



National Birth Defects Prevention Network Newsletter

Message From the President



Inside this issue:

From the President News from CDC	1
Epidemiology Notes On the Internet	3
Committee News	4
Surveillance Corner	7
March of Dimes Mark Your Calendar	8

Mission Statement

The mission of the National Birth Defects Prevention Network is to establish and maintain a national network of state and population-based programs for birth defects surveillance and research to assess the impact of birth defects upon children, families, and health care; to identify factors that can be used to develop primary prevention strategies; and to assist families and their providers in secondary disabilities prevention.

The National Birth Defects Prevention Network is all about people; members like you who transform their enthusiasm into action. In 2006, members continued to enhance the organization by developing products, providing information, mulling weighty issues, and publishing data. I saw an extraordinary level of energy, passion, and service to NBDPN. Therefore, I asked some members what *word* best describes NBDPN, and what *word* describes their experience working within the organization:

Camaraderie. More than names in the NBDPN directory! An atmosphere of good will, alliance, warmth, and, at times, comic relief, shapes the organization.

Knowledge. NBDPN is truly a 'Network' of talented, in the know, people. The assets of the organization are in the expertise, experience, and connections of members who bring these skill sets to committees, teams, elected offices, and councils.

Involvement. Members are intensely interested in achieving the goals of NBDPN. The momentum of the organization is sustained by the efforts, perseverance, and vigilance that members demonstrate on matters of interest. NBDPN is alive with activity.

Collaboration. NBDPN is more than the sum of its parts! Members embrace opportunities that turn data into useful information, bring attention to NBDPN, and encourage partner-

ships. Members are eager to promote NBDPN as an influential and credible source of information.

Evolving. Ten years young and still growing! NBDPN remains a champion to its mission even as members adapt to new challenges, engage in strategic planning, and develop new products and services. The organization has become increasingly responsive to 'voices' in the community, and to pertinent issues that occur in the external environment.

Excitement. Members provide an astonishing 'can-do' optimism. The organization is an enthusiastic advocate driven by the creative, supportive, and circumspect energy of the membership. The breadth of service provided from NBDPN members strengthens the foundation of the organization.

This collective personality of NBDPN is a tribute to members who work steadfastly to achieve the goals and objectives of the organization. As you read the newsletter, visualize how the attributes described above surface and take shape in the dynamic interactions of NBDPN members. 2006 was a very good year. Thank you.

Sincerely,
Carol Stanton, 2006 NBDPN President

News from the Centers for Disease Control



Centers for Birth Defects Research and Prevention

The Centers for Birth Defects Research and Prevention (CBDRP) have continued to collaborate on the National Birth Defects Prevention Study (NBDPS), which now includes over 25,000 completed maternal interviews and almost 11,500 infant DNA samples. NBDPS

data was presented at several meetings in 2006 including: Society for Epidemiological Research, Teratology Society meeting, American Society for Human Genetics, and the MCH Epidemiology meeting.

Three epidemiologic studies of the combined NBDPS data have been recently accepted for



News from the Centers for Disease Control



publication:

1. M. Honein et al. Effect of maternal smoking and environmental tobacco smoke exposure on the occurrence of orofacial clefts. *Epidemiology* (in press)
2. S. Malik et al. Association between congenital heart defects and small for gestational age. *Pediatrics* (in press)
3. S. Carmichael et al. Maternal reproductive and demographic characteristics as risk factors for hypospadias. *Paediatric and Perinatal Epidemiology* (in press)

Some key priorities for the coming year include:

1. Assessing the association between folic acid intake and neural tube defects in the post-folic acid fortification era (led by the Arkansas center).
2. Assessing maternal use of corticosteroids and the risk of orofacial clefts (led by the California center).
3. Expanding our understanding of the relation between maternal diabetes and major birth defects (led by the CDC center).
4. Assessing the role of maternal alcohol consumption in the etiology of orofacial clefts (led by the Iowa center).
5. Describing use of herbal products during pregnancy (led by the Massachusetts center).
6. Assessing maternal hypertension, use of anti-hypertensive medications and cardiovascular defects (led by the New York center).
7. Expanding our understanding of the relation between maternal body mass index and gastroschisis (led by the North Carolina center).
8. Assessing the role of genitourinary infections in the etiology of gastroschisis (led by the Utah center).
9. Describing exposure to oral contraceptives in early pregnancy, and assessing any association with major birth defects (led by the Texas center).

Science Ambassador

Science Ambassador, a program in which CDC scientists work with top current and future middle and high school science teachers to educate them about different scientific public health issues, is finishing up the 2006 year. This past summer, CDC held two workshops featuring topics like epidemiology and surveillance, autism, ADD/ADHD, Alzheimer's disease, diabetes, nutrition, skin cancer and more. A total of 17 teachers from around the country participated including 3 pre-service teachers from select universities.

The aim of this study was to evaluate several folate path-

way genes for association with human NTDs, incorporating maternal folate supplementation as an environmental cofactor.

The Science Ambassador staff are finalizing the 2006 lesson plans which will add to the over 50 plans currently available. New in 2006, two lesson plans (one on folic acid and neural tube defects and one on autism) were translated into Spanish. The two Spanish-language lesson plans, as well as many more, are available to all teachers through NCBDDD's Web site (<http://www.cdc.gov/ncbddd/folicacid/ScienceAmbassador.htm>). All lesson plans meet National Science Education Standards, ensuring that teachers across the nation can use them in their classrooms.

We urge you to share this information with your state contacts to ensure that teachers in all areas of the U.S. can benefit from lesson plans developed by the Science Ambassador Program. Also, be sure to check back with us soon for more lesson plans from our 2006 program!

Spanish-language Folic Acid Communication Research and Creative Production

Since the 1998 mandatory fortification of cereals and grains with folic acid, rates of neural tube defects (NTDs) in the U.S. have decreased. However, Hispanic women still have the highest rates of NTD-affected pregnancies and lower levels of folic acid awareness, knowledge, and consumption than women of other race/ethnic groups. To reduce this disparity, NCBDDD researchers have conducted Spanish-language community campaigns over several years, aimed at increasing folic acid awareness, knowledge, and consumption. Findings from these efforts indicate that levels of folic acid knowledge, awareness, and consumption have increased in this community. After several years of campaigns, however, researchers were concerned that the media messages used for these campaigns might be outdated or no longer appropriate for the audience. Researchers decided to focus efforts on conducting new formative research with Spanish-speaking Hispanic women. Using previously collected survey and census information, a multivariate segmentation analysis was performed to identify segments of Spanish-speaking Hispanic women living in the U.S. as they relate to folic acid consumption attitudes, knowledge, behavior, and values. Three audience segments, based on education and age, were selected as targets for folic acid outreach efforts, and formative research was initiated. Focus groups and individual interviews were used to gather baseline information and to test existing materials. The goal of the research is to determine whether new targeted educational messages and materials are necessary, and if so, to develop messages and materials that will meet the unique needs of each segment.



Epidemiology Notes

Neural Tube Defects and Folate Pathway Genes: Investigating Gene Interactions

While it is well documented that maternal folic acid supplementation before conception can reduce the risk of neural tube defects (NTDs), the issue of folate metabolism pathways genes and their association with NTDs is less understood. Previous studies have examined these genes individually with conflicting results. The most commonly studied polymorphism has been the 5,10-methylenetetrahydrofolate reductase (*MTHFR*) single nucleotide polymorphism (SNP) rs1801133 (aka C677T) polymorphism. The aim of this study was to evaluate several folate pathway genes for association with human NTDs, incorporating maternal folate supplementation as an environmental cofactor.

The study population consisted of 304 Caucasian American families with at least one individual affected with an NTD. Seventy-four percent of NTD case mothers were interviewed to determine environmental exposures, including pre- and post-conceptional vitamin use. Twenty-eight polymorphisms in 11 genes were genotyped: folate receptor 1, folate receptor 2, solute carrier family 19 member 1, transcobalamin II, methylenetetrahydrofolate dehydrogenase 1, serine hydroxymethylcysteine methyltransferase 1, *MTHFR*, 5-methyltetrahydrofolate-homocysteine methyltransferase, 5-methyltetrahydrofolate-

homocysteine methyltransferase reductase, betaine-homocysteine methyltransferase (*BHMT*), and cystathionine-beta-synthase.

Initial analyses found associations with *BHMT* SNPs rs3733890 and rs558133. When subdivided by the absence or presence of folate supplementation, the *BHMT* associations were only significant when the mothers took folate supplements before conception. The *BHMT* SNP rs3733890 was more significant when the data was stratified by transmission of the *MTHFR* rs1801133 T allele from parent to offspring. Other SNPs in the folate pathway were marginally significant in some analyses when stratified by maternal supplementation, or *MTHFR* or *BHMT* allele transmission. Study authors concluded that *BHMT* rs3733890 was significantly associated with NTDs, particularly when mothers were receiving preconceptional folate or parents preferentially transmitted the *MTHFR* rs1801133 T allele. In the overall data set, the *MTHFR* SNP rs1801133 T allele was not a major risk factor for NTDs.

Reference

Boyles AL., Billups AV, Deak KL, et al. Neural tube defects and folate pathway genes: family-based association tests of gene-gene and gene-environment interactions. *Environ Health Perspect* 2006; 114: 1547-1552.

National Folic Acid Awareness Week is January 8-14, 2007

[Http://www.folicacidinfo.org/campaign/](http://www.folicacidinfo.org/campaign/)



The aim of this study was to evaluate several folate pathway genes for association with human NTDs, incorporating maternal folate supplementation as an environmental cofactor.

Birth Defects on the Internet

2007 NBDPN BIRTH DEFECTS PREVENTION PACKET

You're not just going to merely want a piece of this, you're going to want the Whole Thing!
<http://www.nbdpn.org/current/resources/bdpm2007.html>

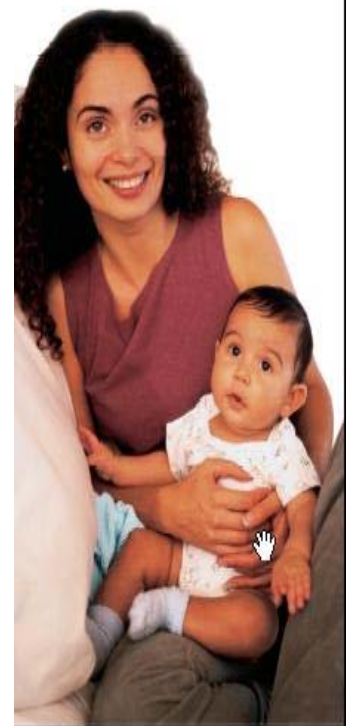
Folic Acid Counseling.

Take the ABCs of Folic Acid Counseling, a new CE tutorial from the Spina Bifida Association with cooperation from the Centers of Disease Control and Prevention
<http://www.sbaa.org>

Congratulations, Mom. You Have a Beautiful Baby

This NBDPN brochure, targeting the postpartum woman, explains why folic acid is important even after childbirth and reminds the new Mom to take a multivitamin with folic acid every day. Includes tips on postpartum self care such as getting enough rest, finding time to relax and eating a healthy, varied diet. *This brochure is currently only available by downloading from this site.* http://www.nbdpn.org/current/resources/ntd_fa_info.html

CONGRATULATIONS, MOM
YOU HAVE A
BEAUTIFUL BABY





The Menger Hotel in San Antonio, Texas is the location of the NBDPN 2007 Annual Meeting!

HIGHLIGHTED SESSIONS:

"Not-to-be-missed" closing plenary by Dr. Tyrone Hayes on pesticides, endocrine disruption and playing hide and seek with industry and the EPA

Plenary session on February 6th with a focus on "Clinical History of Congenital Heart Defects

The 2007 NBDPN Annual Meeting has sessions each day to tickle the fancy of abstractors, coders, or those interested in birth defects surveillance. Each session is packed full of educational and cutting-edge information designed to educate surveillance program abstractors.

Here are just some of the sessions:

- A Primer on Medical Procedures
- Prenatal Diagnosis Surveillance Methods, From Guidelines to Standards,
- Congenital Heart Defects: To the Heart of the Matter
- Impact of Disasters on Birth Defects Surveillance
- Genetic Syndromes with Heart Defects and More!

"Come and meet others who share your experiences and challenges!"

Annual Meeting Committee

The Annual Meeting Committee is currently planning the 10th NBDPN Annual Meeting, scheduled for February 5-7, 2007 at the Menger Hotel in San Antonio, Texas. The Menger Hotel is next to the Alamo, the Rivercenter Mall, the IMAX Theater, and the River Walk. The Monday night social will be a group tour of the Alamo.

Topics for the Annual Meeting include: congenital heart malformations, with Dr. Thomas Sadler's presentation on the embryology of the heart; an update on the economic costs of birth defects; findings from the National Birth Defects Prevention Study; genomics and birth defects; and a riveting closing plenary by Dr. Tyrone Hayes on pesticides, endocrine disruption, and playing politics with the pesticide

industry and the Environmental Protection Agency. A variety of breakout sessions are scheduled to appeal to a diverse audience and cover birth defects surveillance, research, and prevention issues. Also on the agenda are sessions designed to encourage information sharing and networking, such as poster presentations and exhibits. On February 4, 2007, we will offer a hands-on multivariate analysis class using birth defects data. Online registration for the meeting is now available through the NBDPN website or at <http://www.regonline.com/Checkin.asp?EventId=108948>.

-- Allison James, Phoenix, AZ
-- Russ Kirby, Birmingham, AL

Publications and Communications

The P&C would like to welcome several new members who joined through the NBDPN membership renewal process. We appreciate your enthusiasm!

During the year received notice of several things not working on our web site. We are listening and thank you all for your patience as we work to make corrections. It is an involved process and we are in the midst of trying to work out some of the kinks for the New Year.

A big thanks to Julianne Collins who volunteered to be an associate editor for the 2007 NBDPN annual report. She is currently getting some "on the job" training from Russ Kirby and Cara Mai.

With the start of the New Year, we will be working to prioritizing and implementing the suggestions we received for enhancement to the Members Only Section of the site. Thank you to everyone who provided input.

As you may have noticed as you have perused the NBDPN Strategic Plan, all of the committees have a plate full of tasks to tackle. We do need you; every little bit of effort really does help. Our Annual Meeting is a great time to talk with committee chairs and get involved.

-- Russel Rickard, Denver, CO

Ethical, Legal, and Social Issues (ELSI)

The ELSI Committee has been involved with several projects this year related to the NBDPN strategic plan. Included among the projects are: 1) a financial sponsorship policy that would address issues such as taking and receiving donations, fund raising, and dispersing NBDPN funds for travel and partnerships; 2) a protocol/checklist for letters of support (e.g. grant applications for states); and 3) a flow chart (decision tree) using the network's mission statement as guidance to address issues such as financial support and letters of support for grants, network name being used as a sponsor, and letters of support for state legislation. The committee has been looking into issues related to newborn screenings and is working on a fact sheet to pro-

vide information to families on specific birth defects. In addition, the ELSI Committee will be working with the Publications & Communications and Education & Outreach Committees on developing a policy regarding copywriting NBDPN fact sheets and other publications.

Unfortunately, Cynthia will be no longer be co-chair of the ELSI Committee. I would like to thank her for contributions and assistance. She has been a great asset to the committee and NBDPN. If you know of anyone who might be interested in joining or co-chairing the committee with me in 2007, please let me know at: debra.musa@omr.state.ny.us.

--Debra Musa, Schenectady, NY

Surveillance Guidelines and Standards Committee (SGSC)

The SGSC continues its work developing services/products to benefit the membership. The SGSC activities relating to the NBDPN Strategic Plan are primarily in Goal 1 "Establish and support core program services and products that help the Network carry out its mission".

Some Strategic Plan Activities worked on since the last newsletter include:

- *Exploring costs/benefits to creating program or abstractor certifications
- *Work on core/minimum standards for Surveillance Programs.
- *Developing new items for guidelines: Data Presentation Chapter
- + Prenatal Diagnosis Surveillance Chapter

Sharing knowledge and creating interactive learning opportunities: multiple sessions at Annual Meetings,

BPA Code Questions & Answers, Abstractor Resource Lists, Abstractor Training Development,

SGSC members are very involved developing or presenting many sessions in the upcoming 2007 Annual Meeting. You can check out the preliminary agenda on the NBDPN website. Thanks to all who are working on these sessions!

--Ann Phelps, Austin, TX
--Brad McDowell, Iowa City, IA

Education and Outreach Committee

Over the last few months our primary task has been development of the 2007 Birth Defects Prevention Month (BDPM) educational packet highlighting the importance of *preconceptional health*. Although the same topic was used for the 2006 packet, members of the EO committee thought the subject of such importance that the role of preconceptional health could not be over-emphasized. Great new materials to be included in the 2007 packet are 10 birth defect fact sheets created by the Florida Department of Health and the March of Dimes that are easy to read and translated into Spanish. Packet materials may be downloaded from the NBDPN website at: <http://www.nbdpn.org/current/resources/bdpm2007.html>

If you have an interest in promoting birth defects prevention strategies through working with this dedicated group of professionals please join us for our in-person meeting at the 2007 NBDPN Conference!! We gladly welcome (and depend upon) new committee members! For more information please contact committee co-chairs Amy Nance (UT) aenance@utah.gov or Mary Knapp (NJ) Mary.Knapp@doh.state.nj.us

Happy holidays and many thanks to all committee members who offered their time and talent to development of the 2007 packet. None of this important work could be done without you!!

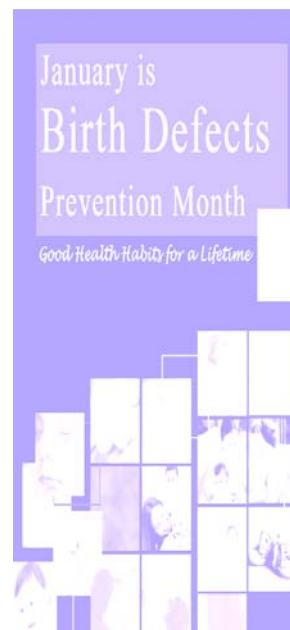
-- Amy Nance, Salt Lake City, UT
-- Mary Knapp, Trenton, NJ

Membership and Elections

The M&E committee has been working on increasing our Network's linkages to like-minded organizations. Our vision is to have liaisons from NBDPN who can communicate the activities of our organization to other groups. These activities would include our annual meeting, the work of our various committees, our important publications, and actions of legislative bodies that threaten or promote our common interests. We would also like to know what the other or-

ganizations are doing that could benefit our Network, our members, and children with birth defects. So, if you belong to a professional organization that would benefit from closer interaction with NBDPN and you'd be willing to serve in a liaison role, please tell someone on the M&E committee. Also, we strongly encourage the participation on the M&E committee of our veteran members as we plan for the new members' reception in San Antonio. Salud!

--Tim Flood, Phoenix, AZ



2007 Birth Defects Prevention Month (BDPM) educational packet is now available!!!

Election Results for 2007!

The 2007 election process is now complete. Sam Viner-Brown (RI) was selected as president-elect, Glenn Copeland (MI) as secretary-treasurer, and Judy Major (NC) as member-at-large. Phil Cross will assume the role of president, and Carol Stanton will become the immediate past-president. This will be effective on January 1, 2007.



State Data Committee

During the past several months, the Data Committee has added two new important functions. First, at the suggestion of the Executive Committee, the Data Committee established a formal expedited data sharing review process for collaborative projects within the Network. This supplemented the existing Network data review and release policy developed last year to handle requests for Network data generally. The objective was to facilitate data sharing for collaborative projects within the Network and to bring together different groups proposing to conduct the same or highly similar projects.

Second, a number of states have recently raised questions regarding survey questionnaires that are being sent to birth defects and other public health surveillance programs. In response, the Data Committee has decided to serve as contact point for information regarding surveys targeting Network programs. The goal is to provide members with information regarding surveys and the agencies or organizations conducting them, as well as to provide information regarding birth defect surveillance and surveillance programs to groups interested in conducting such surveys. Programs are encouraged to contact the chair(s) of the Data Committee with questions or information regarding multi-state birth defects surveillance surveys.

Members of the Data Committee have also been involved in a number of other projects, including:

- The preparation of the Annual Report, including eleven articles, one commentary, and an editorial.

- The writing of a manuscript (currently in press) on national prevalence estimates based on data from 11 states with active case finding. Another paper examining preterm births is currently under review, and several other papers are currently in various stages of preparation.
- The creation of a working document that details Network projects. The plan is to continue to maintain an updated list that would be available on the *Members Only* area of the NBDPN website.
- A collaboration with NACCHO on a survey examining how birth defects programs and local health departments interact (in conjunction with Goal 2 of the strategic plan).
- Initiating a new trends analysis project using multi-state prevalence data.

As this suggests, membership in the Data Committee provides many opportunities to participate in a variety of different projects and activities. Please feel free to contact David (david.law@state.tn.us) or Craig (craig.mason@umit.maine.edu) if you have questions or would like to get involved.

--David Law, Nashville, TN,
--Craig Mason, Orono, ME

NTD Surveillance and Folic Acid Education

This committee is involved in several projects at various stages. We enthusiastically welcome new members, and encourage you to join us if you find any of these projects appealing or if you have ideas for new projects.

We would like to announce the completion of the postpartum educational pamphlet. English and Spanish versions of a pamphlet advocating healthy habits for mothers after childbirth and the continued use of a multivitamin with folic acid are available for download at http://www.nbdpn.org/current/resources/ntd_fa_info.html. Thanks to all of the members of this subcommittee, especially Kay Pearson, Judy Major and Cara Mai, for their hard work creating this pamphlet. (See page 3).

This committee is currently involved in several projects at various stages, including:

- NTD Ascertainment Project Trend Analysis - This working group has been analyzing rapid ascertainment data to see if spina bifida and anencephaly rates have declined or leveled off since fortification. Results from this study will be presented by Sheree Bol at the MCH Epi meeting in December. A manuscript describing these analyses is nearing completion.

- NTD Recurrence Prevention Survey - This working group is trying to define the characteristics of a feasible program for neural tube defect recurrence prevention. Results from a survey that was sent out to state contacts are being developed into a manuscript and will be presented at the NBDPN annual meeting in February.
- Ascertainment of NTD Pregnancy Outcomes Before and After Fortification Project - Jim Robbins is leading this project and the data request has been finished, approved, and sent out to state programs.
- A new project had been proposed by Russ Kirby to evaluate if the severity of spina bifida has decreased since fortification.

Please contact Julianne Collins at julianne@ggc.org if you would like more information about this committee or any of our ongoing projects.

-- Julianne Collins, Greenwood, SC



Surveillance Question Corner

Guidelines for Conducting Birth Defects Surveillance National Birth Defects Prevention Network

The technical guidelines in this document consist of a series of chapters covering the fundamental aspects of developing, planning, implementing, and conducting surveillance for birth defects and using the resulting data. They provide a way of improving the quality of birth defects surveillance data, which in turn enhances their use.

The Guidelines will be updated and revised over time. Whenever a revision is published, a revision date will appear in the chapter header to distinguish that page or pages from previous versions.

Comments and suggestions on this document are welcome. Submit comments to the Surveillance Guidelines and Standards Committee via e-mail at nbdpn@cdc.gov.

To view the guidelines go to:
<http://www.nbdpn.org/current/resources/bdsurveillance.html>

Question 1: What are some suggestions to keep birth defects data secure?

Answer 1: The Guidelines for Conducting Birth Defects Surveillance addresses this issue in Chapter 9: Data Management & Security. The recommendations address personnel issues, transportation and information handling, physical security, computer security and a policy on release of data. Check out the details at the NBDPN website:
<http://www.nbdpn.org/current/resources/bdsurveillance.html>

Question 2: What advice would you give to surveillance programs regarding maintaining a good relationship with their medical facilities and HIM/Medical Record Department?

Answer 2: A good working relationship with medical facilities and their Health Information Management (HIM)/ Medical Record Department is paramount to the success of surveillance programs. Surveillance programs (active and passive) depend on access to HIM/Medical Record Departments and their health data. It benefits surveillance programs to nurture that relationship by respecting and adhering to the medical

facility's and Health Information Management (HIM)/ Medical Record Department's policies, norms and mores.

A few tips:

*Know the HIM's business hours and adjust your arrival and departure time accordingly, unless other arrangements have been made with the HIM/Medical Record Department.

*Submit lists of medical records needed for review in the storage method used by the medical facility (terminal digit, straight numerical, middle digit etc...).

*Respect the time and labor of HIM/ Medical Record Department staff to pull medical records or are responsible for the electronic data transfer to you. Do not cancel scheduled visits to your medical facility. On the rare occasion when you must cancel, always notify the appropriate staff of your cancellation.

*The medical records staff may become very comfortable with you but avoid engaging in or repeat gossip from within the Department or from other medical facilities. Stay clear of office politics!

*Show gratitude for the time

and effort of the staff by being cordial, respectful and appreciative to managers and staff. Recognize their efforts through letters of appreciation to their superiors, surveillance programs promotional items, appreciations certificates/plaques, food, etc...

*Acknowledge the HIM/ Medical Record Department staff during National Health Information and Technology Week. As a side note, volunteer to be a presenter at a departmental staff meeting or an in-service anytime during the year.

*Never underestimate the power and benefits of simply saying "Thank-you".

Call For Manuscripts

- NBDPN Annual Report 2007 to be published in Birth Defects Research , Part A
- See the NBDPN website for details
- Manuscripts are due by March 16, 2007



News from the March of Dimes



In 2006, March of Dimes federal advocacy has focused on two initiatives directly related to the birth defects community -- passage of the PREEMIE Act and funding for CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD).

The PREEMIE Act (S. 707/H.R. 2861) was approved by unanimous consent in the U.S. Senate and we are working towards House passage during the December "lame duck" congressional session. If enacted, the PREEMIE Act will authorize creation of a public-private agenda for research and education related to preterm birth. The bill also calls for epidemiological studies by the CDC on the relationship between prematurity, birth defects, and developmental disabilities. These studies will be important in properly identifying the contribution of birth defects to the problem on preterm birth.

In a tough fiscal climate, the March of Dimes and many other advocacy groups have been working to

restore and increase funding for the NCBDDD. The President's FY2007 Budget proposed to cut NCBDDD's budget by \$15 million. As a result of aggressive advocacy, including a letter signed by over 50 organizations as well as congressional briefings on the work of the NCBDDD, both the House and Senate appropriations bill minimized the budget cuts proposed by the President. The House bill includes a \$7 million cut and the Senate a \$3 million decrease. The two bills still need to be reconciled and a conference report passed by both the House and Senate. The March of Dimes will continue advocating to reverse these cuts in funding.

The March of Dimes encourages you to take advantage of every possible opportunity to inform members of congress about the importance of birth defects surveillance, research and prevention.

--Emil Wigode, Washington, DC

Visit the NBDPN Members Only Section

Currently you have the ability of :

Renewing/editing your membership profile with your current contact information

and

searching the entire NBDPN membership directory by first and last name, organization, State and/or committee!

<http://www.nbdpn.org/secure/welcome.asp>

Mark Your Calendar

February 5-7

Title: **2007 NBDPN Annual Meeting**
City: San Antonio Texas
Location: Menger Hotel
Website: <http://www.nbdpn.org/current/annualmeeting/index.html>

March 3-7

Title: 2007AMCHP
City: Arlington, VA
Location: Crystal Gateway Marriot
Website: <http://www.amchp.org/news/2007/overview.php>

May 14-19

Title: 2007 Appalachian Summer Institute of Epidemiology
City: Johnson City, Tennessee
Location: East Tennessee State University
Website: <http://www.etsu.edu/scs/applepi.htm>

Jun 17-21

Title: 3rd International Conference on Birth Defects and Disabilities in the Developing World
Location: Rio de Janeiro, Brazil
Email: <http://www.jz.com.br/congressos/2007/3rdconference/en/trabalho.php>

Jun 18-22

Title: Twenty-Seventh Annual ESRI International User Conference
City: San Diego, California
Location: San Diego Convention Center
Website: <http://www.esri.com/events/uc/>

June 23-28, 2007

Title: Teratology Society 47th Annual Meeting
City: Pittsburgh, PA
Location: Omni William Penn
Website: <http://teratology.org/>

Jun 24-28

Title: Eliminating Health Disparities: Data to Action
City: Atlantic City, New Jersey
Location: Sheraton Hotel and the Convention Center
Contact: CSTE
Phone: 770-458-3811
Email: www.cste.org

July 16-18

Title: The Public Health Congress
City: Washington, DC
Location: Mandarin Oriental
Website: <http://www.worldcongress.com/events/NW701/?confcode=NW701>

July 29- Aug-2

Title: 2007 Joint Statistical Meetings
City: Salt Lake City, Utah
Location: Salt Palace Convention Center
Website: <http://www.amstat.org/meetings/jsm/2007/>



National Birth Defects Prevention Network

Executive Committee

National Birth Defects Prevention
Network
14781 Memorial Dr.
Number 1561
Houston, TX 77079

WE'RE ON THE WEB!
[HTTP://WWW.NBDPN.ORG](http://www.nbdpn.org)

Important information about...

Preventing Birth Defects



President:	Carol Stanton (CO)
President –Elect:	Phil Cross (NY)
Past-President:	Marcia Feldkamp (UT)
Secretary-Treasurer:	Amy Case (TX)
Member-at-Large:	Glenn Copeland (MI)
Center for Disease Control and Prevention:	Leslie O'Leary and Cara Mai
March of Dimes:	Joanne Petrini
Annual Meeting :	Russ Kirby (AL) and Allison James (AZ)
Education and Outreach:	Amy Nance (UT) and Mary Knapp (NJ)
Ethical, Legal , and Social Issues:	Debra Musa (NY)
Membership and Elections:	Tim Flood (AZ)
NTD Surveillance and Folic Acid Education:	Julianne Collins (SC)
Publications and Communications:	Russel Rickard (CO)
State Data:	David Law (TN) and Craig Mason (ME)
Surveillance Guidelines and Standards :	Ann Phelps (TX)

For membership information contact:
Cara Mai at (404) 498-3918 or email cwm7@cdc.gov

NBDPN Newsletter Editorial Broad: Russel Rickard –Chair, Julianne Collins, Russ Kirby and Cara Mai

The National Birth Defects Prevention Network (NBDPN) is a group of individuals involved in birth defects surveillance, research, and prevention.

This newsletter is published twice a year. If you would like to be added to the mailing list, please contact Cara Mai at cwm7@cdc.gov.

The newsletter and additional information are also available on the internet at <http://www.nbdpn.org>.

Please send comment or questions about his newsletter to Russel Rickard at russel.rickard@state.co.us