

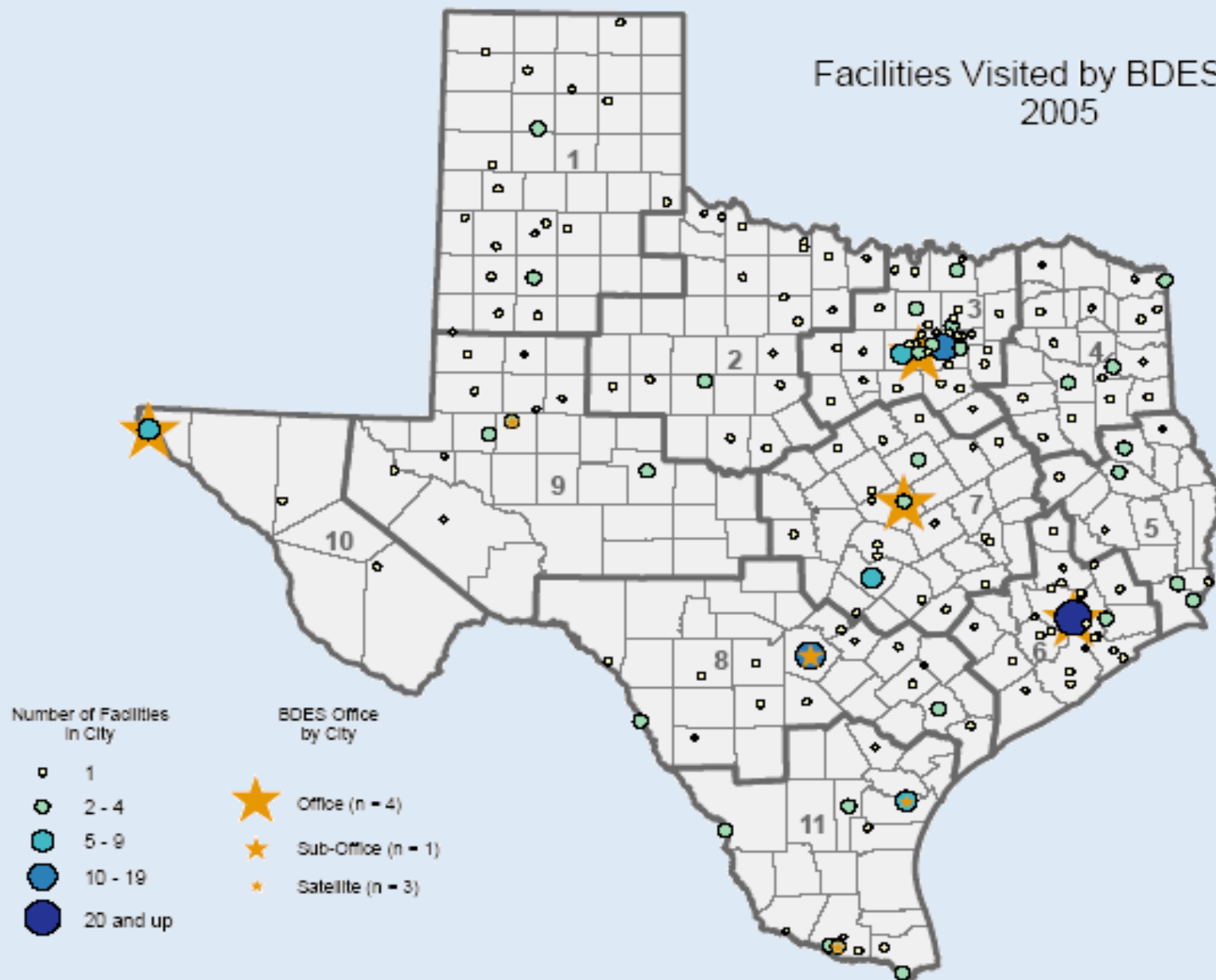
The Texas Experience with Birth Defects Surveillance among Military Births

Birth Defects Epidemiology & Surveillance
Texas Department of State Health Services
February 2011

Texas Birth Defects Active Surveillance

- BD staff read/abstract hospital medical records. Where possible, remote access to eMR is used.
- Each year, over 220 hospitals are visited in over 262,000 square miles.
- In 2010, over 92,000 records were reviewed resulting in over 22,000 cases with over 81,000 diagnoses.

Facilities Visited by BDES Staff 2005



Source: Birth Defects Epidemiology & Surveillance, March 2006

Why work in Military Facilities?

- To have the most complete state birth defects prevalence
- Not all mothers/infants are deliver/treated in civilian hospitals
- Including military facility data permits BDES to better respond to community concerns around military facilities

Texas Military Facilities in which BDES Staff Work

- Facility 1 is in West Texas
- Facility 2 is in Central Texas
- Facility 3 is in South Central Texas

Challenges – Facility 1 (West)

- Getting a computer password takes a long time (currently waiting 12 months after submitting required paperwork)
- Hospital has been unable to print an ICD-9 discharge line list (100% chart review)

Challenges – Facility 2 (Central)

- Facility security/training requirements prevented access for almost a year (included contacting family/friends, fingerprints, mini physical, shot records review, completion of federal training on HIPPA and security, formal orientation in several facility departments)
- Had to review every delivery until recently as facility was unable to provide ICD-9 discharge list

Challenges – Facility 2 (Central)

- Only on computer available and electronic medical record system is down frequently
- Facility staff turnover is much higher

Challenges – Facility 3 (South Central)

- Medical records are stored by sponsor's social security number (may not be the mother)
- In the near future, the Labor & Delivery and nurseries are moving to another local military facility (need to set up new relationships) but the outpatient clinics are remaining

Challenges – Facility 3 (South Central)

- Base access clearance process changes every visit and is time consuming
- Not allowed on units to review logs (do get a limited printout for Labor and Delivery)

Texas Military Facility Workload

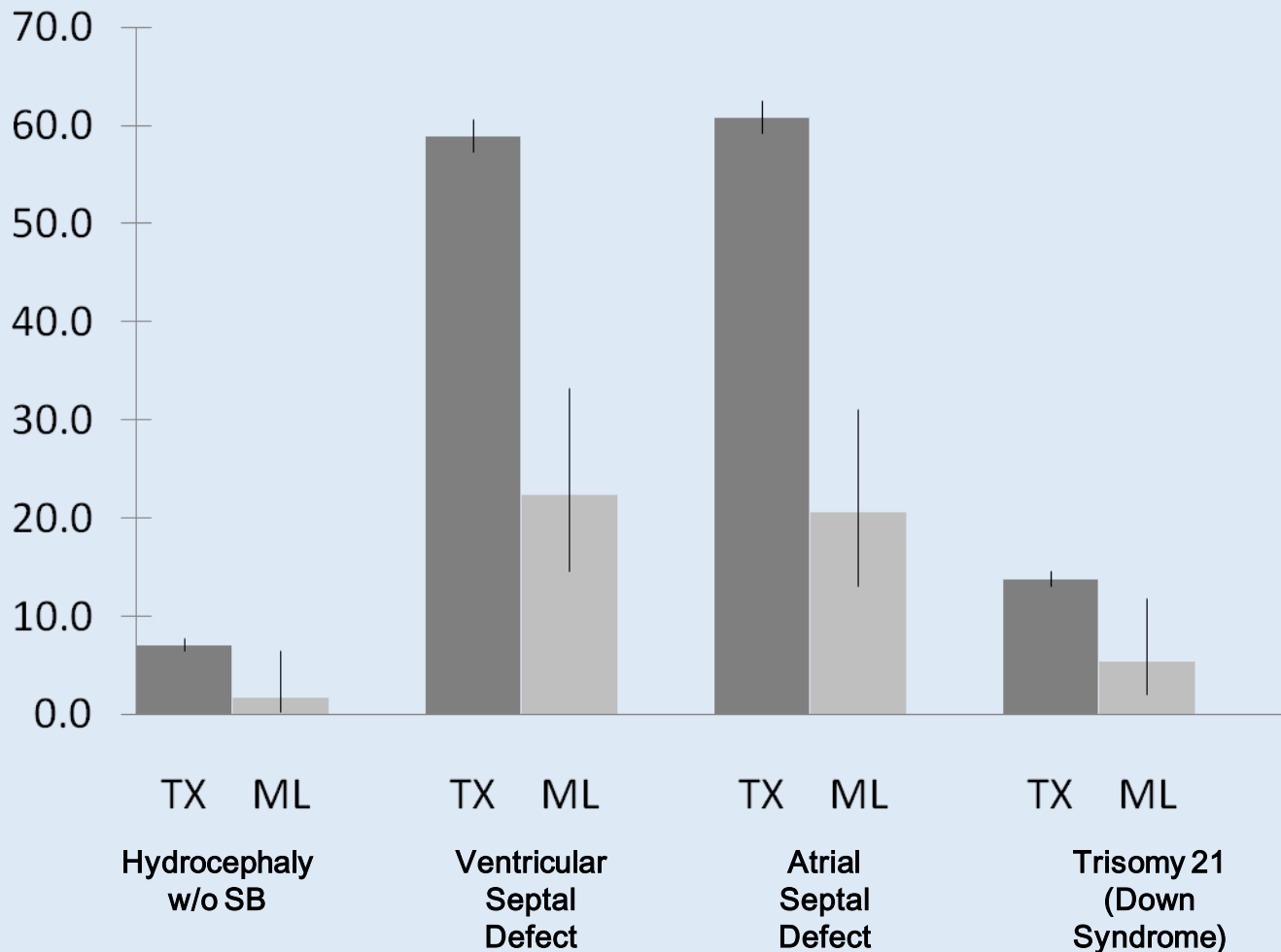
Facility	# of cases	# of charts reviewed	# of work days
Facility 1 (West Texas) Delivery Year 2009	32	422	24
Facility 2 (Central Texas) Delivery Year 2008	122	3202	24
Facility 3 (South Central Texas) Delivery Year 2008	150	430	25

Note: provisional data

Cases and Live Births by Texas Military Facility, 2006-2007

Military Facility	Cases	Births
Facility 1 (West Texas)	32	1869
Facility 2 (Central Texas)	215	5202
Facility 3 (South Central Texas)	155	4063
Total Texas Military Facility	402	11134
Texas Overall	35,342	806,830

Prevalence of Selected BDs Among All Texas Residents Compared to Residents Who Delivered in a Texas Military Facility, 2006-2007



Impact of Including Military Facility Deliveries

- Military deployment can create dips and spikes in delivery data
- Military families could be more mobile than the civilian population moving in and out of state which also creates dips and spikes in the data

Other Points

- BDES can not distinguish the military cases seen in civilian facilities from the general birth defects data.

Why work in Military Facilities?

- To have the most complete state birth defects prevalence
- Not all mothers/infants are deliver/treated in civilian hospitals
- Including military facility data permits BDES to better respond to community concerns around military facilities

For More Information:

Mark A. Canfield, Ph.D.

mark.canfield@dshs.state.tx.us