



Birth Defects in South Carolina



LEGISLATIVE UPDATE

JUNE 2018

Why are birth defects important?

Infants born with a congenital anomaly, or birth defect, are at increased risk for long-term physical, cognitive, and social challenges.¹ Birth defects affect people from all economic and ethnic backgrounds² and can lead to complex medical conditions that may require surgery and/or early intervention services. They are consistently one of the leading causes of infant death in South Carolina and the United States.

Strategies women of reproductive age can use to prevent birth defects include maintaining a healthy diet and consuming at least 400 micrograms of folic acid daily, regularly visiting a healthcare provider for chronic disease management and infection prevention, and avoiding exposures to drugs and alcohol.³

Most Common Types of Birth Defects in SC

- 
Heart
- 
Brain/Spinal Cord
- 
Genetic
- 
Orofacial

2009–2015 South Carolina Birth Defects Program Data

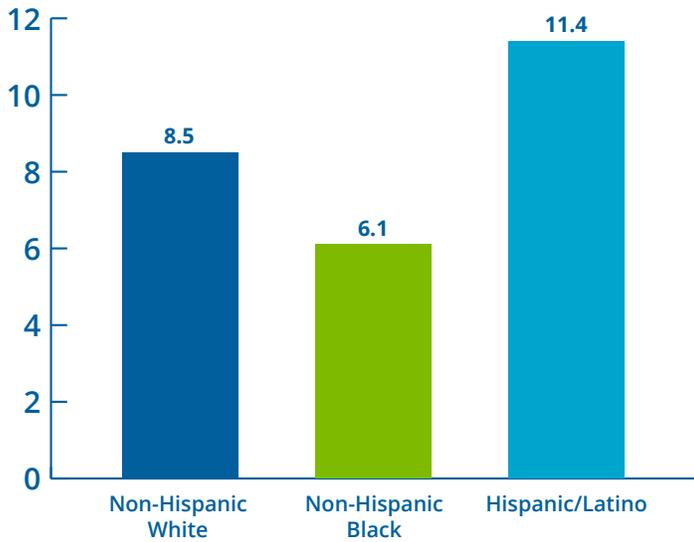
Number of Cases by Type	Number	Percent
Cardiovascular	3,352	41.5%
Central Nervous System	1,270	15.7%
Chromosomal	663	8.2%
Orofacial	585	7.2%
Musculoskeletal	513	6.4%
Renal	484	6.0%
Genital	435	5.4%
Gastrointestinal	398	4.9%
Limb Defects	261	3.2%
Eye and Ear Defects	113	1.4%
All Birth Defects	8,074	100%

Findings in South Carolina

Many infants are born with more than one birth defect. From 2009 to 2015, the most recent years for which we have complete data, the South Carolina Birth Defects Program (SCBDP) identified over 8,000 cases. The remaining birth defects are those affecting the musculoskeletal (6.4%), renal (6.0%), genital (5.4%), and gastrointestinal (4.9%) systems, as well as the limbs (3.2%), eyes and ears (1.4%).

While 2017 data collection is not complete, for infants born during the 2017 calendar year, the SCBDP gathered information on 2,985 possible cases of birth defects, of which 1,630 were confirmed to be cases of birth defects that are monitored by the program.

Neural Tube Defects by Race/Ethnicity (per 10,000 live births)



Source: SCBDP, 2007-2015
Note: Neural tube defects include spina bifida, anencephaly

Overall, birth defect rates are similar across racial and ethnic groups; however, disparities exist regarding some specific types of defects. For example, neural tube defects (NTDs), which include spina bifida, anencephaly, and meningocele, occur at a higher rate in pregnancies among Hispanic/Latino women (11.4 per 10,000 live births) compared to pregnancies in non-Hispanic White (8.5 per 10,000 live births) and non-Hispanic Black (6.1 per 10,000 live births) women in South Carolina. This is consistent with national trends.⁴ The SCBDP partners with the [Greenwood Genetic Center](#) to help support NTD prevention efforts in South Carolina.

To comply with Title 44-44-10, the SCBDP uses birth defects data to:

- Determine rates and trends of birth defects.
- Develop public health strategies for prevention of birth defects.
- Set the stage for better understanding of causes, distribution and prevention of birth defects.
- Support families impacted by birth defects.



¹ Centers for Disease Control and Prevention (CDC). (2017, December). *Reproductive health: Facts about birth defects*. Retrieved from <https://www.cdc.gov/ncbddd/birthdefects/facts.html>

² Murphy SL, Xu JQ, Kochanek KD, Curtin SC, Arias E. Deaths: Final data for 2015. *National Vital Statistics Reports*; vol 66 no 6. Hyattsville, MD: National Center for Health Statistics. 2017.

³ Centers for Disease Control and Prevention (CDC). (2017, December). *Commit to Healthy Choices to Help Prevent Birth Defects*. Retrieved from <https://www.cdc.gov/ncbddd/birthdefects/prevention.html>

⁴ Centers for Disease Control and Prevention (CDC). (2015, January). *Updated Estimates of Neural Tube Defects Prevented by mandatory Folic Acid Fortification – United States, 1995-2011*. *MMWR. Morbidity and Mortality*.

Questions? Comments?

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