## Appendix 12.1

## Components for Incorporating Prenatal Diagnoses into Birth Defects Surveillance

(1) Where are Cases Ascertained?	(2) What is Ascertained?	(3) Need to Remove Duplicates?	(4) Is the Pregnancy Outcome Still Needed?	(5) Was the Prenatal Diagnosis Confirmed After Delivery?	(6) Is Clinical Review Needed?
Traditional Sources Hospitals Nursery/ICUs Surgery, pathology, autopsy reports Disease index Case reports Vital Records Birth certificates Fetal death certificates Death certificates Cytogenetics labs Expanded Sources Hospitals Prenatal clinics High-risk OB clinics Maternal-Fetal Medicine depts Prenatal diagnostic centers Obstetricians' offices Subspecialty clinics Genetic counselors Family planning Abortion clinics	Pregnancy Outcomes with Defects (Live birth, Stillbirth, Spontaneous abortion, Elective termination) Prenatal Diagnoses Before Pregnancy Outcome is Known	No Matching Needed if Pregnancy Outcomes are Mutually Exclusives Matching Needed	Pregnancy Outcome Known Need Pregnancy Outcome from Additional Sources Unable to Identify Pregnancy Outcome from Available Sources	Postnatal Diagnosis Only Prenatal Diagnosis Confirmed Prenatal Diagnosis Not Confirmed Diagnosis Confirmed Not to be Present	Include All Defects Clinical Review Needed Clinical Review Not Available Include Only Prenatal Diagnoses Listed in Appendix 12.1 Exclude The Case

This figure is designed to help programs assess how their current methods might support the process of incorporating prenatal diagnoses into birth defects surveillance, and where these methods might be expanded. The components described here indicate steps to consider in the process; they are not meant to be a comprehensive list of components. Those in white italics represent traditional activities utilized in surveillance for defects diagnosed postnatally; those in bold yellow text (not italics) represent expanded activities to use in surveillance for prenatally diagnosed defects. The overall figure is not a flow diagram or decision tree; however, in the last two columns, the arrows represent decisions to be made about which defects to include and whether clinical review is needed.