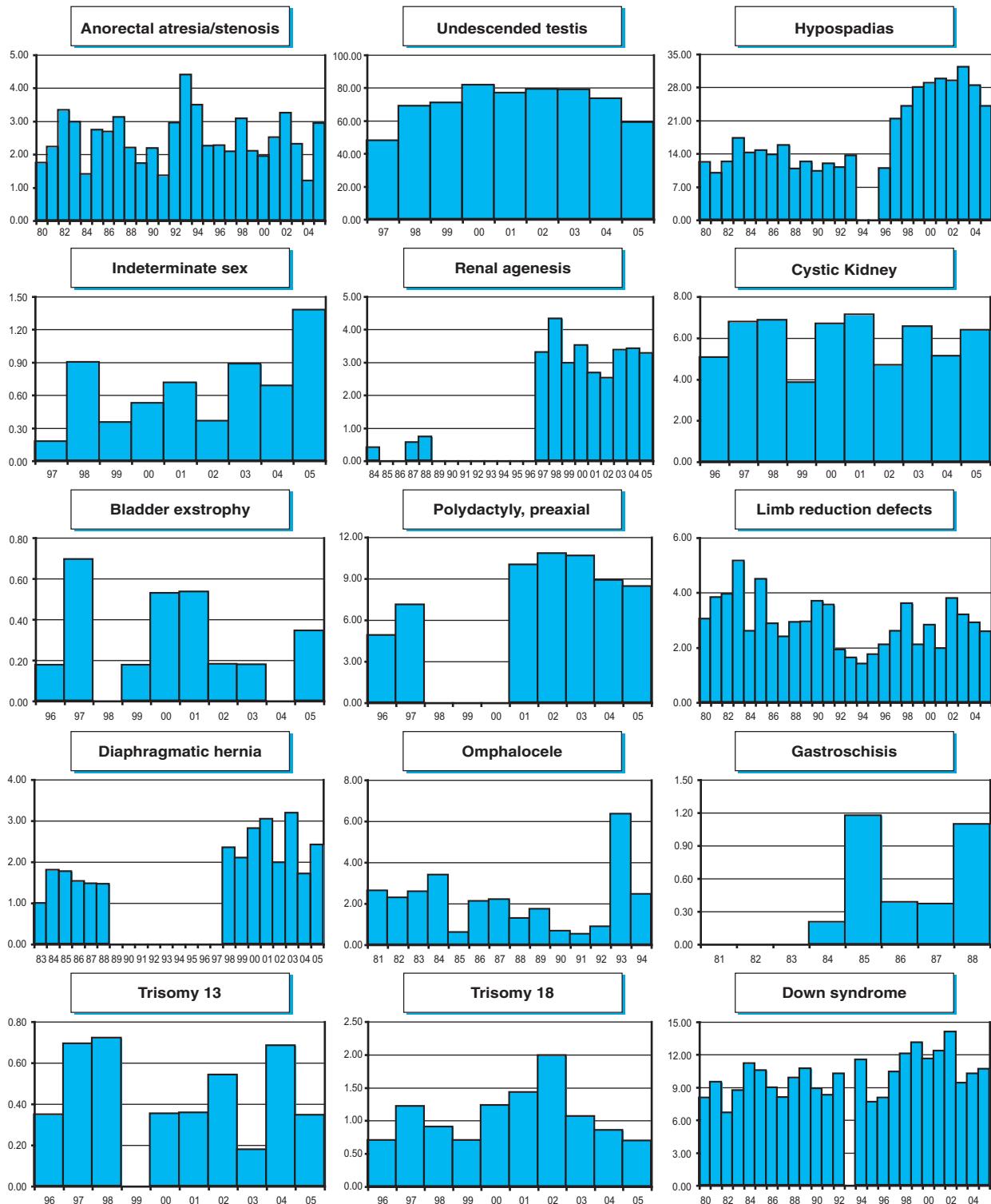
Time trends 1980-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

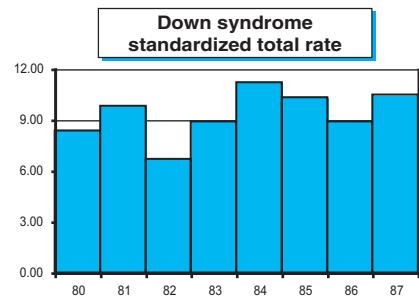
Monitoring Systems

New Zealand



Note: ■ L+S rates

New Zealand



Note: ■ L+S rates

Northern Netherlands

EUROCAT registration Northern Netherlands

History:

The Programme started in 1981, and became a Clearinghouse member in 1993.

Size and coverage:

In the beginning the Programme covered 7,500 births annually in the province of Groningen and northern Drenthe. Coverage was gradually increased to 20,000 births annually in the provinces Groningen, Friesland and Drenthe from 1989 onwards. Home deliveries (35% of births) are included.

Legislation and funding:

The Programme is funded by the Dutch Ministry of Public Health, Welfare and Sports. The registry is carried out in the Department of Genetics of the University Medical Center Groningen of the University of Groningen.

Sources of ascertainment:

Children and foetuses with congenital anomalies are reported on a voluntary basis by various sources: obstetricians, paediatricians, clinical geneticists, surgeons, general practitioners, midwives, well-baby clinics, pathologists and the national obstetric registry. Registry personnel is also actively involved in data collection. Children and foetuses with congenital anomalies diagnosed before or after birth are eligible for registration at the EUROCAT registry, if the mother lived in the region at the time of birth and the child has not reached the age of 16 at notification.

There is no lower limit for gestational age. Spontaneous and induced abortions are included. A number of frequently occurring mild anomalies is not registered, unless they occur in combination with other congenital anomalies. Informed consent of the parents is needed.

Exposure information:

Since 1997 parents are asked to fill out a questionnaire including questions on occupational activities and medication use. Besides, pharmacy data are collected routinely and the actual use of the reported medications is verified with the mother.

Background information:

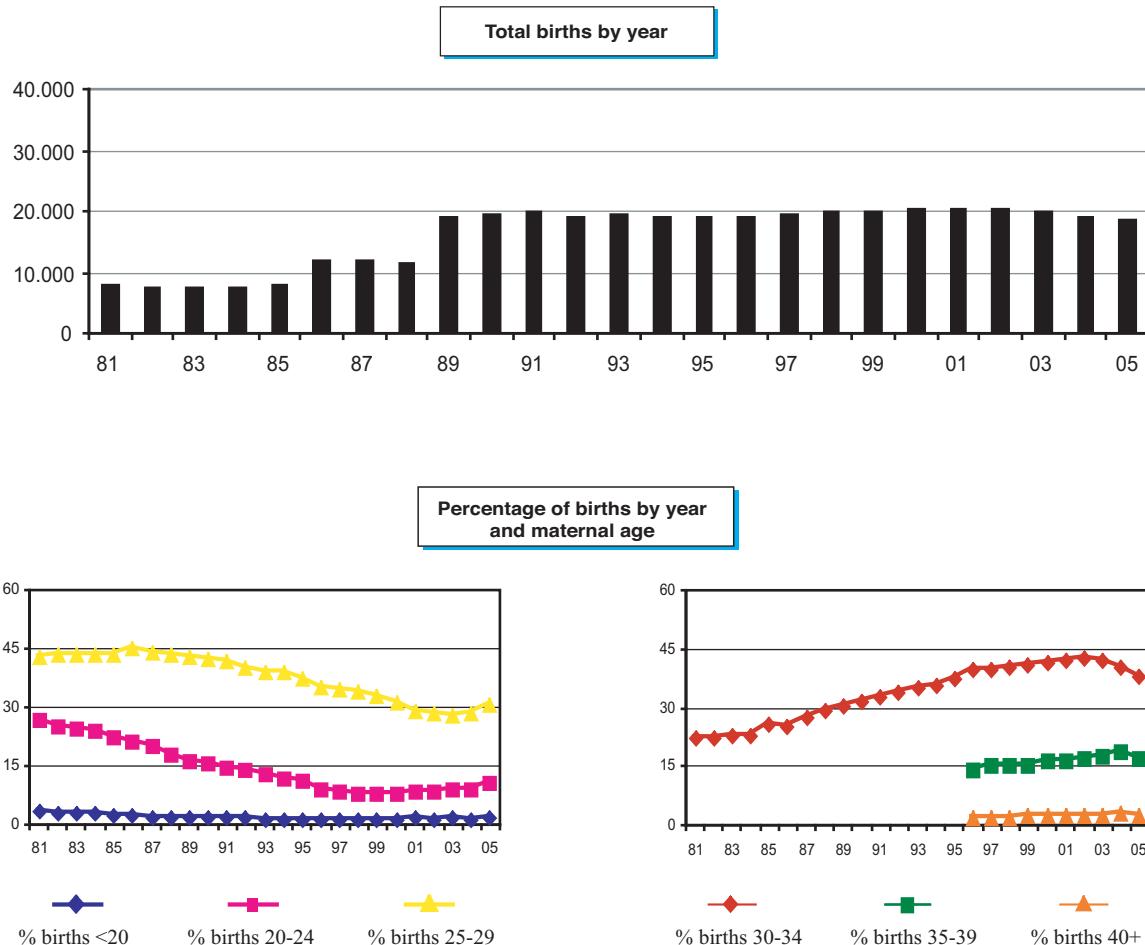
General statistics are available from the Dutch Central Bureau of Statistics (CBS).

Addresses and Staff:

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Northern Netherlands



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	4	50.0	Cystic kidney	1	3.7
Spina bifida	8	29.6	Limb reduction defects	2	5.1
Encephalocele	1	50.0	Diaphragmatic hernia	0	0.0
Holoprosencephaly	2	33.3	Omphalocele	5	38.5
Hydrocephaly	4	23.5	Gastroschisis	1	20.0
Hypoplastic left heart syndrome	2	16.7	Trisomy 13	3	37.5
Cleft palate without cleft lip	3	9.7	Trisomy 18	18	47.4
Cleft lip with or without cleft palate	4	4.8	Down syndrome	33	37.5
Renal agenesis	2	15.4			

Total ToPs with birth defects = 82 (Ratio ToPs/Births: 1.42 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

Northern Netherlands: 2005

Live births (LB)	18,419
Stillbirths (SB)	103
Total births	18,522
Number of terminations of pregnancy (ToP) for birth defects	29

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	0	2	1.08
Spina bifida	6	1	2	4.86
Encephalocele	0	0	0	0.00
Microcephaly	0	0	0	0.00
Holoprosencephaly	1	0	1	1.08
Hydrocephaly	4	1	1	3.24
Anophthalmos	0	0	0	0.00
Microphtalmos	1	0	0	0.54
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	0	0	1	0.54
Microtia	0	0	0	0.00
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	7	0	0	3.78
Tetralogy of Fallot	2	1	1	2.16
Hypoplastic left heart syndrome	3	0	0	1.62
Coarctation of aorta	2	0	0	1.08
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	3	0	1	2.16
Cleft lip with or without cleft palate	24	1	1	14.04
Oesophageal atresia/stenosis with or without fistula	3	0	0	1.62
Small intestine atresia/stenosis	3	0	0	1.62
Anorectal atresia/stenosis	3	0	0	1.62
Undescended testis (36 weeks of gestation or later)	0	0	0	0.00
Hypospadias	34	0	1	18.90
Epispadias	1	0	0	0.54
Indeterminate sex	0	1	0	0.54
Renal agenesis	4	1	0	2.70
Cystic kidney	9	0	0	4.86
Bladder extrophy	0	0	0	0.00
Polydactyly, preaxial	0	0	0	0.00
Total Limb reduction defects (include unspecified)	12	1	0	7.02
Transverse	9	1	0	5.40
Preaxial	5	0	0	2.70
Postaxial	3	1	0	2.16
Intercalary	1	0	0	0.54
Mixed	0	0	0	0.00
Unspecified	0	0	0	0.00
Diaphragmatic hernia	2	0	0	1.08
Omphalocele	2	0	2	2.16
Gastroschisis	1	0	0	0.54
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	1	0	2	1.62
Trisomy 18	4	5	9	9.72
Down syndrome, all ages (include age unknown)	22	0	6	15.12
<20	0	0	0	0.00
20-24	1	0	0	51.12
25-29	2	0	1	52.79
30-34	8	0	0	114.78
35-39	8	0	3	348.21
40-44	2	0	1	696.06
45+	0	0	0	0.00
unknown	1	0	1	---

Northern Netherlands: Previous years rates 1981 - 2005

Prevalence rates: (LB+SB+TOP) * 10,000

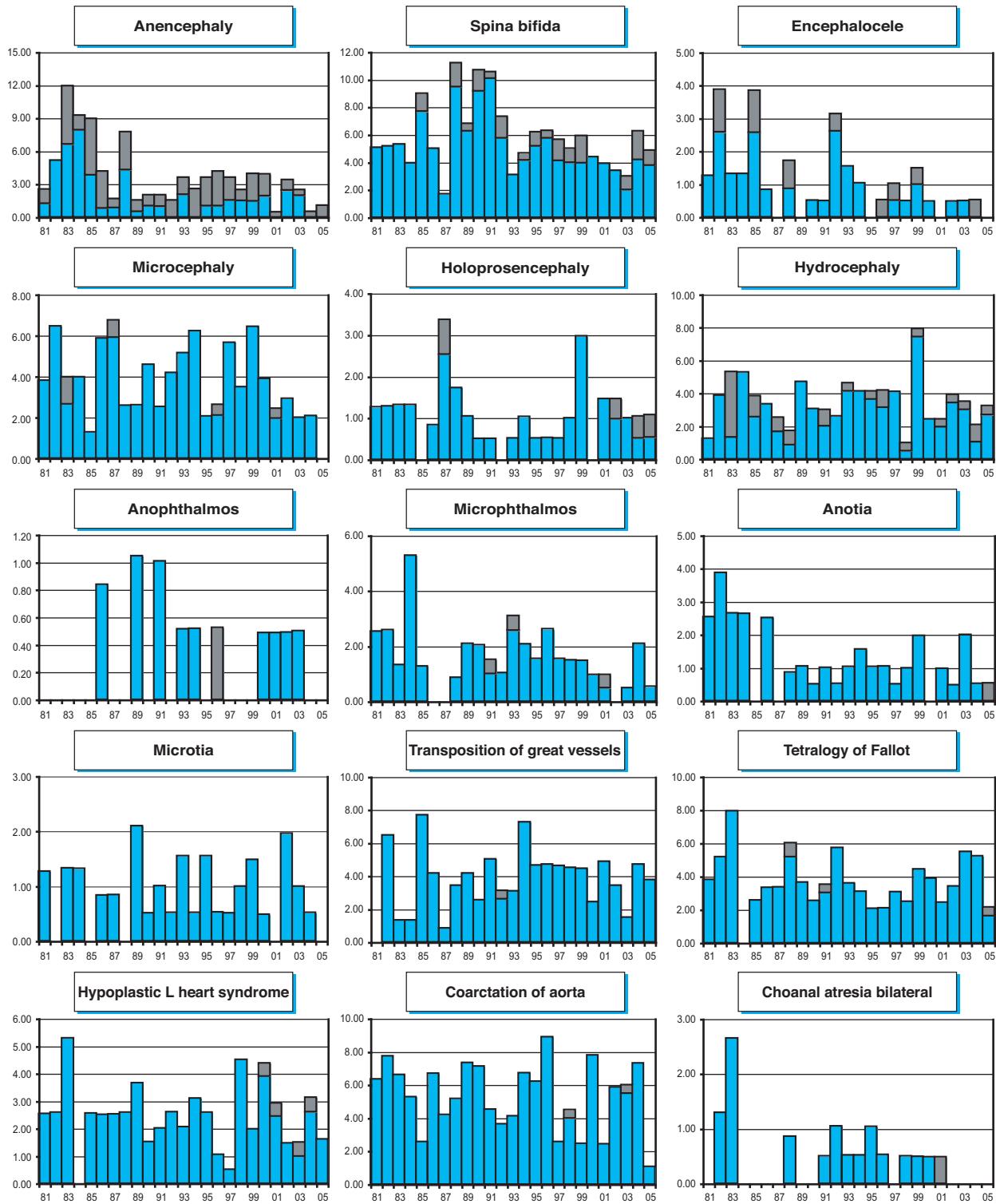
	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	38,501	74,106	96,959	99,168	98,579	
Anencephaly	7.53	3.10	2.68	3.63	1.62	
Spina bifida	5.71	7.42	6.39	5.45	4.26	
Encephalocele	2.34	0.54	1.24	0.81	0.30	
Microcephaly	3.90	4.32	4.02	4.44	1.93	
Holoprosencephaly	1.04	1.35	0.52	1.01	1.22	
Hydrocephaly	3.90	3.24	3.71	3.93	3.04	
Anophthalmos	0.00	0.40	0.41	0.20	0.30	
Microphthalmos	2.60	1.21	1.86	1.61	0.81	
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	
Anotia	2.34	0.94	1.03	0.91	0.91	
Microtia	0.78	0.94	1.03	0.81	0.71	
Unspecified Anotia/Microtia	---	---	---	---	---	
Transposition of great vessels	3.38	3.10	4.64	4.13	3.65	
Tetralogy of Fallot	3.90	3.64	3.61	3.23	3.75	
Hypoplastic left heart syndrome	2.60	2.56	2.48	2.52	2.13	
Coarctation of aorta	5.71	6.34	5.05	5.24	4.56	
Choanal atresia, bilateral	0.78	0.13	0.72	0.40	0.10	
Cleft palate without cleft lip	7.01	6.48	8.46	6.86	6.19	
Cleft lip with or without cleft palate	16.62	15.25	15.47	13.41	14.51	
Oesophageal atresia/stenosis with or without fistula	2.60	2.70	2.99	3.93	3.55	
Small intestine atresia/stenosis	2.60	2.97	2.68	2.12	1.52	
Anorectal atresia/stenosis	2.34	3.78	2.78	4.13	2.94	
Undescended testis (36 weeks of gestation or later)	2.08	2.29	1.44	1.31	0.91	
Hypospadias	16.62	9.58	9.69	15.13	18.46	
Epispadias	0.26	0.67	0.52	0.40	0.51	
Indeterminate sex	0.00	0.27	0.21	0.50	0.51	
Renal agenesis	3.64	4.45	4.43	4.74	3.85	
Cystic kidney	1.56	5.53	4.95	4.03	4.06	
Bladder exstrophy	0.26	0.27	0.10	0.20	0.20	
Polydactyly, preaxial	2.08	1.62	2.06	2.42	0.51	
Total Limb reduction defects (include unspecified)	8.05	4.72	7.22	5.65	6.59	
Transverse	5.19	2.70	3.92	3.33	4.16	
Preaxial	1.30	0.54	0.93	0.71	1.22	
Postaxial	0.52	0.81	1.86	1.01	1.83	
Intercalary	0.00	0.00	0.31	0.10	0.20	
Mixed	0.00	0.40	0.41	0.20	0.10	
Unspecified	---	---	---	---	---	
Diaphragmatic hernia	2.34	2.97	2.17	3.23	2.03	
Omphalocele	1.56	2.29	3.30	2.32	1.93	
Gastroschisis	0.78	0.81	0.52	1.01	0.91	
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	
Prune belly sequence	0.26	0.27	0.52	0.30	0.20	
Trisomy 13	0.52	1.21	1.34	0.91	1.32	
Trisomy 18	2.08	2.56	1.65	3.63	5.38	
Down syndrome, all ages (include age unknown)	12.21	13.90	14.23	15.63	16.33	
<20	0.00	0.00	0.00	0.00	0.00	
20-24	10.62	4.56	10.59	3.76	5.61	
25-29	6.60	13.14	4.72	9.09	8.11	
30-34	14.65	7.44	15.97	10.73	10.41	
35-39	40.21	47.07	33.26	39.28	31.10	
40-44	nr	nr	nr	98.60	135.08	
45+	nr	nr	nr	153.85	129.87	
unknown	---	---	---	---	---	

nr = not reported

Monitoring Systems

Northern Netherlands

'Time trends 1981-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

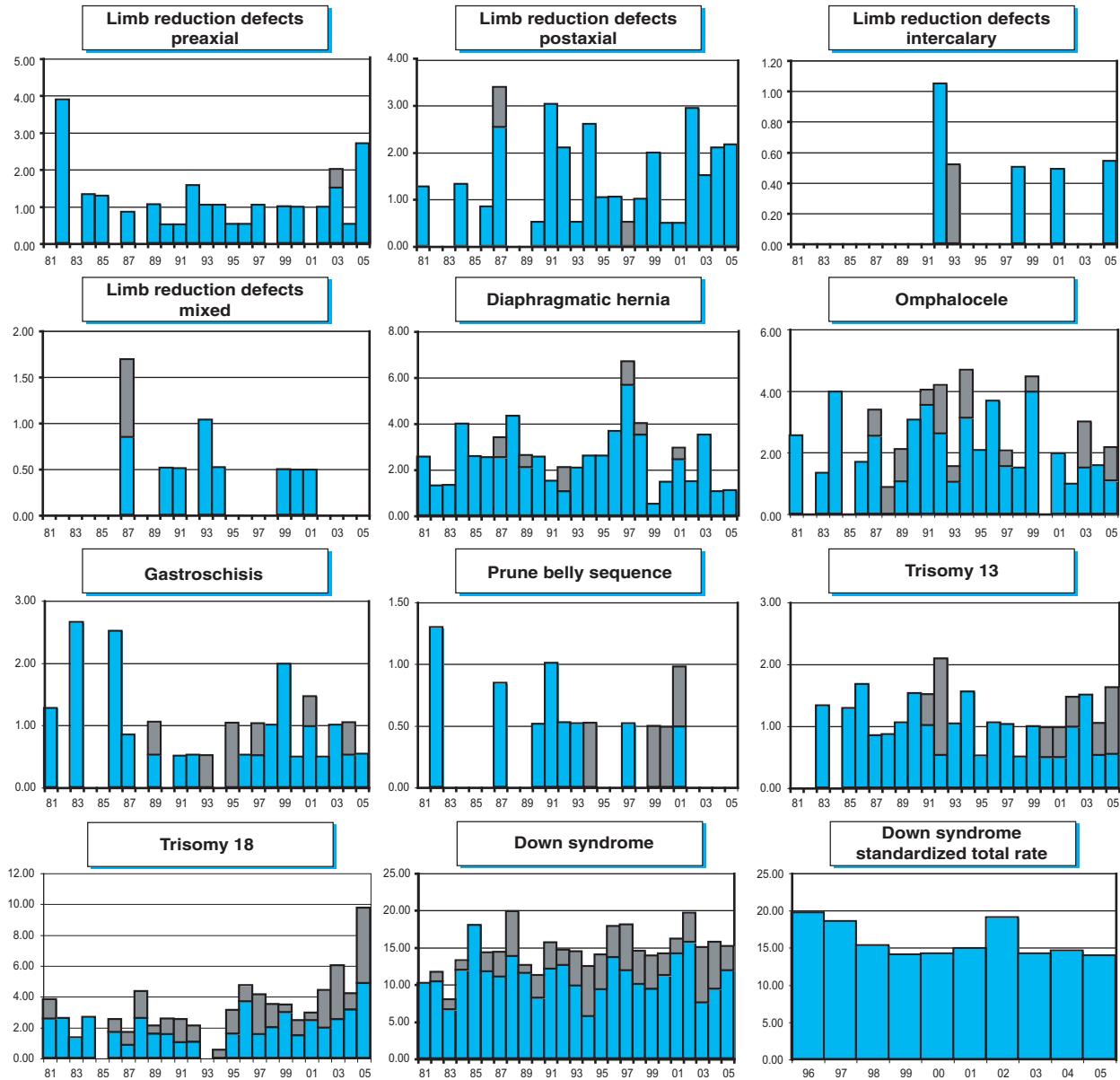
Northern Netherlands



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Northern Netherlands



Note: ■ L+S rates, ■ ToP rates

Norway

Medical Birth Registry of Norway

History:

The Programme was started in 1967. The Programme was a founding member of the ICBDSR and is a full member.

Size and coverage:

The Programme covers all births in Norway, approximately 60,000 annual births. Stillbirths of 16 weeks or more gestation are included.

Legislation and funding:

The Programme part of the Norwegian Institute of Public Health. Reporting is compulsory (Personal Health Data Filing System Act, 2002).

Sources of ascertainment:

The registry is based on the notification of births from the delivery units and since 1999 also from the neonatal units.

Exposure information:

Some basic information, such as maternal disease and since 1999, smoking and occupation, is collected on all infants, malformed or not.

Background information:

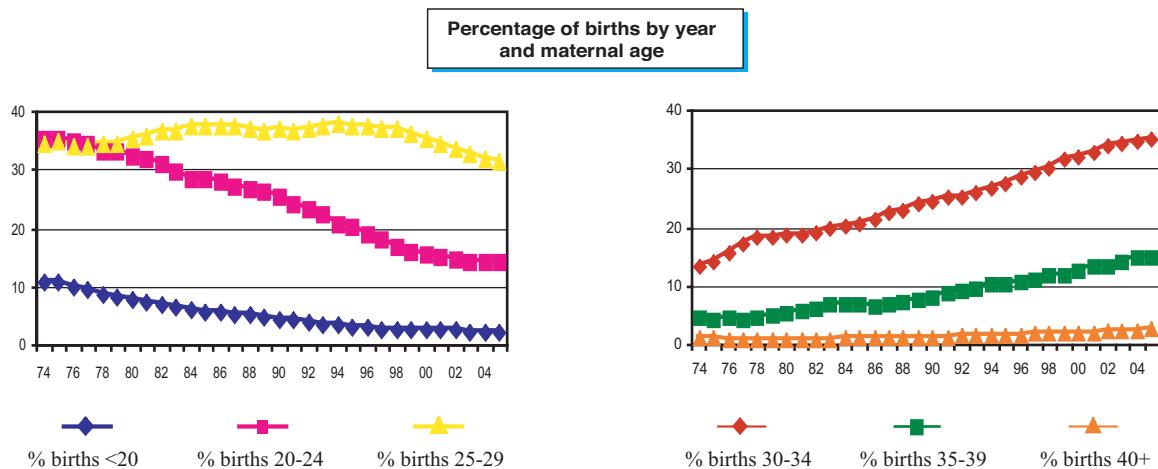
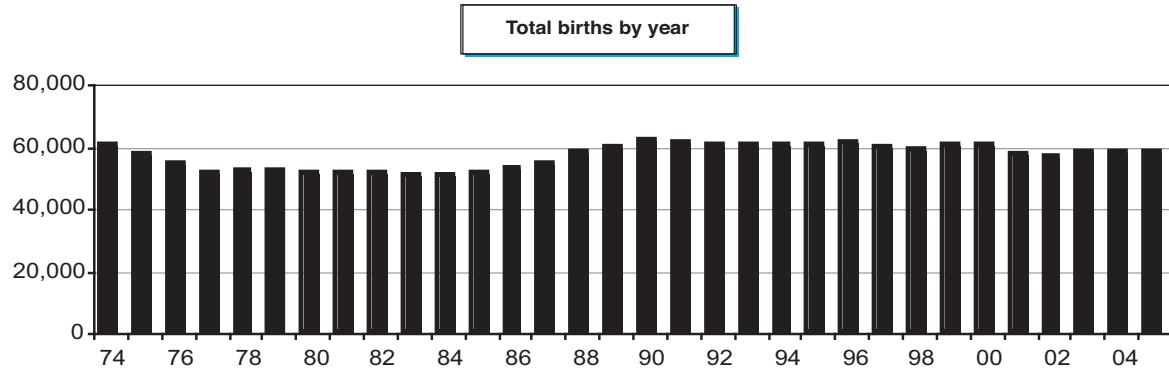
All information available for the reported malformed infants is also available for the total population of births.

Addresses and Staff:

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Monitoring Systems

Norway



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	74	82.2	Cystic kidney	24	27.3
Spina bifida	41	41.0	Limb reduction defects	9	11.4
Encephalocele	11	52.4	Diaphragmatic hernia	11	25.0
Holoprosencephaly	13	59.1	Omphalocele	21	48.8
Hydrocephaly	42	37.5	Gastroschisis	5	10.0
Hypoplastic left heart syndrome	19	33.9	Trisomy 13	7	41.2
Cleft palate without cleft lip	1	0.8	Trisomy 18	34	54.0
Cleft lip with or without cleft palate	7	3.0	Down syndrome	102	29.9
Renal agenesis	9	69.2			

Total ToPs with birth defects = 618 (Ratio ToPs/Births: 3.56 per 1,000)

*ToPs/ToPs+Births

Norway: MBRN, 2005

Live births (LB)	57,209
Stillbirths (SB)	459
Total births	57,916
Number of terminations of pregnancy (ToP) for birth defects	248

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	3	23	4.49
Spina bifida	15	4	23	7.25
Encephalocele	0	0	4	0.69
Microcephaly	1	0	2	0.52
Holoprosencephaly	2	1	5	1.38
Hydrocephaly	18	5	16	6.73
Anophthalmos	0	0	0	0.00
Microphtalmos	2	0	0	0.35
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	1	0	0	0.17
Microtia	2	0	0	0.35
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	21	1	0	3.80
Tetralogy of Fallot	13	0	1	2.42
Hypoplastic left heart syndrome	8	0	6	2.42
Coarctation of aorta	19	0	1	3.45
Choanal atresia, bilateral	5	0	0	0.86
Cleft palate without cleft lip	48	1	0	8.46
Cleft lip with or without cleft palate	77	1	2	13.81
Oesophageal atresia/stenosis with or without fistula	13	0	0	2.24
Small intestine atresia/stenosis	6	0	0	1.04
Anorectal atresia/stenosis	16	0	1	2.94
Undescended testis (36 weeks of gestation or later)	151	0	0	26.07
Hypospadias	85	0	0	14.68
Epispadias	0	0	0	0.00
Indeterminate sex	0	2	0	0.35
Renal agenesis	1	1	4	1.04
Cystic kidney	20	0	10	5.18
Bladder extrophy	2	0	0	0.35
Polydactyly, preaxial	64	1	3	11.74
Total Limb reduction defects (include unspecified)	23	0	4	4.66
Transverse	17	0	2	3.28
Preaxial	1	0	0	0.17
Postaxial	0	0	0	0.00
Intercalary	2	0	0	0.35
Mixed	4	0	3	1.21
Unspecified	0	0	0	0.00
Diaphragmatic hernia	8	1	3	2.07
Omphalocele	4	0	13	2.94
Gastroschisis	18	0	4	3.80
Unspecified Omphalocele/Gastroschisis	1	0	3	0.70
Prune belly sequence	2	0	5	1.21
Trisomy 13	3	1	5	1.55
Trisomy 18	8	4	18	5.18
Down syndrome, all ages (include age unknown)	60	3	44	18.48
<20	1	0	0	8.35
20-24	3	0	1	4.93
25-29	9	1	4	7.69
30-34	20	1	6	13.37
35-39	21	0	14	40.32
40-44	6	1	19	178.20
45+	0	0	0	0.00
unknown	0	0	0	0.00

Monitoring Systems

Norway: MBRN, Previous years rates 1974 - 2005

Birth prevalence rates: (LB+SB) * 10,000 until 1993

Birth prevalence rates: (LB+SB+TOP) * 10,000 since 1994

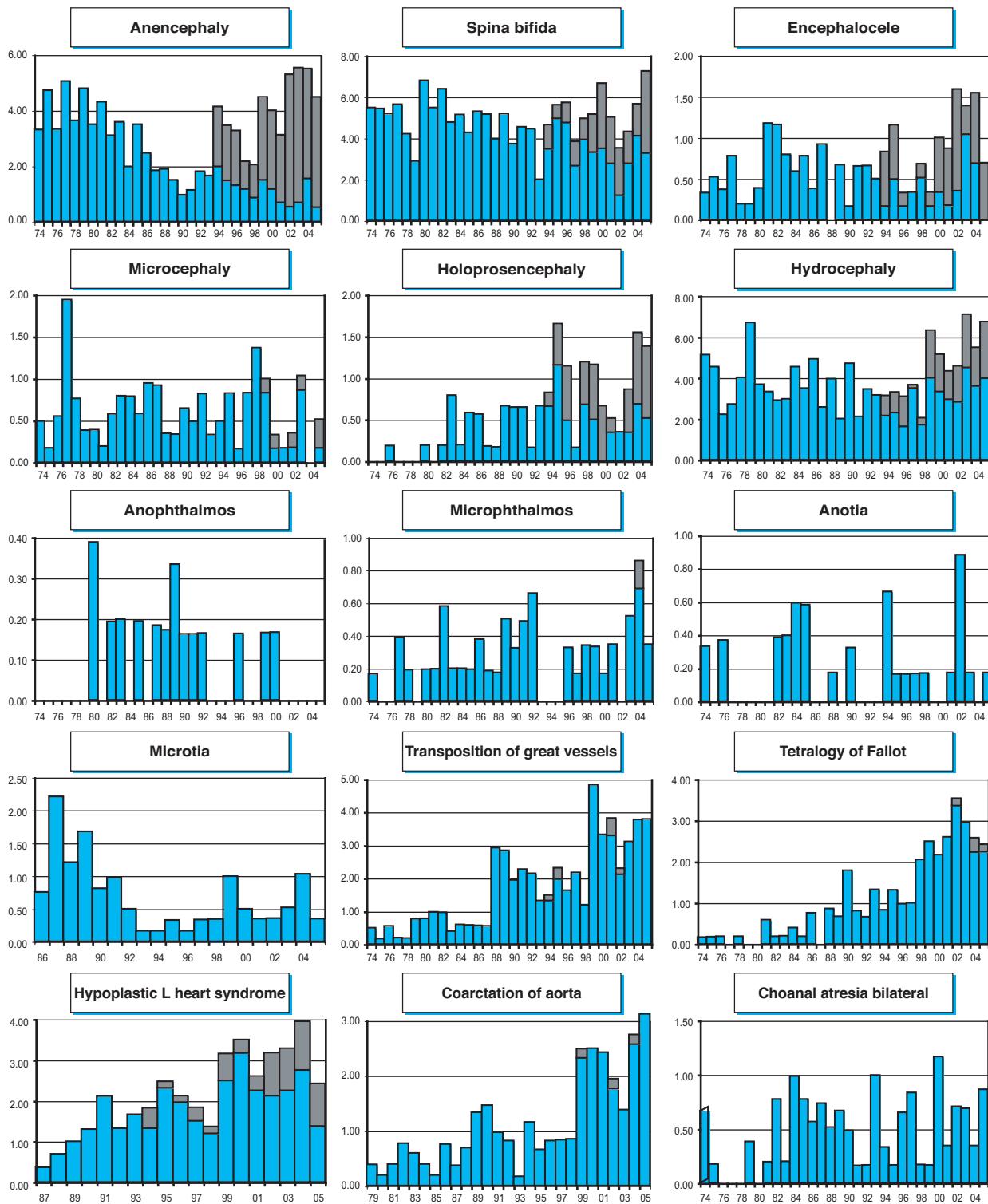
	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Total births	378,981	255,083	286,635	303,414	299,859	288,165
Anencephaly	4.04	3.29	1.71	2.44	3.20	4.79
Spina bifida	5.09	5.21	4.64	4.25	5.27	5.17
Encephalocele	0.40	0.90	0.42	0.76	0.53	1.21
Microcephaly	0.66	0.59	0.63	0.59	0.73	0.42
Holoprosencephaly	0.05	0.35	0.45	0.79	0.87	0.94
Hydrocephaly	4.17	3.45	3.63	3.03	4.07	5.66
Anophthalmos	0.05	0.12	0.17	0.07	0.10	0.00
Microphthalmos	0.13	0.27	0.31	0.23	0.27	0.42
Unspecified Anophthalmos/Microphthalmos	---	---	---	---	---	---
Anotia	0.11	0.39	0.10	0.16	0.10	0.28
Microtia	nr	nr	1.33	0.43	0.47	0.52
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	0.45	0.71	1.81	1.91	2.63	3.37
Tetralogy of Fallot	0.11	0.31	0.84	0.99	1.73	2.81
Hypoplastic left heart syndrome	nr	nr	0.86*	1.88	2.40	3.09
Coarctation of aorta	0.29*	0.47	0.94	0.76	1.50	2.39
Choanal atresia, bilateral	0.18	0.59	0.59	0.36	0.60	0.59
Cleft palate without cleft lip	4.75	5.21	5.62	5.17	6.07	6.59
Cleft lip with or without cleft palate	14.41	13.56	14.13	13.32	13.21	12.94
Oesophageal atresia/stenosis with or without fistula	1.98	1.80	2.37	2.04	2.27	2.60
Small intestine atresia/stenosis	0.95	1.02	1.26	1.55	1.40	0.90
Anorectal atresia/stenosis	1.61	2.20	2.13	2.31	2.47	2.67
Undescended testis (36 weeks of gestation or later)	17.81	14.07	16.29	17.20	18.14	28.25
Hypospadias	13.09	14.00	16.33	15.39	14.57	16.41
Epispadias	0.26	0.47	0.38	0.16	0.37	0.14
Indeterminate sex	2.51	4.08	3.98	7.05	4.84	0.52
Renal agenesis	0.13	1.06	1.29	1.52	1.50	0.87
Cystic kidney	0.47	1.18	1.60	2.47	3.67	5.31
Bladder exstrophy	0.24	0.55	0.24	0.26	0.37	0.28
Polydactyly, preaxial	nr	nr	nr	nr	8.07*	8.99
Total Limb reduction defects (include unspecified)	8.39	6.82	7.19	6.86	5.77	4.20
Transverse	nr	nr	2.97*	4.05	2.27	2.39
Preaxial	nr	nr	0.82*	0.56	0.50	0.45
Postaxial	nr	nr	0.82*	0.49	0.33	0.07
Intercalary	nr	nr	0.25*	0.36	0.43	0.10
Mixed	nr	nr	0.41*	0.66	1.40	1.39
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	2.01	2.55	2.34	2.47	2.73	2.57
Omphalocele	2.32	1.88	2.13	1.98	2.30	2.43
Gastroschisis	1.32	1.49	1.92	2.24	2.90	2.85
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	nr	nr	nr	nr	1.33*	1.35
Trisomy 13	nr	nr	nr	nr	1.08*	0.76
Trisomy 18	nr	nr	nr	nr	2.41*	2.91
Down syndrome, all ages (include age unknown)	9.79	10.55	10.92	10.28	13.44	18.05
<20	2.25	5.45	3.47	2.79	2.46	7.65
20-24	6.27	7.11	6.58	5.64	2.74	6.27
25-29	7.80	6.83	6.01	7.18	6.84	7.42
30-34	10.78	14.15	13.36	11.15	11.23	13.92
35-39	37.22	33.97	37.42	20.98	38.93	43.66
40-44	127.11	63.72	80.22	84.51	130.35	152.74
45+	197.04	93.46	267.86	342.47	250.00	237.15
unknown	---	---	---	---	---	---

* data include less than 5 and 7 years

nr = not reported

Norway

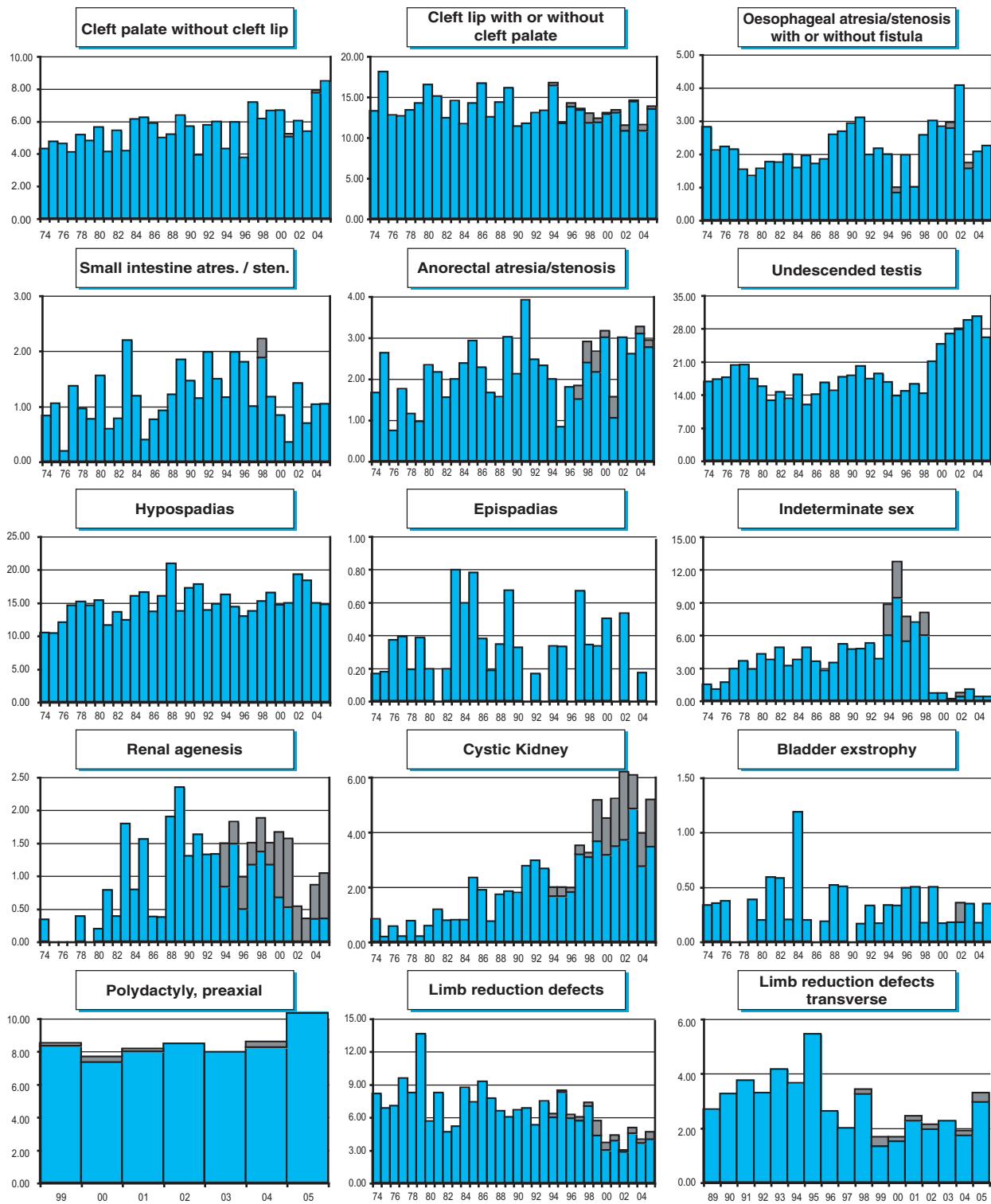
'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Norway



Note: L+S rates, ToP rates

Norway



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Russia: MRRCM

Moscow Regional Registry of Congenital malformation (MRRCM)

History:

Moscow Regional Registry of Congenital malformation started the activity in 1999 and legally defined by the order of the Ministry of Health Care of Russian Federation. MRRCM became a Member of ICBDSR in 2001.

Size and coverage:

MRRCM is located as a section of Moscow Regional Medical genetic consultation by The Moscow Regional Research institute of Obstetrics and Gynecology (MONIIAG). Director of the MONIIAG is Professor Vladislav Krasnopolksky. The Head of the Moscow Regional Medical genetic consultation and Director of the Programme of MRRCM is Ludmila Jouthenko. The Programme of Monitoring of Birth defects covers all births in Moscow Region. In 1999 MRRCM observed 45 000 birth. There are about 64 000 births today (2007). The information about babies and fetuses with Birth defects is collected from 53 maternity hospitals among all women consultations and clinics, children clinics. Prenatal diagnosed and terminated fetuses are registered too.

Legislation and funding:

Monitoring of the birth of fetuses and babies with

congenital malformations is legally defined by the Order of the Ministry of Health Care of Russian Federation in 1999.

Sources of ascertainment:

Reporting is made by neonatologist during the first week of the infant's life in maternity hospitals and by pediatricians during the first year – in pediatric clinics and departments. Reports are collected from cytogenetic laboratories, pathology departments.

Exposure information:

No exposure information is routinely collected in the registry.

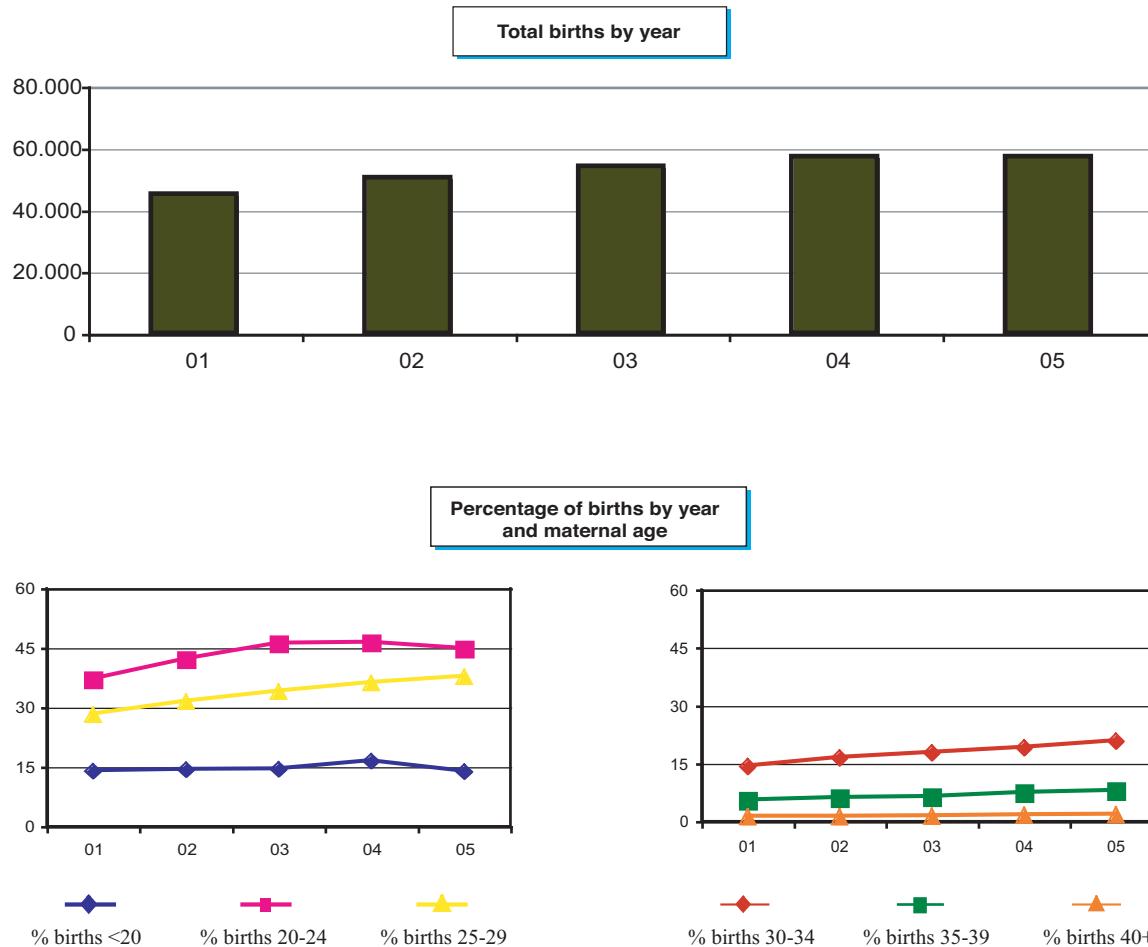
Background information:

Background information on all births is available from statistics department.

Addresses and Staff:

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Russia: MRRCM



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	46	95.8	Cystic kidney	12	27.3
Spina bifida	13	23.2	Limb reduction defects	2	5.6
Encephalocele	5	55.6	Diaphragmatic hernia	2	6.3
Holoprosencephaly	4	100.0	Omphalocele	11	37.9
Hydrocephaly	24	32.0	Gastroschisis	10	22.7
Hypoplastic left heart syndrome	7	53.8	Trisomy 13	3	100.0
Cleft palate without cleft lip	0	0.0	Trisomy 18	3	75.0
Cleft lip with or without cleft palate	6	5.6	Down syndrome	16	7.4
Renal agenesis	13	76.5			

Total ToPs with birth defects = 440 (Ratio ToPs/Births: 2.61 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

Russia: Moscow Region, 2005

Live births (LB)	56,896
Stillbirths (SB)	252
Total births	57,148
Number of terminations of pregnancy (ToP) for birth defects	151

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	1	18	3.32
Spina bifida	6	1	5	2.10
Encephalocele	1	1	4	1.05
Microcephaly	2	0	0	0.35
Holoprosencephaly	0	0	3	0.52
Hydrocephaly	15	0	9	4.20
Anophthalmos	1	0	0	0.17
Microphtalmos	1	0	0	0.17
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	0	0	0	0.00
Microtia	1	0	0	0.17
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	7	0	2	1.57
Tetralogy of Fallot	7	0	0	1.22
Hypoplastic left heart syndrome	2	0	3	0.87
Coarctation of aorta	2	0	0	0.35
Choanal atresia, bilateral	2	0	0	0.35
Cleft palate without cleft lip	26	0	0	4.55
Cleft lip with or without cleft palate	24	0	4	4.90
Oesophageal atresia/stenosis with or without fistula	9	1	0	1.75
Small intestine atresia/stenosis	4	0	3	1.22
Anorectal atresia/stenosis	14	0	0	2.45
Undescended testis (36 weeks of gestation or later)	77	0	0	13.47
Hypospadias	83	0	0	14.52
Epispadias	0	0	0	0.00
Indeterminate sex	3	0	0	0.52
Renal agenesis	1	0	4	0.87
Cystic kidney	13	0	2	2.62
Bladder extrophy	1	0	0	0.17
Polydactyl, preaxial	17	0	0	2.97
Total Limb reduction defects (include unspecified)	5	1	1	1.22
Transverse	3	0	1	0.70
Preaxial	2	1	0	0.52
Postaxial	0	0	0	0.00
Intercalary	0	0	0	0.00
Mixed	0	0	0	0.00
Unspecified	0	0	0	0.00
Diaphragmatic hernia	9	0	0	1.57
Omphalocele	6	0	4	1.75
Gastroschisis	11	1	2	2.45
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	0	0	1	0.17
Trisomy 18	0	0	2	0.35
Down syndrome, all ages (include age unknown)	78	0	6	14.70
<20	2	0	0	3.22
20-24	14	0	1	7.44
25-29	14	0	1	8.80
30-34	12	0	2	14.93
35-39	23	0	2	69.81
40-44	12	0	0	167.36
45+	1	0	0	243.90
unknown	0	0	0	0.00

Slovak Republic

Congenital Malformations Monitoring Program of the Slovak Republic

History:

In Slovakia the collection of reports from delivery units and processing of data is performed by the National Health Information Center SR, formerly the Institution of Health Information and Statistics (IHIS). The obligation of reporting all groups of congenital malformations results from valid legislation norms. Reporting of congenital malformations began in 1964.

The programme of Slovak Teratological Information Center (STIC) was established in 2003 and consists it cooperates with Slovak Medical University, National Health Information Center, and the Center of Medical Genetics. Research collaboration began in 1995 under the responsibility of Elena Szabova.

Size and coverage:

The registry covers all births in the area approximately 55.000 births annually according to the announcements of birth defects from delivery units. Detailed information about cases of CM are collected at the Center of Medical Genetics, Bratislava from western regions of Slovakia (cca 15.000 births) by Eva Véghová, or under the running research projects at the Slovak Medical University.

Legislation and funding:

Reporting is compulsory. Analysis of data is supported by grant projects.

Sources of ascertainment:

Reports are received from delivery units, neonatal, pediatric clinics, or departments of clinical genetics.

Exposure Information:

Detail information on maternal and paternal occupation, drug use, etc. are collected by interviews of case's and control's mothers only according to research projects.

Background information:

Some background information is available from the general population statistics.

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Zuzana Valová

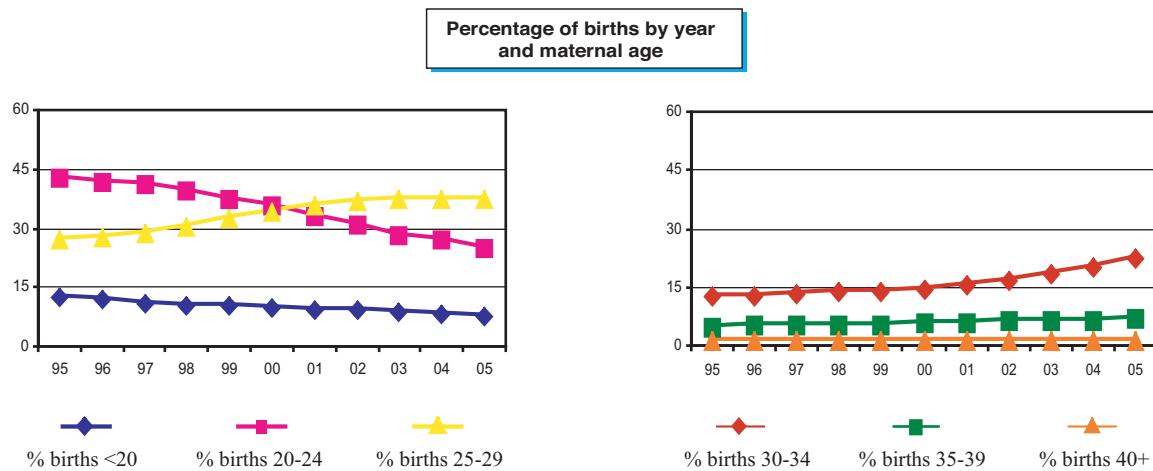
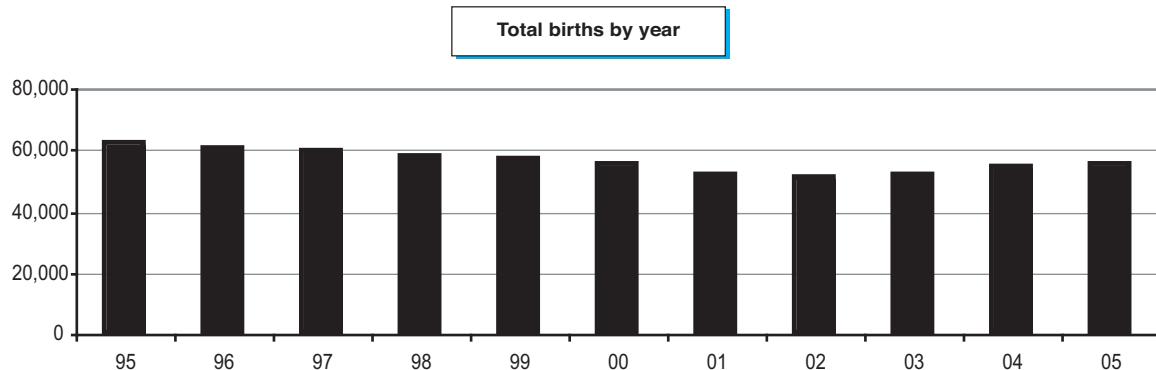
Phone: 00421 2 57269303

Dagmar Zeljenkova

Phone: 00421 2 59369379

Monitoring Systems

Slovak Republic



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	4	50.0	Cystic kidney	0	0.0
Spina bifida	2	4.5	Limb reduction defects	0	0.0
Encephalocele	7	35.0	Diaphragmatic hernia	0	0.0
Holoprosencephaly	3	30.0	Omphalocele	0	0.0
Hydrocephaly	16	23.5	Gastroschisis	1	6.7
Hypoplastic left heart syndrome	0	0.0	Trisomy 13	0	0.0
Cleft palate without cleft lip	3	3.7	Trisomy 18	1	8.3
Cleft lip with or without cleft palate	0	0.0	Down syndrome	16	9.2
Renal agenesis	1	1.0			

Total ToPs with birth defects = 107 (Ratio ToPs/Births: 0.67 per 1,000)

*ToPs/ToPs+Births

Slovak Republic: 2005

Live births (LB)	54,430
Stillbirths (SB)	195
Total births	54,625
Number of terminations of pregnancy (ToP) for birth defects	33

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	2	0	3	0.92
Spina bifida	13	1	0	2.56
Encephalocele	3	0	3	1.10
Microcephaly	3	0	0	0.55
Holoprosencephaly	2	0	1	0.55
Hydrocephaly	15	0	6	3.84
Anophthalmos	0	0	0	0.00
Microphtalmos	1	0	0	0.18
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	0	0	0	0.00
Microtia	2	0	0	0.37
Unspecified Anotia/Microtia	3	0	0	0.55
Transposition of great vessels	7	0	0	1.28
Tetralogy of Fallot	5	0	0	0.92
Hypoplastic left heart syndrome	14	0	0	2.56
Coarctation of aorta	6	0	0	1.10
Choanal atresia, bilateral	2	0	0	0.37
Cleft palate without cleft lip	29	0	0	5.31
Cleft lip with or without cleft palate	51	0	0	9.34
Oesophageal atresia/stenosis with or without fistula	8	0	0	1.46
Small intestine atresia/stenosis	11	1	0	2.20
Anorectal atresia/stenosis	14	0	0	2.56
Undescended testis (36 weeks of gestation or later)	41	1	0	7.69
Hypospadias	114	0	0	20.87
Epispadias	1	0	0	0.18
Indeterminate sex	1	0	0	0.18
Renal agenesis	36	0	0	6.59
Cystic kidney	5	0	0	0.92
Bladder extrophy	0	0	0	0.00
Polydactyly, preaxial	15	0	0	2.75
Total Limb reduction defects (include unspecified)	28	0	0	5.13
Transverse	nr	nr	nr	nr
Preaxial	nr	nr	nr	nr
Postaxial	nr	nr	nr	nr
Intercalary	nr	nr	nr	nr
Mixed	nr	nr	nr	nr
Unspecified	nr	nr	nr	nr
Diaphragmatic hernia	7	1	0	1.46
Omphalocele	4	0	0	0.73
Gastroschisis	2	0	0	0.37
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	1	0	0	0.18
Trisomy 13	2	0	0	0.37
Trisomy 18	5	0	0	0.92
Down syndrome, all ages (include age unknown)	48	1	4	9.70
<20	0	0	0	0.00
20-24	5	0	1	4.46
25-29	11	1	0	5.88
30-34	14	0	1	12.31
35-39	12	0	2	37.82
40-44	6	0	0	85.71
45+	0	0	0	0.00
unknown	0	0	0	0.00

nr = not reported

Monitoring Systems

Slovak Republic: Previous years rates 1995 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

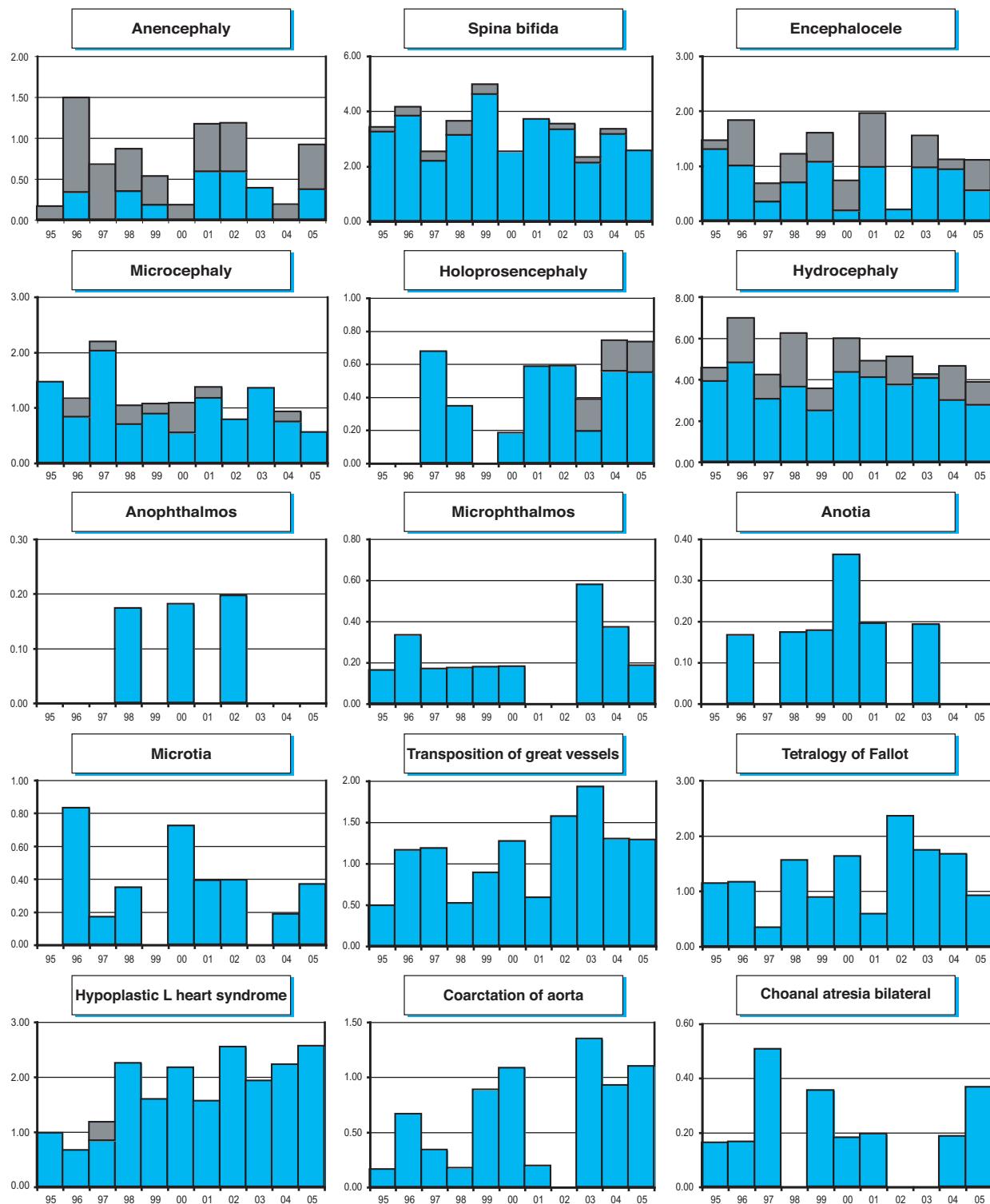
	1974-1980	1981-1985	1986-1990	1991-1995*	1996-2000	2001-2005
Births	61,668	289,430	262,891			
Anencephaly	0.16	0.76	0.76			
Spina bifida	3.41	3.56	3.08			
Encephalocele	1.46	1.21	1.18			
Microcephaly	1.46	1.31	0.99			
Holoprosencephaly	0.00	0.24	0.61			
Hydrocephaly	4.54	5.39	4.53			
Anophthalmos	0.00	0.07	0.04			
Microphtalmos	0.16	0.21	0.23			
Unspecified Anophthalmos/Microphtalmos	---	---	---			
Anotia	0.00	0.17	0.08			
Microtia	0.00	0.41	0.27			
Unspecified Anotia/Microtia	---	---	---			
Transposition of great vessels	0.49	1.00	1.33			
Tetralogy of Fallot	1.14	1.11	1.45			
Hypoplastic left heart syndrome	0.97	1.55	2.17			
Coarctation of aorta	0.16	0.62	0.72			
Choanal atresia, bilateral	0.16	0.24	0.15			
Cleft palate without cleft lip	6.81	5.08	5.59			
Cleft lip with or without cleft palate	8.11	10.71	10.00			
Oesophageal atresia/stenosis with or without fistula	0.81	1.11	1.56			
Small intestine atresia/stenosis	1.62	1.38	2.02			
Anorectal atresia/stenosis	0.65	1.76	3.16			
Undescended testis (36 weeks of gestation or later)	3.73	7.19	8.06			
Hypospadias	25.30	22.56	23.43			
Epispadias	0.16	0.17	0.15			
Indeterminate sex	0.00	0.59	0.30			
Renal agenesis	1.14	3.18	5.90			
Cystic kidney	0.16	1.04	1.60			
Bladder exstrophy	0.00	0.21	0.15			
Polydactyly, preaxial	1.30	1.80	3.65			
Total Limb reduction defects (include unspecified)	3.41	3.63	3.88			
Transverse	nr	nr	nr			
Preaxial	nr	nr	nr			
Postaxial	nr	nr	nr			
Intercalary	nr	nr	nr			
Mixed	nr	nr	nr			
Unspecified	---	---	---			
Diaphragmatic hernia	0.81	1.38	1.52			
Omphalocele	0.49	0.52	0.80			
Gastroschisis	0.32	1.07	0.91			
Unspecified Omphalocele/Gastroschisis	0.00	0.00	0.00			
Prune belly sequence	0.00	0.03	0.23			
Trisomy 13	0.16	0.24	0.42			
Trisomy 18	0.16	0.31	0.57			
Down syndrome, all ages (include age unknown)	7.95	9.57	10.46			
<20	7.91	6.53	3.63			
20-24	6.09	6.44	3.85			
25-29	3.03	6.81	7.02			
30-34	16.68	11.70	11.83			
35-39	27.93	34.02	45.98			
40-44	16.69	81.58	106.02			
45+	0.00	243.90	230.77			
unspecified	---	---	---			

* data include less than 5 years

nr = not reported

Slovak Republic

'Time trends 1995-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

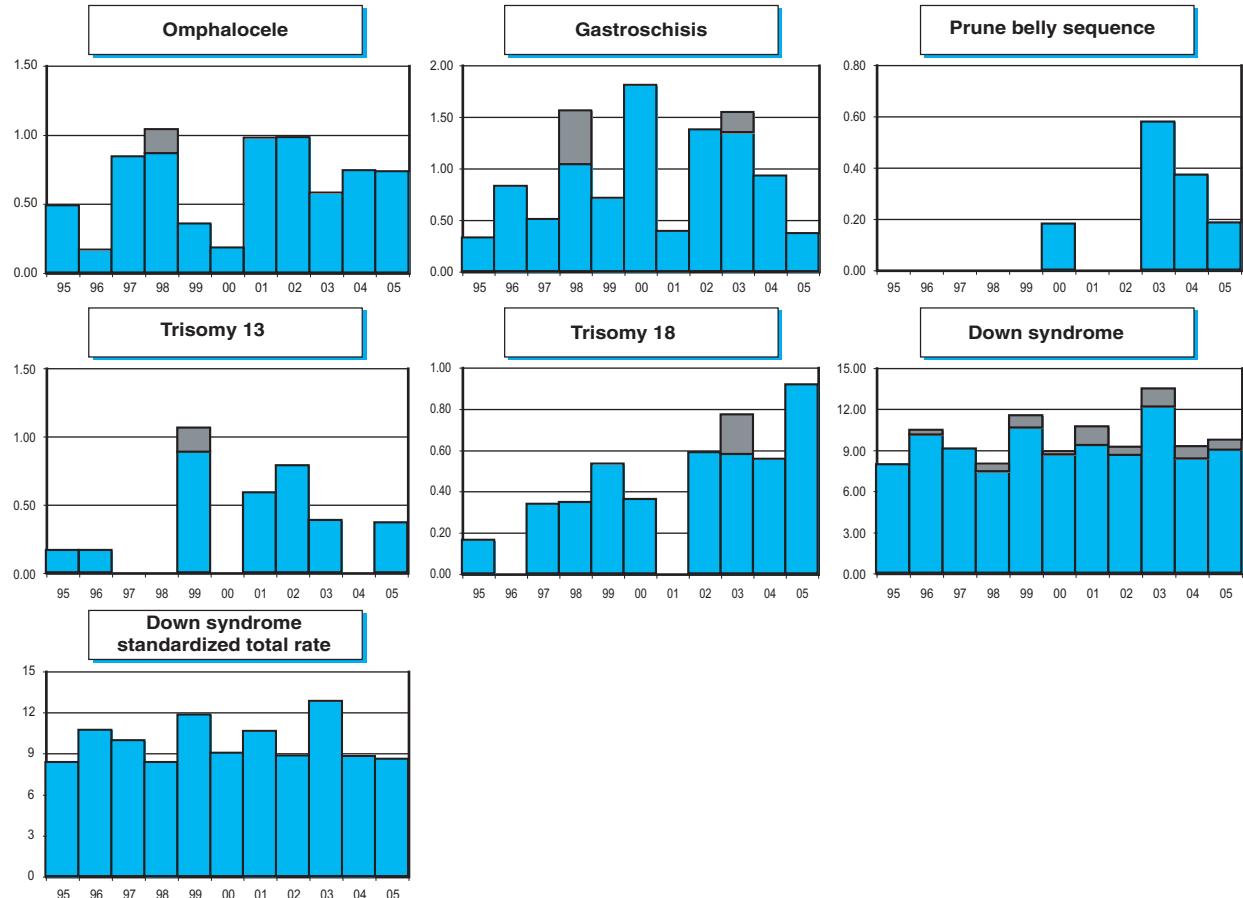
Monitoring Systems

Slovak Republic



Note: ■ L+S rates, ■ ToP rates

Slovak Republic



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

South America: ECLAMC

Latin American Collaborative Study of Congenital Malformations (ECLAMC)

History:

The Programme started in 1967 and has grown in size and coverage. The Programme became a full member of the International Clearinghouse in 1977.

Size and coverage:

The number of participating hospitals has grown from 20 in 1977 to 70 at the present time, distributed over most South Americans countries. The annual number of births covered is at present approximately 150,000, less than 1% of all births. Stillbirths of at least 500g birthweight have been included since 1978.

Legislation and funding:

The Programme is a research Programme with voluntary participation of hospitals and funded by research grants provided from several sources, mainly the national research councils of Argentina and Brazil.

Sources of ascertainment:

Reporting is made by collaborating pediatricians

at the delivery units of participating hospitals.

Exposure information:

The mother of each reported infant and the mother of a control infant - the next non-malformed infant born at that hospital with the same sex as the proband - are interviewed on various exposures, including drug usage and parental occupation.

Background information:

Background information is obtained partly from summarising tables of births in each participating hospitals, partly from the matched control newborns.

Addresses and Staff:

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ECLAMC/Dept.Genetica/FIOCRUZ

C.P. 926

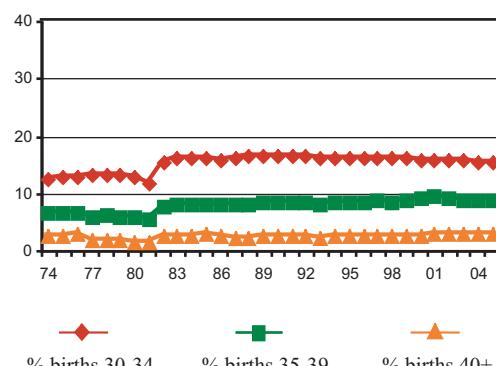
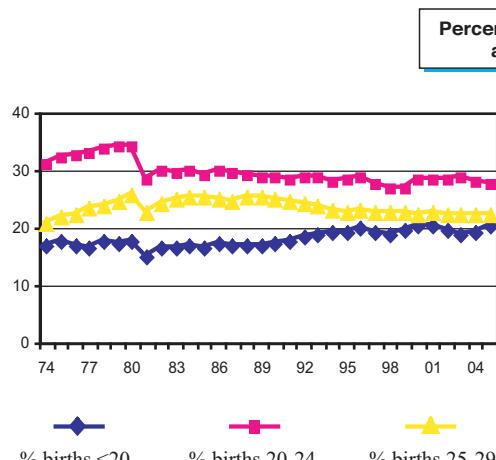
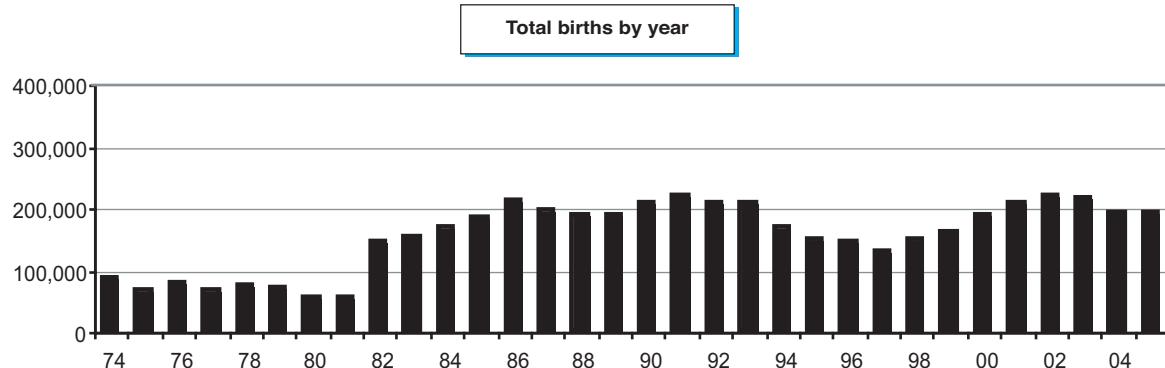
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South America: ECLAMC



Monitoring Systems

South America: 2005

Live births (LB) 190,454
 Stillbirths (SB) 2,428
 Total births 192,882
 Number of terminations of pregnancy (ToP) for birth defects not permitted

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	40	58		5.08
Spina bifida	163	5		8.71
Encephalocele	42	9		2.64
Microcephaly	71	5		3.94
Holoprosencephaly	28	2		1.56
Hydrocephaly	256	29		14.78
Anophthalmos	46	6		2.70
Microphtalmos	25	0		1.30
Unspecified Anophthalmos/Microphtalmos	0	0		0.00
Anotia	8	0		0.41
Microtia	129	5		6.95
Unspecified Anotia/Microtia	2	0		0.10
Transposition of great vessels	12	0		0.62
Tetralogy of Fallot	23	1		1.24
Hypoplastic left heart syndrome	20	0		1.04
Coarctation of aorta	6	0		0.31
Choanal atresia, bilateral	3	1		0.21
Cleft palate without cleft lip	101	12		5.86
Cleft lip with or without cleft palate	256	24		14.52
Oesophageal atresia/stenosis with or without fistula	64	1		3.37
Small intestine atresia/stenosis	76	1		3.99
Anorectal atresia/stenosis	102	10		5.81
Undescended testis (36 weeks of gestation or later)	136	0		7.05
Hypospadias	78	2		4.15
Epispadias	1	0		0.05
Indeterminate sex	44	4		2.49
Renal agenesis	45	6		2.64
Cystic kidney	56	7		3.27
Bladder extrophy	3	1		0.21
Polydactyly, preaxial	82	0		4.25
Total Limb reduction defects (include unspecified)	143	27		8.81
Transverse	56	10		3.42
Preaxial	20	6		1.35
Postaxial	5	1		0.31
Intercalary	12	3		0.78
Mixed	49	7		2.90
Unspecified	1	0		0.05
Diaphragmatic hernia	66	4		3.63
Omphalocele	73	14		4.51
Gastroschisis	93	7		5.18
Unspecified Omphalocele/Gastroschisis	9	1		0.52
Prune belly sequence	12	2		0.73
Trisomy 13	8	5		0.67
Trisomy 18	23	10		1.71
Down syndrome, all ages (include age unknown)	352	5		18.51
<20	36	1		9.49
20-24	42	1		8.08
25-29	33	0		7.71
30-34	49	0		16.51
35-39	84	2		51.45
40-44	90	0		177.03
45+	17	1		501.39
unknown	1	0		1.64

South America: Previous years rates 1974 - 2005

Prevalence rates: (LB+SB) * 10,000

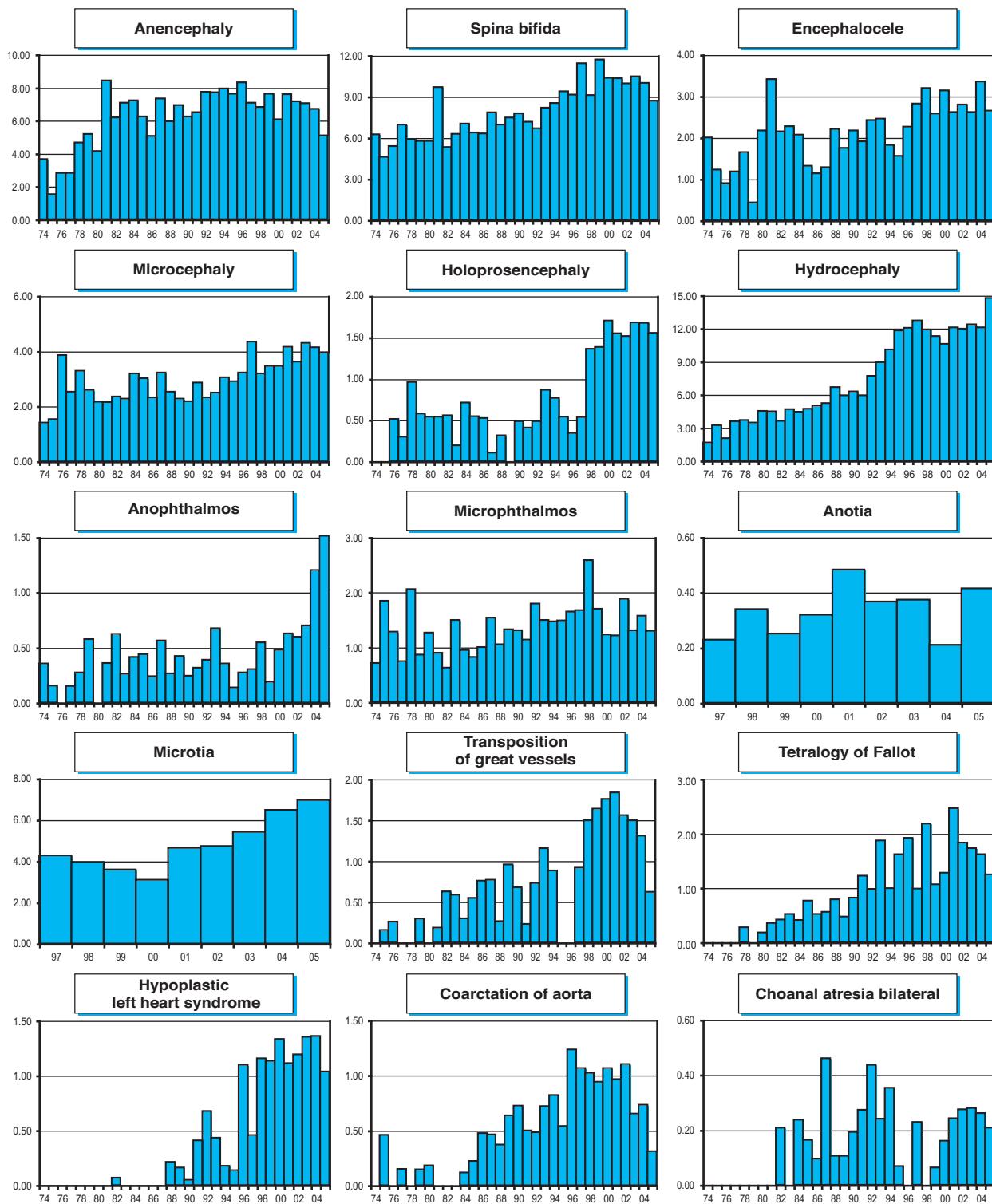
	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	493,467	706,137	992,563	953,726	771,185	1,023,502
Anencephaly	3.55	6.81	6.28	7.45	7.12	6.74
Spina bifida	5.82	6.56	7.25	7.86	10.35	9.91
Encephalocele	1.36	2.04	1.70	2.07	2.81	2.79
Microcephaly	2.49	2.69	2.50	2.71	3.51	4.03
Holoprosencephaly	0.41	0.51	0.29	0.61	1.12	1.59
Hydrocephaly	3.06	4.39	5.80	8.63	11.63	12.62
Anophthalmos	0.22	0.42	0.34	0.39	0.36	1.13
Microphtalmos	1.24	0.96	1.24	1.47	1.74	1.46
Unspecified Anophthalmos/Microphtalmos	---	---	---	---	---	---
Anotia	nr	nr	nr	nr	0.29*	0.37
Microtia	nr	nr	nr	nr	3.66*	5.60
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	0.10	0.48	0.69	0.73	1.21	1.38
Tetralogy of Fallot	0.06	0.52	0.63	1.33	1.48	1.79
Hypoplastic left heart syndrome	0.00	0.01	0.08	0.39	1.06	1.21
Coarctation of aorta	0.12	0.08	0.53	0.61	1.06	0.76
Choanal atresia, bilateral	0.00	0.14	0.19	0.28	0.09	0.25
Cleft palate without cleft lip	3.14	3.48	3.33	3.92	3.89	5.26
Cleft lip with or without cleft palate	10.98	10.22	10.72	10.84	12.77	13.94
Oesophageal atresia/stenosis with or without fistula	1.97	2.51	2.66	2.95	3.50	3.70
Small intestine atresia/stenosis	0.57	1.67	1.42	1.82	2.41	3.20
Anorectal atresia/stenosis	2.76	3.84	3.84	4.48	5.15	5.69
Undescended testis (36 weeks of gestation or later)	1.54	3.94	4.53	4.83	5.55	6.86
Hypospadias	3.53	4.87	3.79	4.59	5.36	4.63
Epispadias	0.12	0.41	0.27	0.31	0.18	0.18
Indeterminate sex	1.07	2.24	1.89	1.80	1.88	2.38
Renal agenesis	0.43	0.69	1.02	1.67	2.40	2.51
Cystic kidney	0.57	1.10	1.74	2.09	3.99	4.13
Bladder exstrophy	0.12	0.28	0.28	0.22	0.39	0.32
Polydactyly, preaxial	2.76	2.46	2.47	2.75	2.98	4.13
Total Limb reduction defects (include unspecified)	4.17	5.57	4.76	5.55	6.44	7.18
Transverse	2.27	2.69	2.56	2.80	3.13	3.62
Preaxial	0.63	1.13	0.94	1.15	1.66	1.38
Postaxial	0.26	0.50	0.27	0.44	0.45	0.38
Intercalary	0.45	0.55	0.35	0.49	0.58	0.53
Mixed	0.45	0.62	0.50	0.50	0.52	1.09
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	0.81	1.26	1.83	2.40	3.64	3.78
Omphalocele	1.09	2.20	2.24	2.61	3.18	3.70
Gastroschisis	0.08	0.47	0.62	1.51	2.88	3.61
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.02	0.64	0.75	0.81	1.18	0.94
Trisomy 13	0.18	0.59	0.36	0.57	0.80	0.96
Trisomy 18	0.24	0.86	0.88	1.20	1.88	1.91
Down syndrome, all ages (include age unknown)	14.63	15.05	15.04	15.86	18.79	19.46
<20	7.62	6.36	7.08	6.87	7.98	7.67
20-24	7.12	6.75	7.27	7.67	9.68	9.29
25-29	8.14	8.02	7.14	8.45	10.21	9.60
30-34	13.99	15.12	16.20	15.16	17.44	16.51
35-39	54.11	43.66	45.57	47.05	52.49	57.19
40-44	163.64	158.38	134.57	156.76	181.76	176.99
45+	295.12	248.45	278.51	281.23	315.96	422.94
unspecified	---	---	---	---	---	---

* data include less than 5 years

Monitoring Systems

South America: ECLAMC

'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates

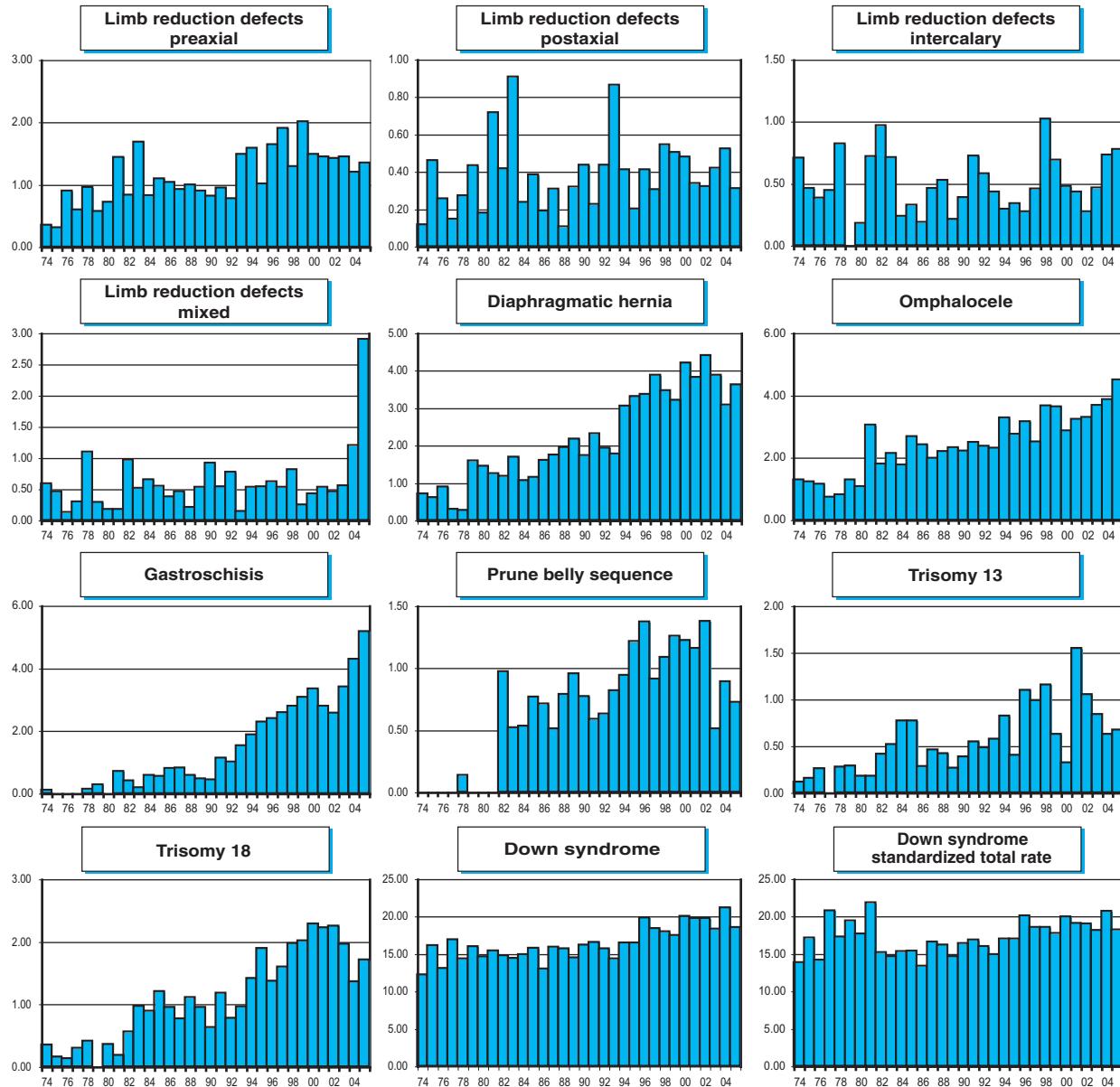
South America: ECLAMC



Note: ■ L+S rates

Monitoring Systems

South America: ECLAMC



Note: ■ L+S rates

Spain: ECEMC

Spanish Collaborative Study of Congenital Malformations

History:

The programme was created in 1976 by Prof. Dr. María Luisa Martínez-Frías, as a hospital-based case-control study and surveillance system. It became a full member of the ICBDMS in 1979. In January 2002 the ECEMC Programme became integrated into the CIAC (Research Center on Congenital Anomalies), of the Instituto de Salud Carlos III (ISCIII) from the Ministerio de Sanidad y Consumo of Spain, and is also directed by Prof. Martínez-Frías. Activity of the CIAC is coordinated in agreement with the IIER (Institute of Research on Rare Diseases), of the ISCIII too. In 2006 the ECEMC was recognized as an excellence Research programme to be integrated into the CIBERER (Centre for Biomedical Research on Rare Diseases). The ECEMC has 2 Teratogen Information Services since 1991, one for the general population and another one for physicians.

Size and coverage:

Data are obtained from hospitals distributed all over Spain. The annual number of births surpasses 100,000, representing about 23% of all Spanish births. Stillbirths of at least 24 weeks or 500 g. have been included since 1980.

Legislation and funding:

It is a research programme with voluntary participation of hospitals, and is financed mainly by the Spanish Administration and, partially, by non-governmental organisations.

Sources of ascertainment:

The detection period is the first 3 days of life, including major and/or minor/mild defects. The information comes from delivery units and

paediatric departments of the participating hospitals. Mothers are interviewed directly to fill in the ECEMC standard protocols, which include more than 300 data for each child (family history, demographic and obstetrical data, prenatal exposures, etc), whether case or control. Controls are defined as the next non-malformed infant born at the same hospital that the case with the same sex as the malformed infant. In many instances, photographs, imaging studies, high-resolution bands karyotypes and molecular analysis when needed (which are performed at the central group of the ECEMC), and other complementary studies are available.

Exposure information:

The mother of each reported infant (case or control) is interviewed within the first three days after delivery on several exposures (parental occupation, maternal acute or chronic diseases, drug usage, exposure to other chemical or physical factors).

Background information:

Total number of births by sex and number of twin pairs in each participating hospital are gathered. Other background information is obtained from the control material.

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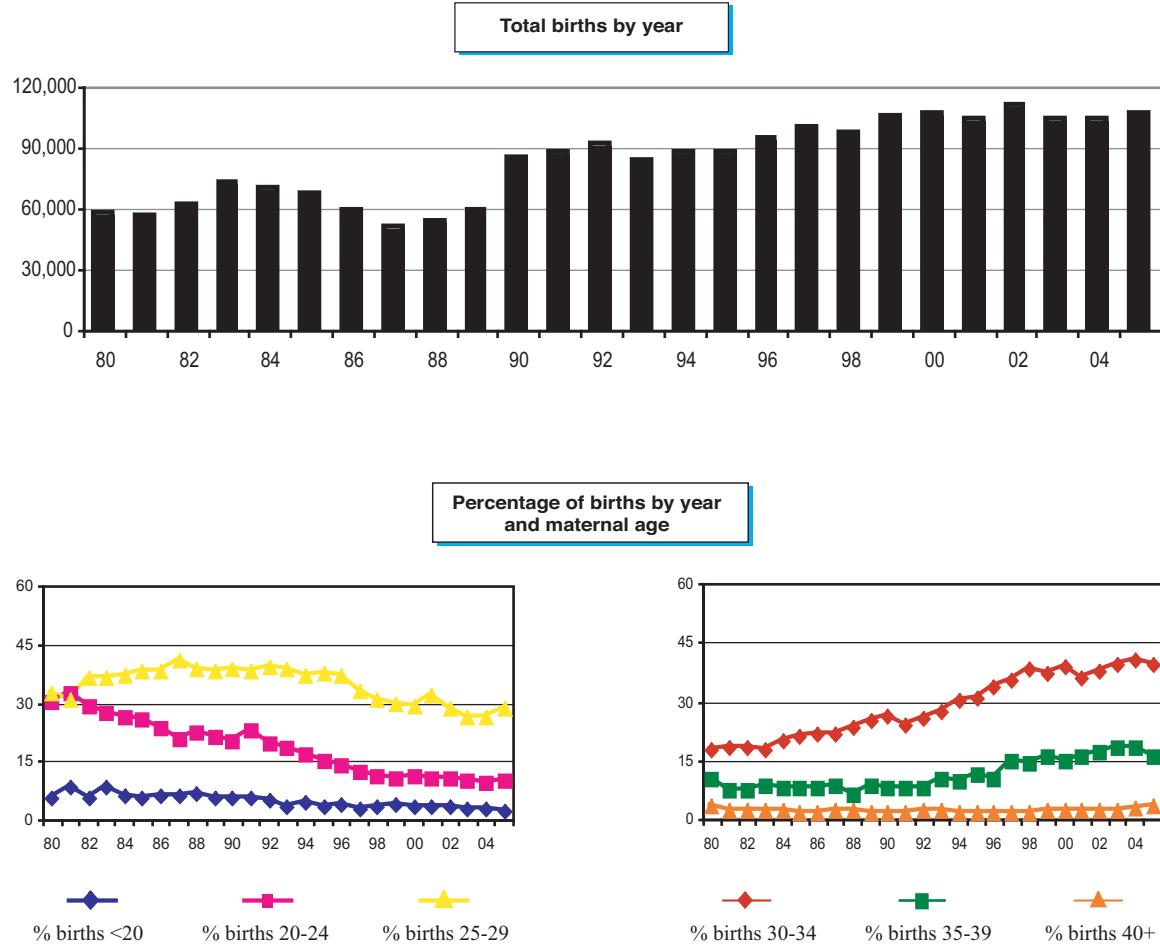
Phone: 34-91-3877538

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Monitoring Systems

Spain: ECEMC



Spain: ECEMC, 2005

Live births (LB)	106,287
Stillbirths (SB)	441
Total births	106,728
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	2	0	nr	0.19
Spina bifida	16	0	nr	1.50
Encephalocele	3	0	nr	0.28
Microcephaly	11	0	nr	1.03
Holoprosencephaly	5	0	nr	0.47
Hydrocephaly	19	2	nr	1.97
Anophthalmos	1	0	nr	0.09
Microphtalmos	15	0	nr	1.41
Unspecified Anophthalmos/Microphtalmos	0	0	nr	0.00
Anotia	0	0	nr	0.00
Microtia	14	0	nr	1.31
Unspecified Anotia/Microtia	0	0	nr	0.00
Transposition of great vessels	11	2	nr	1.22
Tetralogy of Fallot	8	0	nr	0.75
Hypoplastic left heart syndrome	3	0	nr	0.28
Coarctation of aorta	8	0	nr	0.75
Choanal atresia, bilateral	1	0	nr	0.09
Cleft palate without cleft lip	43	1	nr	4.12
Cleft lip with or without cleft palate	33	0	nr	3.09
Oesophageal atresia/stenosis with or without fistula	20	0	nr	1.87
Small intestine atresia/stenosis	4	0	nr	0.37
Anorectal atresia/stenosis	21	0	nr	1.97
Undescended testis (36 weeks of gestation or later)	26	0	nr	2.44
Hypospadias	14	0	nr	1.31
Epispadias	2	0	nr	0.19
Indeterminate sex	7	0	nr	0.66
Renal agenesis	1	1	nr	0.19
Cystic kidney	19	0	nr	1.78
Bladder extrophy	1	0	nr	0.09
Polydactyly, preaxial	34	0	nr	3.19
Total Limb reduction defects (include unspecified)	43	0	nr	4.03
Transverse	19	0	nr	1.78
Preaxial	6	0	nr	0.56
Postaxial	1	0	nr	0.09
Intercalary	2	0	nr	0.19
Mixed	11	0	nr	1.03
Unspecified	4	0	nr	0.37
Diaphragmatic hernia	11	0	nr	1.03
Omphalocele	9	0	nr	0.84
Gastroschisis	1	0	nr	0.09
Unspecified Omphalocele/Gastroschisis	0	0	nr	0.00
Prune belly sequence	1	0	nr	0.09
Trisomy 13	4	1	nr	0.47
Trisomy 18	4	1	nr	0.47
Down syndrome, all ages (include age unknown)	79	0	nr	7.40
<20	1	0	nr	3.82
20-24	5	0	nr	4.62
25-29	12	0	nr	3.97
30-34	27	0	nr	6.42
35-39	24	0	nr	13.83
40-44	8	0	nr	24.24
45+	1	0	nr	34.48
unknown	1	0	nr	526.32

nr = not reported

Monitoring Systems

Spain: ECEMC, Previous years rates 1980 - 2005

Birth prevalence rates: (LB+SB) * 10,000

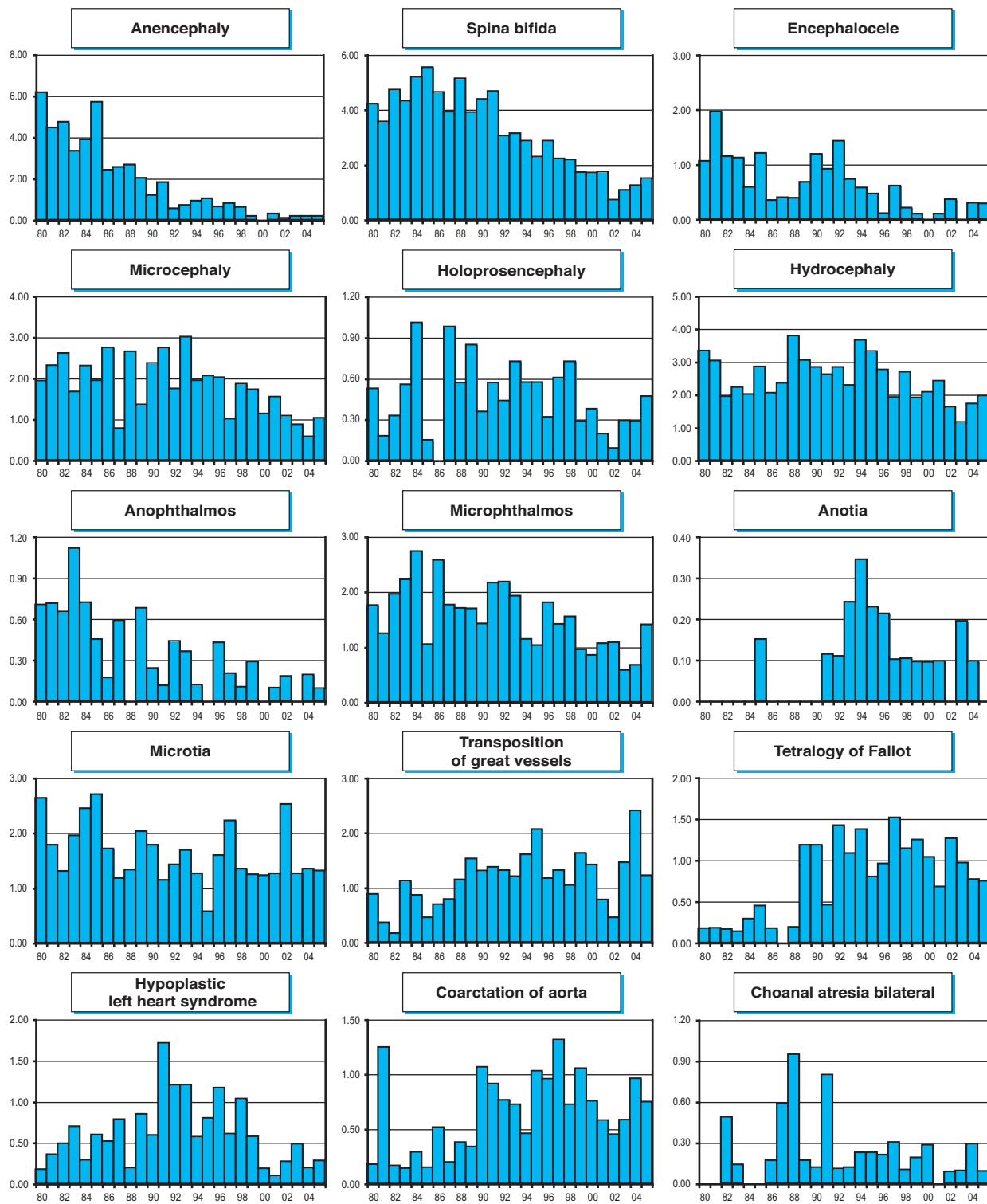
	1974-1980*	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	56,910	325,480	305,407	436,851	499,648	528,184
Anencephaly	6.15	4.39	2.06	1.01	0.44	0.19
Spina bifida	4.22	4.70	4.39	3.20	2.12	1.25
Encephalocele	1.05	1.17	0.65	0.82	0.20	0.21
Microcephaly	1.93	2.15	2.03	2.29	1.54	1.02
Holoprosencephaly	0.53	0.46	0.52	0.57	0.46	0.27
Hydrocephaly	3.34	2.40	2.82	2.95	2.26	1.78
Anophthalmos	0.70	0.74	0.33	0.21	0.20	0.11
Microphtalmos	1.76	1.87	1.80	1.69	1.30	0.97
Unspecified Anophthalmos/Microphtalmos	----	----	----	----	----	----
Anotia	0.00	0.03	0.00	0.21	0.12	0.08
Microtia	2.64	2.06	1.64	1.21	1.52	1.55
Unspecified Anotia/Microtia	----	----	----	----	----	----
Transposition of great vessels	0.88	0.61	1.11	1.51	1.32	1.25
Tetralogy of Fallot	0.18	0.25	0.62	1.03	1.18	0.89
Hypoplastic left heart syndrome	0.18	0.49	0.59	1.10	0.70	0.27
Coarctation of aorta	0.18	0.37	0.56	0.78	0.96	0.66
Choanal atresia, bilateral	0.00	0.12	0.36	0.30	0.22	0.11
Cleft palate without cleft lip	4.74	5.19	4.35	4.81	3.94	4.05
Cleft lip with or without cleft palate	5.27	5.87	5.17	5.91	4.14	3.64
Oesophageal atresia/stenosis with or without fistula	1.41	2.46	1.64	2.31	1.50	2.04
Small intestine atresia/stenosis	0.70	0.49	0.52	0.53	0.40	0.57
Anorectal atresia/stenosis	1.93	2.64	2.29	2.01	2.10	2.01
Undescended testis (36 weeks of gestation or later)	1.23	1.90	2.55	2.84	2.74	2.37
Hypospadias	2.81	2.70	2.13	2.04	1.70	2.12
Epispadias	0.18	0.22	0.23	0.16	0.08	0.09
Indeterminate sex	0.35	1.20	1.11	0.66	0.58	0.55
Renal agenesis	0.53	0.71	0.92	0.60	0.38	0.08
Cystic kidney	1.76	1.08	1.64	1.76	1.72	1.42
Bladder exstrophy	0.35	0.28	0.33	0.23	0.24	0.19
Polydactyly, preaxial	1.76	2.49	2.46	3.41	2.52	2.08
Total Limb reduction defects (include unspecified)	6.15	7.28	6.88	6.80	5.50	4.45
Transverse	2.46	3.01	3.05	2.40	2.38	1.74
Preaxial	0.53	1.26	1.05	0.89	0.66	0.59
Postaxial	0.00	0.18	0.16	0.23	0.20	0.09
Intercalary	0.18	0.61	0.16	0.64	0.20	0.30
Mixed	1.58	1.08	1.15	1.03	1.10	0.89
Unspecified	----	----	----	----	----	----
Diaphragmatic hernia	1.93	2.86	2.03	2.22	1.22	0.74
Omphalocele	2.46	1.57	1.34	1.19	0.70	0.59
Gastroschisis	0.53	0.55	0.43	0.30	0.50	0.28
Unspecified Omphalocele/Gastroschisis	----	----	----	----	----	----
Prune belly sequence	0.18	0.65	0.52	0.48	0.26	0.15
Trisomy 13	0.35	0.34	0.46	0.46	0.50	0.40
Trisomy 18	0.35	1.20	0.88	0.96	0.66	0.61
Down syndrome, all ages (include age unknown)	13.71	14.96	14.11	12.59	10.27	7.69
<20	3.06	7.65	9.16	6.84	1.73	2.56
20-24	8.15	6.22	6.37	5.32	3.72	5.34
25-29	5.43	6.60	7.93	7.55	6.05	4.28
30-34	9.97	12.36	13.16	13.58	9.86	7.15
35-39	36.66	48.39	39.05	35.42	20.85	12.28
40-44	96.48	175.25	154.51	60.08	53.42	35.03
45+	83.33	246.91	188.09	264.15	531.91	26.46
unknown	----	----	----	----	----	----

* data include less than 5 and 7 years

nr = not reported

Spain: ECEMC

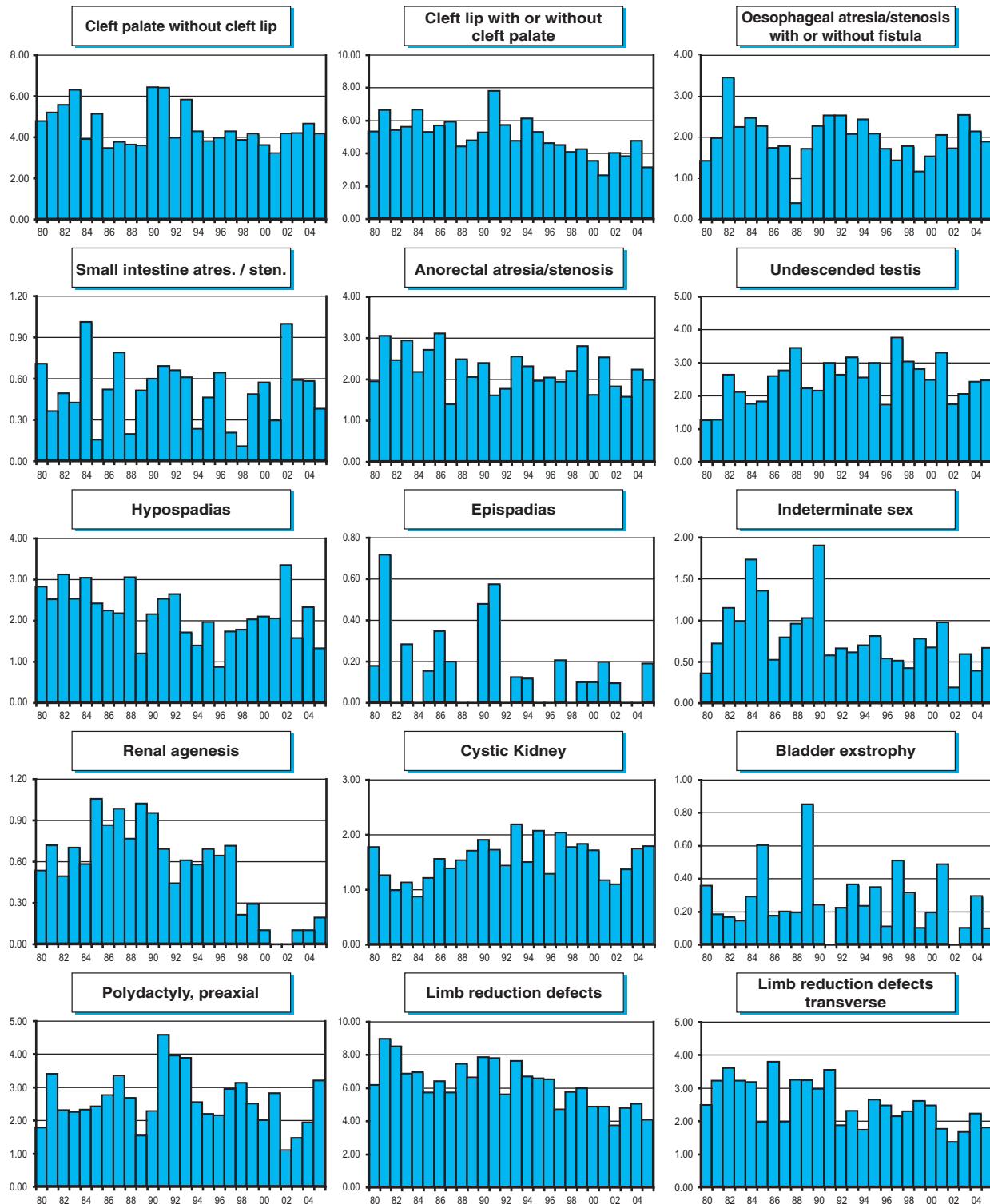
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Note: ■ L+S rates

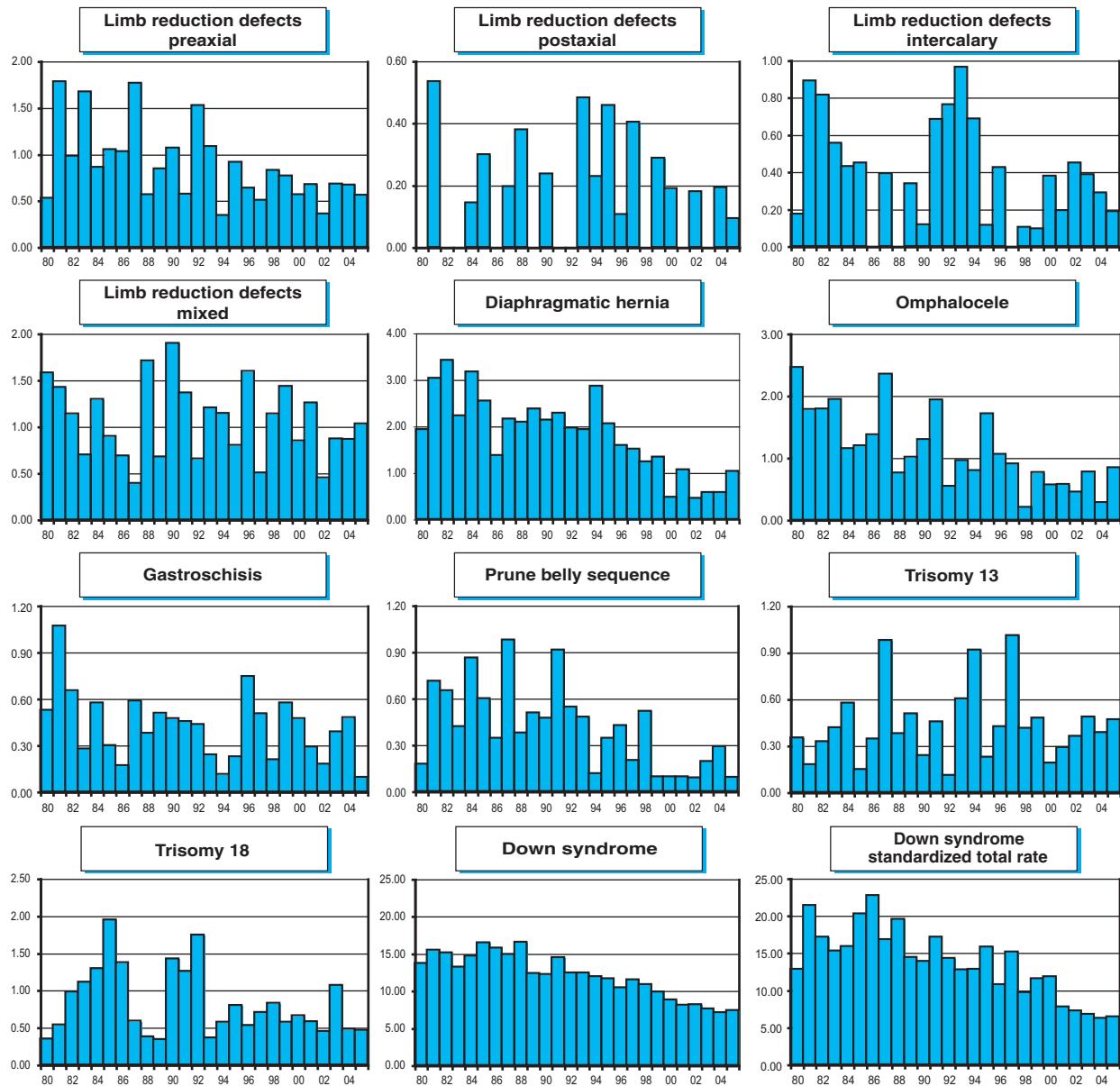
Monitoring Systems

Spain: ECEMC



Note: ■ L+S rates

Spain: ECEMC



Note: ■ L+S rates

Sweden

The Swedish Birth Defects Registry

History:

The Swedish Birth Defects Registry started in 1964 and the Medical Birth Registry in 1973. The Programme was a founding member of the ICBDSR and contributed with data until 1994. The registry has a new regime from 1999 and is since then again a full member of the ICBDSR. The registry changed its name in April 2007 from the Swedish Registry of Congenital Malformation to the Swedish Birth Defects Registry.

Size and coverage:

All births in Sweden are included, approximately 100,000-120,000 annual births. The definition of stillbirth in Sweden is more than 28 weeks. Since 1999 all fetal deaths with congenital malformations more than 22 weeks are reported to the Swedish Birth Defects Registry. In 1999 a special fetal congenital anomalies surveillance system was started to include those fetuses with congenital malformations who were terminated as a result of prenatal diagnosis.

Legislation and funding:

Reporting is compulsory for children with malformations, but not for terminated pregnancies with fetuses with congenital malformations.

Sources of ascertainment:

Reports are received from delivery units,

paediatric clinics, pathology departments, child cardiology clinics, and cytogenetic laboratories.

Exposure information:

Some exposure information for all births is available in the Medical Birth Registry; maternal occupation, socio-economic factors, maternal smoking, drug use during pregnancy, contraceptive usage, maternal diseases.

Background information:

Epidemiological background data are available on all birth in the Medical Birth Registry.

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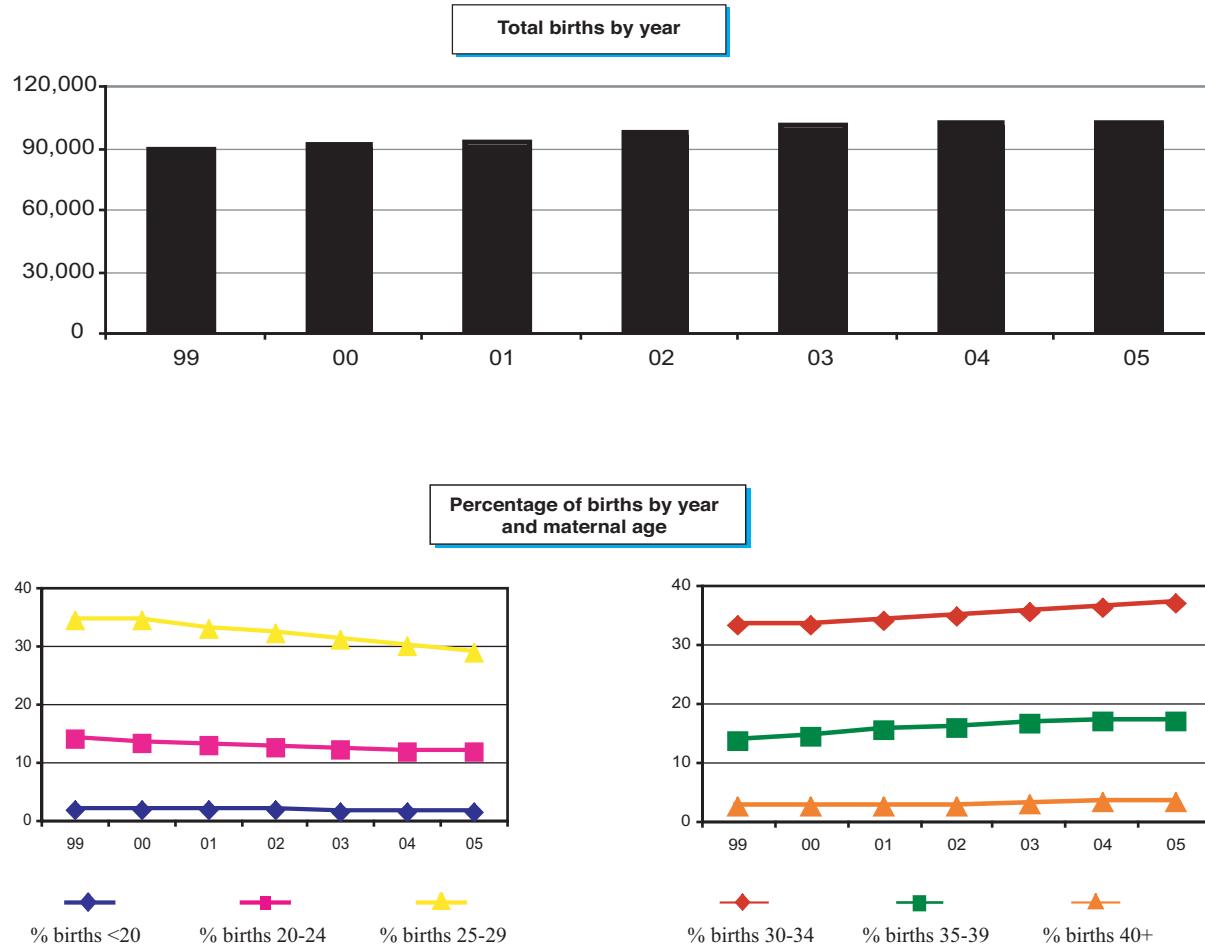
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Sweden



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	100	94.3	Cystic kidney	54	47.4
Spina bifida	68	57.6	Limb reduction defects	30	20.0
Encephalocele	25	75.8	Diaphragmatic hernia	31	32.6
Holoprosencephaly	21	65.6	Omphalocele	56	59.6
Hydrocephaly	71	68.9	Gastroschisis	13	22.8
Hypoplastic left heart syndrome	35	42.2	Trisomy 13	59	64.8
Cleft palate without cleft lip	9	6.0	Trisomy 18	181	80.4
Cleft lip with or without cleft palate	23	7.5	Down syndrome	408	51.1
Renal agenesis	23	71.9			

Total ToPs with birth defects = 1,387 (Ratio ToPs/Births: 4.59 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

Sweden: 2005

Live births (LB)	101,346
Stillbirths (SB)	301
Total births	101,647
Number of terminations of pregnancy (ToP) for birth defects	513

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	3	0	34	3.64
Spina bifida	12	0	34	4.53
Encephalocele	2	0	7	0.89
Microcephaly	1	0	0	0.10
Holoprosencephaly	1	2	12	1.48
Hydrocephaly	7	1	20	2.75
Anophthalmos	1	0	0	0.10
Microphtalmos	7	0	0	0.69
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	11	2	1	1.38
Microtia	3	0	0	0.30
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	37	0	1	3.74
Tetralogy of Fallot	26	1	1	2.75
Hypoplastic left heart syndrome	13	0	17	2.95
Coarctation of aorta	52	0	6	5.71
Choanal atresia, bilateral	0	0	0	0.00
Cleft palate without cleft lip	58	0	2	5.90
Cleft lip with or without cleft palate	94	2	9	10.33
Oesophageal atresia/stenosis with or without fistula	19	2	3	2.36
Small intestine atresia/stenosis	27	1	3	3.05
Anorectal atresia/stenosis	19	0	4	2.26
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	197	0	2	19.58
Epispadias	1	0	0	0.10
Indeterminate sex	1	0	2	0.30
Renal agenesis	3	0	7	0.98
Cystic kidney	23	0	25	4.72
Bladder extrophy	1	0	1	0.20
Polydactyly, preaxial	40	1	5	4.53
Total Limb reduction defects (include unspecified)	30	0	11	4.03
Transverse	4	0	6	0.98
Preaxial	2	0	4	0.59
Postaxial	0	0	0	0.00
Intercalary	2	0	0	0.20
Mixed	2	0	1	0.30
Unspecified	0	0	0	0.00
Diaphragmatic hernia	19	0	13	3.15
Omphalocele	14	0	24	3.74
Gastroschisis	14	0	5	1.87
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	1	0.10
Trisomy 13	10	1	22	3.25
Trisomy 18	9	3	75	8.56
Down syndrome, all ages (include age unknown)	129	0	153	27.74
<20	1	0	0	5.91
20-24	7	0	3	8.32
25-29	21	0	4	8.49
30-34	50	0	30	21.27
35-39	32	0	56	50.44
40-44	13	0	55	207.06
45+	4	0	5	nr
unknown	0	0	0	0.00

nr = not reported

Sweden: Previous years rates 1999 - 2005

Prevalence rates: (LB+SB+TOP) * 10,000

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000*	2001-2005
Births					179,308	490,406
Anencephaly	3.07	3.87				
Spina bifida	5.08	4.40				
Encephalocele	1.06	1.04				
Microcephaly	0.61	0.10				
Holoprosencephaly	0.78	1.06				
Hydrocephaly	2.79	3.47				
Anophthalmos	0.17	0.16				
Microphtalmos	0.33	0.51				
Unspecified Anophthalmos/Microphtalmos	---	---				
Anotia	0.89	1.06				
Microtia	0.06	0.14				
Unspecified Anotia/Microtia	---	---				
Transposition of great vessels	2.62	3.77				
Tetralogy of Fallot	2.45	2.61				
Hypoplastic left heart syndrome	2.23	2.41				
Coarctation of aorta	3.74	4.81				
Choanal atresia, bilateral	0.45	0.63				
Cleft palate without cleft lip	6.08	5.24				
Cleft lip with or without cleft palate	9.54	10.32				
Oesophageal atresia/stenosis with or without fistula	1.84	2.69				
Small intestine atresia/stenosis	2.12	2.71				
Anorectal atresia/stenosis	2.84	3.04				
Undescended testis (36 weeks of gestation or later)	nr	nr				
Hypospadias	19.46	20.60				
Epispadias	0.06	0.22				
Indeterminate sex	0.28	0.24				
Renal agenesis	2.45	1.39				
Cystic kidney	2.51	3.63				
Bladder exstrophy	0.22	0.27				
Polydactyly, preaxial	3.51	4.89				
Total Limb reduction defects (include unspecified)	4.35	5.14				
Transverse	2.45	3.57				
Preaxial	0.33	0.29				
Postaxial	0.22	0.12				
Intercalary	0.11	0.24				
Mixed	1.23	0.51				
Unspecified	---	---				
Diaphragmatic hernia	2.79	2.81				
Omphalocele	2.23	2.92				
Gastroschisis	2.01	1.81				
Unspecified Omphalocele/Gastroschisis	---	---				
Prune belly sequence	0.06	0.12				
Trisomy 13	2.01	2.57				
Trisomy 18	5.47	6.75				
Down syndrome, all ages (include age unknown)	21.81	25.77				
<20	8.76	8.47				
20-24	9.37	8.66				
25-29	6.34	9.56				
30-34	14.71	18.35				
35-39	51.25	56.13				
40-44	161.92	177.40				
45+	421.05	477.88				
unspecified	---	---				

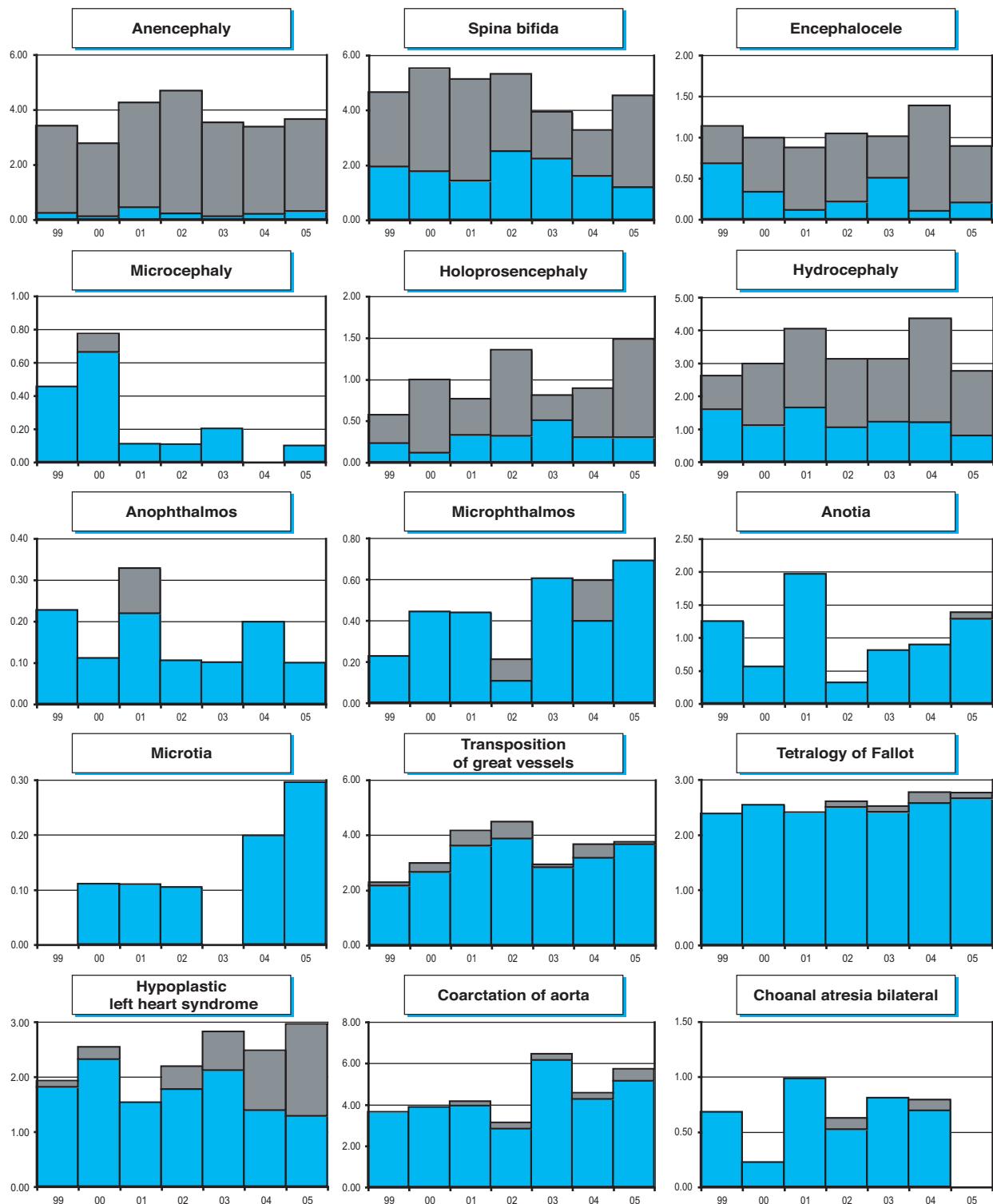
* data include less than 5 years

nr = not reported

Monitoring Systems

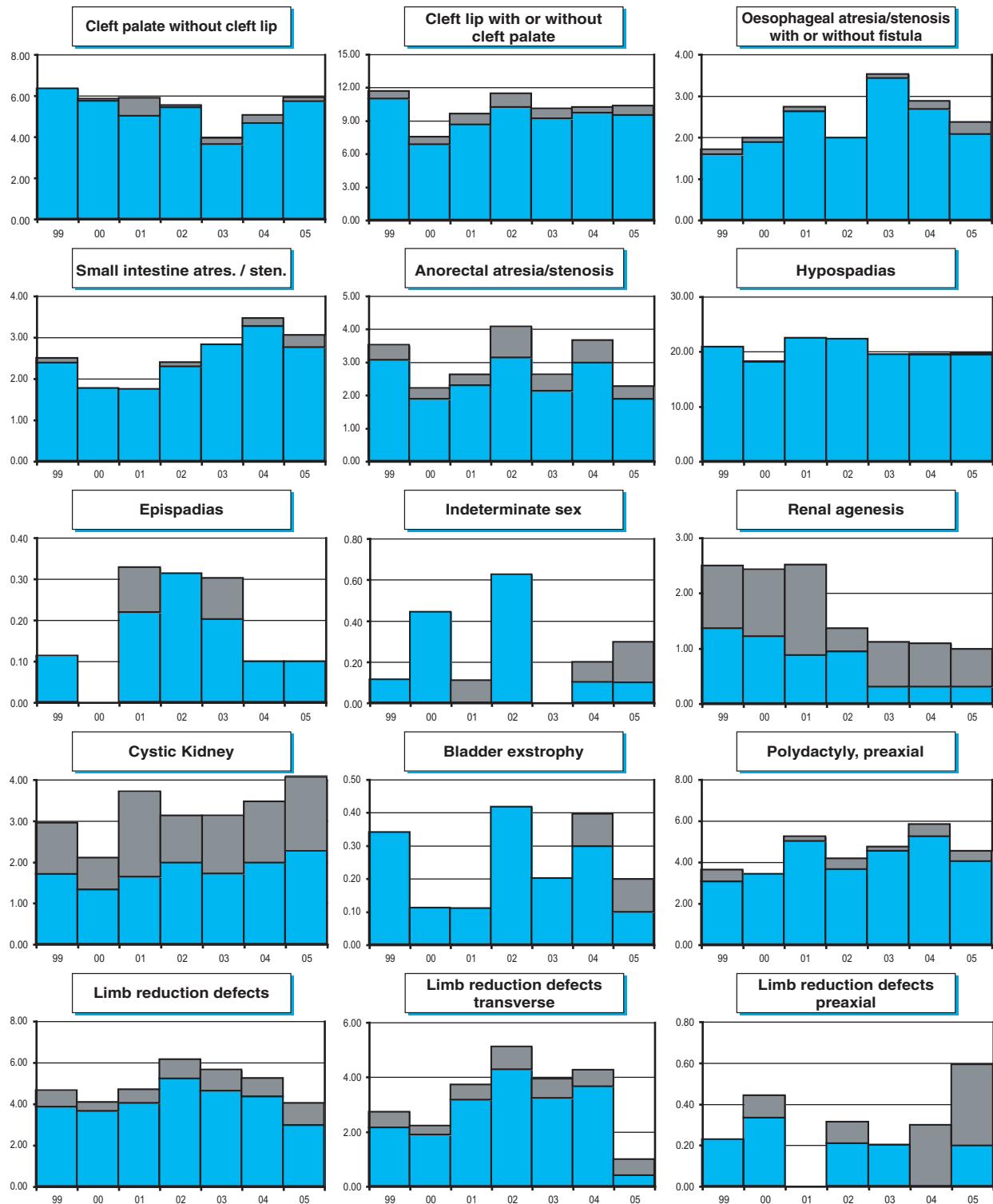
Sweden

'Time trends 1999-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

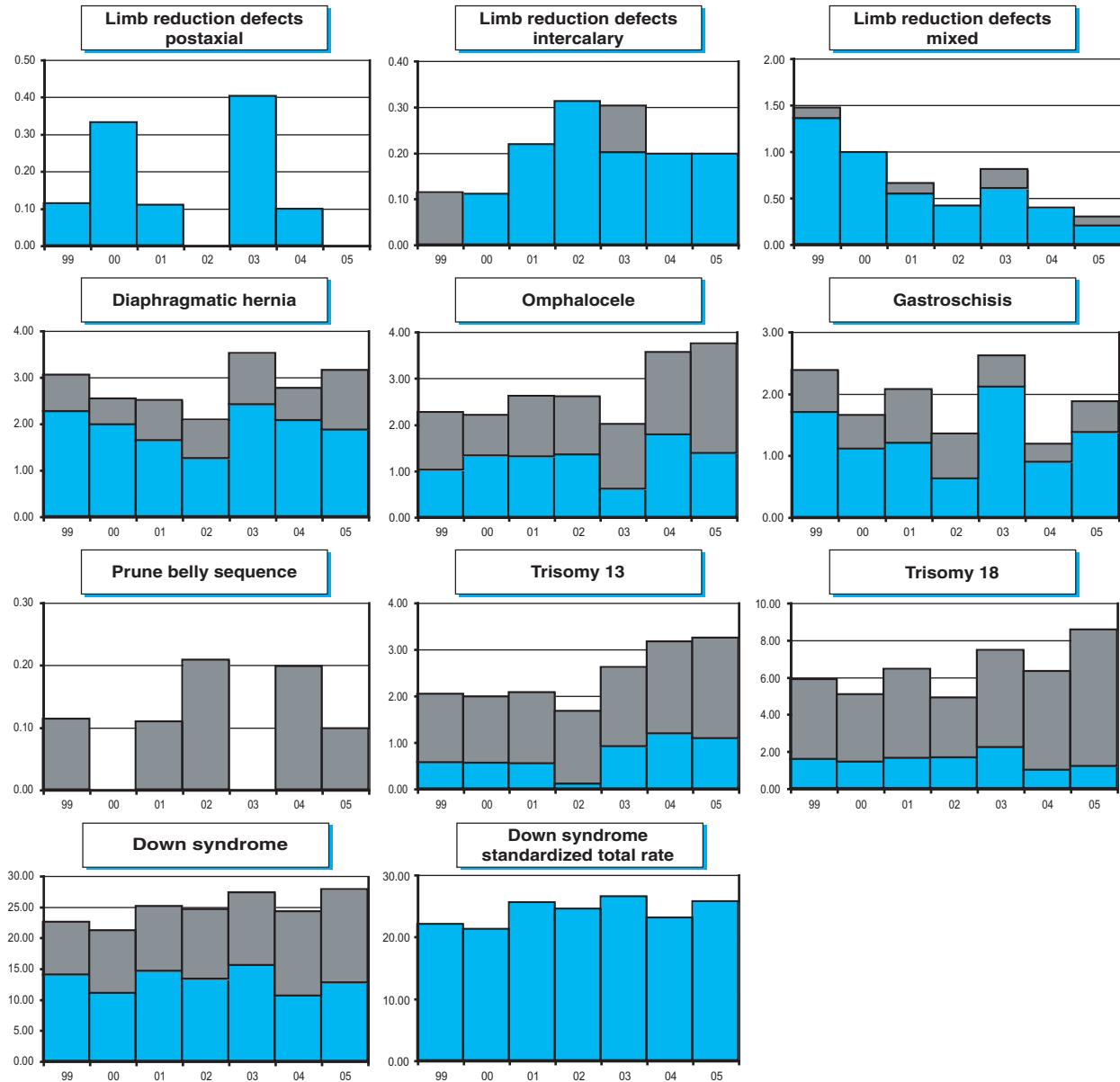
Sweden



Note: █ L+S rates, █ ToP rates

Monitoring Systems

Sweden



Note: ■ L+S rates, ■ ToP rates

Ukraine: OMNI-Net

Ukraine Birth Defects Program

History:

Population based birth defects surveillance began in 2000 in the framework of the Ukrainian-American Birth Defects Program (UABDP) funded by the United States Agency for International Development (USAID). The program became an associate member of ICBDSR in 2001. In 2005 the USAID financing of surveillance finally ended and the program was assumed by OMNI-Net, a not-for-profit international organization incorporated in Ukraine. OMNI-Net represents five resource OMNI-centers conducting birth defects surveillance, providing care for children and promoting prevention programs with participation of parental organizations, national and international partners.

Program objectives include universal folic acid flour fortification, methods to reduce alcohol impact on child development in collaboration with partners and promoting international partnerships.

Size and coverage:

BD surveillance concerns 25000 births in two oblasts (provinces) of Northwest of Ukraine, representing approximately 5% of births in Ukraine. The population is relatively homogeneous, stable (data is pooled from two oblasts). The northern counties (rayons) of both oblasts are contaminated from Chornobyl disaster.

Legislation and funding:

OMNI-Net personnel are financed by the Ukrainian Ministry of Health and oblast authorities. The legislation and rules by the Ministry of Health mandates the reporting of birth defects. BD data is reported by Oblast Vital Statistics Centrum who aggregates, formats and forwards the data to the Ministry of Health.

Sources of ascertainment:

Relevant hospital admission/discharge summaries

are systematically reviewed. Data from specialty clinics, laboratories and other services are explored. Pregnancy, obstetrics, delivery, neonatal and pediatrics records are considered.

Exposure information:

Routine information collection is limited except when ad hoc circumstances are noted. An expansion of exposure data collection is in progress.

Prenatal diagnosis information:

The information is substantial regarding service providers located in regional centers, but limited regarding service providers in rural environment.

Background information:

Data regarding ionizing radiation pollution in contaminated rayons is available by special agreements. Data from a population based neonatal registry is also available by special agreements.

Addresses and Staff:

International Coordinator:
Dr. Wladimir Wertelecki,
Department of Medical Genetics,
University of South Alabama,
307 University Blvd., CCCB, 274,
Mobile, AL, USA 36688

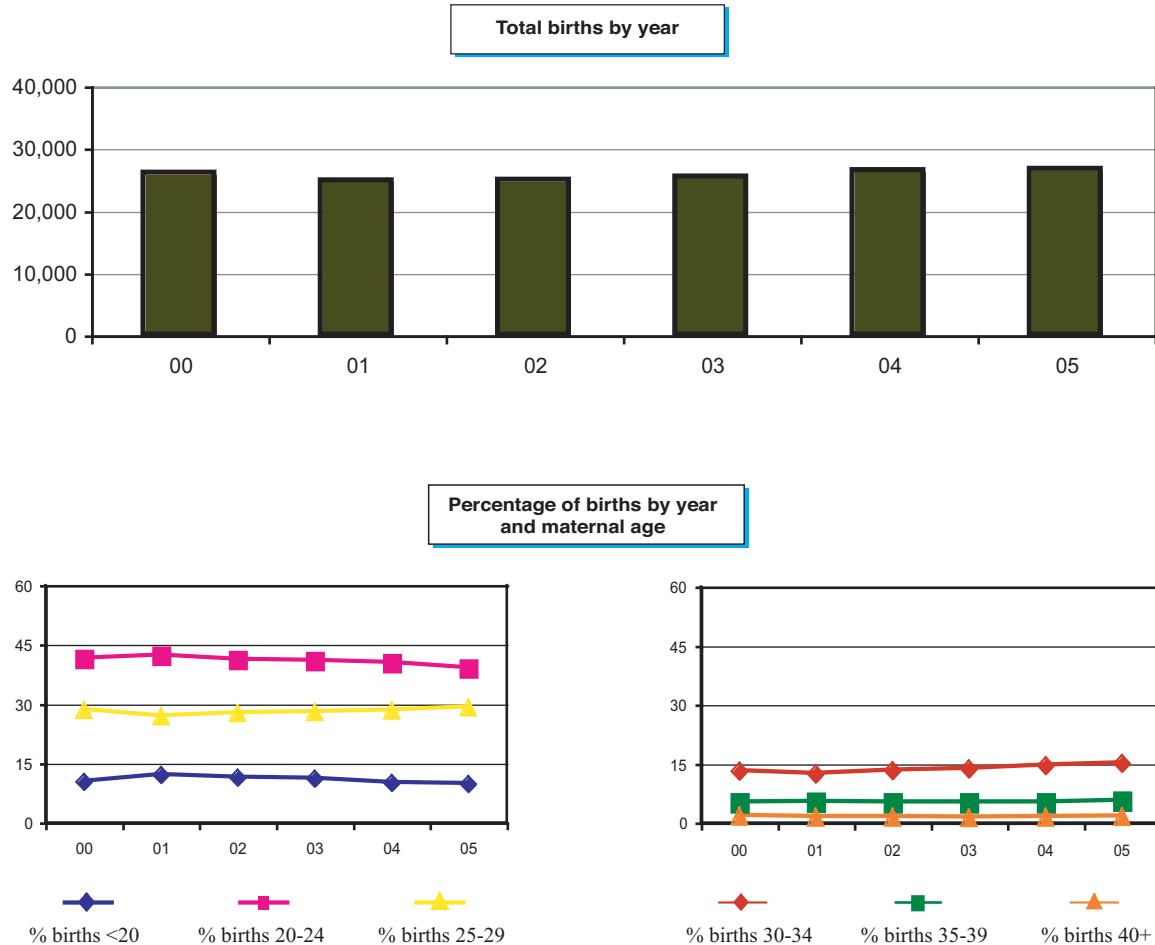
Phone/Fax: 1 251 460 7505
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Medical coordinator:
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Monitoring Systems

Ukraine: OMNI-Net



Ukraine: OMNI-Net, 2005

Live births (LB)	26,492
Stillbirths (SB)	121
Total births	26,613
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	0	7	25	12.02
Spina bifida	6	2	19	10.15
Encephalocele	1	1	4	2.25
Microcephaly (1)	8	0	nr	3.01
Holoprosencephaly	2	0	nr	0.75
Hydrocephaly	14	4	nr	6.76
Anophthalmos (1)	0	0	nr	0.00
Microphtalmos (1)	4	0	nr	1.50
Unspecified Anophthalmos/Microphtalmos	0	0	nr	0.00
Anotia	2	0	nr	0.75
Microtia	5	0	nr	1.88
Unspecified Anotia/Microtia	0	0	nr	0.00
Transposition of great vessels	8	0	nr	3.01
Tetralogy of Fallot	3	0	nr	1.13
Hypoplastic left heart syndrome	6	0	nr	2.25
Coarctation of aorta	4	0	nr	1.50
Choanal atresia, bilateral	0	0	nr	0.00
Cleft palate without cleft lip	13	1	nr	5.26
Cleft lip with or without cleft palate	25	0	nr	9.39
Oesophageal atresia/stenosis with or without fistula	6	2	nr	3.01
Small intestine atresia/stenosis	5	0	nr	1.88
Anorectal atresia/stenosis	4	0	nr	1.50
Undescended testis (36 weeks of gestation or later)	128	0	nr	48.10
Hypospadias (2)	10	0	nr	3.76
Epispadias	0	0	nr	0.00
Indeterminate sex	0	0	nr	0.00
Renal agenesis	0	3	nr	1.13
Cystic kidney	7	2	nr	3.38
Bladder extrophy	1	0	nr	0.38
Polydactyl, preaxial	11	0	nr	4.13
Total Limb reduction defects (include unspecified)	4	0	nr	1.50
Transverse	1	0	nr	0.38
Preaxial	2	0	nr	0.75
Postaxial	1	0	nr	0.38
Intercalary	0	0	nr	0.00
Mixed	0	0	nr	0.00
Unspecified	0	0	nr	0.00
Diaphragmatic hernia	3	1	nr	1.50
Omphalocele	5	0	nr	1.88
Gastroschisis	7	0	nr	2.63
Unspecified Omphalocele/Gastroschisis	0	0	nr	0.00
Prune belly sequence	0	0	nr	0.00
Trisomy 13 (1)	3	0	nr	1.13
Trisomy 18 (1)	2	0	nr	0.75
Down syndrome, all ages (include age unknown) (1)	31	2	nr	12.40
<20	7	0	nr	26.84
20-24	1	0	nr	0.96
25-29	6	0	nr	7.74
30-34	7	0	nr	17.53
35-39	5	2	nr	47.75
40-44	5	0	nr	130.21
45+	0	0	nr	0.00
unknown	0	0	nr	0.00

(1) Clinical diagnosis only; with photodocumentation or measurements documented

(2) Includes penile, scrotal, and perineal hypospadias only

nr = not reported

Monitoring Systems

Ukraine: OMNI-Net, Previous years rates 2000 - 2005

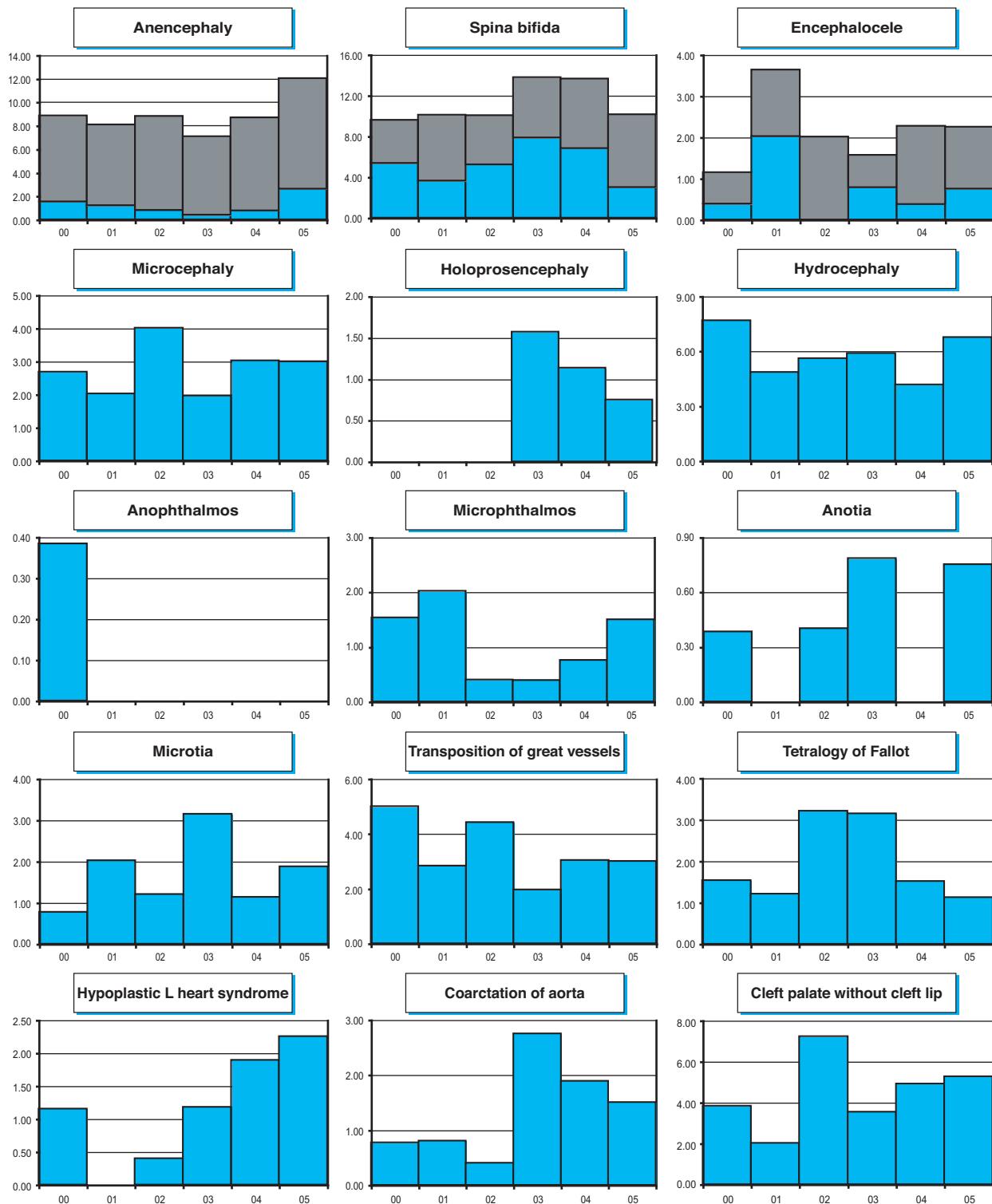
Birth prevalence rates: (LB+SB+TOP) * 10,000 for Anencephaly, Spina bifida and Encephalocele
 Birth prevalence rates: (LB+SB) * 10,000 for all other malformations

	1974-1980	1981-1985	1986-1990	1991-1995	1996-2000*	2001-2005
Births					26,025	128,135
Anencephaly					8.84	8.97
Spina bifida					9.61	11.55
Encephalocele					1.15	2.34
Microcephaly					2.69	2.81
Holoprosencephaly					0.00	0.70
Hydrocephaly					7.68	5.46
Anophthalmos					0.38	0.00
Microphtalmos					1.54	1.01
Unspecified Anophthalmos/Microphtalmos					---	---
Anotia					0.38	0.39
Microtia					0.77	1.87
Unspecified Anotia/Microtia					---	---
Transposition of great vessels					5.00	3.04
Tetralogy of Fallot					1.54	2.03
Hypoplastic left heart syndrome					1.15	1.17
Coarctation of aorta					0.77	1.48
Choanal atresia, bilateral					0.00	0.00
Cleft palate without cleft lip					3.84	4.60
Cleft lip with or without cleft palate					9.61	8.82
Oesophageal atresia/stenosis with or without fistula					2.31	1.64
Small intestine atresia/stenosis					1.54	1.56
Anorectal atresia/stenosis					1.92	2.73
Undescended testis (36 weeks of gestation or later)					34.58	41.60
Hypospadias					3.07	3.28
Epispadias					0.77	0.16
Indeterminate sex					0.77	0.39
Renal agenesis					0.77	0.86
Cystic kidney					1.54	2.42
Bladder exstrophy					1.15	0.70
Polydactyly, preaxial					3.07	3.04
Total Limb reduction defects (include unspecified)					4.23	3.28
Transverse					1.54	2.03
Preaxial					0.77	0.47
Postaxial					0.77	0.16
Intercalary					0.38	0.23
Mixed					0.38	0.16
Unspecified					---	---
Diaphragmatic hernia					2.31	1.72
Omphalocele					1.15	1.40
Gastroschisis					1.15	1.33
Unspecified Omphalocele/Gastroschisis					---	---
Prune belly sequence					0.00	0.00
Trisomy 13					0.00	0.39
Trisomy 18					1.15	0.23
Down syndrome, all ages (include age unknown)					10.76	12.64
<20					11.23	10.09
20-24					4.64	6.90
25-29					6.76	9.47
30-34					17.60	16.41
35-39					22.34	35.80
40-44					147.42	98.21
45+					0.00	851.06
unknown					---	---

* data include less than 5 years

Ukraine: OMNI-Net

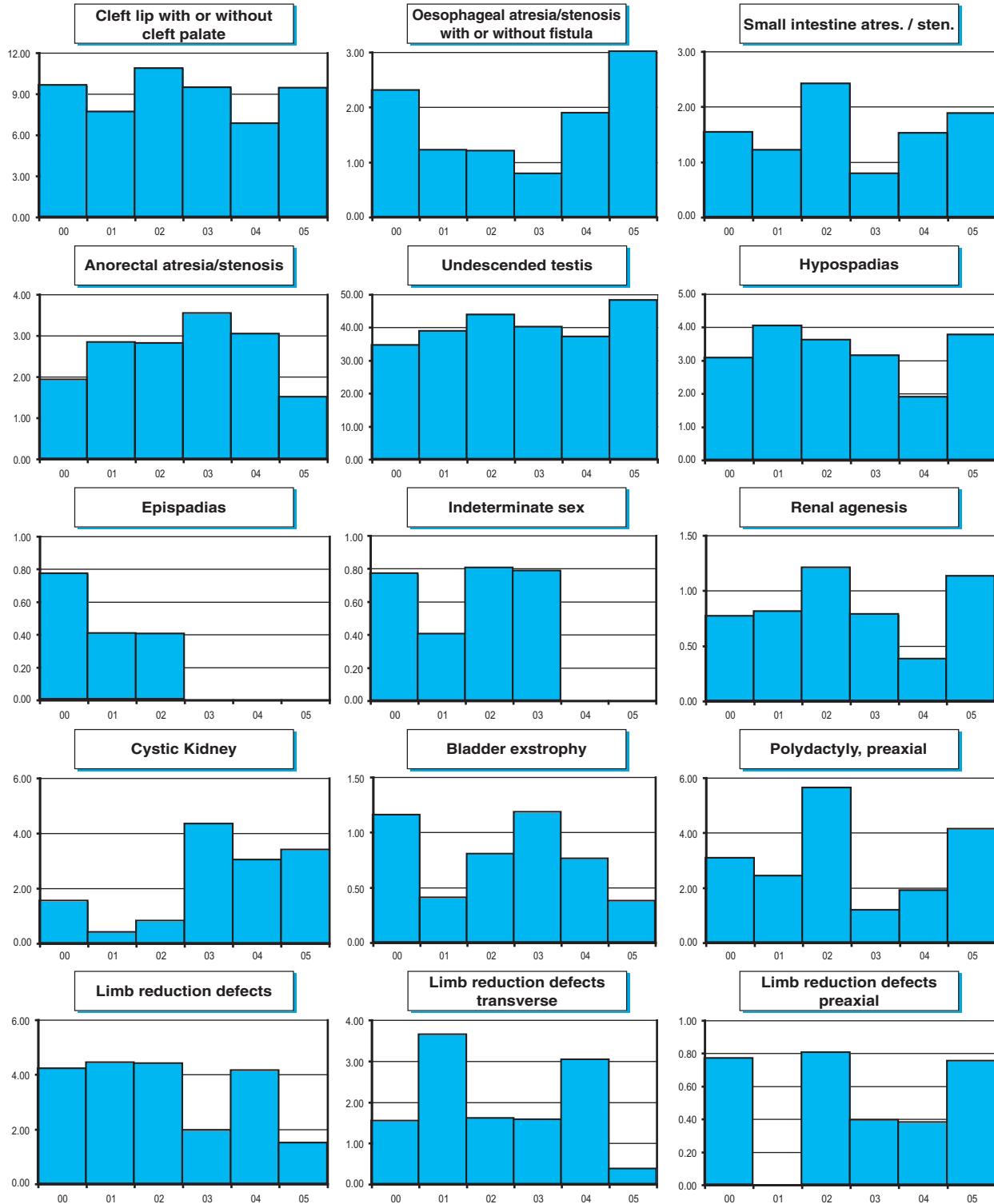
'Time trends 2000-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

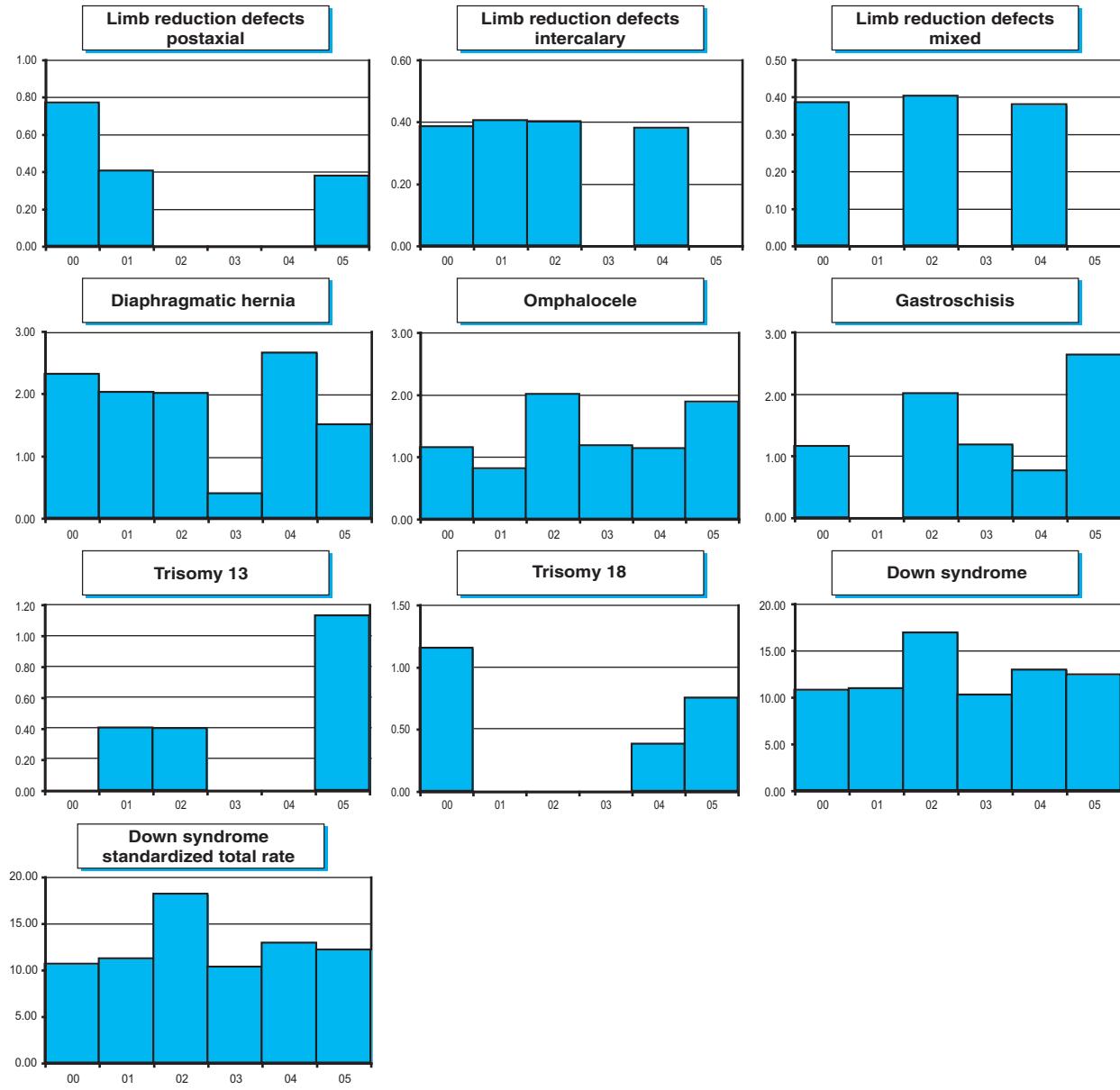
Monitoring Systems

Ukraine: OMNI-Net



Note: L+S rates, ToP rates

Ukraine: OMNI-Net



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

USA-Atlanta: MACDP

Metropolitan Atlanta Congenital Defects Program

History:

The Programme started in 1967 and was a founding member of the ICBDSR. The Programme is a full member of the ICBDSR.

Size and coverage:

The Programme covers all births within a five-county area in metropolitan Atlanta, Georgia. The annual number of births in this area is approximately 50,000. Stillbirths and terminations of at least 20 weeks gestations are included. Elective terminations at any gestational age are included.

Legislation and funding:

In 1994 the Georgia Department of Human Resources (GDHR) added birth defects to the list of legally reportable conditions in Georgia. In 1997 the GDHR authorized the Birth Defects Branch at the Centers for Disease Control and Prevention (CDC) to act with and on its behalf to collect health information on children with birth defects. The Programme is funded by the Centers for Disease Control and Prevention.

Sources of ascertainment:

Multiple sources, such as delivery units, pediatric departments, neonatal intensive care units, laboratories, prenatal diagnostic centers, and

tertiary care centers are used to ascertained malformed infants born in the defined area with a follow-up to age six years.

Exposure information:

Limited information on maternal illnesses, conditions, and maternal exposures such as medications.

Background information:

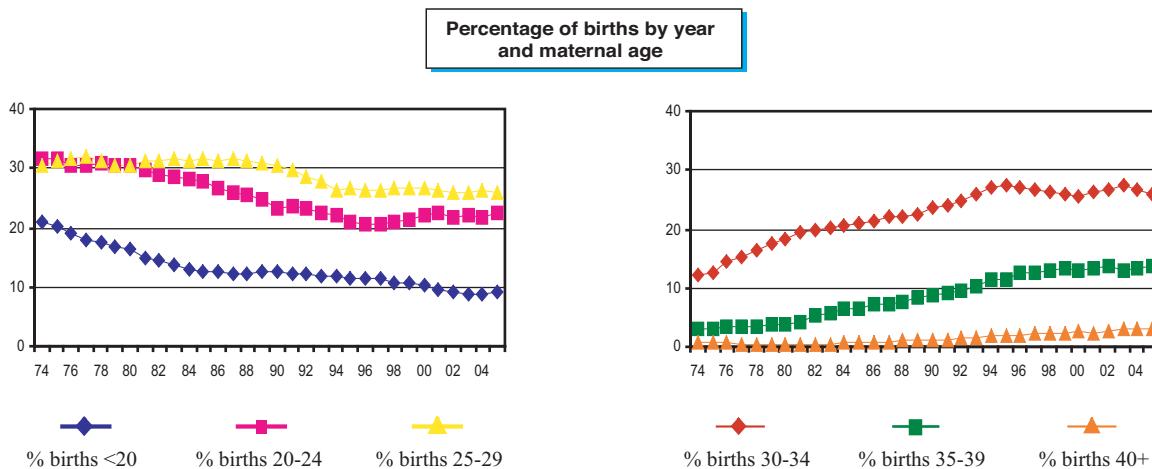
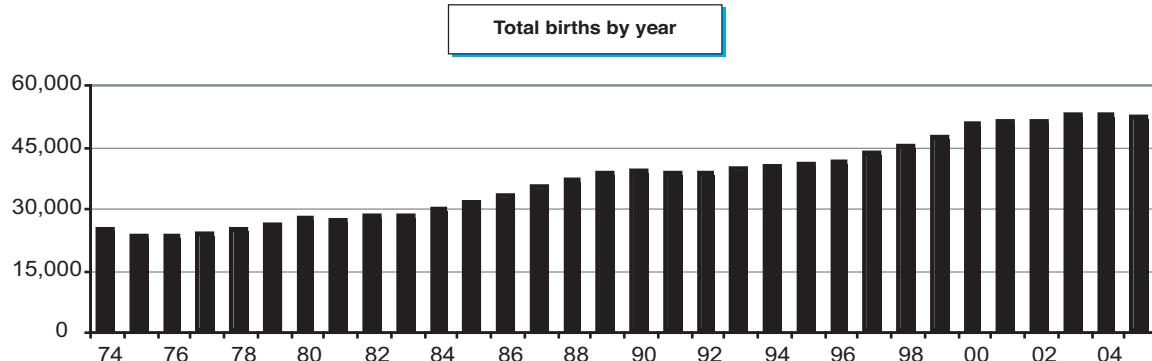
Demographic information, reproductive history, gestational age, birth weight, and pregnancy outcome information available from vital records for cases and live births and stillbirths.

Addresses and Staff:

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Csaba Siffel, MD, PhD
National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention
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Phone: 1-404-498-4090
Fax: 1-404-498 3040
E-mail: ACorrea@cdc.gov;
CSiffel@cdc.gov

Web: <http://www.cdc.gov/ncbddd/bd/macdp.htm>

USA-Atlanta: MACDP



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	16	57.1	Cystic kidney	3	3.8
Spina bifida	18	32.1	Limb reduction defects	2	4.2
Encephalocele	5	23.8	Diaphragmatic hernia	2	4.3
Holoprosencephaly	2	15.4	Omphalocele	3	11.5
Hydrocephaly	2	2.4	Gastroschisis	0	0.0
Hypoplastic left heart syndrome	0	0.0	Trisomy 13	7	30.4
Cleft palate without cleft lip	1	1.4	Trisomy 18	28	42.4
Cleft lip with or without cleft palate	5	3.5	Down syndrome	57	21.4
Renal agenesis	4	36.4			

Total ToPs with birth defects = Not reported

*ToPs/ToPs+Births

Monitoring Systems

USA-Atlanta: MACDP, 2005

Live births (LB)	51,514
Stillbirths (SB)	546
Total births	52,060
Number of terminations of pregnancy (ToP) for birth defects	nr

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	3	2	6	2.11
Spina bifida	16	0	4	3.84
Encephalocele	7	0	1	1.54
Microcephaly	37	1	0	7.30
Holoprosencephaly	5	1	0	1.15
Hydrocephaly	25	4	0	5.57
Anophthalmos	5	1	0	1.15
Microphtalmos	5	0	0	0.96
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	1	0	0	0.19
Microtia	5	0	0	0.96
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	23	1	0	4.61
Tetralogy of Fallot	18	0	0	3.46
Hypoplastic left heart syndrome	8	1	0	1.73
Coarctation of aorta	28	0	0	5.38
Choanal atresia, bilateral	2	0	0	0.38
Cleft palate without cleft lip	25	0	0	4.80
Cleft lip with or without cleft palate	42	1	1	8.45
Oesophageal atresia/stenosis with or without fistula	15	0	0	2.88
Small intestine atresia/stenosis	9	0	0	1.73
Anorectal atresia/stenosis	11	0	3	2.69
Undescended testis (36 weeks of gestation or later)	17	0	0	3.27
Hypospadias	19	0	0	3.65
Epispadias	2	0	0	0.38
Indeterminate sex	5	1	0	1.15
Renal agenesis	1	0	1	0.38
Cystic kidney	22	0	1	4.42
Bladder extrophy	0	0	0	0.00
Polydactyly, preaxial	12	0	0	2.31
Total Limb reduction defects (include unspecified)	13	0	1	2.69
Transverse	3	0	0	0.58
Preaxial	3	0	1	0.77
Postaxial	2	0	0	0.38
Intercalary	2	0	0	0.38
Mixed	0	0	0	0.00
Unspecified	2	0	0	0.38
Diaphragmatic hernia	16	0	1	3.27
Omphalocele	9	2	1	2.31
Gastroschisis	13	2	0	2.88
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	1	1	0	0.38
Trisomy 13	4	2	0	1.15
Trisomy 18	8	1	5	2.69
Down syndrome, all ages (include age unknown)	67	0	13	15.37
<20	1	0	0	2.13
20-24	9	0	1	8.57
25-29	4	0	0	2.96
30-34	18	0	2	14.82
35-39	23	0	5	39.11
40-44	12	0	5	119.30
45+	0	0	0	0.00
unknown	0	0	0	0.00

USA-Atlanta: MACDP, Previous years rates 1974 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

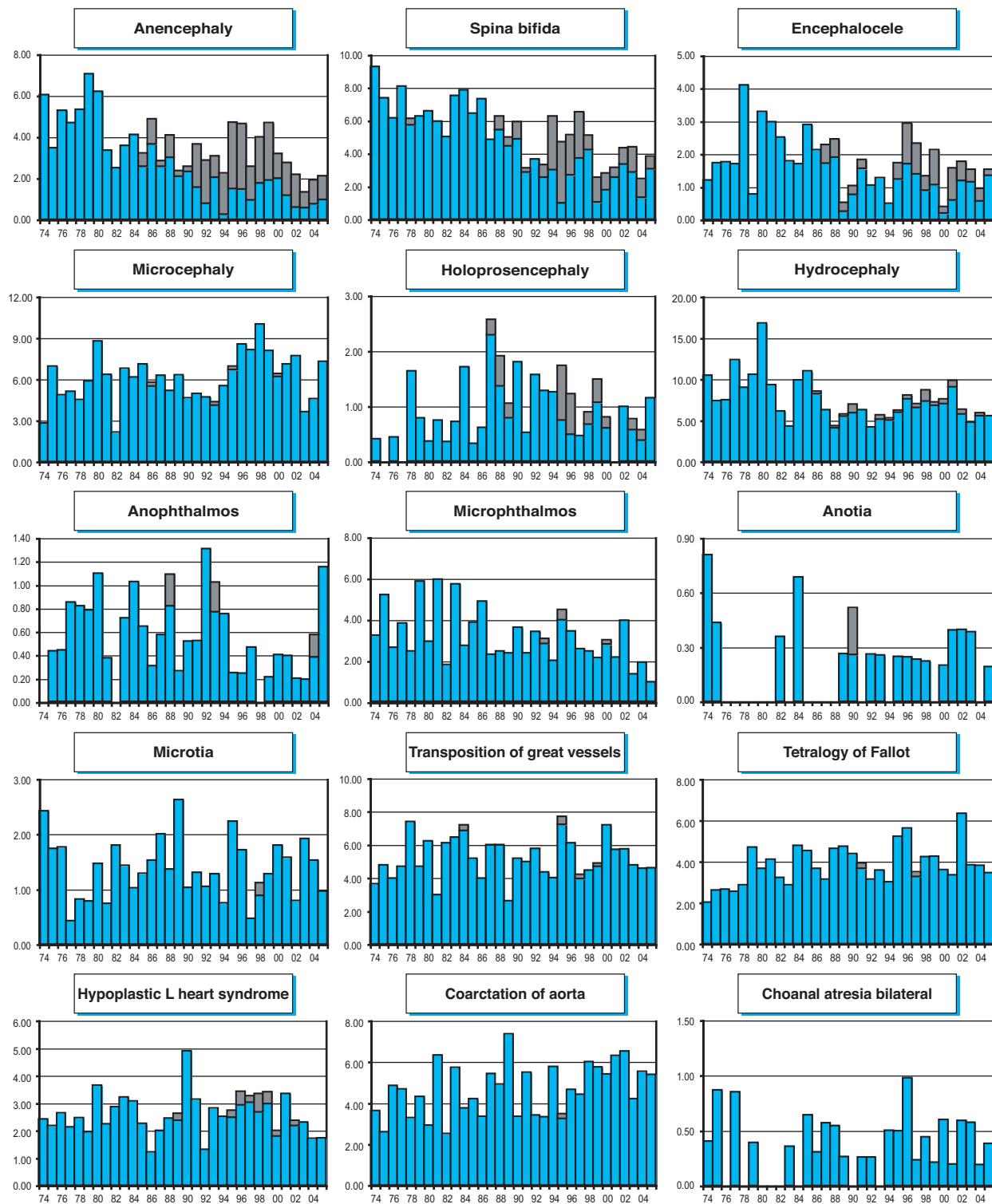
	1975-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2005
Births	171,284	142,873	181,304	195,642	225,770	257,942
Anencephaly	5.49	3.36	3.31	3.32	3.81	2.05
Spina bifida	7.12	6.58	5.85	4.24	4.34	3.64
Encephalocele	2.10	2.38	1.65	1.28	1.77	1.47
Microcephaly	5.60	5.74	5.63	5.32	8.19	6.05
Holoprosencephaly	0.53	0.77	1.60	1.28	0.97	0.70
Hydrocephaly	10.74	8.19	6.34	5.52	7.71	6.47
Anophthalmos	0.64	0.56	0.55	0.77	0.27	0.50
Microphtalmos	3.74	3.99	3.09	3.07	2.70	2.05
Unspecified Anophthalmos / Microphtalmos	---	---	---	---	---	---
Anotia	0.18	0.21	0.17	0.15	0.18	0.27
Microtia	1.34	1.26	1.71	1.33	1.28	1.36
Unspecified Anotia/Microtia	---	---	---	---	---	---
Transposition of great vessels	5.08	5.60	4.74	5.37	5.40	5.08
Tetralogy of Fallot	3.04	3.92	4.14	3.78	4.21	4.15
Hypoplastic left heart syndrome	2.51	2.73	2.70	2.50	3.06	2.29
Coarctation of aorta	3.74	4.48	4.91	4.29	5.27	5.58
Choanal atresia, bilateral	0.35	0.21	0.33	0.31	0.49	0.39
Cleft palate without cleft lip	7.01	4.06	5.46	4.91	6.20	5.23
Cleft lip with or without cleft palate	11.56	11.13	9.49	9.05	9.08	8.65
Oesophageal atresia/stenosis with or without fistula	2.34	2.80	2.04	2.35	1.99	2.05
Small intestine atresia/stenosis	1.69	1.40	1.82	1.64	1.95	1.74
Anorectal atresia/stenosis	4.55	3.78	4.08	3.48	3.63	2.99
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr	12.58	12.72
Hypospadias	1.11	2.17	4.91	4.80	8.95	7.33
Epispadias	0.99	0.91	0.55	0.61	0.35	0.43
Indeterminate sex	2.39	1.26	1.38	1.18	1.33	1.51
Renal agenesis	2.10	1.82	1.16	1.33	1.11	0.89
Cystic kidney	2.34	3.43	4.14	5.21	5.94	5.78
Bladder exstrophy	0.53	0.14	0.22	0.31	0.09	0.12
Polydactyly, preaxial	1.93	1.68	3.31	2.96	2.35	2.33
Total Limb reduction defects (include unspecified)	6.01	4.20	4.41	5.93	6.42	4.23
Transverse	3.68	3.01	2.65	3.99	3.28	2.44
Preaxial	1.11	0.49	0.72	1.02	1.33	0.78
Postaxial	0.23	0.14	0.33	0.36	0.27	0.19
Intercalary	0.53	0.21	0.33	0.10	0.31	0.16
Mixed	0.12	0.28	0.28	0.26	0.97	0.47
Unspecified	---	---	---	---	---	---
Diaphragmatic hernia	2.57	1.96	3.09	2.10	2.44	2.99
Omphalocele	3.85	3.29	2.70	2.66	2.70	1.67
Gastroschisis	1.63	1.89	2.59	2.56	2.26	2.83
Unspecified Omphalocele/Gastroschisis	---	---	---	---	---	---
Prune belly sequence	0.76	0.28	0.61	0.20	0.31	0.50
Trisomy 13	1.23	1.12	1.65	1.33	1.90	1.74
Trisomy 18	0.70	2.17	1.93	2.61	4.65	4.50
Down syndrome, all ages (include age unknown)	9.28	10.64	10.59	14.01	17.36	17.29
<20	11.25	5.65	7.98	6.88	8.64	6.44
20-24	8.44	6.64	7.90	7.96	9.01	5.80
25-29	9.54	8.02	6.93	7.92	7.17	7.01
30-34	13.97	15.97	12.56	11.85	15.02	14.27
35-39	36.73	19.46	23.00	36.64	42.49	47.58
40-44	0.00	99.88	55.93	89.92	124.78	125.27
45+	0.00	0.00	0.00	425.53	301.72	55.56
unknown	---	---	---	---	---	---

nr = not reported

Monitoring Systems

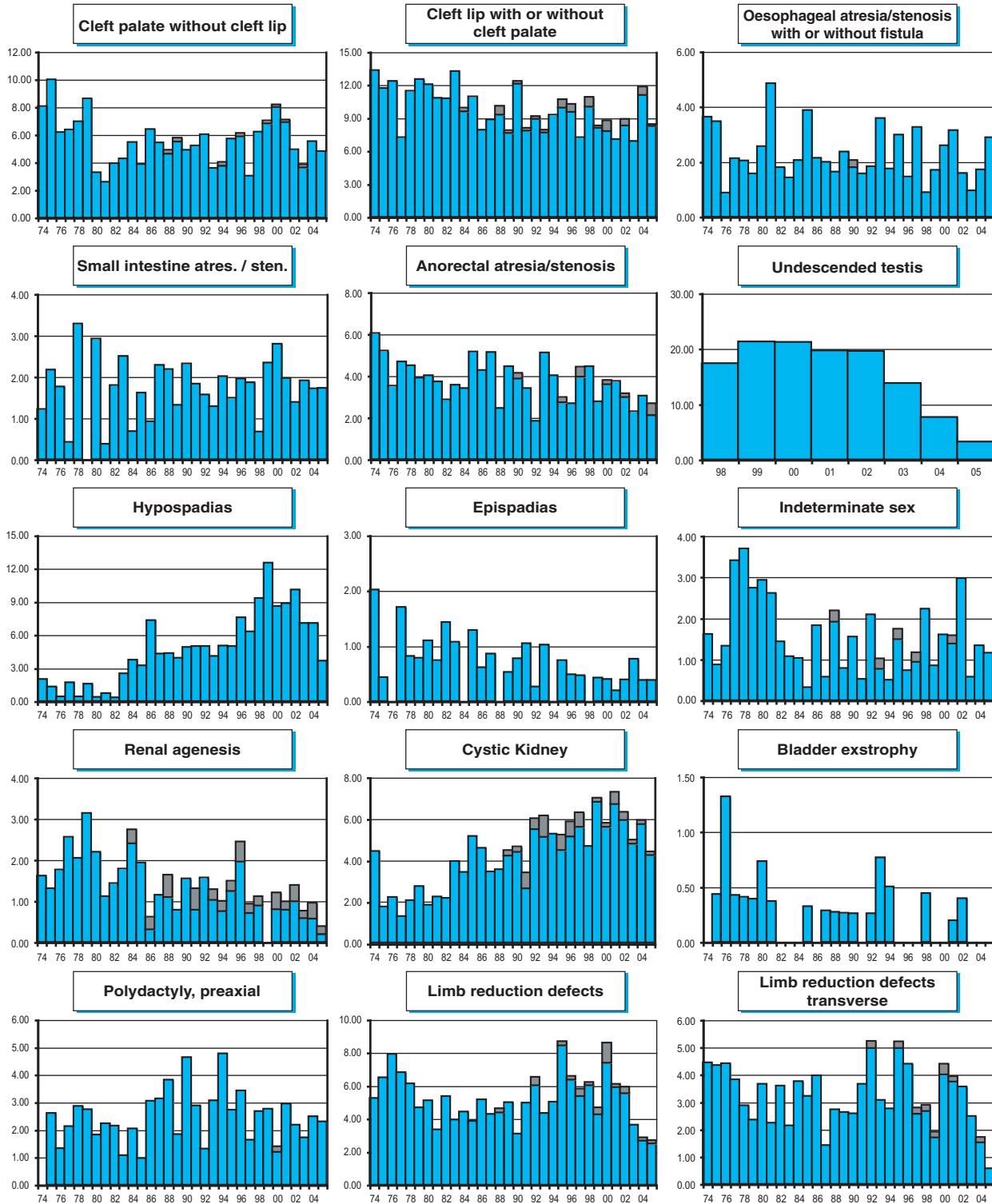
USA-Atlanta: MACDP

'Time trends 1974-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

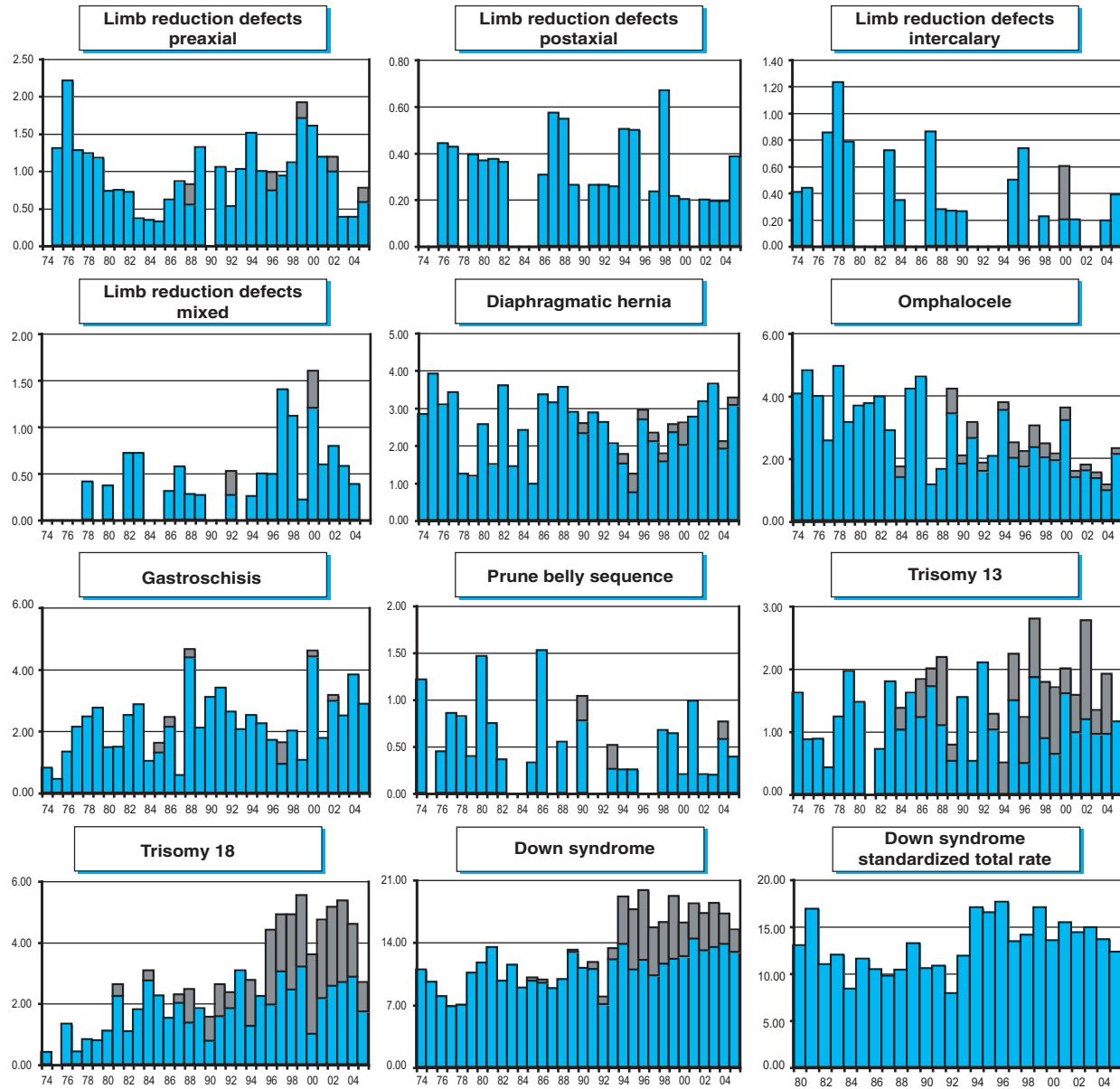
USA-Atlanta: MACDP



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

USA-Atlanta: MACDP



Note: ■ L+S rates, ■ ToP rates

USA-Texas: BDES

Texas Birth Defects Epidemiology and Surveillance Branch

History:

BDES (Birth Defects Epidemiology and Surveillance) was established after an unusual cluster of anencephaly cases that occurred in Brownsville, Texas in 1991. Epidemiologic investigations revealed a higher than expected rate of neural tube defects among children born to Hispanic mothers living in South Texas. In recognition that epidemiologic resources are routinely needed to investigate birth defects clusters, the Texas State Legislature passed the Texas Birth Defects Act in 1993, which authorized the establishment of BDES. Since 1995, BDES has maintained the Texas Birth Defects Registry, an active population-based birth defects surveillance system, which has been statewide since 1999. Through multiple sources of information, the Registry monitors all births in Texas and identifies cases of birth defects. Children identified through the Registry are referred to appropriate medical and community services. In 1996, the CDC-funded Texas Center for Birth Defects Research and Prevention was established under the auspices of BDES. The Programme is a full member of the ICBDSR.

Size and coverage:

The Programme covers all deliveries to mothers residing in Texas (approximately 380,000 annually). Stillbirths and terminations of any gestational age are included. Cases diagnosed up to age one are included (up to age six for fetal alcohol syndrome). As of 2006, there were over 100,000 birth defect cases in the Registry.

Legislation and funding:

Birth defects surveillance was mandated by the Texas Birth Defects Act in 1993, and is codified in the Texas Health and Safety Code Chapter 87.

About one-half of funding for the birth defects registry is from state general revenue with the remainder from federal block grants.

Sources of ascertainment: Birth hospitals, birthing centres, lay midwives, hospitals where affected children are treated.

Exposure information:

Limited information on maternal illnesses and conditions, limited information on maternal exposures such as medications.

Background information:

Basic demographics, reproductive history, gestational age, delivery information.

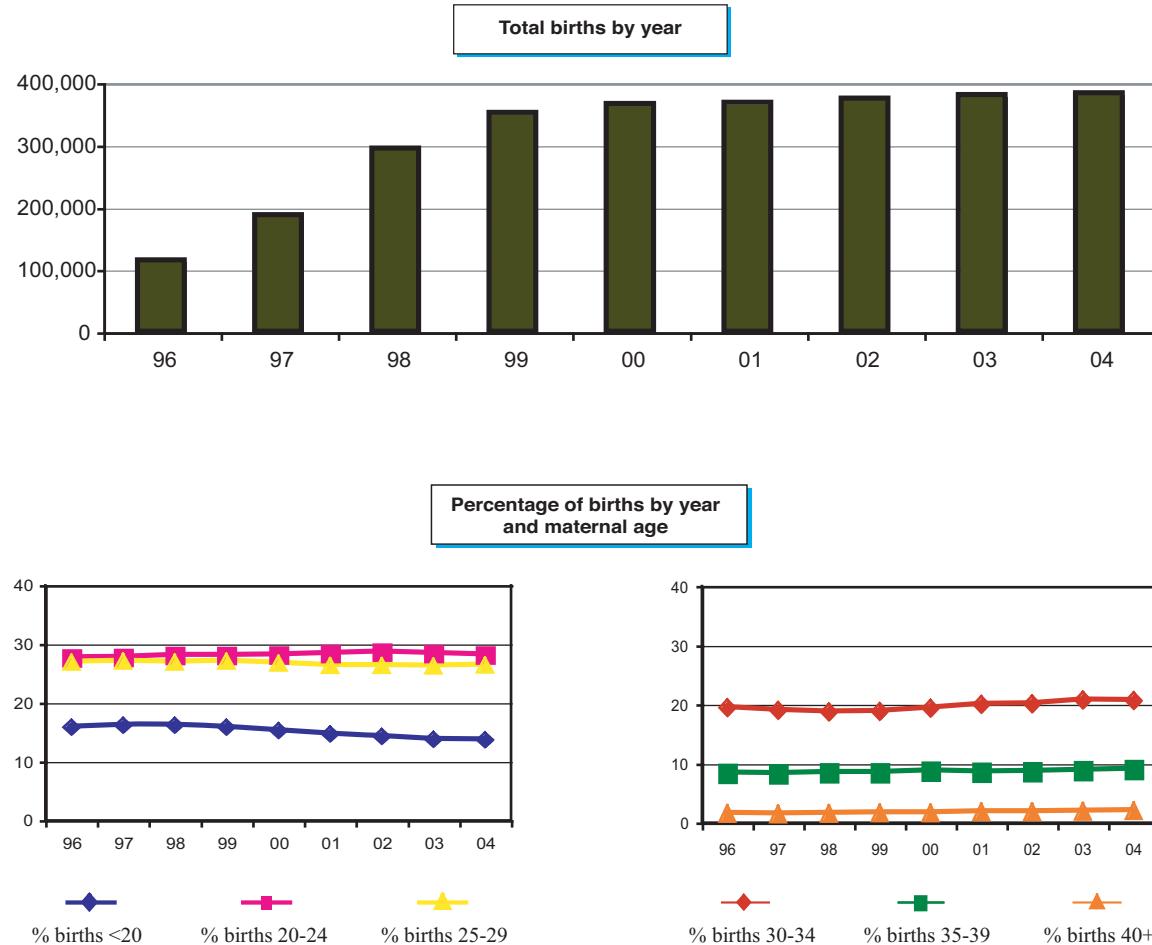
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Monitoring Systems

USA-Texas: BDES



Terminations of Pregnancy (ToPs) in selected malformations (2002-2004)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	98	34.9	Cystic kidney	12	2.2
Spina bifida	20	4.9	Limb reduction defects	20	3.5
Encephalocele	10	12.2	Diaphragmatic hernia	4	1.3
Holoprosencephaly	15	11.0	Omphalocele	22	9.6
Hydrocephaly	21	3.0	Gastroschisis	12	2.5
Hypoplastic left heart syndrome	2	0.8	Trisomy 13	18	13.8
Cleft palate without cleft lip	12	2.1	Trisomy 18	61	23.8
Cleft lip with or without cleft palate	23	1.9	Down syndrome	63	4.5
Renal agenesis	19	8.7			

Total ToPs with birth defects = 557 (Ratio ToPs/Births: 0.49 per 1,000)

*ToPs/ToPs+Births

USA-Texas: BDES, 2004

Live births (LB)	380,905
Stillbirths (SB)	2,287
Total births	383,192
Number of terminations of pregnancy (ToP) for birth defects	184

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	28	31	27	2.24
Spina bifida	158	7	7	4.49
Encephalocele	19	0	2	0.55
Microcephaly	328	5	1	8.72
Holoprosencephaly	27	4	7	0.99
Hydrocephaly	218	9	4	6.03
Anophthalmos	8	2	1	0.29
Microphtalmos	86	0	2	2.30
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	12	0	0	0.31
Microtia	113	1	1	3.00
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	165	2	0	4.36
Tetralogy of Fallot	102	0	0	2.66
Hypoplastic left heart syndrome	76	1	0	2.01
Coarctation of aorta	166	1	1	4.38
Choanal atresia, bilateral	28	0	0	0.73
Cleft palate without cleft lip	192	1	2	5.09
Cleft lip with or without cleft palate	408	22	9	11.46
Oesophageal atresia/stenosis with or without fistula	60	0	0	1.57
Small intestine atresia/stenosis	65	0	1	1.72
Anorectal atresia/stenosis	159	5	2	4.33
Undescended testis (36 weeks of gestation or later)	399	3	1	10.52
Hypospadias	619	3	1	16.26
Epispadias	25	0	0	0.65
Indeterminate sex	16	11	4	0.81
Renal agenesis	61	8	4	1.91
Cystic kidney	197	1	5	5.30
Bladder extrophy	10	0	1	0.29
Polydactyly, preaxial	111	2	2	3.00
Total Limb reduction defects (include unspecified)	164	9	7	4.70
Transverse	87	9	5	2.64
Preaxial	40	0	0	1.04
Postaxial	2	0	0	0.05
Intercalary	1	0	0	0.03
Mixed	29	0	1	0.78
Unspecified	5	0	1	0.16
Diaphragmatic hernia	92	5	1	2.56
Omphalocele	60	12	6	2.04
Gastroschisis	149	7	4	4.18
Unspecified Omphalocele/Gastroschisis	16	5	1	0.57
Prune belly sequence	12	0	0	0.31
Trisomy 13	30	10	5	1.17
Trisomy 18	51	21	22	2.45
Down syndrome, all ages (include age unknown)	457	18	16	12.81
<20	38	1	1	7.63
20-24	64	1	0	6.02
25-29	63	3	1	6.62
30-34	98	2	6	13.39
35-39	112	7	3	35.40
40-44	77	4	5	117.50
45+	5	0	0	98.23
unknown	0	0	0	0.00

Monitoring Systems

USA-Texas: BDES, Previous years rates 1996 - 2004

Birth prevalence rates: (LB+SB+TOP) * 10,000

	1975-1980	1981-1985	1986-1990	1991-1995	1996-2000	2001-2004
Births					1,312,707	1,504,891
Anencephaly	3.23	2.51				
Spina bifida	4.33	3.52				
Encephalocele	1.06	0.77				
Microcephaly	6.41	7.54				
Holoprosencephaly	1.33	1.22				
Hydrocephaly	7.24	6.03				
Anophthalmos	0.36	0.30				
Microphtalmos	2.49	2.53				
Unspecified Anophthalmos/Microphtalmos	---	---				
Anotia	0.22	0.29				
Microtia	2.48	2.64				
Unspecified Anotia/Microtia	---	---				
Transposition of great vessels	4.84	4.78				
Tetralogy of Fallot	2.99	3.35				
Hypoplastic left heart syndrome	2.13	2.03				
Coarctation of aorta	4.56	4.72				
Choanal atresia, bilateral	1.26	1.01				
Cleft palate without cleft lip	5.88	5.20				
Cleft lip with or without cleft palate	10.82	10.63				
Oesophageal atresia/stenosis with or without fistula	2.16	1.96				
Small intestine atresia/stenosis	1.71	1.68				
Anorectal atresia/stenosis	4.36	4.90				
Undescended testis (36 weeks of gestation or later)	8.08	9.22				
Hypospadias	18.44	15.87				
Epispadias	0.66	0.66				
Indeterminate sex	1.61	0.89				
Renal agenesis	2.08	1.94				
Cystic kidney	4.46	4.66				
Bladder exstrophy	0.21	0.26				
Polydactyly, preaxial	2.95	3.22				
Total Limb reduction defects (include unspecified)	5.45	5.22				
Transverse	2.56	2.75				
Preaxial	1.11	1.06				
Postaxial	0.24	0.22				
Intercalary	0.09	0.13				
Mixed	1.28	0.83				
Unspecified	---	---				
Diaphragmatic hernia	2.72	2.58				
Omphalocele	2.29	2.07				
Gastroschisis	3.85	4.24				
Unspecified Omphalocele/Gastroschisis	---	---				
Prune belly sequence	0.29	0.29				
Trisomy 13	1.24	1.14				
Trisomy 18	2.37	2.24				
Down syndrome, all ages (include age unknown)	12.23	12.58				
<20	7.07	7.30				
20-24	6.71	6.54				
25-29	7.46	6.70				
30-34	12.18	12.00				
35-39	35.41	36.26				
40-44	114.97	117.70				
45+	156.82	168.61				
unknown	---	---				

USA-Texas: BDES

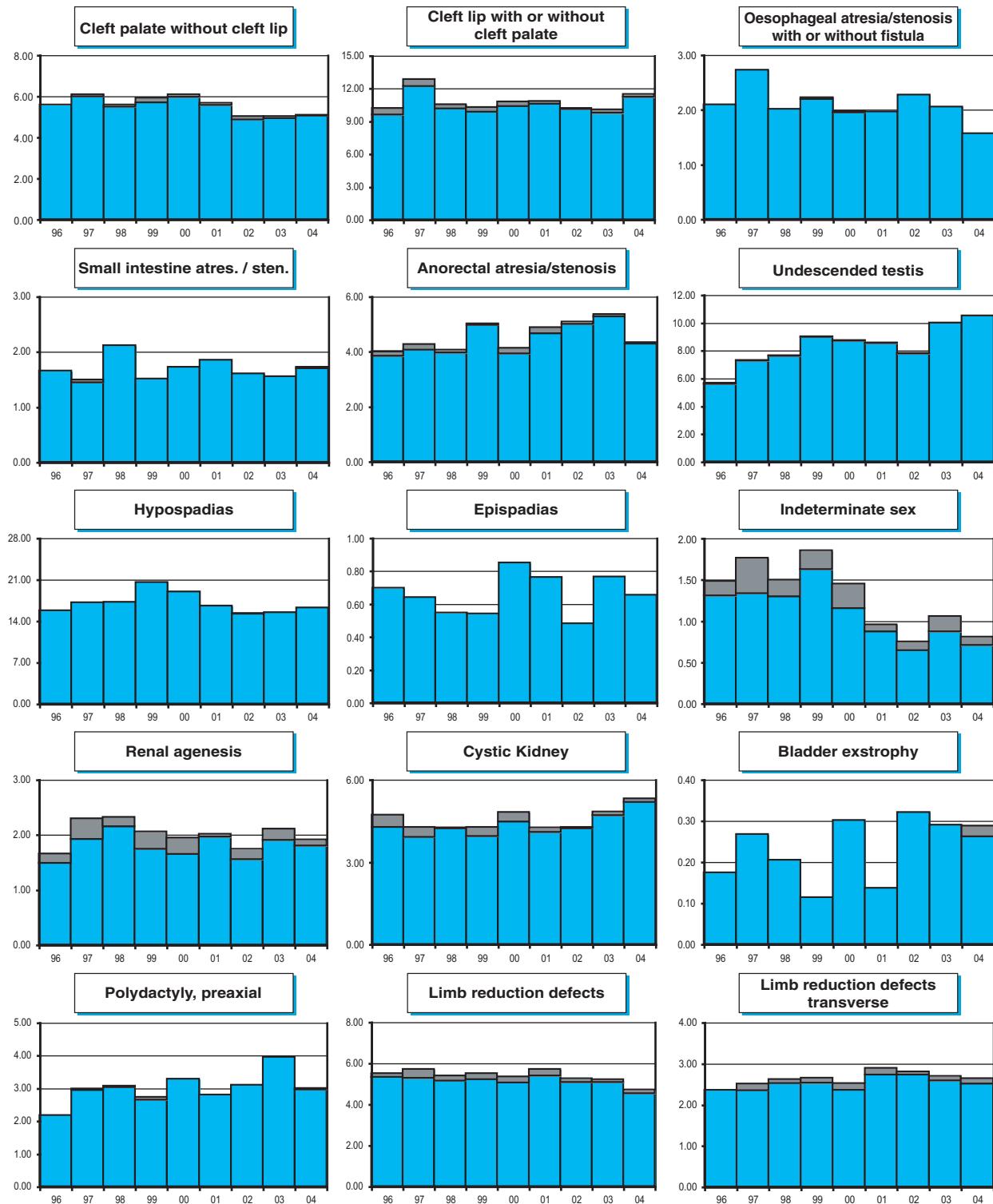
'Time trends 1996-2004 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

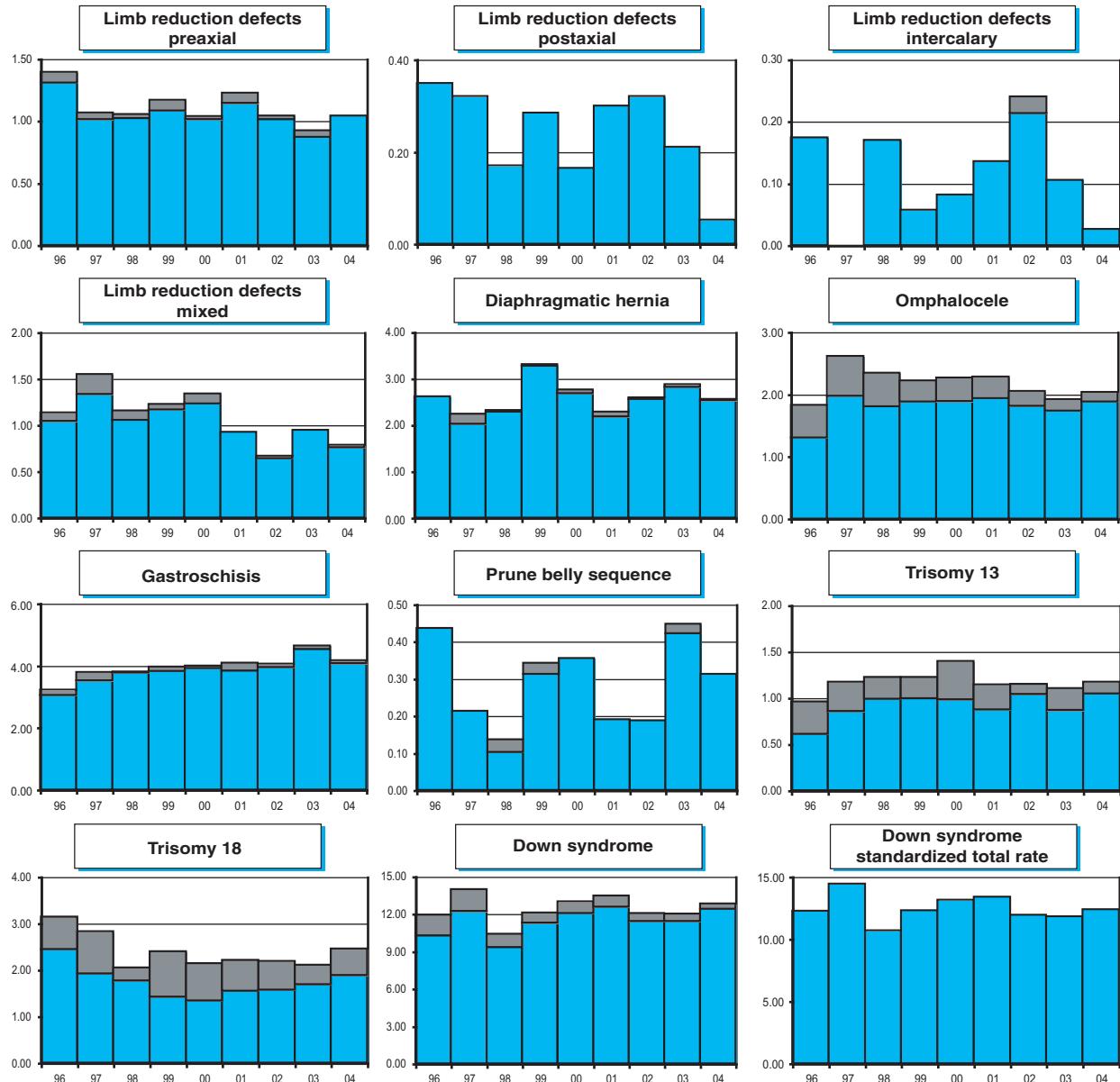
Monitoring Systems

USA-Texas: BDES



Note: ■ L+S rates, ■ ToP rates

USA-Texas: BDES



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

USA-Utah: UBDN

Utah Birth Defects Network (UBDN)

History:

The Utah Birth Defect Network (UBDN) evolved from a population-based pilot project on neural tube defects surveillance in 1994 to become a full, statewide, population-based surveillance program between 1994 and 1999. The UBDN currently monitors virtually all major structural birth defects occurring in Utah. Grants from the Centers for Disease Control and Prevention, the Utah Chapter of the March of Dimes, and Maternal Child Health Block Grants provided the funding for the UBDN to expand to its full surveillance system from the initial focus on neural tube defects (NTDs). The UBDN has ongoing legislative funding from the Utah Department of Health. In 2003 the UBDN became one of the ten Centers funded by the CDC to study causes of birth defects through the National Birth Defects Prevention Study. The UBDN is a full member of the Clearinghouse.

Size and coverage:

The UBDN is a state-wide population-based surveillance system that monitors approximately 50,000 births annually. All pregnancy outcomes are monitored, including stillbirths and pregnancy terminations of at least 20 weeks' gestation. Terminations less than 20 weeks with a diagnosis of a major birth defect are also included.

Legislation and funding

In 1999, an Administrative Rule was enacted under the Utah Health Code Statute which mandates all delivery hospitals and laboratories to report any pregnancy or infant diagnosed with a birth defect. This administrative rule also covers health care providers and other agencies that voluntarily report a birth defect case to the UBDN. The UBDN has secured

ongoing funding through the State Legislature for surveillance activities.

Sources of ascertainment:

The UBDN uses multiple sources of ascertainment, including delivery units, birth hospitals, pediatric departments, site champions, laboratories, prenatal diagnostic centers, hospital discharge data, and specialty clinics.

Exposure information:

Exposure information is obtained through the medical record abstraction process.

Background information:

General epidemiological data for all births are available through the Utah Department of Health's Office of Vital Records and Statistics. Background information for the Utah Birth Defect Network is available on the UBDN website at www.health.utah.gov/birthdefect.

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Utah Birth Defect Network

Utah Department of Health

PO Box 144699

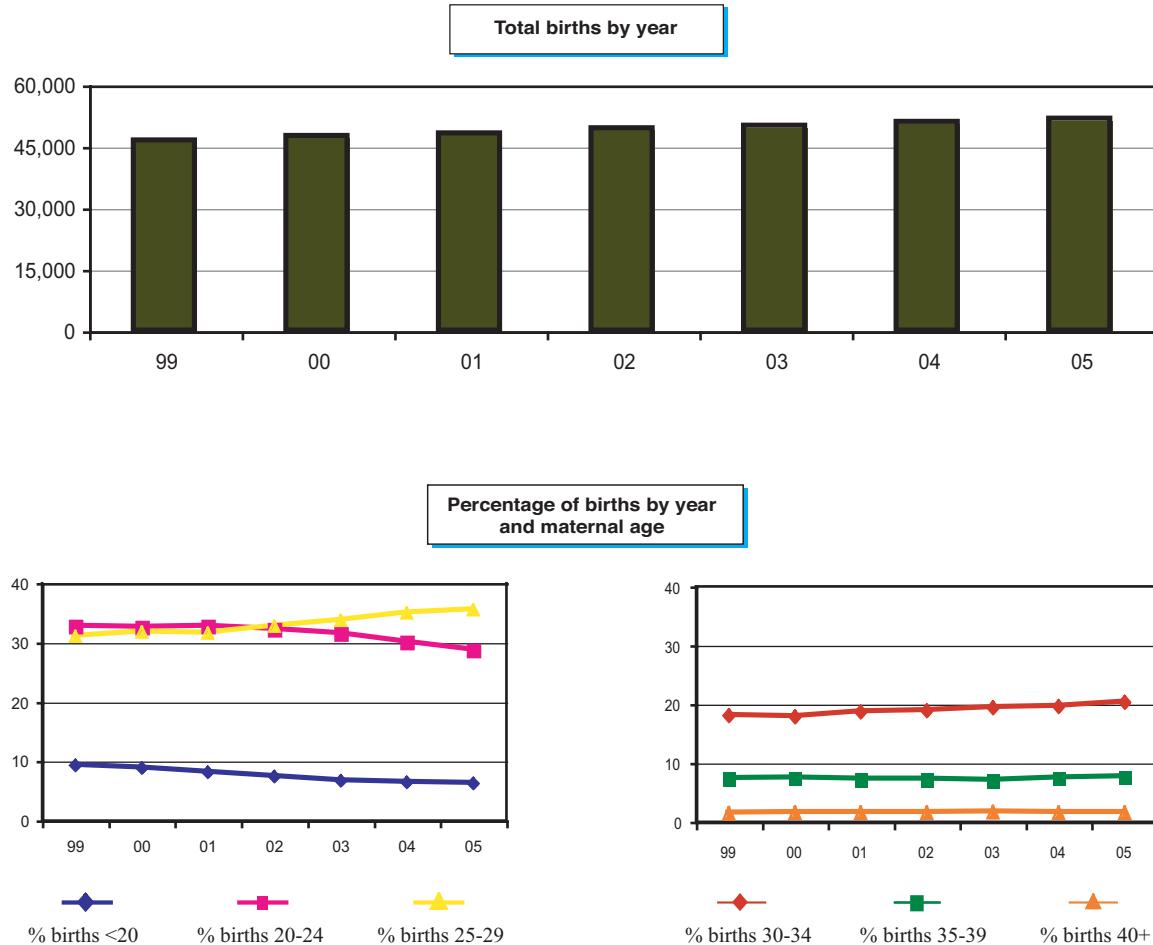
Salt Lake City, Utah 84114-4699 USA

Phone: 801 257 0566

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Web: www.health.utah.gov/birthdefect

USA-Utah: UBDN



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	21	56.8	Cystic kidney	11	13.1
Spina bifida	3	4.8	Limb reduction defects	11	10.1
Encephalocele	3	21.4	Diaphragmatic hernia	2	4.1
Holoprosencephaly	7	38.9	Omphalocele	8	23.5
Hydrocephaly	3	9.7	Gastroschisis	4	4.7
Hypoplastic left heart syndrome	1	1.9	Trisomy 13	8	34.8
Cleft palate without cleft lip	2	2.0	Trisomy 18	16	32.7
Cleft lip with or without cleft palate	13	6.8	Down syndrome	15	6.4
Renal agenesis	8	14.5			

Total ToPs with birth defects§ = 94 (Ratio ToPs/Births: 0.91 per 1,000)

*ToPs/ToPs+Births

Monitoring Systems

USA-Utah: UBDN, 2005

Live births (LB)	51,517
Stillbirths (SB)	260
Total births	51,777
Number of terminations of pregnancy (ToP) for birth defects	38

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	4	4	8	3.09
Spina bifida	20	0	0	3.86
Encephalocele	3	2	1	1.16
Microcephaly	27	0	0	5.21
Holoprosencephaly	5	0	0	0.97
Hydrocephaly	9	1	0	1.93
Anophthalmos	1	0	3	0.77
Microphtalmos	3	0	0	0.58
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	2	0	0	0.39
Microtia	15	1	1	3.28
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	17	0	0	3.28
Tetralogy of Fallot	12	0	0	2.32
Hypoplastic left heart syndrome	19	1	0	3.86
Coarctation of aorta	34	1	0	6.76
Choanal atresia, bilateral	3	0	0	0.58
Cleft palate without cleft lip	31	1	1	6.37
Cleft lip with or without cleft palate	55	1	2	11.20
Oesophageal atresia/stenosis with or without fistula	15	0	1	3.09
Small intestine atresia/stenosis	12	0	0	2.32
Anorectal atresia/stenosis	19	0	1	3.86
Undescended testis (36 weeks of gestation or later)	nr	nr	nr	nr
Hypospadias	33	0	0	6.37
Epispadias	1	0	0	0.19
Indeterminate sex	nr	nr	nr	nr
Renal agenesis	13	3	3	3.67
Cystic kidney	25	0	4	5.60
Bladder extrophy	1	0	0	0.19
Polydactyly, preaxial	nr	nr	nr	nr
Total Limb reduction defects (include unspecified)	38	4	5	9.08
Transverse	19	3	3	4.83
Preaxial	4	1	1	1.16
Postaxial	1	0	0	0.19
Intercalary	1	0	0	0.19
Mixed	3	0	2	0.97
Unspecified	0	0	0	0.00
Diaphragmatic hernia	16	0	1	3.28
Omphalocele	4	1	2	1.35
Gastroschisis	24	4	0	5.41
Unspecified Omphalocele/Gastroschisis	0	0	0	0.00
Prune belly sequence	0	0	0	0.00
Trisomy 13	4	0	3	1.35
Trisomy 18	7	6	3	3.09
Down syndrome, all ages (include age unknown)	64	4	3	13.71
<20	3	0	0	9.24
20-24	10	0	0	6.72
25-29	17	2	0	10.32
30-34	11	0	0	10.47
35-39	14	1	3	45.78
40-44	8	1	0	119.21
45+	1	0	0	277.78
unknown	0	0	0	0.00

nr = not reported

USA-Utah: UBDN, Previous years rates 1999 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

	1975-1980	1981-1985	1986-1990	1991-1995	1996-2000*	2001-2005
Births					94,036	250,310
Anencephaly					1.91	2.32
Spina bifida					3.19	4.11
Encephalocele					0.96	0.88
Microcephaly					3.30	4.51
Holoprosencephaly					0.85	1.36
Hydrocephaly					2.45	2.20
Anophthalmos					0.21	0.32
Microphtalmos					1.91	1.24
Unspecified Anophthalmos/Microphtalmos					---	---
Anotia					0.21	0.12
Microtia					1.81	2.88
Unspecified Anotia/Microtia					---	---
Transposition of great vessels					6.06	4.43
Tetralogy of Fallot					5.10	3.56
Hypoplastic left heart syndrome					3.72	3.64
Coarctation of aorta					7.12	7.71
Choanal atresia, bilateral					0.00	0.28
Cleft palate without cleft lip					6.59	7.55
Cleft lip with or without cleft palate					14.99	13.18
Oesophageal atresia/stenosis with or without fistula					2.76	2.56
Small intestine atresia/stenosis					1.28	1.32
Anorectal atresia/stenosis					3.19	3.56
Undescended testis (36 weeks of gestation or later)					nr	nr
Hypospadias					3.08	4.39
Epispadias					0.32	0.16
Indeterminate sex					nr	nr
Renal agenesis					3.30	3.68
Cystic kidney					4.68	5.71
Bladder exstrophy					0.32	0.20
Polydactyly, preaxial					nr	nr
Total Limb reduction defects (include unspecified)					5.74	6.55
Transverse					3.40	3.20
Preaxial					1.38	1.60
Postaxial					0.11	0.12
Intercalary					0.00	0.12
Mixed					0.53	1.04
Unspecified					---	---
Diaphragmatic hernia					3.30	3.52
Omphalocele					2.76	2.44
Gastroschisis					3.72	5.27
Unspecified Omphalocele/Gastroschisis					---	---
Prune belly sequence					0.00	0.20
Trisomy 13					1.17	1.64
Trisomy 18					3.72	3.20
Down syndrome, all ages (include age unknown)					14.78	15.58
<20					10.57	10.32
20-24					7.49	8.76
25-29					9.13	9.00
30-34					10.66	15.26
35-39					60.60	46.46
40-44					128.40	155.45
45+					217.39	531.40
unspecified					---	---

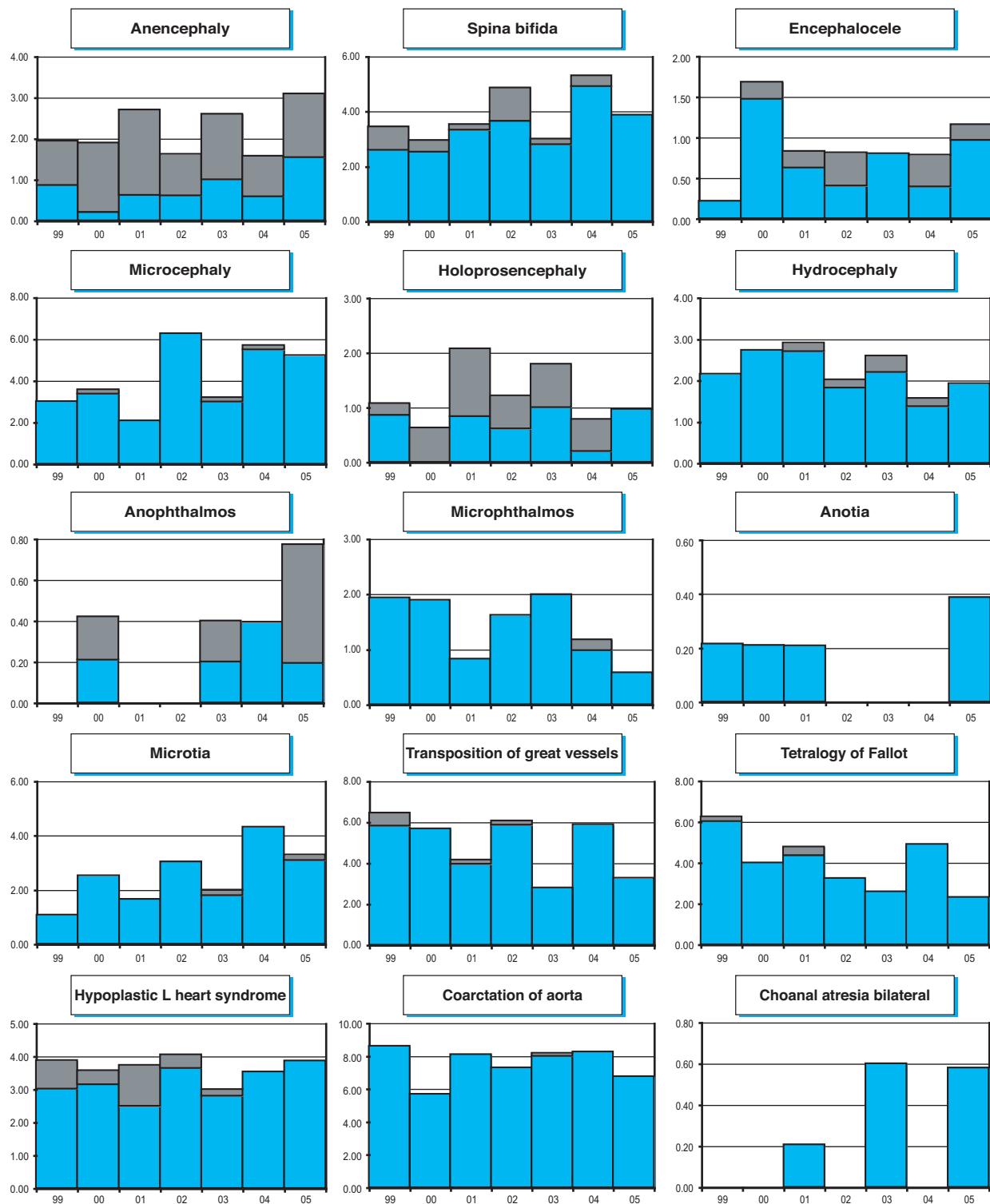
* data include less than 5 years

nr = not reported

Monitoring Systems

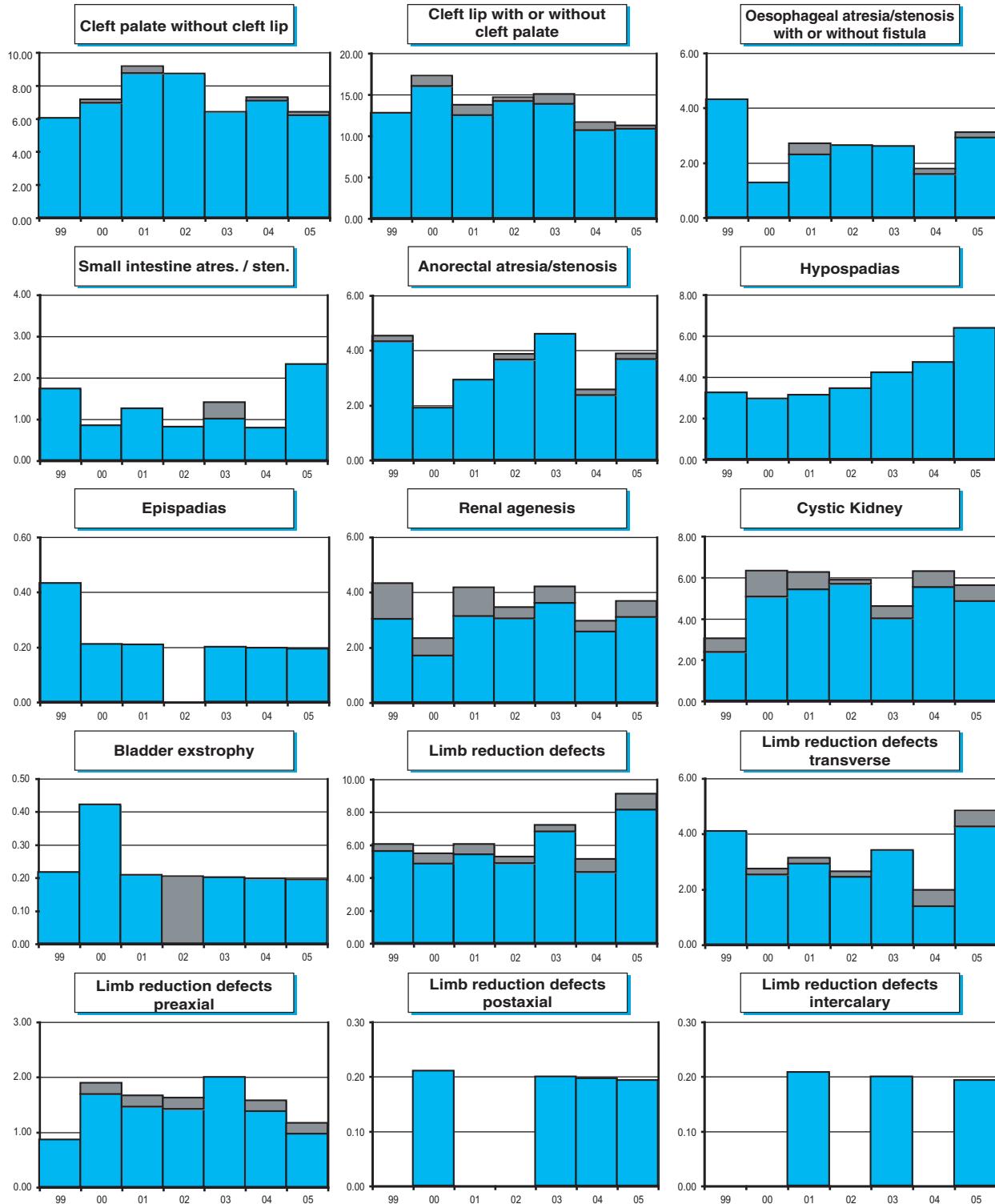
USA-Utah: UBDN

'Time trends 1999-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

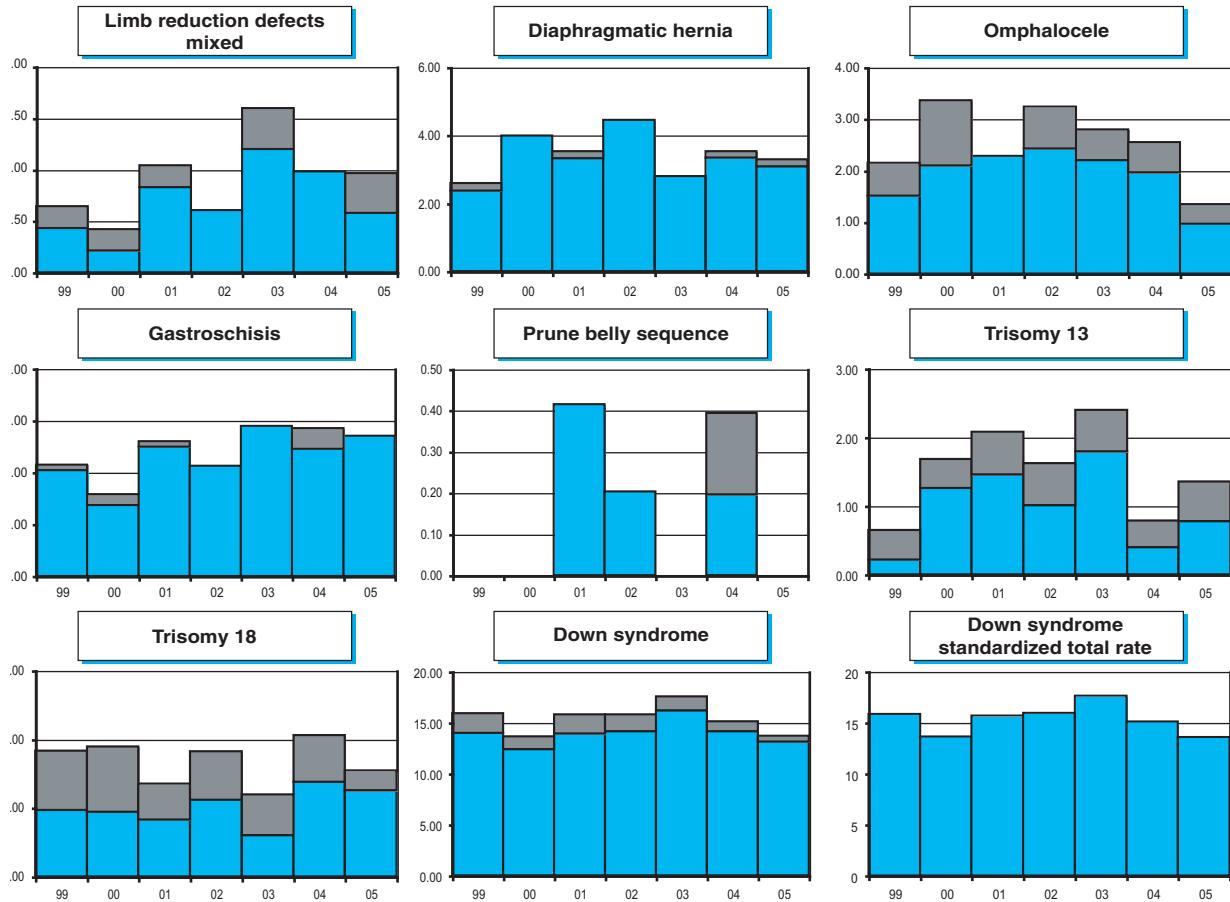
USA-Utah: UBDN



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

USA-Utah: UBDN



Note: ■ L+S rates, ■ ToP rates

Wales: CARIS**Congenital Anomaly Register and Information Service (CARIS)****History and Funding:**

Data collection commenced on 1st January 1998 and includes any baby where pregnancy ended after this date. CARIS joined EUROCAT in 1998 and ICBDSR in 2004. CARIS is based at Singleton Hospital, Swansea and is funded by the National Assembly for Wales. CARIS aims to collect data which can be used to describe the pattern of congenital anomalies across Wales. This should help:

- Build up and monitor the picture of congenital anomalies in Wales
- Assess interventions intended to help prevent or detect congenital anomalies
- Plan and co-ordinate provision of health services for affected babies and children
- Assess possible clusters of birth defects and their causes

Population Coverage:

The Registry covers the entire country of Wales (population-based = All mothers resident in defined geographic area) with an annual number of births of around 32,000.

Sources of Ascertainment:

Reporting is voluntary. The Register relies upon multi-source reporting including: antenatal clinics, delivery units, pediatric departments, ophthalmology, cytogenetics, pathology, orthopaedics, maxillo-facial and regional centres of pediatric surgery. Each delivery unit has a nominated co-ordinator to help ensure good reporting and chase for further details. CARIS staff also visit units to help with data collection. Registration covers all fetuses with prenatally diagnosed anomalies. There is no lower age of cut off, so the fetal losses and early terminations with anomalies are registered. All liveborn babies with structural anomalies are registered if diagnosed before their 1st birthday, but all chromosomal anomalies are registered, even if diagnosed later. Data exchange with the Mersey Register is also important as babies needing

specialist services in North Wales are referred to Liverpool.

Termination of Pregnancy:

Termination of pregnancy is legal up to 24 weeks of gestation. Terminations of pregnancy are registered. If congenital anomaly is diagnosed, there is no upper gestational age limit for termination in cases of major anomaly.

Stillbirth Definition and Early Fetal Deaths:

Stillbirth definition: 24 weeks gestation (late fetal death after 23 completed weeks of gestation). Stillbirths of 24 weeks or more gestation are registered. Early fetal deaths/spontaneous abortions have no lower limit for inclusion on the register (earliest recorded go down to 8 weeks gestation. Autopsy rates were not given).

Exposure Data Availability:

Exposure information: information on maternal drug use, maternal and paternal diseases and occupations, outcomes of previous pregnancies is available. Folic acid supplementation before and during pregnancy is also collected.

Denominators and Controls Information:

Denominator data is obtained from the Office for National Statistics.

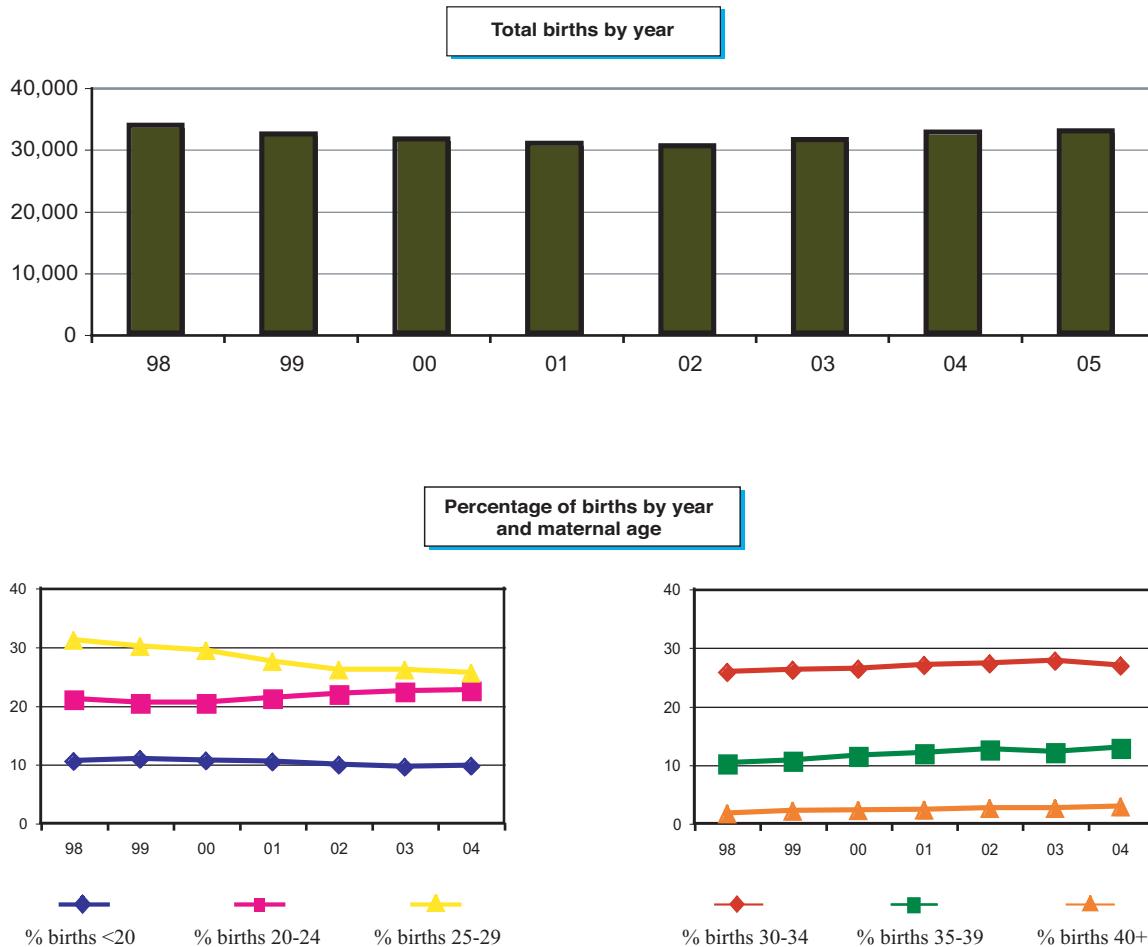
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Monitoring Systems

Wales: CARIS



Terminations of Pregnancy (ToPs) in selected malformations (2003-2005)
(Total cases: isolated + multiples + syndromes)

Birth defects	ToPs	% of ToPs*	Birth defects	ToPs	% of ToPs*
Anencephaly	53	94.6	Cystic kidney	21	26.6
Spina bifida	53	81.5	Limb reduction defects	18	25.0
Encephalocele	12	70.6	Diaphragmatic hernia	5	14.7
Holoprosencephaly	16	84.2	Omphalocele	24	55.8
Hydrocephaly	45	60.8	Gastroschisis	4	5.7
Hypoplastic left heart syndrome	13	40.6	Trisomy 13	14	73.7
Cleft palate without cleft lip	12	13.2	Trisomy 18	41	77.4
Cleft lip with or without cleft palate	13	12.0	Down syndrome	104	51.0
Renal agenesis	13	52.0			

Total ToPs with birth defects = 501 (Ratio ToPs/Births: 5.19 per 1,000)

*ToPs/ToPs+Births

Wales: CARIS, 2005

Live births (LB)	32,593
Stillbirths (SB)	175
Total births	32,768
Number of terminations of pregnancy (ToP) for birth defects	155

Birth Defects	Number of cases			Rates*10,000
	LB	SB	ToP	
Anencephaly	1	0	17	5.49
Spina bifida	3	0	16	5.80
Encephalocele	2	0	nr	0.61
Microcephaly	5	0	nr	1.53
Holoprosencephaly	1	0	nr	0.31
Hydrocephaly	8	1	13	6.71
Anophthalmos	0	0	nr	0.00
Microphtalmos	2	0	0	0.61
Unspecified Anophthalmos/Microphtalmos	0	0	0	0.00
Anotia	1	0	0	0.31
Microtia	1	0	0	0.31
Unspecified Anotia/Microtia	0	0	0	0.00
Transposition of great vessels	16	0	nr	4.88
Tetralogy of Fallot	7	0	nr	2.14
Hypoplastic left heart syndrome	4	0	nr	1.22
Coarctation of aorta	16	0	nr	4.88
Choanal atresia, bilateral	0	0	nr	0.00
Cleft palate without cleft lip	35	0	nr	10.68
Cleft lip with or without cleft palate	30	0	nr	9.16
Oesophageal atresia/stenosis with or without fistula	10	1	nr	3.36
Small intestine atresia/stenosis	5	0	0	1.53
Anorectal atresia/stenosis	6	1	nr	2.14
Undescended testis (36 weeks of gestation or later)	5	0	0	1.53
Hypospadias	41	0	0	12.51
Epispadias	2	0	0	0.61
Indeterminate sex	4	0	0	1.22
Renal agenesis	0	1	nr	0.31
Cystic kidney	13	0	nr	3.97
Bladder exstrophy	0	0	0	0.00
Polydactyl, preaxial	3	0	nr	0.92
Total Limb reduction defects (include unspecified)	17	1	nr	5.49
Transverse	6	1	0	2.14
Preaxial	3	0	nr	0.92
Postaxial	0	0	0	0.00
Intercalary	2	0	nr	0.61
Mixed	6	0	nr	1.83
Unspecified	0	0	0	0.00
Diaphragmatic hernia	8	1	nr	2.75
Omphalocele	7	1	nr	2.44
Gastroschisis	16	0	nr	4.88
Unspecified Omphalocele/Gastroschisis	1	0	nr	0.31
Prune belly sequence	0	0	0	0.00
Trisomy 13	1	0	nr	0.31
Trisomy 18	2	4	12	5.49
Down syndrome, all ages (include age unknown)	42	1	33	23.19
<20	0	1	0	nr
20-24	6	0	nr	nr
25-29	7	0	nr	nr
30-34	7	0	nr	nr
35-39	15	0	14	nr
40-44	5	0	nr	nr
45+	1	0	nr	nr
unknown	1	0	0	0.31

Monitoring Systems

Wales: CARIS, Previous years rates 1998 - 2005

Birth prevalence rates: (LB+SB+TOP) * 10,000

	1975-1980	1981-1985	1986-1990	1991-1995	1996-2000*	2001-2005
Births						
Anencephaly	7.50	6.53				
Spina bifida	8.32	7.61				
Encephalocele	2.36	1.90				
Microcephaly	6.68	3.80				
Holoprosencephaly	0.92	1.90				
Hydrocephaly	10.48	8.18				
Anophthalmos	0.51	0.25				
Microphtalmos	2.36	1.20				
Unspecified Anophthalmos/Microphtalmos	---	---				
Anotia	0.41	0.13				
Microtia	0.62	0.63				
Unspecified Anotia/Microtia	---	---				
Transposition of great vessels	5.03	3.87				
Tetralogy of Fallot	3.60	2.66				
Hypoplastic left heart syndrome	2.98	3.36				
Coarctation of aorta	6.27	6.28				
Choanal atresia, bilateral	0.10	0.19				
Cleft palate without cleft lip	8.84	9.26				
Cleft lip with or without cleft palate	9.66	10.78				
Oesophageal atresia/stenosis with or without fistula	1.03	1.78				
Small intestine atresia/stenosis	4.01	1.84				
Anorectal atresia/stenosis	5.03	3.87				
Undescended testis (36 weeks of gestation or later)	3.60	2.09				
Hypospadias	27.84	19.91				
Epispadias	0.62	0.51				
Indeterminate sex	0.31	0.76				
Renal agenesis	7.19	3.74				
Cystic kidney	10.58	9.45				
Bladder exstrophy	0.41	0.19				
Polydactyly, preaxial	0.51	0.89				
Total Limb reduction defects (include unspecified)	10.17	8.49				
Transverse	5.55	3.30				
Preaxial	1.85	1.08				
Postaxial	0.21	0.25				
Intercalary	0.92	1.52				
Mixed	0.51	1.65				
Unspecified	---	---				
Diaphragmatic hernia	3.70	3.68				
Omphalocele	2.88	4.44				
Gastroschisis	4.73	6.15				
Unspecified Omphalocele/Gastroschisis	---	---				
Prune belly sequence	0.10	0.06				
Trisomy 13	2.26	2.41				
Trisomy 18	4.52	4.94				
Down syndrome, all ages (include age unknown)	18.90	20.60				
<20	10.64	7.34*				
20-24	6.48	6.54*				
25-29	10.57	11.60*				
30-34	18.15	15.33*				
35-39	55.52	47.94*				
40-44	130.83	187.27*				
45+	250.00	201.34*				
unknown	---	---				

* data include less than 5 years

Wales: CARIS

'Time trends 1998-2005 (Birth prevalence rates per 10,000)



Note: ■ L+S rates, ■ ToP rates

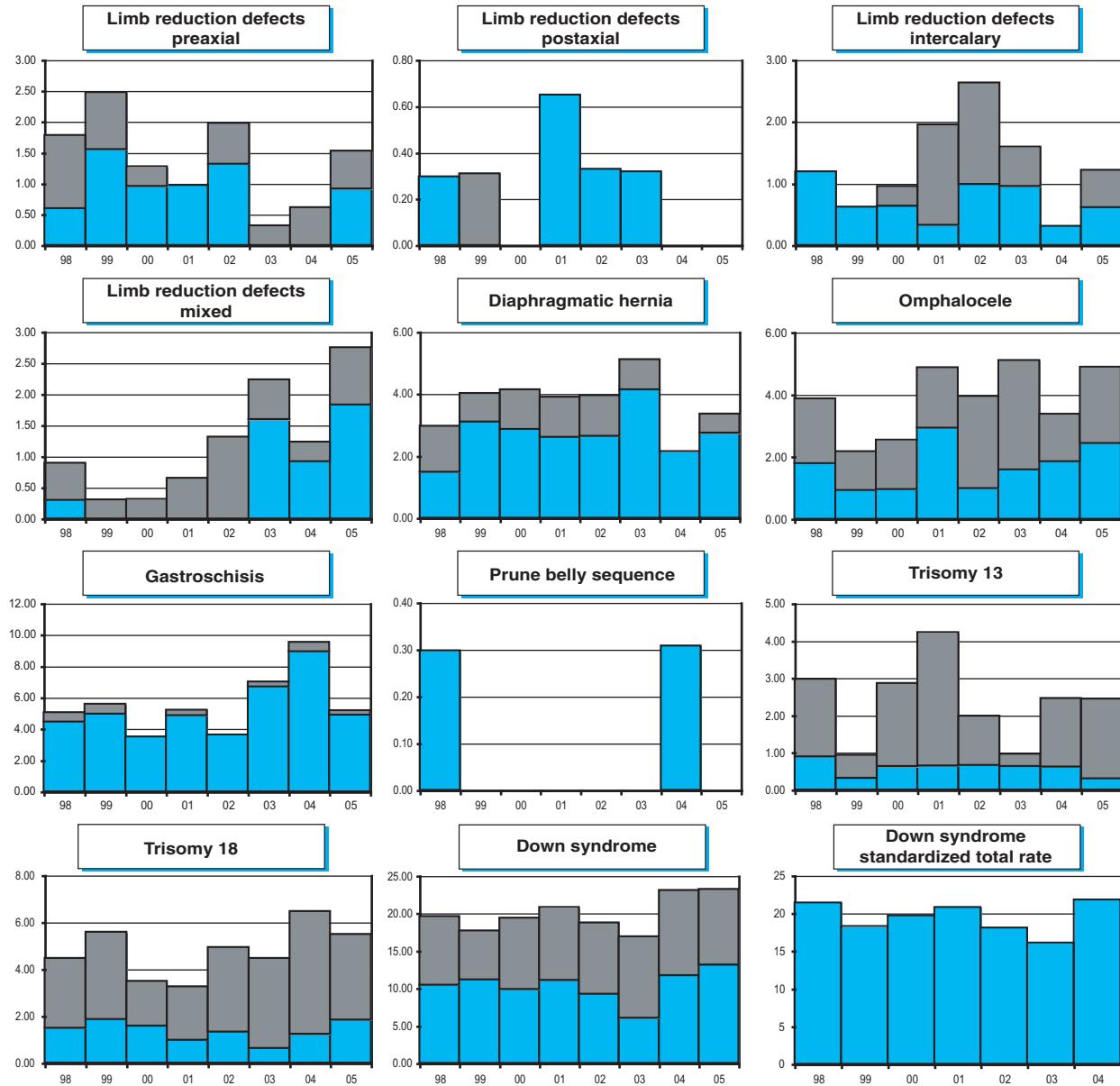
Monitoring Systems

Wales: CARIS



Note: ■ L+S rates, ■ ToP rates

Wales: CARIS



Note: ■ L+S rates, ■ ToP rates

Monitoring Systems

Monitoring Systems, not contributing with Annual Data : description of the registry

Australia:

Australian Congenital Malformation Monitoring System

History:

The mechanism for national monitoring of birth defects in Australia was established in 1981. The national programme became an associate member of the Clearinghouse in 1982 and full member in 1984. Australia has not contributed national data to the Clearinghouse for the last 2 years.

In Australia, the data have been provided to the national program by the state and territory health authorities primarily from their birth defects registers and perinatal data collections. However there are variations among state and territory data collections, in the definitions and classifications used, the duration of collection and the level of ascertainment. Therefore Australia has reviewed the existing system and has undertaken a project to develop a new system. They anticipate the resumption of data contribution to the ICBDSR in the foreseeable future.

Size and coverage:

All births of at least 20 weeks gestation or at least 400 grams birthweight in Australia are covered. In 2005, there were 272,419 births in Australia, an increase of 5.9% from the number reported in 2004.

Legislation and funding:

There is no national legislation requiring the reporting of birth defects at the national level. In some States, notification to their birth defect registry is required as part of their respective Public Health Acts. In some States and Territories, birth defect data is collected as part of another collection, and funding, if any is determined by the jurisdiction. The State and Territory Health Departments report to the AIHW National Perinatal Statistics Unit which is the national data custodian of the congenital anomalies data collection. The current funding for development of a national minimum dataset for the congenital anomalies is from the Australian Health Ministers

Advisory Committee.

Sources of ascertainment:

The State and Territory birth defect data collections operate independently and there is enormous variation in the breadth of notification sources and level of ascertainment. Other sources of notification may include death certificates, autopsies, hospital morbidity databases, notification from health professionals, cytogenetic and prenatal screening. At the minimum, State and Territory birth defect registries and perinatal data collections send electronic notification to the central data custodian annually.

Exposure information:

Currently not available.

Background information:

In the absence of national legislation, there is variation in the scope, quality of data and ascertainment between the States and Territories. Under the current development project, Australia is working on development of an agreed national minimum data set for congenital anomalies. It's program of work also includes the development of clinical definitions for congenital anomalies a review of the scope of the collection and development of a nationally consistant classification system.

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South Africa: SABDSS

South Africa Birth Defects Surveillance Systems (SABDSS).

History:

The Programme started in 1988 and became a full member of the Clearinghouse in 1992.

Size and coverage:

The Programme is hospital based covering 15 sentinel sites over the country with approximately 50,000 annual birth or 5% of all births in South Africa.

Legislation and funding:

The Programme is funded by the Department of National Health. Participation in the Programme is voluntary.

Sources of ascertainment:

Reports are obtained from delivery units and paediatric units of the participating hospitals.

Exposure information:

No exposure information is routinely available.

Background information:

Total births for some participating hospitals are not accurately known.

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United Arab Emirates

Program: Congenital abnormality study group

History:

The Program was initiated in 1992, but continuous monitoring did not begin until 1994. It is now an Associate Member of the ICBDMS.

Size and coverage:

The Programme covers about 8000 births a year and includes all births occurring in three major hospitals of the Al Ain Medical District, situated in the eastern part of the Abu Dhabi Emirate. It has a population of about 270,000. Still births with a weight of more than 500 gm are included.

Legislation and funding:

The Programme is funded by the Faculty of Medicine and Health Sciences of the UAE University.

Sources of ascertainment:

In each hospital, there is a neonatologist who examines, identifies abnormalities and records at birth in a template provided. The diagnosis is further assisted by a clinical geneticist/dysmorphologist and pediatricians.

Exposure information:

Some basic information on exposure and maternal disease is collected in all cases.

Background information:

General epidemiological data for all births are available.

Activities

Members of the Congenital Abnormality Study

Group had regular meetings in Al Ain and discussed issues and concerns of congenital anomalies in the area. We also had meetings with speakers drawn from local scientists as well as overseas visitors. In conjunction with the Development and Genetics Priority Research Group of the Faculty of Medicine and Health Sciences, UAE University we had an international meeting this year (December 9-11, 2004). It was titled "International Genetics Congress:Global Challenge, Regional Focus on Advances in Community and Preventive Genetics. Participants came from 32 countries. There were 52 platform presentations and 114 poster presentations in all. Participants enjoyed good science and an excellent social program during the three days of the meeting. Proceedings of the Congress are being published in Community Medicine as a supplementary issue with Lihadh Al Gazali (UAE) and Alan H Bittles (Edith Cowan University, Perth Australia) as Editors.

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References by ICBDSR Members, 2006-2007

Selection of papers by Programme Directors and their collaborators are reported as following. The details are sent from the Programme Directors only for the listed Monitoring Systems. The collaborative publications, made by two or more ICBDSR members in any context, are first shown and not repeated in the specific registry section. Papers can be obtained contacting authors.

Collaborative Publications

Botto LD, Lisi A, Bower C, Canfield MA, Dattani N, De Vigan C, De Walle H, Erickson DJ, Halliday J, Irgens LM, Lowry RB, McDonnell R, Metneki J, Poetzscher S, Ritvanen A, Robert-Gnansia E, Siffel C, Stoll C, Mastroiacovo P. Trends of selected malformations in relation to folic acid recommendations and fortification: an international assessment. *Birth Defects Res A Clin Mol Teratol.* 2006; 76(10):693-705.

Botto LD, Robert-Gnansia E, Siffel C, Harris J, Borman B, Mastroiacovo P. Fostering international collaboration in birth defects research and prevention: a perspective from the International Clearinghouse for Birth Defects Surveillance and Research. *Am J Public Health.* 2006 May;96(5):774-80. Epub 2006 Mar 29.

Mastroiacovo P, Lisi A, Castilla EE, Martínez-Frías ML, Bermejo E, Marengo L, Kucik J, Siffel C, Halliday J, Gatt M, Anerèn G, Bianchi F, Canessa MA, Danderfer R, de Walle H, Harris J, Li Z, Lowry RB, McDonell R, Merlob P, Metneki J, Mutchinick O, Robert-Gnansia E, Scarano G, Sipek A, Pötzsch S, Szabova E, Yevtushok L. Gastroschisis and associated defects: an international study. *Am J Med Genet A* 2007;143:660-71.

Australia VBDR

Davidson N, King J, Riley M, Halliday J. Influence of pregnancy termination for birth defects on the perinatal mortality rate. *Paediatric Perinatal Epidemiology,* 19:50-55 (2005)

Jaques A, Sheffield L, Halliday J. Informed choice in women attending private clinics to undergo first trimester screening for Down syndrome. *Prenatal Diagnosis,* 25:656-664 (2005)

Reid S, Halliday J, Ditchfield M, Ekert H, Byron K, Glynn A, Petrou V, Reddiough D. Factor V Leiden mutation – a contributory factor for cerebral palsy? *Develop Med & Child Neurol,* 48: 14-19 (2006)

S. Lewis, F. Cullinane, A. J. Bishop, L. S. Chitty, T. M. Marteau, J. Halliday, A comparison of Australian and UK obstetricians' and midwives' preferences for screening tests for Down syndrome. *Prenatal Diagnosis,* 26: 60-66 (2006)

Cate Nagle, Sharon Lewis, Bettina Meiser, Sylvia

Metcalfe, John B Carlin, Robin Bell, Jane Gunn and Jane Halliday. Evaluation of a decision aid for prenatal testing of fetal abnormalities: a cluster randomised trial [ISRCTN22532458]. *Biomed Central Public Health* 6:96 (2006)

Jaques A, Collins V, Haynes K, Sheffield L, Francis I, Forbes R, Halliday J. Using record linkage and manual follow-up to evaluate the Victorian maternal serum screening quadruple test for Down syndrome, trisomy 18 and neural tube defects. *J Med Screening,* 13,1:8-13 (2006)

Lewis SM, Cullinane FM, Carlin JB and Halliday JL. Womens and health professionals preferences for prenatal testing for Down syndrome in Australia. *ANZ J Obs&Gyn* 46(3): 205-211 (2006)

Amor DJ, Neo WT, Waters E, Heussler H, Parkinson E, Pertile M, Halliday J. Health and developmental outcome of children following prenatal diagnosis of confined placental mosaicism *Prenatal Diagnosis,* 26: 443-448 (2006)

Vallino-Napoli LD, Riley MM, Halliday JL. An epidemiologic study of orofacial clefts with other birth defects in Victoria, Australia. *Cleft Palate-Craniofacial Journal,* 43:571-576 (2006).

Muggli EE, McCloskey D and Halliday, JL. Health behaviour modelling for prenatal diagnosis in Australia: A geodemographic framework for health service utilisation and policy development. *BMC Health Services Research,* 6:109 (2006)

Muggli EE, Collins VR and Halliday JL. Mapping uptake of prenatal diagnosis for Down syndrome across Victoria, Australia. *ANZJOG,* 46:492-500 (2006)

Muggli EE and Halliday, JL. Folic Acid and Risk of Twinning: A systematic review of the recent literature, July 1994-July 2006. *Med J Aus,* 186:243-248 (2007)

Kelly Allen, Merilyn Riley, Sharon Goldfeld and Jane Halliday. Estimating the Prevalence of Fetal Alcohol Syndrome in Victoria using routinely collected administrative data. *Aus NZ J Public Health,* 31:62-66 (2007)

Halliday, J. Outcomes of IVF conceptions - are they different? *Best Practice & Research Clinical Obstetrics and Gynaecology:* 21,1:67-81 (2007)

References by ICBDSR Members, 2006-2007

Jaques AM, Halliday J, Francis I, Bonacquisto L, Forbes R, Cronin A and Sheffield L. Follow-up and evaluation of the Victorian first trimester combined screening program for Down syndrome and trisomy 18 BJOG. 2007 Jul;114(7):812-8 (2007) Colleen Chew, JL Halliday*, MM Riley, DJ Penny. A Population-based study of Antenatal Detection of Congenital Heart Disease by Ultrasound Ultrasound Obstet Gynecol 29,619-624 (2007)

Morley R, Halliday J, Donath S. Low to moderate alcohol consumption in pregnancy: how can we get better evidence? MJA 187 (5) 315 (Sept 2007)

Collins VR, Muggli EE, Riley M, Palma S, Halliday JL. Is Down Syndrome a disappearing birth defect? J Pediatrics 152_20-4 (2008)

Nagle C, Gunn J, Bell R, Lewis S, Meiser B, Metcalfe S, Ukoumunne O and Halliday J. Use of a decision aid for prenatal testing of fetal abnormalities to improve women's informed decision making: a cluster randomised controlled trial [ISRCTN22532458] BJOG 115:339-347 (2008)

Australia: WABDR

Papers

Bower C, de Klerk N, Hickling S, Ambrosini G, Flicker L, Geelhoed E, Milne E. Assessment of the potential effect of incremental increases in folic acid intake on neural tube defects in Australia and New Zealand. ANZ J Public Health 2006; 30:369-74.

O'Leary P, Breheny N, Dickinson JE, Bower C, Goldblatt J, Hewitt B, Murch A, Stock R. First-trimester combined screening for Down syndrome and other fetal anomalies. Obstet Gynecol 2006;107:869-876.

Bower C, Miller M, Payne J, Serna P. Folate intake and the primary prevention of non-neural birth defects. Aust NZ J Public Health 2006;30:258-261.

Bittles AH, Bower C, Hussain R, Glasson EJ. The four ages of Down syndrome. European Journal of Public Health European J Public Health 2006; epub July 19.

Bower C, de Klerk N, Milne E, Bailey H, Ambrosini G, Hickling S, Geelhoed E, Flicker L, O'Leary P. Plenty of evidence on mandatory folate fortification (letter). Aust NZ J Public Health 2006;30:81-81 (and Erratum, Aust NZ J Public Health 2006; 30:188).

Kurinczuk JJ, Hansen, M, Bower C. Methodological considerations when designing studies to examine the health of children born following ART (Chapter

2). In Sutcliffe AG Ed. Health and Welfare of ART Children. Lancaster: Parthenon Publishing, 2006.

Hadlow NC, Hewitt BG, Dickinson JE, Jacoby P, Bower C. Community-based screening for Downs Syndrome in the first trimester using ultrasound and maternal serum biochemistry. (letter). Brit J Obstet Gynaecol 2006; 113: 363-364.

O'Leary C, Bower C, Payne J, Elliott E. Fetal alcohol syndrome. [Letter] Australian Family Physician. 35(4):184, 2006

Bower C. Primary prevention of neural tube defects with folate in Western Australia: the value of the Western Australian Birth Defects Registry. Congenital Anomalies 2006; 46(2):118-21.

Elliott EJ, Payne J, Haan E, Bower C. Diagnosis of fetal alcohol syndrome and alcohol use in pregnancy: a survey of paediatricians' and trainees' knowledge, attitudes and practice. J Paed Child Health 2006; 42: 698-703.

Oddy W, Miller M, Payne JM, Serna P, Bower C. Awareness and consumption of folate fortified foods by women of childbearing age in Western Australia. J Public Health Nutrition 2007; 10:989-995.

Hansen M, Sullivan E, Jequier AM, Burton P, Junk S, Yovich J, Bower C. Practitioner reporting of birth defects in children born following ART: does it still have a role in surveillance of birth defects? Human Reproduction 2007; 22:516-520.

Petterson B, Bourke J, Leonard H, Jacoby P, Bower C. Co-occurrence of birth defects and intellectual disability. Paediatr and Perinatal Epidemiol 2007; 21: 65-75.

Colvin L, Payne J, Parsons D, Kurinczuk JJ, Bower C. Alcohol consumption during pregnancy in non-indigenous West Australian women. Alcoholism: Clinical and Experimental Research 2007;31:276-284.

O'Leary CM, Heuzenroeder L, Elliott EJ, Bower C. A review of policies on alcohol use in pregnancy in Australia and other English-speaking countries, 2006. Med J Aust 2007; 186:466-71.

Bower C. Mandatory fortification of flour with folic acid to prevent neural-tube defects. Women's Health 2007;3:309-314.

Nassar N, Bower C, Barker A. Increasing prevalence of hypospadias in Western Australia, 1980-2000. Arch Dis Child 2007 (published online April 2007;doi:10.1136/adc.2006.112862).

References by ICBDSR Members, 2006-2007

Molster C, Bower C, O'Leary P. Community Attitudes to the Collection and Use of Identifiable Data For Health Research – Is it an Invasion of Privacy? *ANZ J Public Health* 2007; 31:313-7.

Blair E, Al Asedy F, Badawi N, Bower C. Is cerebral palsy associated with birth defects other than cerebral defects? *Dev Med Child Neurol.* 2007; 49:252-8.

Peadon E, O'Leary C, Bower C, Elliott E. Impacts of Alcohol use in Pregnancy: the role of the General Practitioner. *Aust Family Physician* 2007;36:935-939.

Molster C, Bower C, O'Leary P. Australian survey on community knowledge and attitudes to the fortification of food with folic acid. *Birth Defects Research, Part A* 2007;79:664-670.

Reports

Bower C, Rudy E, Ryan A, Cosgrove P, Callaghan A. Report of the Birth Defects Registry of Western Australia 1980-2005. Subiaco: King Edward Memorial Hospital, Centre for Women's Health. No.13, 2006.

Dyke P, Leonard H, Bourke J, Bebbington A, Bower C. Down Syndrome Needs Opinions Wishes Study Report. Telethon Institute for Child Health Research, 2007.

Bower C, Rudy E, Callaghan A, Cosgrove P, Quick J. Report of the Birth Defects Registry of Western Australia 1980-2006. Subiaco: King Edward Memorial Hospital, Women and Newborn Health Service. No.14, 2007.

Canada: Alberta

Paquette D, Lowry RB, Sauvé R. Two to three percent of infants are born with a congenital anomaly, but who's counting? A national survey of congenital anomalies surveillance in Canada. *Chronic Dis Can* 2006;27:36-8.

Lowry RB. The fetal alert network. *J Obstet Gynaecol Can* 2007;29:307.

Ko EM, Lowry RB, Martin RH. Analysis of sperm karyotypes in a patient treated with griseofulvin. *Arch Androl* 2007;53:157-160.

Lowry RB, Gould DB, Walter AM, Savage PR. Absence of PITX2, BARX1 and FOXC1 mutations in De Hauwere syndrome (Axenfeld-Rieger anomaly, hydrocephaly, hearing loss): a 25-year follow up. *Am J Genet A* 2007;143:1227-30.

De Wals P, Tairou F, Van Allen ML, Uh S-H, Lowry RB,

Sibbald B, Evans JA, Van den Hof MC, Zimmer P, Crowley M, Fernandez B, Lee NS, Niyonsenga T. Reduction in neural-tube defects after folic acid fortification in Canada. *N Eng J Med* 2007;357:135-142.

Lowry RB, Sibbald B, Bedard T. Stability of prevalence rates of anorectal malformations in the Alberta Congenital Anomalies Surveillance System 1990-2004. *J Pediatr Surg* 2007;42:1417-21.

Lowry RB, Baker E, Dixon J, Hinton L. Familial retardation due to a cryptic subtelomeric translocation – del 14qter and dup qter (the Anyon phenotype). *Clin Dysmorphol* 2007;16:223-9.

De Wals P, Van Allen ML, Lowry RB, Evans JA, Van den Hof MC, Crowley M, Tairou F, Uh S-H, Sibbald B, Zimmer P, Fernandez B, Lee NS, Niyonsenga T. Impact of folic acid fortification on the birth prevalence of lipomyelomeningocele in Canada. *Birth Defects Res A Clin Mol Teratol* 2007 Nov 29; (Epublication).

Sapp JC, Turner JT, van de Kamp JM, van Dijk FS, Lowry RB, Biesecker LG. Newly delineated syndrome of congenital lipomatous overgrowth, vascular malformations, and epidermal nevi (CLOVE Syndrome) in seven patients. *Am J Med Genet A* 2007;143:2944-58.

Doherty ES, Lacbawan F, Hadley DW, Brewer C, Zalewski C, Kim HJ, Solomon B, Rosenbaum K, Domingo DL, Hart TC, Brooks BP, Immken L, Lowry RB, Kimonis V, Shanske AL, Jehee FS, Bueno MRP, Knightly C, McDonald-McGinn D, Zackai EH, Muenke M. Muenke syndrome (FGFR3-related craniostenosis): expansion of the phenotype and review of the literature *Am J Med Genet A* 2007; 143A:3204-15.

Lowry RB. Prevalence of anorectal malformations. *Orphanet Journal of Rare Diseases* 2007; 2:33doi:1186/1750-1172-2-33.

Lowry RB, Sibbald B. The Fetal Alert network: surveying congenital anomalies. *Paediatr Child health* 2007;12:713.

Canada British Columbia

De Wals P, Van Allen ML, Lowry RB, Evans JA, Van den Hof MC, Crowley M, Tairou F, Uh SH, Sibbald B, Zimmer P, Fernandez B, Lee NS, Niyonsenga T. Impact of folic acid food fortification on the birth prevalence of lipomyelomeningocele in Canada. *Birth Defects Res A Clin Mol Teratol.* 2007 Nov 29;82(2):106-109

De Wals P, Tairou F, Van Allen ML, Uh SH, Lowry RB,

References by ICBDSR Members, 2006-2007

Sibbald B, Evans JA, Van den Hof MC, Zimmer P, Crowley M, Fernandez B, Lee NS, Niyonsenga T. Reduction in neural-tube defects after folic acid fortification in Canada. *N Engl J Med.* 2007 Jul 12;357(2):135-42.

VanAllen ML, Boyle E, Thiessen P, McFadden D, Cochrane D, Chambers GK, Langlois S, Stathers P, Irwin B, Caimes E, MacLeod P, Delisle MF, Uh SH. The impact of prenatal diagnosis on neural tube defect (NTD) pregnancy versus birth incidence in British Columbia. *J Appl Genet.* 2006;47(2):151-8.

Foster LT, Uh SH, Coppard A, Lowry RB, McKee B, McKnight E. Economic Costs of Selected Congenital Anomalies: Based on 2001/2002 Birth Cohort Study (Five Year Publicly Funded Costs), 2001-02 to 2005/06, British Columbia, Canada. Presented to the 6th CCASN Scientific Meeting, in Ottawa Canada, November 19, 2007.

China: BDSS-Beijing

Zhiwen Li, Aiguo Ren, Le Zhang, Zhanying Guo and Zhu Li. A population-based case-control study of risk factors for neural tube defects in four high-prevalence areas of Shanxi province, China. *Paediatric and Perinatal Epidemiology* 2006; 20(1): 43-53

Aiguo Ren, Le Zhang, Zhiwen Li, Ling Hao, Yihua Tian, Zhu Li. Awareness and use of folic acid, and blood folate concentrations among pregnant women in northern China—An area with a high prevalence of neural tube defects. *Reproductive Toxicology* 2006; 22: 431-36

Li,Zhiwen; Ren,Aiguo; Zhang,Le; Ye,Rongwei; Li,Song; Zheng,Junchi; Hong,Shixin; Wang,Taimei; Li,Zhu. Extremely high prevalence of neural tube defects in a 4-county area in Shanxi Province, China. *Birth Defects Research* 2006; 76(4): 237-40

Le Zhang, Aiguo Ren, Zhiwen Li, Ling Hao, Yihua Tian, and Zhu Li . Folate Concentrations and Folic Acid Supplementation among Women in Their First Trimester of Pregnancy in a Rural Area with a High Prevalence of Neural Tube Defects in Shanxi, China. *Birth Defects Research (Part A)* 2006;76: 461-66

Lijun Pei, Huiping Zhu, Jianghui Zhu, Aiguo Ren, Richard H. Finnell, And Zhu Li.Genetic Variation of Infant Reduced Folate Carrier (A80G) and Risk of Orofacial Defects and Congenital Heart Defects in China. *Ann Epidemiol* 2006;16(5): 352-56

Aiguo Ren, Juan Wang. Methylenetetrahydrofolate

reductase C677T polymorphism and the risk of unexplained recurrent pregnancy loss: A meta-analysis. *Fertility and Sterility* 2006;86(6): 1716-22

Ying-hui LIU, Rong-wei YE, Jian-meng LIU, Ai-guo REN, Song LI, Zhu LI. Status of Equities in Prenatal Care Utilization and Changing Patterns among Women in China. *Journal of Reproduction & Contraception* 2006;17(3): 164-169

Zhu, JiangHui; Ren, AiGuo; Hao, Ling; Pei, LiJun; Liu, JianMeng; Zhu, HuiPing; Li, Song; Finnell, Richard H; Li, Zhu. Variable contribution of the MTHFR C677T polymorphism to non-syndromic cleft lip and palate risk in China. *American Journal Of Medical Genetics. Part A* 2006;140(6): 551-57

ZHANG Ye-wu, TAO Fang-biao, YIN Hui-ping, ZHU Xiao-ming, JI Guo-ping, KONG Sheng-hua, SONG Qing-hua, CHEN Jian-hua, ZHU Cheng-zhi, LI Zhu .Sub-Clinical vitmin A deficiency in children aged 0 to 5 years: prevalency and risk factors. *CJCHC* 2006;14(3): 241-43

ZHANG Ye-wu,TAO Fang-biao,YIN Hui-ping,ZHU Xiao-ming,JI Guo-ping, KONG Sheng-hua,SONG Qing-hua,CHEN Jian-hua,ZHU Cheng-zhi,LI Zhu . Differences in serum retinol level between the breastfed and non-breastfed children aged 0-23 months. *Chin J Epidemiol* 2006;27(4): 302-06

LI Zhi-wen,REN Ai-guo,ZHANG Le,GUO Zhan-ying,JIN Yong-sheng,,LI Zhu. Dietary factors and the risk of neural tube defects: a case-control study in Shanxi province, China. *Chin J Epidemiol* 2006;27(10): 831-35

ZHANG Ye-wu,YIN Hui-ping,TAO Fang-biao,ZHU Xiao-ming,JI Guo-ping, KONG Sheng-hua,SONG Qing-hua,CHEN Jian-hua,ZHU Cheng-zhi,LI Zhu. Association of Breastfeeding and Complementary food Supplements with Sub-clinical Vitamin A Deficiency in Children. *Maternal and Child Health Care of China* 2006;21(7): 931-33

Li Zhi-wen , Ren Ai-guo , Guan Lian-xin , Li Zhu. Nitrate and nitrite contents of drinking water in some areas of Shanxi Province. *Journal of Hygiene Research* 2006;35(2): 217-18

LI Zhiwen , REN Aiguo , GUAN Lianxin, Li Zhu. Investigation on indoor air pollution from coal burning in rural area of Shanxi province. *Chin J Public Health* 2006;22(6): 728-29

LI Zhi-wen, REN Ai-guo, ZHANG Le , ZHU Jiang-hui, ZHANG Ye-wu, YUE Yin-hua , LIU Xiu-wen, GONG Jun-ping, LI Yun, LI Zhu. Evaluation on birth defects surveillance system in four counties of Shanxi province, China. *Chin J Epidemiol* 2006;27(3): 208-11

References by ICBDSR Members, 2006-2007

ZHANG Le,REN Ai-guo,LI Zhi-wen,HAO Ling,TIAN Yihua,LI Zhu. Plasma and red blood cell folate levels among women in their first trimester of pregnancy from rural areas with high or low prevalence of neural tube defects, China. Chin J Epidemiol 2006;27(8): 659-63

Ren Aiguo,Zhang Feiran,Zhang Le,Tong Yuying,Li Zhiwen,Wang Jianying,Hao Ling,Li Zhu. Blood folate concentrations, seasonal variations and associated factors among women in their first trimester of pregnancy in Wuxi, China. Chinese Journal of Reproductive Health 2006;17(2): 71-75

Zhao Yaling, Chen Xin, Wang Bin,Shi Qi,Zhang Feiran,Tong Yuying,Wang Jianying,Li Zhu. The investigation on the knowledge, attitude and practice about reproductive health of adult men in Wuxi City. Chinese Journal of Reproductive Health 2006;17(4): 221-225

Zhao Yaling, Chen Xin,Wang Bin,Shi Qi,Zhang Feiran,Tong Yuying,Wang Jianying,Li Zhu. Current status of reproductive health and demands for reproductive health care among adult men in Wuxi City, China. Chinese Journal of Reproductive Health 2006;17(3): 152-155

Li Zhiwen,Ren Aiguo,Liu Jianmeng,Zhang Le,Pei Lijun,Guo Zhanying,Jin Yongsheng,Li Zhu. Maternal cold or fever and the risk of common external birth defects: a case-control study in Shanxi Province, China. Chinese Journal of Reproductive Health 2006;17(5): 279-82

Liu Ying-Hui, Ye Rong-Wei, Liu Jian-Meng, Li Zhu. The extent and relative changes of equities in utilization of prenatal care among women in some areas of China. Chin J Prev Med 2006;40(3):177-79

Liu Yinghui, Liu Jianmeng, Ye Rongwei, Zheng Junchi, Ren Aiguo, Li Song, Li Zhu. The status of early prenatal checkup and associated factors among pregnant women in some areas in China. Chinese Journal of Reproductive Health 2006;17(6):339-42

Liu Ying-Hui,Liu Jian-Meng,Ye Rong-Wei,Zheng Jun-Chi,Ren Ai-Guo, Li Song,Li Zhu. The current status and the changing patterns of perinatal health care in some southern and northern areas of China, 1994-2000. Chin J Epidemiol 2006;27(12): 1029-32

Rui Dongsheng,Jin Lei,Ye Rong-wei,Zheng Junchi,Liu Jianmeng,Yang Ruilan,Tang Jianfang,Wu Limin,Hu Xiuhua,Chen Hao,Xue Mingjun,Sun Xiamei,Shao Peiyun,Yang Xiaoling,Shen Quanzhen,Li Zhu. Prevalence of anemia in pregnant women in southern China, 1993-2000. Chinese Journal of Reproductive Health 2006;17(3):142-46

Rui Dongsheng,Jin Lei,Liu Jianmeng,Ye Rongwei,Zheng Junchi,Yang Ruilan,Tang Jianfang,Wu Limin,Hu Xiuhua,Chen Hao,Xue Mingjun,Sun Xiamei,Shao Peiyun,Yang Xiaoling,Shen Quanzhen,Li Zhu. Prevalence of anemia among preschool children in southern China. Chinese Journal of Reproductive Health 2006;17(2):76-80

Zhu Jiang-Hui,Ren Ai-Guo,Hao Ling,Pei Li-Jun,Zhang Bo-Lan,Zhong Min-Xia,Sun Xia-Mei,Jiang Mei-Fang,Chen Hai-Lan,Li Zhu. Association between parental transforming growth factor · gene Taq I variant, paternal smoking and the cleft lip with or without cleft palate. Chin J Prev Med 2006;40(6):409-14

Zhu Jiang-Hui, Ren Ai-Guo, Hao Ling Pei Li-Jun?Zhang Bo-Lan?Zhong Min-Xia?Sun Xia-Mei?Jiang Mei-Fang?Chen Hai-Lan?Li Zhu. Study on the association between transforming growth factor · gene Taq ? variant and cleft lip with or without cleft palate. Chin J Epidemiol 2006;27(3):245-48

Zhang Yewu, Tao Fangbiao, Yin Huiping, Zhu Xiaoming, Ji Guoping, Kong Shenghua, Song Qinhua, Chen Jianhua, Chu Chengzhi, Li Zhu. Breast-feeding, dietary intakes and their associations with subclinical vitamin A deficiency in children in Anhui Province, China. Public Health Nutrition 2007;10(7): 733-738

Ren, Aiguo; Zhang, Le; Hao, Ling; Li, Zhiwen; Tian, Yihua; Li, Zhu. Comparison of blood folate levels among pregnant Chinese women in areas with high and low prevalence of neural tube defects. Public Health Nutrition 2007;10(8): 762-768

Liu Y, Liu J, Ye R, Ren A, Li S, Li Z. Education-Related Inequalities in the Occurrence of Low Birthweight in Rural Southern China During the Early and Late 1990s. Am J Public Health 2007;

Ling Hao, Jing Ma, Jianghui Zhu, Meir J. Stampfer, Yihua Tian, Walter C. Willett, and Zhu Li.High Prevalence of Hyperhomocysteinemia in Chinese Adults Is Associated with Low Folate, Vitamin B-12, and Vitamin B-6 Status. J. Nutr. 2007;137(2): 407-13

Ren, Aiguo; Wang J; Ye Rongwei; Li, Song; Liu Jianmeng; Li Zhu. Low first-trimester hemoglobin and low birth weight, preterm birth and small for gestational age newborns. International Journal Of Gynecology & Obstetrics 2007;98(2): 124-128

References by ICBDSR Members, 2006-2007

Zhiwen Li, Aiguo Ren, Jianmeng Liu, Lijun Pei, Le Zhang, Zhanying Guo, and Zhu Li. Maternal Flu or Fever, Medication Use, and Neural Tube Defects: A Population-Based Case-Control Study in Northern China. *Birth Defects Research (Part A)* 2007;79: 295-300

Zhiwen Li, Aiguo Ren, Le Zhang, Jianmeng Liu and Zhu Li. Periconceptional use of folic acid in Shanxi Province of northern China. *Public Health Nutrition* 2007;10(5): 471-476

Liu JM, Ye R, Li S, Ren A, Li Z, Liu Y, Li Z. Prevalence of overweight/obesity in Chinese children. *Arch Med Res* 2007;38(8): 882-86

Ling Hao, Jing Ma, Jianghui Zhu, Meir J. Stampfer, Yihua Tian, Walter C. Willett, and Zhu Li Vitamin B-12 Deficiency Is Prevalent in 35- to 64-Year-Old Chinese Adults. *J. Nutr.* 2007;137(5): 1278-1285

Zhang Yue , J I Cheng-Ye , Zhou Yong-Lan , LI Zhu et al. Corelative factors of low birthweight in 657 livebirth pairs of twins. *Chin J Public Health* 2007;23(6): 641-42

Wang Juan, Ren Ai-Guo, Ye Rong-Wei, Zheng Jun-Chi, Li Song, Liu Jian-Meng, Yang Rui-Lan, Zhang Fei-Ran, Zhang Tan, Zhang Jing-Bo, Li Zhu. Study on the third trimester hemoglobin concentrations and the risk of low birth weight and preterm delivery. *Chin J Epidemiol* 2007;28(1): 15-18

Shang Linhui, Zhang Yanfang, Chen Jiqiu. Clinical significance of hemodynamic changes of percutaneous transcatheter closure of patent ductus arteriosus. *Chinese Journal of Reproductive Health* 2007;18(1): 25-27

Li Rong, Wang Xiaorong, Li Hui, et al. Cytological method for detection of endometrial carcinomas. *Chinese Journal of Reproductive Health* 2007;18(2): 89-92

Costa Rica: CREC

Benavides A, Umaña L. Heart defects in Costa Rica: nine years of registry analysis. [Cardiopatías congénitas en Costa Rica: análisis de nueve años de registro]. *Rev Costarric Cardiol* 2007;9(1):9-14.

Cuba: RECUMAC

Maria Teresa Pérez Mateo. XX Años de experiencia del Registro Cubano de Malformaciones Congénitas. RECUMAC. *Revista Cubana de Genética Comunitaria*, Vol 1 No 2 Mayo Agosto 2007.

Norma Elena de León Ojeda, Juan Carlos Ramiro

Novoa, María Teresa Pérez Mateo. Evaluación de los criterios de indicación y positividad de la ecocardiografía fetal en gestantes de alto riesgo. *Revista Cubana de Genética Comunitaria* Vol 1 No 1 Enero Abril 2007.

Czech Republic

Gregor V, Sipek A, Horacek J. [Birth defects in the Czech Republic—the prenatal diagnostic. *Ceska Gynekol.* 2007 Aug;72(4):262-8

Sipek A, Gregor V, Horacek J. Quarterly occurrence of selected types of birth defects in the Czech Republic in the 1994-2005 twelve-year period. *Ceska Gynekol.* 2007 Aug;72(4):254-61

Sipek A, Gregor V, Horacek J. Birth defects in the Czech Republic in the period 1994 - 2005—perinatology Data. *Ceska Gynekol.* 2007 Apr;72(2):103-9

Sipek A, Gregor V, Horacek J. Birth defects in the Czech Republic in the period 1961-2005—mean incidences. *Ceska Gynekol.* 2007 May;72(3):185-91.

Sipek A, Gregor V, Horacek J, Masatova D. Infant mortality due to birth defects in the Czech Republic in 1994-2004. *Ceska Gynekol.* 2006 Sep;71(5):380-8.

Gregor V, Sipek A, Horacek J, Masatova D. A role of prenatal diagnostics in birth defects occurrence in the Czech Republic in 2004. *Ceska Gynekol.* 2006 Sep;71(5):373-80.

Sipek A, Gregor V, Horacek J, Masatova D. Birth defects occurrence and their role in perinatal mortality in the Czech Republic in 2004. *Ceska Gynekol.* 2006 Jul;71(4):291-7.

Sipek A, Gregor V, Horacek J, Masatova D. Birth defects' occurrence in offspring of mothers taking 1st trimester medication in the Czech Republic in 1996-2004. *Ceska Gynekol.* 2006 Jul;71(4):284-91.

Sipek A, Gregor V, Horacek J, Masatova D. Birth defects occurrence in the Czech Republic in 2003. *Ceska Gynekol.* 2006 May;71(3):194-9.

Sipek A, Gregor V, Horacek J, Svetnicova K, Masatova D. Prenatal diagnostics of birth defects in the Czech Republic—gestational week at the time of diagnosis. *Ceska Gynekol.* 2006 May;71(3):189-94.

France : Paris

Khoshnood B, De Vigan C, Goffinet F, Leroy V.

References by ICBDSR Members, 2006-2007

Prenatal screening and diagnosis of congenital toxoplasmosis : a review of safety issues and psychological consequences for women who undergo screening. Prenat Diagn 2007 ; 27 (5) : 395-403

Khoshnood B, De Vigan C, Vodovar V, Bréart B, Goffinet F, Blondel B. Advances in medical technology and creation of disparities: the case of Down syndrome. Am J Public Health 2006; 96: 2139-44

Khoshnood B, De Vigan C, Blondel B, Vodovar V, Garel M, Goffinet F. Women's interpretation of an abnormal result on measurement of nuchal translucency and maternal serum screening for prenatal testing of Down syndrome. Ultrasound Obstet Gynecol 2006; 28: 242-8

Khoshnood B, De Vigan C, Vodovar V, Goujard J, Lhomme A, Bonnet D, Goffinet F. Evolution du diagnostic prénatal, des interruptions de grossesse et de la mortalité périnatale des enfants avec cardiopathie congénitale. Evaluation en population générale à Paris entre 1983 et 2000. J Gynecol Obstet Biol Reprod (Paris). 2006 Sep;35(5):455-64.

De Vigan C, Khoshnood B, Vodovar V, Chausson M, Mahamadaly S, Cadio E, Goffinet F. Épidémiologie des malformations cardiaques congénitales. Pourquoi réaliser une étude prospective en population (EPICARD)? Médecine Foetale et Echographie en Gynécologie 2006; 68: 20-25.

Germany: Saxony-Anhalt

Ludwig AK, Katalinic A, Steinbicker V, Diedrich K, Ludwig M: Antenatal care in singleton pregnancies after ICSI as compared to spontaneous conception: data from a prospective controlled cohort study in Germany. In: Human reproduction, ISSN 0268-1161, Bd. 21 (2006), 3, 713-720

Pötzsch S, Hoyer-Schuschke J, Seelig M, Steinbicker V: Knowledge among young people about folic acid and its importance during pregnancy: a survey in the Federal State of Saxony-Anhalt (Germany). In: Journal of applied genetics. ISSN 1234-1983, Bd. 47 (2006), 2, 187-190

Stadler SC, Polanetz R, Maier, Esther M, Heidenreich SC, Niederer B, Mayerhofer PU, Lagler F, Koch HG, Santer R, Fletcher JM, Ranieri E, Das AM, Spiekerkötter U, Schwab KO, Pötzsch S, Marquardt I, Hennermann JB.; Knerr I, Mercimek-Mahmutoglu S, Kohlschmidt N, Liebl B, Fingerhut R, Olgemöller B, Muntau AC, Roscher AA,

Röschinger W: Newborn screening for 3-methylcrotonyl-CoA carboxylase deficiency: population heterogeneity of MCCA and MCCB mutations and impact on risk assessmentIn: Human mutation: variation, databases, and disease. ISSN 1059-7794, Bd. 27 (2006), 8, 748-759

Hoyer-Schuschke J, Pötzsch S, Gerloff C, Krause H, Kawa S, Goetz D, Haase M, Vogt C, Koehn A: Gastrochisis - eine Fehlbildung mit steigender Prävalenz? (Gastrochisis – congenital malformation with increasing prevalence?). In: Ärzteblatt Sachsen-Anhalt: ISSN 0938-9261, Bd. 17 (2006), 5, 64-67

Koehn A, Pötzsch S; Hoyer-Schuschke J: Kenntnis über Mikronährstoffe: Ergebnisse einer repräsentativen Befragung unter Schülern in Sachsen-Anhalt (Knowledge about micronutrients).In: Ernährungs-Umschau: ISSN 0174-0008, Bd. 53 (2006), 4, 130-134

Seelig M, Hoyer-Schuschke J, Koehn A, Pötzsch S: Kenntnisstand von SchülerInnen in Sachsen-Anhalt zum Thema "Folsäure und Schwangerschaft". In: Päd : praktische Pädiatrie, ISSN 0949-7641, Bd. 12 (2006), 3, 197-203

Koehn A: Mikronährstoffe: Kenntnisstand von Schülerinnen und Schülern (Micronutrients – knowledge of students). In: Praxis der Naturwissenschaften - Biologie in der Schule. ISSN 1617-5697, Bd. 55 (2006), 5, 44-46

Heinz J, Kästner S, Seewald M, Pötzsch S: Unzureichende Umsetzung der perikonzeptionellen Folsäureeinnahme zur Prävention von Neuralrohrdefekten (Insufficient Periconceptional Intake of Folic Acid to Prevent Neural Tube Defects). In: Geburtshilfe und Frauenheilkunde: German journal of obstetrics and gynecology. ISSN 0016-5751, Bd. 66 (2006), 2, 156-162

Pötzsch S, Hoyer-Schuschke J, Koehn A, Vogt C, Götz D, Haase M: Jahresbericht des Bundeslandes Sachsen-Anhalt zur Häufigkeit von congenitalen Fehlbildungen und Anomalien sowie genetisch bedingten Erkrankungen 2005. (Annual report 2005) (2006) ISSN 1861-3535, 87

Loane Maria, Dolk Helen, Bradbury I, EUROCAT Working Group (Steinbicker V, Rösch C): Increasing prevalence of gastrochisis in Europe 1980-2002: a phenomenon restricted to younger mothers? In: Paediatric and Perinatal Epidemiology, Volume 21 (2007), 4, 363-369

Pötzsch S, Hoyer-Schuschke J, Köhn A: Gibt es Prävalenzänderungen bei den Neuralrohrdefekten? - 10 Jahre Empfehlung zur perikonzeptionellen

References by ICBDSR Members, 2006-2007

Folsäureprophylaxe. In: MedReview - Berlin : Blackwell, Bd. 8 (2007), 6, 6-7

Rohden L von, Pötzsch S, Mohnike K: Mikrosonographie der Schilddrüse im Kindesalter. München: Marseille (2007) 64 S.: III

Pötzsch S: Diagnoseeröffnung bei Eltern, deren Kind chronisch krank bzw. behindert ist - einige Gedanken aus kinderärztlicher Sicht. In: Gemeinsam leben. - Weinheim : Juventa-Verl., Bd. 15 (2007), 4, 211-214

Rohden L von, Wien F; Pötzsch S: Myosonographie neuromuskulärer Erkrankungen unter besonderer Berücksichtigung des Kindes- und Jugendalters. In: Klinische Neurophysiologie . - Stuttgart [u.a.] : Thieme, Bd. 38 (2007), 2, 141-150;

Pötzsch S, Hoyer-Schuschke J, Köhn A, Vogt C, Götz D, Haase M, Großberndt, S: Jahresbericht des Bundeslandes Sachsen-Anhalt zur Häufigkeit von congenitalen Fehlbildungen und Anomalien sowie genetisch bedingten Erkrankungen 2006. (2007) (Annual report 2006) ISSN 1861-3535, 88 S.

Hungary

Acs N, Banhidy F, Horvath-Puhó E, Czeizel AE. Maternal panic disorder and congenital abnormalities: a population-based case-control study. Birth Defects Res A Clin Mol Teratol. 2006;76(4):253-61.

Acs N, Banhidy F, Horvath-Puhó E, Czeizel AE. Population-based case-control study of the common cold during pregnancy and congenital abnormalities. Eur J Epidemiol. 2006;21(1):65-75.

Acs N, Banhidy F, Puho E, Czeizel AE. A possible dose-dependent teratogenic effect of ergotamine. Reprod Toxicol. 2006;22(3):551-2.

Acs N, Banhidy F, Puho E, Czeizel AE. Pregnancy complications and delivery outcomes of pregnant women with influenza. J Matern Fetal Neonatal Med. 2006;19(3):135-40.

Acs N, Banhidy F, Puho E, Czeizel AE. Teratogenic effects of vaginal boric acid treatment during pregnancy. Int J Gynaecol Obstet. 2006;93(1):55-6.

Acs N, Banhidy F, Puho EH, Czeizel AE. A possible association between maternal glomerulonephritis and congenital intestinal atresia/stenosis—a population-based case-control study. Eur J Epidemiol. 2007;22(8):557-64.

Acs N, Banhidy F, Puho EH, Czeizel AE. Acute respiratory infections during pregnancy and

congenital abnormalities: a population-based case-control study. Congenit Anom (Kyoto). 2006;46(2):86-96.

Banhidy F, Acs N, Horvath-Puhó E, Czeizel AE. Maternal severe migraine and risk of congenital limb deficiencies. Birth Defects Res A Clin Mol Teratol. 2006;76(8):592-601.

Banhidy F, Acs N, Horvath-Puhó E, Czeizel AE. Pregnancy complications and delivery outcomes in pregnant women with severe migraine. Eur J Obstet Gynecol Reprod Biol. 2007;134(2):157-63.

Banhidy F, Acs N, Puho E, Czeizel AE. A population-based case-control teratologic study of oral dipyrone treatment during pregnancy. Drug Saf. 2007;30(1):59-70.

Banhidy F, Acs N, Puho E, Czeizel AE. Association between maternal panic disorders and pregnancy complications and delivery outcomes. Eur J Obstet Gynecol Reprod Biol. 2006;124(1):47-52.

Banhidy F, Acs N, Puho E, Czeizel AE. Ergotamine treatment during pregnancy and a higher rate of low birthweight and preterm birth. Br J Clin Pharmacol. 2007;64(4):510-6.

Banhidy F, Acs N, Puho E, Czeizel AE. Pregnancy complications and delivery outcomes of pregnant women with common cold. Cent Eur J Public Health. 2006;14(1):10-4.

Banhidy F, Acs N, Puho EH, Czeizel AE. Maternal kidney stones during pregnancy and adverse birth outcomes, particularly congenital abnormalities in the offspring. Arch Gynecol Obstet. 2007;275(6):481-7.

Banhidy F, Acs N, Puho EH, Czeizel AE. Maternal urinary tract infection and related drug treatments during pregnancy and risk of congenital abnormalities in the offspring. BJOG. 2006;113(12):1465-71.

Banhidy F, Acs N, Puho EH, Czeizel AE. Pregnancy complications and birth outcomes of pregnant women with urinary tract infections and related drug treatments. Scand J Infect Dis. 2007;39(5):390-7.

Banhidy F, Puho E, Acs N, Czeizel AE. Possible association between maternal recurrent orofacial herpes in pregnancy and a lower rate of preterm birth. J Matern Fetal Neonatal Med. 2006;19(9):537-42.

Barfai Z, Somoskovi A, Puho EH, Czeizel AE. No teratogenic effect of prenoxidiazine: a

References by ICBDSR Members, 2006-2007

population-based case-control study. *Congenit Anom (Kyoto)*. 2007;47(1):16-21.

Czeizel AE, Puho E, Acs N, Banhidy F. Inverse association between severe nausea and vomiting in pregnancy and some congenital abnormalities. *Am J Med Genet A*. 2006;140(5):453-62.

Czeizel AE, Puho EH, Acs N, Banhidy F. High fever-related maternal diseases as possible causes of multiple congenital abnormalities: a population-based case-control study. *Birth Defects Res A Clin Mol Teratol*. 2007;79(7):544-51.

Czeizel AE, Puho EH, Banhidy F. No association between periconceptional multivitamin supplementation and risk of multiple congenital abnormalities: a population-based case-control study. *Am J Med Genet A*. 2006 Nov 15;140(22):2469-77.

Dudas I, Puho E, Czeizel AE. Population-based case-control study of oxoline acid use during pregnancy for birth outcomes. *Congenit Anom (Kyoto)*. 2006;46(1):39-42.

Kazy Z, Puho E, Czeizel E. [The possible effect of ampicillin treatment in preventing preterm birth] *Orv Hetil*. 2007;148(30):1421-6. Hungarian.

Kazy Z, Puho EH, Czeizel AE. Effect of doxycycline treatment during pregnancy for birth outcomes. *Reprod Toxicol*. 2007;24(3-4):279-80.

Kazy Z, Puho EH, Czeizel AE. The possible preterm birth preventive effect of ampicillin during pregnancy. *Arch Gynecol Obstet*. 2006;274(4):215-21.

Kjaer D, Horvath-Puho E, Christensen J, Vestergaard M, Czeizel AE, Sorensen HT, Olsen J. Use of phenytoin, phenobarbital, or diazepam during pregnancy and risk of congenital abnormalities: a case-time-control study. *Pharmacoepidemiol Drug Saf*. 2007;16(2):181-8.

Norgard B, Nørgaard M, Czeizel AE, Puho E, Sørensen HT. Maternal herpes labialis in pregnancy and neural tube defects. *Dev Med Child Neurol*. 2006;48(8):674-6.

Puho EH, Szunyogh M, Metneki J, Czeizel AE. Drug treatment during pregnancy and isolated orofacial clefts in Hungary. *Cleft Palate Craniofac J*. 2007;44(2):194-202.

Somoskovi A, Bartfai Z, Tamasi L, Kocsis J, Puho E, Czeizel AE. Population-based case-control study of allergic rhinitis during pregnancy for birth outcomes. *Eur J Obstet Gynecol Reprod Biol*.

2007;131(1):21-7.

Tamasi L, Somoskovi A, Muller V, Bartfai Z, Acs N, Puho E, Czeizel AE. A population-based case-control study on the effect of bronchial asthma during pregnancy for congenital abnormalities of the offspring. *J Asthma*. 2006;43(1):81-6.

Vogt G, Horvath-Puho E, Czeizel AE. A population-based case-control study of isolated primary congenital glaucoma. *Am J Med Genet A*. 2006;140(11):1148-55.

Vogt G, Horvath-Puho E, Czeizel E. [A population-based case-control study of isolated congenital cataract] *Orv Hetil*. 2006;147(23):1077-84. Hungarian.

Vogt G, Szunyogh M, Czeizel AE. Birth characteristics of different ocular congenital abnormalities in Hungary. *Ophthalmic Epidemiol*. 2006;13(3):159-66.

Wogelius P, Horvath-Puho E, Pedersen L, Norgaard M, Czeizel AE, Sorensen HT. Maternal use of oral contraceptives and risk of hypospadias - a population-based case-control study. *Eur J Epidemiol*. 2006;21(10):777-81.

Iran: Tabriz

Dastgiri S, Imani S, Klankesh L, Barzegar M, Heidarzaeh M. Congenital anomalies in Iran: a cross-sectional study on 1574 cases in the North-West country. *Child: care, health and development*, 2007, 33(3):257-261

Israel : IBDSP

R. Levinson-Castiel, P. Merlob, N. Linder, L. Sirota, G. Klinger. Neonatal abstinence syndrome following in utero exposure to selective serotonin reuptake inhibitors in term infants. *Arch Pediatr Adolesc Med*, 160; 173-176, 2006.

D. Bader, M. Grun, P. Merlob. Correspondence concerning Hunter and Yotsuyangi's "the external ear: more attention to detail may aid syndrome and contribute answers to embryological questions". *Am J Med Genet*, 140:798; 2006 (letter).

C. Schaefer, D. Hannemann, R. Meister, E. Elefant, W. Paulus, T. Vial, M. Reuvers, E. Robert-Gnansia, J. Arnon, M. De Santis, M. Clementi, E. Rodriguez-Pinilla, A. Dolivo, P. Merlob. Vitamin K antagonists and pregnancy outcome. A multi-centre prospective study. *Thromb Haemost*, 95:949-957, 2006.

References by ICBDSR Members, 2006-2007

G. Raz-Dubnov, R. Shapiro, P. Merlob. Maternal lamotrigine treatment and elevated neonatal gamma-glutamyl transpeptidase. *Pediatr Neurol*, 35:220-222, 2006.

S. Davidson, M. Hod, P. Merlob, B. Shtaif. Leptin, insulin, insulin-like growth factors and their binding proteins in cord serum: insight into fetal growth and discordancy. *Clin Endocrinol*, 65:586-592, 2006.

G. Klinger, R. Levinson-Castiel, P. Merlob. Neonatal adverse reactions after in utero exposure to selective serotonin reuptake inhibitors: Still controversial. *Arch Pediatr Adolesc Med*, 160:856, 2006. (letter)

J. Attias, M. Al-Masri, L. AbuKader, G. Cohen, P. Merlob, H. Pratt, R. Othman-Jebara, P. Aber, F. Raad, A. Noyek. The prevalence of congenital and early-onset hearing loss in Jordanian and Israeli infants. *Inter J Audiol*, 45:528-536, 2006.

H. Sharan, B. Kaplan, N. Weizer, J. Sulkes, P. Merlob. Early screening of postpartum depression using the Edinburgh Postnatal Depression Scale. *Inter J Risk Safety Med*, 19:1-6, 2006.

M. Osovsky, I. Tamary, P. Merlob. Neonatal thrombocytosis following G-CSF treatment. *Clin Toxicol*, 45:801-802, 2007.

10.. A. Amir, P. Merlob, N. Linder, L. Sirota, G. Klinger. Mortality of full-term infants during the first month of life. *J Perinatol*, 27:620-622, 2007.

G. Dubnov-Raz, P. Merlob, K. Geva-Dayan, D. Blumenthal, Y. Finkelstein. Increased rate of major birth malformations in infants with neonatal "asymmetric crying face": a hospital-based cohort study. *Am J Med Genet A*, 143(4):305-310, 2007.

Italy: BDRCam

Garne E, Loane M, Dolk H, de Vigan C, Scarano G, Tucker D, Stoll C, Gener B, et al
" Prenatal diagnosis of severe structural congenital malformations in Europe"
Ultrasound Obstet Gynecol 2005 25: 6-11.

Cecconi M, Forzano F, Milani D, Cavani S, Baldo C, Selicorni A, Pantaloni C, Silengo M, Ferrero GB, Scarano G, Della Monica M, Fischetto R, Grammatico P, Majore S, Zampino G, Memo L, Lucci Cordisco E, Neri G , Pierluigi M, Dagna Bricarelli F, Grasso M, Faravelli F "Mutation analysis of the NSD1 gene in a group of 59 patients with congenital overgrowth"
Am J Med Genet. 2005, 134A:247-253.

Della Monica M, Nazzaro A, Lonardo F, Ferrara G, Di Blasi A and Scarano G "Prenatal diagnosis of cloacal exstrophy with myelocystocele complex in early second trimester by the "elephant trunk-like" image and review of the literature" *Pren Diagn* 2005, 25:394-397.

Busby A, Armstrong B, Dolk H, Armstrong N, Haeusler M, Berghold A, Gillerot Y, Baguette A, Gjergia R, Barisic I, Christiansen M, Goujard J, Steinbicker V, Rosch C, McDonnell R, Scarano G, Calzolari E, Neville A, Cocchi G, Bianca S, Gatt M, Walle HD, Braz P, Latos-Bielenska A, Gener B, Portillo I, Addor MC, Abramsky L, Ritvanen A, Robert-Gnansia E, Daltveit AK, Anneren G, Olars B, Edwards G.

"Preventing neural tube defects in Europe: A missed opportunity." *Reprod Toxicol*. 2005, May 28.

Filesi I, Gullotta F, Lattanzi G, D'Apice MR, Capanni C, Nardone AM, Columbaro M, Scarano G, Mattioli E, Sabatelli P, Maraldi NM, Biocca S, Novelli G.

"Alterations of nuclear envelope and chromatin organization in mandibuloacral dysplasia, a rare form of laminopathy."
Physiol Genomics. 2005, 23:150-158.

Teresa E, Lonardo F, Fiumara A, Lombardi C, Russo P, Zuppi C, Scarano G, Musumeci S, Gianfrancesco F.

"A spectrum of molecular variation in a cohort of Italian families with trimethylaminuria: identification of three novel mutations of the FM03 gene".
Mol Genet Metab. 2006 Jun;88(2):192-5. Epub 2006 Apr 4.

Rendina D, Gennari L, De Filippo G, Merlotti D, de Campora E, Fazioli F, Scarano G, Nuti R, P. Strazzullo, Mossetti G. "Evidence for increased clinical severity of familial and sporadic Paget's disease of bone in Campania, southern Italy". *J Bone Miner Res*. 2006, 21:1828-35.

Biaso-Lauber A, De Filippo G, Konrad D, Scarano G, Nazzaro A, Shoenle EJ "WNT4 deficiency – a clinical phenotype distinct from the classic Mayer-Rokitanski-Kuster-Hauser syndrome: a case report" *Hum Reprod*. 2007, 22:224-229.

Lonardo F, Sabba G, Varela Luquetti D, Della Monica M and Scarano G "Al-Awadi/Raas-Rothschild Syndrome: Two New Cases and Review" *Am J Med Genet* 2007, 143A:3169-3174.

Lonardo F, Parenti G, Luquetti DV, Annunziata I, Della Monica M, Perone L, De Gregori M, Zuffardi O, Brunetti-Pierri N, Andria G, Scarano G. "Contiguous gene syndrome due to an interstitial

References by ICBDSR Members, 2006-2007

deletion in Xp22.3 in a boy with ichthyosis, chondrodysplasia punctata, mental retardation and ADHD".
Eur J Med Genet. 2007 May 21.

Ballarati L, Rossi E, Bonati MT, Gimelli S, Maraschio P, Finelli P, Giglio S, Lapi E, Bedeschi MF, Guerrieri S, Arrigo G, Patricelli MG, Mattina T, Guzzardi O, Pecile V, Police A, Scarano G, Larizza L, Zuffardi O, Giardino D. "13q Deletion and central nervous system anomalies: further insights from karyotype-phenotype analyses of 14 patients". J Med Genet. 2007 Jan;44(1):e60.

Selicorni A, Russo S, Gervasini C, Castronovo P, Milani D, Cavalleri F, Bentivegna A, Masciadri M, Domi A, Divizia M, Sforzini C, Tarantino E, Memo L, Scarano G, Larizza L. Clinical score of 62 Italian patients with Cornelia de Lange syndrome and correlations with the presence and type of NIPBL mutation.
Clin Genet. 2007 Aug 72(2):98-108.

Della Monica M, Lonardo F, Faravelli F, Pierluigi M, Luquetti DV, De Gregari M, Zuffardi O, and Scarano G. "A Case of Autism With an Interstitial 1q Deletion (1q23.3-24.2) and a De Novo Translocation of Chromosomes 1q and 5q
American Journal of Medical Genetics 2007 Oct (22) 143A :2733-2737.

G. Cocchi, M. Capelli, F. Giura, F. Vitali, S. Gualdi, E. Mazzoni. Short distal limbs, polydactyly and nail hypoplasia Italian Journal of Pediatrics December 2005; Vol.31-N. 6:345-346

F. Vitali, M. Capelli, M. Mastrococo, E. Mazzoni, S. Gualdi, A. Bastelli, F. Giura, G. Brighi, G. Aquilano, R. Scutti, G. Cocchi. Displasia cleidocranica: presentazione di due casi clinici.
Atti del XII Congresso Nazionale della Società Italiana di Neonatologia, Montecatini Terme, 28-31 maggio 2006

Prontera P, Sensi A, Merlo L, Garani G, Cocchi G, Calzolari E. Familial occurrence of Multiple Pterygium Syndrome: expression in a heterozygote of the recessive form or variability of the dominant form? Am J Med Genet A 140(20): 2227-30, 2006

Ghi T, Pilu G, Falco P, Segata M, Carletti , Cocchi G, Santini D, Bonasoni P, Tani G, Rizzo N. Prenatal diagnosis of open and closed spina bifida. Ultrasound Obstet Gynecol. 28:899-903, 2006

Cocchi G, Vitali F, Conti L, Capelli M. SGA due to genetic reasons. 3rd International Workshop on Neonatology. Cagliari, October 27th -28th 2006. Biimedia Source Books. Special Issue 2006 pag. 35-37

Cocchi G, Conti L, Vitali F, Locatelli C, Ancora G, Capelli M, Faldella G. Assistenza intensiva neonatale nella Trisomia 18: realta' e aspettative. XIII Congresso Nazionale SIN, Rimini 20-23 Maggio 2007. Volume Atti pag. 240

Soffritti S, Mazzoni E, Lodi R, Vitali F, Conti L, Capelli M, Ancora G, Sandri F, Cocchi G. Spettroscopia di risonanza magnetica (1H-MRS): indagine risolutiva di un caso di macrocefalia e ritardo neuromotorio. XIII Congresso Nazionale SIN, Rimini 20-23 Maggio 2007. Volume Atti pag. 240

Cocchi G, Gualdi S, Conti L, Bianchi F, Botting B, de Walle, De Vigan C, Erickson D, Halliday J, Irgens L, Lancaster P, Mastrotacovo P, Merlob P, Ollars B, Ritvanen A, Robert E, Scarano G, Siffel C, Sipek A, Stoll C, Tenconi R, Anneren G. International trends 1993-2004 of the prevalence of births with Down syndrome in relation to maternal age and terminations of pregnancies. 34th Annual Meeting of the ICBDSR, September 30-October 2, 2007 Chianciano Terme (SI), Italy

Cocchi G, L Conti, M Capelli, F Vitali, G.Farneti, F.Rivieri, G.Astolfi, C.Magnani, E.Calzolari. Congenital heart diseases and del22q11.2 syndrome:IMER data. 34th Annual Meeting of the ICBDSR, September 30-October 2, 2007 Chianciano Terme (SI), Italy

Cocchi G, L Conti, F Bravi, E Prati, F Giura, F Vitali, M Capelli, S Princivalle, MP Fantini. Impiego di Acido Folico (AF) peri-concezionale: risultati dell'indagine CONER, ISTISAN Congressi, Workshop Network Italiano Promozione Acido Folico Prevenzione Primaria di Difetti Congeniti. Roma 5 Ottobre 2007 pag 10

Guala A, R Visentin, D Campra; A Perona, P Angelotti, A Porcelli, G Pastore, M Zaffaroni, G Cocchi. Acido Folico peri-concezionale nel quadrante Nord-Est del Piemonte: valutazione di una campagna informativa per i medici di base.ISTISAN Congressi, Workshop Network Italiano Promozione Acido Folico Prevenzione Primaria di Difetti Congeniti Roma 5 Ottobre 2007 pag 19

Cocchi G, M. Mastrococo, M Capelli, A Bastelli, F Vitali, L Corvaglia .Immunological patterns in children with Down syndrome : is there a temporal trend?.Acta Paediatrica 2007, 96:1479-82

Conti L., Capelli M, Vitali F, Riccio A, Sparago A, De Crescenzo, G. Cocchi. Tecniche di riproduzione assistita e difetti genetici : un caso di sindrome di Silver-Russel. Atti del XIX Congresso SIPPS, Torino, 26-28 Ottobre 2007 Anno II, Suppl v 2/2207 pag.107

References by ICBDSR Members, 2006-2007

G. Cocchi, M. Capelli, F. Giura, F. Vitali, S. Gualdi, E. Mazzoni. Short distal limbs, polydactyly and nail hypoplasia Italian Journal of Pediatrics December 2005; Vol.31-N. 6:345-346

F. Vitali, M. Capelli, M. Mastrococa, E. Mazzoni, S. Gualdi, A. Bastelli, F. Giura, G. Brighi, G. Aquilano, R. Sciutti, G. Cocchi. Displasia cleidocranica: presentazione di due casi clinici. Atti del XII Congresso Nazionale della Società Italiana di Neonatologia, Montecatini Terme, 28-31 maggio 2006

Prontera P, Sensi A, Merlo L, Garani G, Cocchi G, Calzolari E. Familial occurrence of Multiple Pterygium Syndrome: expression in a heterozygote of the recessive form or variability of the dominant form? Am J Med Genet A 140(20): 2227-30, 2006

Ghi T, Pilu G, Falco P, Segata M, Carletti , Cocchi G, Santini D, Bonasoni P, Tani G, Rizzo N. Prenatal diagnosis of open and closed spina bifida. Ultrasound Obstet Gynecol. 28:899-903, 2006

Cocchi G, Vitali F, Conti L, Capelli M. SGA due to genetic reasons. 3rd International Workshop on Neonatology. Cagliari, October 27th -28th 2006. Biimedia Source Books. Special Issue 2006 pag. 35-37

Cocchi G, Conti L, Vitali F, Locatelli C, Ancora G, Capelli M, Faldella G. Assistenza intensiva neonatale nella Trisomia 18: realta' e aspettative. XIII Congresso Nazionale SIN, Rimini 20-23 Maggio 2007. Volume Atti pag. 240

Soffritti S, Mazzoni E, Lodi R, Vitali F, Conti L, Capelli M, Ancora G, Sandri F, Cocchi G. Spettroscopia di risonanza magnetica (1H-MRS): indagine risolutiva di un caso di macrocefalia e ritardo neuromotorio. XIII Congresso Nazionale SIN, Rimini 20-23 Maggio 2007. Volume Atti pag. 240

Cocchi G, Gualdi S, Conti L, Bianchi F, Botting B, de Walle, DeVigan C, Erickson D, Halliday J, Irgens L, Lancaster P, Mastroiacovo P, Merlob P, Ollars B, Ritvanen A, Robert E, Scarano G, Siffel C, Sipek A, Stoll C, Tenconi R, Anneren G. International trends 1993-2004 of the prevalence of births with Down syndrome in relation to maternal age and terminations of pregnancies. 34th Annual Meeting of the ICBDSR, September 30-October 2, 2007 Chianciano Terme (SI), Italy

Cocchi G, L Conti, M Capelli, F Vitali, G.Farneti, F.Rivieri, G.Astolfi, C.Magnani, E.Calzolari. Congenital heart diseases and del22q11.2 syndrome:IMER data. 34th Annual Meeting of the ICBDSR, September 30-October 2, 2007 Chianciano Terme (SI), Italy

Cocchi G, L Conti, F Bravi, E Prati, F Giura, F Vitali, M Capelli, S Princivalle, MP Fantini. Impiego di Acido Folico (AF) peri-concezionale: risultati dell'indagine CONER, ISTISAN Congressi, Workshop Network Italiano Promozione Acido Folico Prevenzione Primaria di Difetti Congeniti. Roma 5 Ottobre 2007 pag 10

Guala A, R Visentin, D Campra; A Perona, P Angelotti, A Porcelli, G Pastore, M Zaffaroni, G Cocchi. Acido Folico peri-concezionale nel quadrante Nord-Est del Piemonte: valutazione di una campagna informativa per i medici di base.ISTISAN Congressi, Workshop Network Italiano Promozione Acido Folico Prevenzione Primaria di Difetti Congeniti Roma 5 Ottobre 2007 pag 19

Cocchi G, M. Mastrococa, M Capelli, A Bastelli, F Vitali, L Corvaglia .Immunological patterns in children with Down syndrome : is there a temporal trend?.Acta Paediatrica 2007, 96:1479-82

Conti L., Capelli M, Vitali F, Riccio A, Sparago A, De Crescenzo, G. Cocchi. Tecniche di riproduzione assistita e difetti genetici : un caso di sindrome di Silver-Russel. Atti del XIX Congresso SIPPS, Torino, 26-28 Ottobre 2007 Anno II, Suppl v 2/2207 pag.107

Italy: ISMAC

Bianca S, Ingegnosi C, Ciancio B, Gullotta G, Randazzo L, Ettore G. Pityriasis rosea in pregnancy. Reprod Toxicol. 2007 Nov-Dec;24(3-4):277-8.

Bianca S, Ingegnosi C, Ciancio B, Cataliotti A, Ettore G. Occurrence of fetal choroid plexus cysts in siblings. J Obstet Gynaecol Res. 2006 Oct;32(5):529-30

Bianca S, Ingegnosi C, Cataliotti A, Ettore G. Multiple aneuploidy recurrence risk. Am J Med Genet A. 2006 Sep 1;140(17):1888-9

Bianchi F, Bianca S, Dardanoni G, Linzalone N, Pierini A. Congenital malformations in newborns residing in the municipality of Gela (Sicily, Italy). Epidemiol Prev. 2006 Jan-Feb;30(1):19-26. Italian.

Bianca S, Ingegnosi C, Cataliotti A, Ettore G. Hypospadias and robertsonian translocation. Urol Int. 2006;77(1):85

Bartoloni G, Bianca S, Patanè L, Mignosa C. Pathology of coronary narrowing after arterial switch operation: autopsy findings in two patients who died within 3 months of surgical treatment and review of the literature. Cardiovasc Pathol. 2006 Jan-Feb;15(1):49-54.

References by ICBDSR Members, 2006-2007

Bianca S, Bartoloni G, Auditore S, Reale A, Tetto C, Ingegnosi C, Pirruccello B, Ettore G. Prenatal 2-dimensional and 3-dimensional ultrasonography diagnosis and autopic findings of isolated ectopia cordis. *Cardiology*. 2006;105(1):37-40.

Italy: Tuscany

Calzolari E, Pierini A, Astolfi G, Bianchi F, Neville AJ, Rivieri F and EUROCAT Working Group.: Associated anomalies in multi-malformed infants with Cleft lip and Palate: An epidemiological study based on 6 million births in 23 EUROCAT Registries. *Am J Med Genet A*, 143A:528-537, 2007.

Loane M, Dolk H, Bradbury I and a EUROCAT Working Group (Addor MC, Bakker M, Barisic I, Bianchi F, Budd J, Calzolari E, de Vigan C, De Walle H, Draper ES, Feijoo M, Garne E, Gatt M, Portillo I, Haeusler M, McDonnell R, Menendez ES, Nelen V, O'Mahony M, Pierini A, Queisser-Luft A, Ritvanen A, Rosch C, Salvador J, Scarano G, Tucker FD, Steinbicker V, Stoll C, Stone D, Wellesley D): Increasing prevalence of gastroschisis in Europe 1980-2002: a phenomenon restricted to younger mothers? *Paediatr Perinat Epidemiol* 2007;21:363-369.

Meijer W.M., Cornel M.C., Dolk H., de Walle H.E.K., Armstrong N.C. and de Jong-van den Berg L.T.W. and EUROCAT Working Group (Abramsky L, Addor MC, Armstrong N, Baena N, Bakker M, Barisic I, Bianca S, Boyd P, De Vigan C, Draper E, Garne E, Gatt M, Gener B, Haeusler, Irgens L, Jordan H, Loane M, O'Mahony MT, Martinez-Frias ML, Berjemo E, Mc Donnel B, Nelen V, Neville A, Calabrese O, Rivieri F, Pierini A, Bianchi F, Riano Galan I, Ritvanen A, Robert-Gnansia E, Stoll C, Soares M, Tenconi R, Wellesley D, Wiesel A). The potential of the European network of congenital anomaly registers (EUROCAT) for drug safety surveillance: a descriptive study. *Pharmacoepidemiology and Drug Safety* 2006;15:1-8.

Linzalone N, Bianchi F: Inceneritori: non solo diossine e metalli pesanti, anche polveri fini e ultrafini. *Epidemiologia e Prevenzione* 2007, 31(1):62-66.

Bianchi F, Bianca S, Dardanoni G, Linzalone N, Pierini A. Malformazioni congenite nei nati residenti nel comune di Gela (Sicilia, Italia). *Epidemiologia e Prevenzione* 2006;30(1):19-26.

Pierini A, Bianchi F, Salerno P e Taruscio D.: Registro Nazionale Malattie Rare: Malformazioni congenite e acido folico. Rapporto ISTISAN 06/34:1-114, 2006.

Pierini A, Bianchi F, Minichilli F, Bianca S, Calzolari E, Scarano G, Tenconi R, Agazio E, Salerno P, Taruscio

D.: Malformazioni congenite sensibili all'azione dell'acido folico: l'andamento del fenomeno in Italia. In Rapporto ISTISAN 06/34:48-114, 2006.

Pierini A, Bianchi F, Minichilli F, Marrucci S.: Rilevazione dei Difetti Congeniti in periodo prenatale, alla nascita, nel primo anno di vita. Rapporto annuale 2005. Regione Toscana, Firenze:1-58, 2007.

Pierini A, Bianchi F, Minichilli F.: Rilevazione dei Difetti Congeniti in periodo prenatale, alla nascita, nel primo anno di vita. Rapporto annuale 2004. Regione Toscana, Giunta Regionale, Istituto di Fisiologia Clinica CNR:1-95, 2006.

Bianchi F, Bianca S, Minichilli F, Pierini A, Rial M. Case-control study on congenital malformation risk in the Gela municipality (Sicily-Italy). Abstracts of the 19th Conference of the International Society for Environmental Epidemiology (ISEE), Mexico City, September 5-7, 2007, Salud Publica de Mexico 2007;49:E637-8.

Linzalone N, Cori L, Minichilli F, Pierini A, Pizzuti R, Santoro M, Serinelli M, Siciliano T. e Bianchi F. Proposta per un protocollo per la sorveglianza ambiente-salute in siti inquinati. Atti del XXXI Congresso annuale dell'Associazione Italiana di Epidemiologia, Marina di Ostuni, 17-19 ottobre 2007, pag. 42.

Pierini A, Bianchi F, Garuglieri N, Minichilli F, Pieroni F, Salvatori C, Taruscio D. e Gruppo di Coordinamento del Registro Toscano Malattie Rare. Malattie rare in Toscana: un insieme tutt'altro che raro. Atti del XXXI Congresso annuale dell'Associazione Italiana di Epidemiologia, Marina di Ostuni, 17-19 ottobre 2007, pag. 142.

Minichilli F, Bianchi F, Pierini A, Pizzuti R, Santoro M, Martuzzi M, Mitis F, Comba P, Fazzo L, Musmeci L, Trinca S, Martini MG, Leonardi M. Studio di correlazione tra indicatori di rischio di difetti congeniti e indicatore di pressione ambientale da rifiuti nella regione Campania. Atti del XXXI Congresso annuale dell'Associazione Italiana di Epidemiologia, Marina di Ostuni, 17-19 ottobre 2007, pag. 226.

Bianchi F, Minichilli F, Pierini A, Bianca S, Calzolari E, Scarano G, Tenconi R, Taruscio D. Epidemiologia di malformazioni congenite sensibili all'acido folico in Italia. Atti del Workshop del Network Italiano Promozione Acido Folico. Roma, 5 ottobre 2007, Rapporto Istisan 07/C6:5, 2007.

Neri R, Iacopetti V, Bianchi F, Pierini A, Bombardieri S. Malattie rare in reumatologia: l'esperienza della

References by ICBDSR Members, 2006-2007

Regione Toscana. Atti del XLIV Congresso Nazionale della Società Italiana di Reumatologia. Reumatismo, 59(2):173-178; 2007.

Bianchi F, Minichilli F, Pierini A, Scarano G, Pizzuti R, Santoro M, Martuzzi M, Mitis F, Comba P, Fazzo L. Congenital Anomalies in Areas of Campania (Italy) Characterized by Multiple Dumping Sites. 9th European Symposium EUROCAT. Napoli, 7-9 maggio 2007. Book of abstracts, pag. 19.

Bianchi F, Minichilli F, Pierini A, Rial M, Bianca S, Calzolari E, Scarano G, Tenconi R, Taruscio D. Epidemiology of congenital malformations sensitive to folic acid in Italy. 9th European Symposium EUROCAT. Napoli, 7-9 maggio 2007. Book of abstracts, pag. 20.

Bianchi F, Bianca S, Linzalone N, Pierini A. High birth prevalence of hypospadias and other congenital anomalies in two petrochemical areas of Sicily, Italy. Atti del Workshop "Methodological Approaches to the Assessment of Risk of Congenital Anomaly due to Environment Pollution". Budapest, 6-7 March 2007.

Bianchi F: La Syndial offre "somme di ristoro" alle donne di Augusta-Priolo che hanno abortito o partorito figli con gravi malformazioni. Epidemiologia & Prevenzione 2006, 30(2):76-77.

Bianchi F, Biggeri A, Cadum E, Comba P, Forastiere F, Martuzzi M, Terracini B: Epidemiologia ambientale e aree inquinate in Italia. Epidemiologia & Prevenzione 2006, 30(3):146-152.

Bianchi F, Buiatti E, Bartolacci S, Linzalone N, Minichilli F, Corti A, Lombardi L: Esperienza di utilizzo della VIS per la localizzazione di un inceneritore nell'area fiorentina. Epidemiologia & Prevenzione 2006, 30(1):46-54.

Bianchi F, Franchini M, Linzalone N: Dossier inceneritori: Salute in cenere? In Rivista Società Nazionale Operatori Prevenzione. Volume 21. 2006.

Minichilli F, Pierini A, Pizzuti R, Scarano G e Bianchi F. Rischio di malformazioni congenite nei comuni delle province di Napoli e Caserta. Atti della XXX Riunione dell'Associazione Italiana di Epidemiologia, Palermo, 4-6 ottobre 2006, pag. 29.

Bianchi F, Bianca S, Minichilli F, Pierini A, Protti M. Studio caso-controllo sul rischio di malformazioni congenite nel comune di Gela. Atti della XXX Riunione dell'Associazione Italiana di Epidemiologia. Palermo, 4-6 ottobre 2006, pag. 186.

Bianchi F, Minichilli F, Pierini A, Bianca S, Calzolari E, Scarano G, Tenconi R, Taruscio D. Epidemiologia di malformazioni congenite sensibili all'acido folico in Italia. Atti del Convegno AIE di Primavera. Roma, 15-16 maggio 2006. Istisan Congressi, 06/C2, pag. 29, 2006.

Bianchi F, Minichilli F, Pierini A, Rial M, Bianca S, Calzolari E, Scarano G., Tenconi R.: Epidemiology of congenital malformations sensitive to folic acid in Italy. IEA-EEF European Congress of Epidemiology 2006. Epidemiology and Health Care Practise. Utrecht, June 28, July 1 2006. European Journal of Epidemiology ISSN 0393-2990 CODEN: EJEPE8 Volume 21 Supplement 2006, page 151.

Pierini A, Minichilli F, Rial M e Bianchi F.: Excesses of congenital malformations in areas of Tuscany Region (Italy) at high risk of environmental crisis. International Conference on Environmental Epidemiology and Exposure, Paris, 2-6 September 2006. Book of abstracts, pag. 140.

Minichilli F, Bartolacci S, Buiatti E, Pierini A, Rossi G, Bianchi F: An update of mortality in a high environmental risk area of Tuscany Region (Italy). International Conference on Environmental Epidemiology and Exposure, Paris, 2-6 September 2006. Book of abstracts, pag. 160.

Mexico: RYVEMCE

Hernández-Molina G, Svyrud Y, Sánchez-Guerrero J, Mutchinick OM. The role of the X chromosome in immunity and autoimmunity. Autoimmun Rev. 2007 Mar;6(4):218-22.

Guéant JL, Chabi NW, Guéant-Rodriguez RM, Mutchinick OM, Debard R, Payet C, Lu X, Villaume C, Bronowicki JP, Quadros EV, Sanni A, Amouzou E, Xia B, Chen M, Anello G, Bosco P, Romano C, Arrieta HR, Sánchez BE, Romano A, Herbeth B, Anwar W, Namour F. Environmental influence on the worldwide prevalence of a 776C->G variant in the transcobalamin gene (TCN2). J Med Genet. 2007 Jun;44(6):363-7.

Guéant-Rodriguez RM, Guéant JL, Debard R, Thirion S, Hong LX, Bronowicki JP, Namour F, Chabi NW, Sanni A, Anello G, Bosco P, Romano C, Amouzou E, Arrieta HR, Sánchez BE, Romano A, Herbeth B, Guilland JC, Mutchinick OM. Prevalence of methylenetetrahydrofolate reductase 677T and 1298C alleles and folate status: a comparative study in Mexican, West African, and European populations. Am J Clin Nutr. 2006 Mar;83(3):701-7.

References by ICBDSR Members, 2006-2007

Norway: MBRN

Arntzen A, Samuelsen SO, Daltveit AK, Stoltenberg C. Post-neonatal mortality in Norway 1969–95: A cause-specific analysis. *Int J Epidemiol* 2006;35:1083-89.

Aschim EL, Haugen TB, Tretli S, Daltveit AK, Grotmol T. Risk factors for testicular cancer - differences between pure non-seminoma and mixed seminoma/non-seminoma? *Int J Androl* 2006;29(4):458-67.

Bakketeig LS, Jacobsen G, Skjærven R, Cameiro IG, Knudsen LB. Low birthweight and mortality: the tendency to repeat low birthweight and its association with early neonatal and infant morbidity and mortality. *Paediatr Perinat Epidemiol* 2006;20:507-11.

Basso O, Rasmussen S, Weinberg CR, Wilcox AJ, Irgens LM, Skjærven R. Trends in fetal and infant survival following preeclampsia. *JAMA* 2006;296(11):1357-62. Erratum in *JAMA* 2006;296:2926.

Berle JØ, Mykletun A, Daltveit AK, Rasmussen S, Dahl AA. Outcomes in adulthood for children with foetal growth retardation. A linkage study from the Nord-Trøndelag Health Study (HUNT) and the Medical Birth Registry of Norway. *Acta Psychiatr Scand* 2006;113(6):501-9.

Dahl J, Myhr KM, Daltveit AK, Gilhus NE. Planned vaginal births in women with multiple sclerosis: delivery and birth outcome. *Acta Neurol Scand Suppl* 2006;183:51-4.

Eide MG, Skjærven R, Irgens LM, Bjerkedal T, Øyen N. Associations of birth defects with adult intellectual performance, disability and mortality: population-based cohort study. *Pediatr Res* 2006;59(6):848-53.

Hoff JM, Daltveit AK, Gilhus NE. Arthrogryposis multiplex congenita - a rare fetal condition caused by maternal myasthenia gravis. *Acta Neurol Scand Suppl* 2006;183:26-7.

Johnsen SL, Wilsgaard T, Rasmussen S, Sollien R, Kiserud T. Longitudinal reference charts for growth of the fetal head, abdomen and femur. *Eur J Obstet Gynecol Reprod Biol* 2006;127(2):172-85.

Johnsen SL, Rasmussen S, Wilsgaard T, Sollien R, Kiserud T. Longitudinal reference ranges for estimated fetal weight. *Acta Obstet Gynecol Scand* 2006;85:286-97.

Johnsen SL, Rasmussen S, Sollien R, Kiserud T.

Accuracy of second trimester fetal head circumference and biparietal diameter for predicting the time of spontaneous birth. *J Perinat Med*. 2006;34(5):367-70.

Kazaura MR, Lie RT, Skjærven R. Grandparents' age and the risk of Down syndrome in Norway. *Acta Obstet Gynecol Scand* 2006;85:236-40.

Kolås T, Saugstad OD, Daltveit AK, Nilsen ST, Øian P. Planned cesarean versus planned vaginal delivery at term: Comparison of newborn infant outcomes. *Am J Obstet Gynecol* 2006;195:1538-43.

Lie RT, Wilcox AJ, Skjærven R. Maternal and Paternal Influences on Length of Pregnancy. *Obstet Gynecol* 2006;107:880-5.

Lie RT. An International Perspective on Anencephaly and Spina Bifida: Prevalences by the Turn of the Century. In Wyszynski DF ed. Neural tube defects: From origin to treatment. Oxford University Press. New York, 2006;117-32.

Magnus P, Irgens LM, Haug K, Nystad W, Skjærven R, Stoltenberg C. Cohort profile: The Norwegian Mother and Child Cohort Study (MoBa). *Int J Epidemiol* 2006;35(5):1146-50.

Mjøen G, Sætre DO, Lie RT, Tynes T, Blaasaas KG, Hannevik M, Irgens LM. Paternal occupational exposure to radiofrequency electromagnetic fields and risk of adverse pregnancy outcome. *Eur J Epidemiol* 2006;21(7):529-535.

Nilsen RM, Vollset SE, Gjessing HK, Magnus P, Meltzer HM, Haugen M, Ueland PM. Patterns and predictors of folic acid supplement use among pregnant women: the Norwegian Mother and Child Cohort Study. *Am J Clin Nutr*. 2006;84(5):1134-41.

Nordby K-C, Irgens LM, Kristensen P. Immunological exposures in Norwegian agriculture and pre-eclampsia. *Paediatr Perinat Epidemiol* 2006;20(6):462-70.

Nurk E, Tell GS, Refsum H, Ueland PM, Vollset SE. Factor V Leiden, pregnancy complications and adverse outcomes: the Hordaland Homocysteine Study. *QJM* 2006;99:289-98.

Rasmussen S, Irgens LM. The effects of smoking and hypertensive disorders on fetal growth. *BioMed Central Pregnancy and Childbirth* 2006;6:16.

<http://www.biomedcentral.com/content/pdf/1471-2393-6-16.pdf>

References by ICBDSR Members, 2006-2007

Rasmussen S, Kiserud T, Albrechtsen S. Foetal size and body proportion at 17-19 weeks of gestation and neonatal size, proportion, and outcome. Early Hum Dev 2006;82(10):683-90.

Refsum H, Nurk E, Smith AD, Ueland PM, Gjesdal CG, Bjelland I, Tverdal A, Tell GS, Nygard O, Vollset SE. The Hordaland Homocysteine Study: a community-based study of homocysteine, its determinants, and associations with disease. Review. J Nutr 2006;136(6 Suppl):1731S-1740S.

Romundstad LB, Romundstad PR, Sunde A, von Düring V, Skjærven R, Vatten LJ. Increased risk of placenta previa in pregnancies following IVF/ICSI; a comparison of ART and non-ART pregnancies in the same mother. Hum Reprod 2006;21(9):2353-2358.

Samuelson SO, Bakkevig LS, Tretli S, Johannessen TB, Magnus P. Head circumference at birth and risk of brain cancer in childhood: a population-based study. Lancet Oncol. 2006;7(1):39-42.

Stene LC, Thorsby PM, Berg JP, Rønningen KS, Undlien DE, Joner G and Norwegian Childhood Diabetes Study Group. The relation between size at birth and risk of type 1 diabetes is not influenced by adjustment for the insulin gene (-23Hph1) polymorphism or HLA-DQ genotype. Diabetologia 2006;49(9):2068-73.

Thompson JM, Irgens LM, Rasmussen S, Daltveit AK. Secular trends in socio-economic status and the implications for preterm birth. Paediatr Perinat Epidemiol. 2006;20(3):182-7.

Vikse BE, Irgens LM, Bostad L, Iversen BM. Adverse perinatal outcome and later kidney biopsy in the mother. J Am Soc Nephrol 2006;17:837-45.

Slovak Republic

Zeljenková, D., Kováčová, J., Szabová, E.: Acute toxicity of selected chemicals in adult zebrafish (*Danio rerio*) and its early life stages-the comparative study. ALTEX, 2, 2006, 137.

Szabová, E., Zeljenková, D., Kováčová, J.: Reproductive effects of chemicals with potential estrogenic effect on human population. Reproductive Toxicology, 22, 2006, 284.

Zeljenková, D., Kováčová, J., Szabová, E.: Acute toxicity of selected chemicals in adult Zebrafish (*Danio rerio*) and its early life stages-The comparative study. Reproductive Toxicology, 22, 2006, 285.

Szabová, E., Zeljenková, D., and ORFCOM

collaborative group.: Study on birth defects. Analysis of socioeconomic parameters. Abstract book.11th Interdisciplinary Slovak-Czech Toxicology Conference, 5-7 June 2006, 60.

Zeljenková, D., Szabová, E.: New EU chemical policy and REACH. Abstract book.11th Interdisciplinary Slovak-Czech Toxicology Conference, 5-7 June 2006, 67.

Szabová, E., Zeljenková, D., Malová, J.: Hodnotenie fekundability v niektorých regiónoch Slovenska. Slov.antropol., 9, (1), 2006, 38-41.

Szabová, E., Nečasová, E., Zeljenková, D., Kudláčová, M., Varga, I., Ginter, E.: Overview of biological and health profile of the Romanies in western Slovakia. In Monitoring health status of vulnerable groups in Europe:Past and present, L.Abreau and J.Sandor (Eds), 2006, p.189-203.

Zeljenková, D., Szabová, E., Melník, M.: Developmental effects of copper complexes. Reproductive Toxicology, 24, 2007, 78.

Szabová, E., Zeljenková, D., and ORFCOM collaborative group: Analysis of socio-economic parameters in birth defects study. Reproductive Toxicology, 24, 2007, 79-80.

Szabová, E., Véghová, E., Zeljenková, D.: Study on birth defects. Analysis of socio-economic parameters. Book of Abstracts.34th Annual Meeting of the International Clearinghouse for Birth Defects Surveillance and Research. Chianciano Therme, Italy, 30th Sept- 2nd Oct 2007.

Szabová, E., Zeljenková, D.: Special issue on the 35th Annual Conference of the European Teratology Society, Bratislava 1st-5th September 2007, Reproductive Toxicology, 24/1, 2007

South America

Poletta FA, Castilla EE, Orioli IM, Lopez-Camelo JS. Regional analysis on the occurrence of oral clefts in South America. Am J Med Genet A. 2007 Dec 15;143(24):3216-27.

Orioli IM, Castilla EE. Clinical epidemiologic study of holoprosencephaly in South America. Am J Med Genet A. 2007 Dec 15;143(24):3088-99. PMID: 17987642 [PubMed - indexed for MEDLINE]

Vieira AR, Cooper ME, Marazita ML, Orioli IM, Castilla EE. Interferon regulatory factor 6 (IRF6) is associated with oral-facial cleft in individuals that originate in South America.

References by ICBDSR Members, 2006-2007

Am J Med Genet A. 2007 Sep 1;143(17):2075-8.
Review. No abstract available.
PMID: 17702008 [PubMed - indexed for MEDLINE]

Schuler-Faccini L, Soares RC, de Sousa AC, Maximino C, Luna E, Schwartz IV, Waldman C, Castilla EE.
New cases of thalidomide embryopathy in Brazil.
Birth Defects Res A Clin Mol Teratol. 2007 Sep;79(9):671-2.
PMID: 17676592 [PubMed - indexed for MEDLINE]

Amorim MR, Lima MA, Castilla EE, Orioli IM.
Non-Latin European descent could be a requirement for association of NTDs and MTHFR variant 677C > T: a meta-analysis.
Am J Med Genet A. 2007 Aug 1;143(15):1726-32.
PMID: 17618486 [PubMed - indexed for MEDLINE]

El-Jaick KB, Fonseca RF, Moreira MA, Ribeiro MG, Bolognese AM, Dias SO, Pereira ET, Castilla EE, Orioli IM.
Single median maxillary central incisor: new data and mutation review.
Birth Defects Res A Clin Mol Teratol. 2007 Aug;79(8):573-80.
PMID: 17584896 [PubMed - indexed for MEDLINE]

Rittler M, Castilla EE, Chambers C, Lopez-Camelo JS.
Risk for gastroschisis in primigravidity, length of sexual cohabitation, and change in paternity.
Birth Defects Res A Clin Mol Teratol. 2007 Jun;79(6):483-7.
PMID: 17358037 [PubMed - indexed for MEDLINE]

Mastroiacovo P, Lisi A, Castilla EE, Martínez-Frías ML, Bermejo E, Marengo L, Kucik J, Siffel C, Halliday J, Gatt M, Annerèn G, Bianchi F, Canessa MA, Danderfer R, de Walle H, Harris J, Li Z, Lowry RB, McDonell R, Merlob P, Metneki J, Mutchinick O, Robert-Gnansia E, Scarano G, Sipek A, Pötzsch S, Szabova E, Yevtushok L.
Gastroschisis and associated defects: an international study.
Am J Med Genet A. 2007 Apr 1;143(7):660-71.
PMID: 17357116 [PubMed - indexed for MEDLINE]

Gadow E, Petracchi F, Poletta FA, Castilla EE.
De novo chromosomal abnormalities and month of conception. Data from the southern hemisphere.
Prenat Diagn. 2006 Dec;26(12):1184-6. No abstract available.
PMID: 17115456 [PubMed - indexed for MEDLINE]

Avila JR, Jezewski PA, Vieira AR, Orioli IM, Castilla EE, Christensen K, Daack-Hirsch S, Romitti PA, Murray JC.

PVRL1 variants contribute to non-syndromic cleft lip and palate in multiple populations.

Am J Med Genet A. 2006 Dec 1;140(23):2562-70.
PMID: 17089422 [PubMed - indexed for MEDLINE]

Warrington A, Vieira AR, Christensen K, Orioli IM, Castilla EE, Romitti PA, Murray JC.
Genetic evidence for the role of loci at 19q13 in cleft lip and palate.
J Med Genet. 2006 Jun;43(6):e26.
PMID: 16740910 [PubMed - indexed for MEDLINE]

Kanner AA, Staigaitis SM, Castilla EA, Chernova O, Prayson RA, Vogelbaum MA, Stevens G, Peereboom D, Suh J, Lee SY, Tubbs RR, Barnett GH.
The impact of genotype on outcome in oligodendrogloma: validation of the loss of chromosome arm 1p as an important factor in clinical decision making.
J Neurosurg. 2006 Apr;104(4):542-50.

PMID: 16619658 [PubMed - indexed for MEDLINE]

Chambers CD, Castilla EE, Orioli I, Jones KL.
Intrauterine growth restriction in like-sex twins discordant for structural defects.
Birth Defects Res A Clin Mol Teratol. 2006 Apr;76(4):246-8.
PMID: 16575884 [PubMed - indexed for MEDLINE]

Wehby GL, Castilla EE, Goco N, Rittler M, Cosentino V, Javois L, McCarthy AM, Bobashev G, Litavec S, Mariona A, Dutra G, López-Camelo JS, Orioli IM, Murray JC.
Description of the methodology used in an ongoing pediatric care interventional study of children born with cleft lip and palate in South America [NCT00097149].
BMC Pediatr. 2006 Mar 24;6:9.
PMID: 16563165 [PubMed - indexed for MEDLINE]

Mansilla MA, Cooper ME, Goldstein T, Castilla EE, Lopez Camelo JS, Marazita ML, Murray JC.
Contributions of PTCH gene variants to isolated cleft lip and palate.
Cleft Palate Craniofac J. 2006 Jan;43(1):21-9.
PMID: 16405370 [PubMed - indexed for MEDLINE]

Vieira AR, Avila JR, Daack-Hirsch S, Dragan E, Félix TM, Rahimov F, Harrington J, Schultz RR, Watanabe Y, Johnson M, Fang J, O'Brien SE, Orioli IM, Castilla EE, Fitzpatrick DR, Jiang R, Marazita ML, Murray JC.
Medical sequencing of candidate genes for nonsyndromic cleft lip and palate.
PLoS Genet. 2005 Dec;1(6):e64. Epub 2005 Dec 2.

Spain: ECEMC

Bermejo E, Cuevas L, Mendioroz J, Martínez-Frías ML y Grupo Periférico del ECEMC. Vigilancia epidemiológica de anomalías congénitas en

References by ICBDSR Members, 2006-2007

España: treinta años de existencia del registro del ECEMC. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:58-81. (Spanish. Abstract in English. Access through http://bvs.isciii.es/mono/pdf/CIAC_05.pdf)

Bermejo E, Mendioroz J, Cuevas L, Martínez-Frías ML. Integración de los aspectos clínicos en el análisis epidemiológico de los recién nacidos con defectos congénitos registrados en el ECEMC: 30 años preparándonos para el futuro. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:26-43. (Spanish. Abstract in English. Access through http://bvs.isciii.es/mono/pdf/CIAC_05.pdf)

Bermejo E, Mendioroz J, Cuevas L, Martínez-Frías ML. The incidence of gastroschisis: Is also increasing in Spain particularly among babies of young mothers. BMJ (18 Feb) 2006; 332:424. doi:10.1136/bmj.332.7538.424. Access through: <http://bmj.bmjjournals.com/cgi/content/full/332/7538/424>

Centeno Malfaz F, Bello Martínez B, Beltrán Pérez AI, Alcalde Martín C, López García C. Síndrome de intervalo QT largo congénito. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:84-90. (Spanish. Abstract in English. Access through http://bvs.isciii.es/mono/pdf/CIAC_05.pdf)

Crow YJ, Leitch A, Hayward BE, Garner A, Parmar R, Griffith E, Ali M, Semple C, Aicardi J, Babul-Hirji R, Baumann C, Baxter P, Bertini E, Chandler KE, Chitayat D, Cau D, Déry C, Fazzi E, Goizet C, King MD, Klepper J, Lacombe D, Lanzi G, Lyall H, Martínez-Frías ML, Mathieu M, McKeown C, Monier A, Oade Y, Quarrell OW, Rittey CD, Curtis Rogers R, Sanchis A, Stephenson JBP, Tacke U, Till M, Tolmie JL, Tomlin P, Voit T, Weschke B, Geoffrey Woods C, Lebon P, Bonthon DT, Ponting CP, Jackson AP. Mutations in genes encoding ribonuclease H2 subunits cause Aicardi-Goutières syndrome and mimic congenital viral brain infection. Nature Genetics 2006;38:910-916.

Cuevas L, Barcia Ruiz JM, López Soler JA, Félix Rodríguez V, Sanchis Calvo A, Aparicio Lozano P, Arroyo Carrera I, Ayala Garcés A, Conde Nieto MC, Egüés Jimeno J, García González MM, Rosal Roig J, Vázquez García S, Zuazo Zamalloa E, Mendioroz J, Bermejo E, Martínez-Frías ML. Síndromes muy poco frecuentes. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:44-48. (Spanish. Abstract in English. Access through http://bvs.isciii.es/mono/pdf/CIAC_05.pdf)

Liehr T, Mrasek K, Weise A, Dufke A, Rodríguez L, Martínez Guardia N, Sanchís A, Vermeesch JR, Ramel C, Polityko A, Haas OA, Anderson J, Claussen U, Von Eggeling F, Starke H. Small

supernumerary marker chromosomes-progress towards a genotype-phenotype correlation. Cytogenet Genome Res 2006; 112:23-34.

Mansilla E, Rodríguez L, Martínez-Fernández ML, Rodríguez de Cía J, García Vicent C, Martínez-Frías ML. Monosomía parcial 10p en un caso con fenotipo similar al síndrome de Ritscher-Schinzel. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:18-25. (Spanish. Abstract in English. Access through http://bvs.isciii.es/mono/pdf/CIAC_05.pdf)

Martínez-Frías ML. Folic acid: a public-health challenge. Lancet 2006 Jun 24;367(9528):2057 (letter).

Martínez-Frías ML. Técnicas de reproducción asistida y defectos congénitos: ¿riesgo "teratogénico" o genético?. Evid Pediatr 2006;2:66. (Spanish).

Martínez-Frías ML. Postmarketing analysis of medicines: Methodology and value of the Spanish case-control study and surveillance system in preventing birth defects. Drug Safety 2007;30,4:307-316.

Martínez-Frías ML, Bermejo E. Do we have enough evidences to consider that infertility treatments may not be causally related with congenital anomalies in newborn infants?. BMJ 2006; (17 Noviembre). <http://www.bmjjournals.com/cgi/eletters/333/7570/665> (letter).

Martínez-Frías ML, Bermejo E, Mendioroz J, Rodríguez-Pinilla E, Grupo Periférico del ECEMC y Grupo de Trabajo de REPIER. Análisis comparativo de las frecuencias de ciertos defectos congénitos y su evolución secular en 11 comunidades autónomas. Prog Obstet Ginecol 2006; 49,5:221-237. (Spanish. Abstract in English).

Martínez-Frías ML, Bermejo-Sánchez E, Rodríguez-Pinilla E, Prieto-Merino D y Grupo Periférico del ECEMC. Características de los neonatos con y sin arteria umbilical única. Análisis de dos series consecutivas de recién nacidos con y sin defectos congénitos. An Pediatr (Barc) 2006;65,6:541-550. (Spanish. Abstract in English).

Martínez-Frías ML, Cormier-Daire V, Cohn DH, Mendioroz J, Bermejo E, Mansilla E. Síndrome de Dyggve-Melchior-Clausen: Presentación de un caso con una mutación de posible origen español. Med Clin (Barc) 2007;128,4:137-140. (Abstract in English)

Martínez-Frías ML, Pérez B, Desviat LR, Castro M, Leal F, Rodríguez L, Mansilla E, Martínez-Fernández

References by ICBDSR Members, 2006-2007

ML, Bermejo E, Rodríguez-Pinilla E, Prieto D, Ugarte M and ECEMC Working Group. Maternal polymorphisms 677C-T and 1298A-C of MTHFR, and 66A-G MTRR genes: Is there any relationship between polymorphisms of the folate pathway, maternal homocysteine levels, and the risk for having a child with Down syndrome?. Am J Med Genet Part A 2006;140A:987-997.

Mendioroz J, Cuevas L, Bermejo E, Martínez-Frías ML. Revisión: Aspectos clínicos y genéticos de las hamartoneoplasias que pueden ser diagnosticadas en los tres primeros días de vida. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:2-17. (Spanish. Abstract in English. Access through <http://bvs.isciii.es/mono/pdf/CIAC 05.pdf>)

Rodríguez-Pinilla E, Fernández Martín P, Mejías Pavón C, Lucas V, Martínez-Frías ML. Resultados de la actividad de los Servicios SITTE y SITE durante el año 2005 y análisis de las llamadas por etnia materna. Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:92-107. (Spanish. Abstract in English. Access through <http://bvs.isciii.es/mono/pdf/CIAC 05.pdf>)

Rodríguez-Pinilla E, Mejías C, Fernández P, Lucas V, Martínez-Frías ML y Grupo de Trabajo del ECEMC. Análisis de la utilización de medicamentos y otros datos demográficos en la población inmigrante (período 2000-2004). Bol. ECEMC: Rev Dismor Epidemiol 2006;V,5:50-55. (Spanish. Abstract in English. Access through <http://bvs.isciii.es/mono/pdf/CIAC 05.pdf>)

Rodríguez-Pinilla E, Prieto-Merino D, Dequino G, Mejías C, Fernández P, Martínez-Frías ML. Exposición prenatal a glucocorticoides para acelerar la maduración pulmonar fetal y su repercusión sobre el peso, la talla y el perímetro cefálico del recién nacido. Med Clin (Barc) 2006;127,10:361-367 (Spanish. Abstract in English).

Rouhani P, Fleming LE, Frías J, Martínez-Frías ML, Bermejo E, Mendioroz J. Pilot study of socio-economic class, nutrition and birth defect in Spain. Matern Child Health J 2007;DOI 10.1007/s10995-007-0186-3.

Tonries H, Pietrzak J, Bocian E, Macdermont K, Kuechler A, Belitz B, Trautmann U, Schmidt A, Schulze B, Rodriguez L, Binkert F, Yardin C, Kosyakova N, Volleth M, Mkrtchyan H, Schreyer I, von Eggeling F, Weise A, Mrasek K, Liehr T. New Immortalized Cell Lines of Patients With Small Supernumerary Marker Chromosome (sSMC): Towards the Establishment of a Cell Bank. J Histochem Cytochem. 2007;Mar 6; [Epub ahead of print] PMID: 17341473 [PubMed – as supplied by publisher]

Zurriaga Lloréns O, Martínez García C, Arizo Luque V, Sánchez Pérez MJ, Ramos Aceitero JM, García Blasco J, Ferrari Arroyo MJ, Perestelo Pérez L, Ramalle Gómar E, Martínez-Frías ML, Posada de la Paz. Los Registros de Enfermedades en la Investigación Epidemiológica de las Enfermedades Raras en España. Rev Esp Salud Pública 2006;80:249-257. (Spanish. Abstract in English).

Sweden

Wester U, Bondeson ML, Edeby C, Annerén G. Clinical and molecular characterisation of patients with 18p-deletion syndrome: A genotype-phenotype correlation. Am J Med Genet 2006; 140A:1164-71

Mansouri MR, Carlsson B, Davey EJ, Nordenskjöld A, Wester T, Annerén G, Läckgren G, Dahl N. Molecular characterisation of a *de novo* balanced translocation t(6;17)(p21.31;q11.2) associated with hypospadias and anorectal malformation. Human Genetics 2006; 119:162-8

George L, Granath F, Johansson AL, Annerén G, Cnattingius S. Environmental tobacco smoke and risk of spontaneous abortion. Epidemiology 2006; 17:5005-5

Hedov G, Wikblad K, Annerén G. Sickness absence in Swedish parents of children with Down syndrome: Relation to self-perceived health and stress. J Intel Disabil Res 2006; 50:546-52.

Söderberg A, Gustafsson J, Hallgren Å, Nilsson T, Kämpe O, Rorsman F, Annerén G. Autoantibodies linked to autoimmune polyendocrine syndrome type I are prevalent in Down syndrome. Acta Paediatr 2006; 95:1657-60.

Karlsson B, Almkvist O, Annerén G, Björkman M, Collén B, Lindahl B. Psykisk Ohälsa och tidig demensutveckling vid Downs syndrom. Habilitering och Hjälpmittel Landstinget Uppsala län. 2006; Rapport Nr 42.

Thuresson A-C, Bondeson M-L, Edeby C, Ellis P, Langford C, Dumanski JP, Annerén G. Whole-genome array-CGH for detection of submicroscopic chromosomal imbalances in children with mental retardation. Cytogen Genome Res 2007; 118:1-7

Gustafsson P, Schoumans J, Staaf J, Borg Å, Nordenskjöld M, Annerén G. Duplication 16q12.1-q22.1 characterized by array CGH in a girl with spina bifida. Eur J Med Genet 2007; 143:660-71

Englund H, Annerén G, Gustafsson J, Wester U, Lannfelt L, Blennow K, Höglund K. Increase in B-

References by ICBDSR Members, 2006-2007

amyloid in cerebrospinal fluid in children with Downs syndrome. *Dementia and Geriatric Cognitive Disorders*. 2007;24: 369-74

Annerén G, Ollars B. Missbildningsregistrering 2005, Registration of congenital malformations 2005; Socialstyrelsen Sveriges officiella statistik, Hälsa och Sjukdomar artikelnr. 2006-42-10, ISBN 91-85482-78-1

Annerén G, Ollars B. Fosterskador och kromosomavvikeler 2006, Birth defects 2006; Socialstyrelsen Sveriges officiella statistik, Hälsa och Sjukdomar artikelnr. 2007-42-14, ISBN 978-91-85483-78-5

Ukraine

W. Wertelecki. Birth defects surveillance in Ukraine: a process. - *J Appl Genet* 47(2), 2006, pp. 143-149.

Barylyak I., Afanasieva N., Kalynka S., Korzhynskyy Y., Linchevsky G., Onischenko S., Wertelecki W. Monitoring of Neural Tube Defects: experience and recommendations. – Materials of International Scientific and Practical Conference “Fortification of Food Products with Vitamin B₉ for Prevention of Neural Tube Defects” (November, 27-29, 2006, Kyiv, Ukraine), p 12 (available in Ukrainian).

Afanasieva N., Baryliak I., Kalinka S. et.al. Neural tube defects monitoring in Western and Southern Regions of Ukraine. – Materials of International Scientific and Practical Conference “Fortification of Food Products with Vitamin B₉ for Prevention of Neural Tube Defects” (November, 27-29, 2006, Kyiv, Ukraine), p 22.

USA: Atlanta

Alwan S, Reehuis J, Rasmussen SA, Olney RS, Friedman JM; National Birth Defects Prevention Study. Use of selective serotonin-reuptake inhibitors in pregnancy and the risk of birth defects. *N Engl J Med*. 2007;356(26):2684-92.

Besser LM, Shin M, Kucik JE, Correa A. Prevalence of Down syndrome among children and adolescents in metropolitan Atlanta. *Birth Defects Res A Clin Mol Teratol*. 2007;79(11):765-74.

Besser LM, Williams LJ, Cragan JD. Interpreting changes in the epidemiology of anencephaly and spina bifida following folic acid fortification of the U.S. grain supply in the setting of long-term trends, Atlanta, Georgia, 1968-2003. *Birth Defects Res A Clin Mol Teratol*. 2007;79(11):730-6.

Berry RJ, Carter HK, Yang Q. Cognitive impairment in older Americans in the age of folic acid

fortification. *Am J Clin Nutr*. 2007;86(1):265-7; author reply 267-9.

Biernath KR, Reehuis J, Whitney CG, Mann EA, Costa P, Eichwald J, Boyle C. Bacterial meningitis among children with cochlear implants beyond 24 months after implantation. *Pediatrics*. 2006;117(2):284-9.

Bitsko RH, Reehuis J, Romitti PA, Moore CA, Honein MA. Periconceptional consumption of vitamins containing folic acid and risk for multiple congenital anomalies. *Am J Med Genet A*. 2007;143(20):2397-405.

Botto LD, Lin AE, Riehle-Colarusso T, Malik S, Correa A; National Birth Defects Prevention Study. Seeking causes: Classifying and evaluating congenital heart defects in etiologic studies. *Birth Defects Res A Clin Mol Teratol*. 2007;79(10):714-27.

Boulet SL, Correa-Villaseñor A, Hsia J, Atrash H. Feasibility of using the national hospital discharge survey to estimate the prevalence of selected birth defects. *Birth Defects Res A Clin Mol Teratol*. 2006;76(11):757-61.

Browne ML, Bell EM, Druschel CM, Gensburg LJ, Mitchell AA, Lin AE, Romitti PA, Correa A; National Birth Defects Prevention Study. Maternal caffeine consumption and risk of cardiovascular malformations. *Birth Defects Res A Clin Mol Teratol*. 2007;79(7):533-43.

Callaghan WM, MacDorman MF, Rasmussen SA, Qin C, Lackritz EM. The contribution of preterm birth to infant mortality rates in the United States. *Pediatrics*. 2006;118(4):1566-73.

Callaghan WM, Rasmussen SA, Jamieson DJ, Ventura SJ, Farr SL, Sutton PD, Mathews TJ, Hamilton BE, Shealy KR, Brantley D, Posner SF. Health concerns of women and infants in times of natural disasters: lessons learned from Hurricane Katrina. *Matern Child Health J*. 2007;11(4):307-11.

Calvert GM, Alarcon WA, Chelminski A, Crowley MS, Barrett R, Correa A, Higgins S, Leon HL, Correia J, Becker A, Allen RH, Evans E. Case Report: Three Farmworkers Who Gave Birth to Infants with Birth Defects Closely Grouped in Time and Place ? Florida and North Carolina 2004-2005. *Env Health Perspect* 2007;115:787-791.

Canfield MA, Honein MA, Yuskin N, Xing J, Mai CT, Collins JS, Devine O, Petrini J, Ramadhan TA, Hobbs CA, Kirby RS. National estimates and race/ethnic-specific variation of selected birth defects in the United States, 1999-2001. *Birth Defects Res A Clin Mol Teratol*. 2006;76(11):747-56.

References by ICBDSR Members, 2006-2007

Carmichael SL, Ma C, Rasmussen SA, Honein MA, Lammer EJ, Shaw GM; the National Birth Defects Prevention Study. Craniosynostosis and maternal smoking. *Birth Defects Res A Clin Mol Teratol.* 2007 Nov 29; [Epub ahead of print]

Carmichael SL, Shaw GM, Ma C, Werler MM, Rasmussen SA, Lammer EJ; National Birth Defects Prevention Study. Maternal corticosteroid use and orofacial clefts. *Am J Obstet Gynecol.* 2007;197(6):585.e1-7; discussion 683-4, e1-7.

Centers for Disease Control and Prevention (CDC). Hospital stays, hospital charges, and in-hospital deaths among infants with selected birth defects—United States, 2003. *MMWR Morb Mortal Wkly Rep.* 2007 Jan 19;56(2):25-9.

Centers for Disease Control and Prevention (CDC). Folate status in women of childbearing age, by race/ethnicity—United States, 1999-2000, 2001-2002, and 2003-2004. *MMWR Morb Mortal Wkly Rep.* 2007;55(51-52):1377-80.

Cono J, Cragan JD, Jamieson DJ, Rasmussen SA. Prophylaxis and treatment of pregnant women for emerging infections and bioterrorism emergencies. *Emerg Infect Dis.* 2006;12(11):1631-7.

Correa A, Cragan JD, Kucik JE, Alverson CJ, Gilboa SM, Balakrishnan R, Strickland MJ, Duke CW, O'Leary LA, Riehle-Colarusso T, Siffel C, Gammill D, Thompson D, Atkinson M, Chitra J. Reporting birth defects surveillance data 1968-2003. *Birth Defects Res A Clin Mol Teratol.* 2007;79(2):65-186.

Correa A, Min YI, Stewart PA, Lees PS, Breysse P, Dosemeci M, Jackson LW. Inter-rater agreement of assessed prenatal maternal occupational exposures to lead. *Birth Defects Res A Clin Mol Teratol.* 2006;76(11):811-24.

Cragan JD, Friedman JM, Holmes LB, Uhl K, Green NS, Riley L. Ensuring the safe and effective use of medications during pregnancy: planning and prevention through preconception care. *Matern Child Health J.* 2006;10(5 Suppl):129-35.

Crider KS, Reehuis J, Woomert A, Honein MA. Racial and ethnic disparity in participation in DNA collection at the Atlanta site of the National Birth Defects Prevention Study. *Am J Epidemiol.* 2006;164(8):805-12.

Dott M, Chace D, Fierro M, Kalas TA, Hannon WH, Williams J, Rasmussen SA. Metabolic disorders detectable by tandem mass spectrometry and unexpected early childhood mortality: a

population-based study. *Am J Med Genet A.* 2006;140(8):837-42.

Duke CW, Alverson CJ, Correa A. Fetal death certificates as a source of surveillance data for stillbirths with birth defects. *Public Health Rep.* 2007;122(5):664-9.

Gardner BR, Strickland MJ, Correa A. Application of the automated spatial surveillance program to birth defects surveillance data. *Birth Defects Res A Clin Mol Teratol.* 2007;79(7):559-64.

Honein MA, Lindstrom JA, Kweder SL. Can we ensure the safe use of known human teratogens?: The iPLEDGE test case. *Drug Saf.* 2007;30(1):5-15.

Honein MA, Rasmussen SA, Reehuis J, Romitti PA, Lammer EJ, Sun L, Correa A. Maternal smoking and environmental tobacco smoke exposure and the risk of orofacial clefts. *Epidemiology.* 2007;18(2):226-33.

Jamieson DJ, Kourtis AP, Bell M, Rasmussen SA. Lymphocytic choriomeningitis virus: an emerging obstetric pathogen? *Am J Obstet Gynecol.* 2006;194(6):1532-6.

Jamieson DJ, Theiler RN, Rasmussen SA. Emerging infections and pregnancy. *Emerg Infect Dis.* 2006;12(11):1638-43.

Jenkins KJ, Correa A, Feinstein JA, Botto L, Britt AE, Daniels SR, Elixson M, Warnes CA, Webb CL; American Heart Association Council on Cardiovascular Disease in the Young. Noninherited risk factors and congenital cardiovascular defects: current knowledge: a scientific statement from the American Heart Association Council on Cardiovascular Disease in the Young; endorsed by the American Academy of Pediatrics. *Circulation.* 2007;115(23):2995-3014.

Kenneson A, Kolor K, Yang Q, Olney RS, Rasmussen SA, Friedman JM. Trends and racial disparities in muscular dystrophy deaths in the United States, 1983-1998: an analysis of multiple cause mortality data. *Am J Med Genet A.* 2006;140(21):2289-97.

Lawrence JM, Watkins ML, Chiu V, Erickson JD, & Petitti DB. Do racial and ethnic differences in serum folate values exist after food fortification with folic acid? *Am J Obstet Gynecol.* 2006;194:520-6.

Malik S, Cleves MA, Zhao W, Correa A, Hobbs CA; National Birth Defects Prevention Study. Association between congenital heart defects and small for gestational age. *Pediatrics.* 2007;119(4):e976-82.

References by ICBDSR Members, 2006-2007

- Mastroiacovo P, Lisi A, Castilla EE, Martinez-Frias ML, Bermejo E, Marengo L, Kucik J, Siffel C, Halliday J, Gatt M, Anneren G, Bianchi F, Canessa MA, Danderfer R, de Walle H, Harris J, Li Z, Lowry RB, McDonell R, Merlob P, Metneki J, Mutchinick O, Robert-Gnansia E, Scarano G, Sipek A, Pötzsch S, Szabova E, Yevtushok L. Gastroschisis and associated defects: an international study. *Am J Med Genet A.* 2007;143(7):660-71.
- O'Leary DR, Kuhn S, Kniss KL, Hinckley AF, Rasmussen SA, Pape WJ, Kightlinger LK, Beecham BD, Miller TK, Neitzel DF, Michaels SR, Campbell GL, Lanciotti RS, Hayes EB. Birth outcomes following West Nile Virus infection of pregnant women in the United States: 2003-2004. *Pediatrics.* 2006;117(3):e537-45.
- Rasmussen SA, Hayes EB, Jamieson DJ, O'Leary DR. Emerging infections and pregnancy: assessing the impact on the embryo or fetus. *Am J Med Genet A.* 2007;143(24):2896-903.
- Rasmussen SA, Wong LY, Correa A, Gambrell D, Friedman JM. Survival in infants with Down syndrome, Metropolitan Atlanta, 1979-1998. *J Pediatr.* 2006;148(6):806-12.
- Rasmussen SA, Yazdy MM, Carmichael SL, Jamieson DJ, Canfield MA, Honein MA. Maternal thyroid disease as a risk factor for craniosynostosis. *Obstet Gynecol.* 2007;110(2 Pt 1):369-77.
- Reefhuis J, Rasmussen SA, Friedman JM. Selective serotonin-reuptake inhibitors and persistent pulmonary hypertension of the newborn. *N Engl J Med.* 2006;354(20):2188-90.
- Riehle-Colarusso T, Strickland MJ, Reller MD, Mahle WT, Botto LD, Siffel C, Atkinson M, Correa A. Improving the quality of surveillance data on congenital heart defects in the metropolitan Atlanta congenital defects program. *Birth Defects Res A Clin Mol Teratol.* 2007;79(11):743-53.
- Romitti PA, Sun L, Honein MA, Reefhuis J, Correa A, Rasmussen SA. Maternal periconceptional alcohol consumption and risk of orofacial clefts. *Am J Epidemiol.* 2007;166(7):775-85.
- Rowland CA, Correa A, Cragan JD, Alverson CJ. Are encephaloceles neural tube defects? *Pediatrics.* 2006;118(3):916-23.
- Shaw GM, Carmichael SL, Laurent C, Rasmussen SA. Maternal nutrient intakes and risk of orofacial clefts. *Epidemiology.* 2006;17(3):285-91.
- Shin M, Kucik JE, Correa A. Causes of death and case fatality rates among infants with Down syndrome in metropolitan Atlanta. *Birth Defects Res A Clin Mol Teratol.* 2007;79(11):775-80.
- Siffel C, Strickland MJ, Gardner BR, Kirby RS, Correa A. Role of geographic information systems in birth defects surveillance and research. *Birth Defects Res A Clin Mol Teratol.* 2006;76(11):825-33.
- Strickland MJ, Siffel C, Gardner BR, Berzen AK, Correa A. Quantifying geocode location error using GIS methods. *Environ Health.* 2007;6:10.
- The NS, Honein MA, Caton AR, Moore CA, Siega-Riz AM, Druschel CM; National Birth Defects Prevention Study. Risk factors for isolated biliary atresia, National Birth Defects Prevention Study, 1997-2002. *Am J Med Genet A.* 2007;143(19):2274-84.
- Waller DK, Shaw GM, Rasmussen SA, Hobbs CA, Canfield MA, Siega-Riz AM, Gallaway MS, Correa A; National Birth Defects Prevention Study. Prepregnancy obesity as a risk factor for structural birth defects. *Arch Pediatr Adolesc Med.* 2007;161(8):745-50.
- Whitehead NS, Rasmussen SA, Cox S, Posner SF. Prevalence and predictors of receipt of prenatal information about genetic screening. *Prenat Diagn.* 2006;26(10):944-50.
- Yang Q, Botto LD, Erickson JD, Berry RJ, Sambell C, Johansen H, Friedman JM. Improvement in stroke mortality in Canada and the United States, 1990 to 2002. *Circulation.* 2006;113:1335-43.
- Yang QH, Carter HK, Mulinare J, Berry RJ, Friedman JM, Erickson JD. Race-ethnicity differences in folic acid intake in women of childbearing age in the United States after folic acid fortification: findings from the National Health and Nutrition Examination Survey, 2001-2002. *Am J Clin Nutr.* 2007;85(5):1409-16.
- Yang Q, Chen H, Correa A, Devine O, Mathews TJ, Honein MA. Racial differences in infant mortality attributable to birth defects in the United States, 1989-2002. *Birth Defects Res A Clin Mol Teratol.* 2006;76(10):706-13.
- Yang Q, Greenland S, Flanders WD. Associations of maternal age- and parity-related factors with trends in low-birthweight rates: United States, 1980 through 2000. *Am J Public Health.* 2006;96(5):856-61.
- Yazdy MM, Honein MA, Rasmussen SA, Frias JL. Priorities for future public health research in orofacial clefts. *Cleft Palate Craniofac J.* 2007;44(4):351-7.

References by ICBDSR Members, 2006-2007

Yazdy MM, Honein MA, Xing J. Reduction in orofacial clefts following folic acid fortification of the U.S. grain supply. *Birth Defects Res A Clin Mol Teratol*. 2007;79(1):16-23.

USA: Texas

Archer NP, Langlois PH, Case AP, Wolfe LJ. Linking teratogen service and birth defects registry databases to improve knowledge of birth defect status. *Birth Defects Res A Clin Mol Teratol* 2006; 76:126-128.

Brender JD, Zhan FB, Suarez L, Langlois P, Gilani Z, DeLima I, Moody K. Linking environmental hazards and birth defects data: methods and issues. *Int J Occup Environ Health* 2006; 12(2):126 – 133.

Brender JD, Suarez L, Felkner M, Gilani Z, Stinchcomb D, Moody K, Henry J, Hendricks K. Maternal exposure to arsenic, cadmium, lead, and mercury and neural tube defects in offspring. *Environ Res* 2006; 101(1):132-139.

Brender JD, Zhan FB, Suarez L, Langlois PH, Moody K. Maternal residential proximity to waste sites and industrial facilities and oral clefts in offspring. *J Occup Environ Med* 2006; 48:565-572.

Canfield MA, Ramadhani T, Langlois P, Waller DK. Residential mobility patterns and exposure misclassification in epidemiologic studies of birth defects. *J Expo Sci Environ Epidemiol* 2006; 16(6):538-543.

Canfield MA, Przybyla, Case AP, Ramadhani T, Suarez L, Dyer J. Folic acid awareness and supplementation among women of childbearing age. *Prev Med* 2006; 43:27-30.

Canfield MA, Honein MA, Yuskin N, Xing J, Mai CT, Collins JS, Devine O, Petrini J, Ramadhani TA, Hobbs CA, Kirby RS, for the National Birth Defects Prevention Network. National estimates and race/ethnic-specific variation of selected birth defects in the United States, 1999-2001. *Birth Defects Res Part A* 2006; 76(11):747-756.

Carmichael SL, Shaw GM, Yang W, Laurent C, Herring A, Royle MH, Canfield M, and the National Birth Prevention Study. Correlates of intake of folic acid-containing supplements among pregnant women. *Am J Obstet Gynecol* 2006 Jan; 194(1):203-10.

CDC. Improved national prevalence estimates for 18 selected major birth defects – United States, 1999-2001. *MWMR* 2006; 54:1301-1305.

Gilboa SM, Mendola O, Olshan AF, Savitz DA,

Herring AH, Loomis D, Langlois PH, Keating K. Characteristics that predict locating and interviewing mother identified by a state birth defects registry and vital records. *Birth Defects Research Part A* 76(1): 60-65, 2006.

Gilboa AM, Mendola P, Olshan AF, Harness C, Loomis D, Langlois P, Savitz DA, Herring AH. Comparison of residential geocoding methods in a population-based study of air quality and birth defects. *Environ Res*, 2006; 101(2): 256-262.

Jensen LE, Etheredge AJ, Brown KS, Mitchell LE, Whitehead AS. Maternal genotype for the monocyte chemoattractant protein 1 A(-2518)G promoter polymorphism is associated with the risk of spina bifida in offspring. *Am J Med Genet A*, 2006; 140A:1114-1118.

Jensen LE, Hoess K, Mitchell LE, Whitehead AS. Loss of function polymorphisms in NAT1 protect against spina bifida. *Human Genetics*, 2006; 120:52-57.

Langlois P, Scheuerle A, Winter A. Severity of birth defects as a tool for dealing with detection bias in cluster investigations. *Birth Defects Monitor*, 2006; 12(1): 2-3.

Missmer SA, Suarez L, Felkner M, Wang E, Merrill AH, Rothman KJ, Hendricks KA. Exposure to fumonisins and the occurrence of neural tube defects along the Texas-Mexico border. *Environ Health Perspectives*, 2006; 114:237-241.

Mitchell LE, Finnell RH, Whitehead AS. Etiology and prevention of spina bifida. In: David TJ ed. *Recent Advances in Pediatrics*. Royal Society of Medicine Press Ltd. 2006.

Zhan FB, Brender JD, Han Y, Suarez L, Langlois PH. GIS-EpiLink: a spatial search tool for linking environmental and health data. *J Med Syst* 2006; 30: 405-412.

Zhan FB, Brender JD, De Lima I, Suarez L, Langlois PH. Match rate and positional accuracy of two geocoding methods for epidemiological research. *Ann Epidemiol*, 2006; 16 (11):842-849.

Archer N, Langlois P, Suarez L, Brender J, Shammugam R. Association of paternal age with prevalence of selected birth defects. *Birth Defects Res A Clin Mol Teratol* 2007; 79:27-34.

Brender JD, Zhan FB, Langlois PH, Suarez L, Scheuerle A. Residential proximity to waste sites and industrial facilities and chromosomal anomalies in offspring. *Int J Hyg Environ Health* 2007. [In Press]

References by ICBDSR Members, 2006-2007

- Canfield MA, Marengo L, Ramadhani TA, Suarez L, Brender JD, Scheuerle A. The prevalence and predictors of anencephaly and spina bifida in Texas. *Paediatric and Perinatal Epidemiol* 2007; [In Press]
- Case AP, Ramadhani T, Canfield MA, Wicklund C. Awareness and attitudes regarding prenatal testing among Texas women of childbearing age. *J Genetic Couns* 2007; 16(5): 655-661.
- Case AP, Ramadhani T, Canfield MA, Beverly L, Wood R. Folic acid supplementation among diabetic, overweight, or obese women of childbearing age. *J Obstet Gynecol Neonatal Nurs*, 2007; 36:335-41.
- Ethen MK, Canfield MA, Trevino J. Pilot Test of Prenatal Surveillance for Birth Defects in South Texas. *Birth Defects Res A Clin Mol Teratol*, 2007; 79(11):788 - 791.
- Felkner M, Suarez L, Liszka B, Brender JD, Canfield M. Neural tube defects, micronutrient deficiencies, and helicobacter pylori: A new hypothesis. *Birth Defects Res A Clin Mol Teratol* 2007; 79(8):617-621.
- Kaye CI, Livingston J, Canfield MA, Mann MY, Lloyd-Puryear MA, Therrell BL Jr. Assuring clinical genetic services for newborns identified through U.S. newborn screening programs. *Genetics in Medicine*; 9(8): 518-527, 2007.
- Langlois P. Are birth defects higher along the Texas-Mexico border? *Texas Medicine*, November 2007. [In Press]
- Langlois PH and Scheuerle A. Using registry data to suggest which birth defects may be more susceptible to artifactual clusters and trends. *Birth Def Res (Part A)*, 2007; 79(11):798-805.
- Rasmussen SA, Yazdy M, Honein MA, Carmichael S, Canfield M, and the National Birth Defects Prevention Study. Maternal thyroid disease as a possible risk factor for craniosynostosis. *Obstet Gynecol* 2007; 110(2): 369-377.
- Suarez L, Felkner M, Brender JD, Canfield MA, Hendricks KA. Maternal exposures to cigarette smoke, alcohol, and street drugs and neural tube defect occurrence in offspring. *Matern Child Health J*, 2007. [In Press]
- Suarez L, Brender JD, Zhan FB, Langlois PH, Moody K. NTDs and proximity to waste sites and industrial facilities. *Ann of Epidemiol* 2007;17(10):772-777.
- Suarez L, Brender JD, Langlois PH, Zhan B, Moody K. Maternal exposures to hazardous waste sites and industrial facilities and risk of neural tube defects in offspring. *Ann Epidemiol*, 2007; 17(10):772-777.
- Waller DK, Shaw GM, Rasmussen S, Siega-Riz AM, Canfield MA, Hobbs CA, Gallaway SM, Correa A. Prepregnancy obesity as a risk for structural birth defects. *Arch Pediatr Adolesc Med*, 2007; 161(8):745-750.
- Wen S, Ethen M, Langlois P, Mitchell L. Prevalence of encephalocele in Texas, 1999-2002. *Am J Med Gen A* 2007; 143(18):2150-2155.
- Yang J, Carmichael SL, Canfield M, Song J, Shaw GM, and the National Birth Defects Prevention Study. Socioeconomic status in relation to selected birth defects in a large multi-centered US case-control study. *Am J Epidemiol*, 2007 Oct. [In Press]
- USA: Utah**
- Botto LD, Lin AE, Riehle-Colarusso T, Malik S, Correa A, and the National Birth Defects Prevention Study. Seeking Causes: Classifying and Evaluating Congenital Heart Defects in Etiologic Studies. *Birth Defects Research Part A* 2007; 79:714-727.
- Botto LD. Flavors in gene-environment interactions. *Epidemiology* 2007; 18(4): 431-432.
- Riehle-Colarusso T, Strickland MJ, Reller MD, Mahle WT, Botto LD, Siffel C, Atkinson M., Correa A. Improving the quality of surveillance data on congenital heart defects in the metropolitan Atlanta congenital defects program. *Birth Defects Res A Clin Mol Teratol*. 2007 Nov;79(11):743-53.
- Feldkamp ML, Carey JC, Sadler TW. Development of Gastroschisis: Review of Hypotheses, a Novel Hypothesis, and Implications for Research. *American Journal of Medical Genetics* 2007; 143A:639-652.

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