

About 1 out of every 33 babies is born with a major birth defect.

Birth defects cause one in five deaths among infants less than a year old.

Birth defects lead to \$2.5 billion per year in hospital costs alone in the U.S.

**Selected birth defects counts and birth prevalence, Kansas and US**

Defects	Kansas <sup>†</sup>		US <sup>‡</sup>	
	Annual no. of cases	Birth prevalence*	Annual no. of cases	Birth prevalence*
<b>Central nervous system</b>				
Anencephalus	8	2.04	1,009	2.51
Spina bifida without anencephalus	10	2.53	1,477	3.68
<b>Cardiovascular</b>				
Transposition of great arteries	--	--	1,901	4.73
Tetralogy of Fallot	--	--	1,574	3.92
Atrioventricular septal defect (also known as endocardial cushion defect)	--	--	1,748	4.36
Hypoplastic left heart syndrome	--	--	975	2.43
<b>Orofacial</b>				
Cleft lip with and without cleft palate	35	8.57	4,209	10.47
Cleft palate without cleft lip	13	3.18	2,567	6.39
<b>Musculoskeletal</b>				
Upper limb defect	--	--	1,521	3.79
Lower limb defect	--	--	763	1.90
Gastroschisis	15	3.59	1,497	3.73
<b>Chromosomal</b>				
Down syndrome	36	8.73	5,132	12.78

\* per 10,000 live births

† estimates based on reported Kansas resident birth data from birth years 2005-2007

‡ estimates based on pooled data from birth years 1999-2001

-- No data available

Note: Due to variability in the methods used by state birth defects surveillance systems and differences in populations and risk factors, state prevalence estimates may not be directly comparable with national estimates or those of other states.

**Preventing birth defects**

- The causes of about 70% of birth defects are unknown.
- Many birth defects happen during early pregnancy, often before a woman knows she is pregnant.
- Addressing health risks and behaviors before pregnancy can reduce the risk of poor birth outcomes, including some birth defects.
- All women who could become pregnant should take 400 micrograms of folic acid every day to help prevent serious defects of the baby's brain and spinal cord.

**Kansas's Birth Defect Surveillance System**

Congenital anomalies have been reported on the Kansas birth certificate since 1979. Kansas has conducted limited surveillance activities under congenital malformations reporting under Kansas administrative regulations (KAR 28-1-4) since 1982 with fetal alcohol syndrome added in 1986. In 2004, Kansas statutes annotated (KSA 65-1241 through 65-1246) provided statutory reporting of all patients under 5 years of age with a primary diagnosis of a congenital anomaly or abnormal condition and establishing a birth defects surveillance system. No funding was appropriated to implement the new law.

**How birth defects data are used in Kansas**

Congenital anomalies reported through two data sources (birth certificates and the birth defects prevention program reporting form) have been used to provide baseline rates of morbidity and mortality from different congenital defects, monitor secular and temporal trends, and identify unusual changes in disease patterns. Birth defect export files (live and still birth) from the Vital Statistics Integrated Information System have been utilized for notifying of the availability of services and supports through Children with Special Health Care Needs, early intervention, and other programs.

**Program information:**

Jamie S. Kim, MPH  
 Bureau of Family Health  
 Kansas Department of Health and Environment  
 E-mail: [jkim@kdehs.gov](mailto:jkim@kdehs.gov)

Garry Kelley, MS  
 Bureau of Family Health  
 Kansas Department of Health and Environment  
 E-mail: [gkelley@kdehs.gov](mailto:gkelley@kdehs.gov)