

Announcement

National Birth Defects Prevention Month and Folic Acid Awareness Week — January 2013

January is National Birth Defects Prevention Month. Each year, birth defects affect approximately one in 33 newborns in the United States (1). Birth defects are a leading cause of infant mortality, accounting for approximately 20% of infant deaths (2). Babies who survive and live with birth defects are more likely to have life-long physical and cognitive challenges. In the United States each year, the total hospital costs of children with birth defects exceed \$2.6 billion (3).

Evidence suggests that use of tobacco or alcohol (4,5), uncontrolled diabetes (6), failure to consume 400 μg of folic acid daily (7), and failure to achieve and maintain a healthy weight before and during pregnancy (8) might be associated with birth defects. Health-care professionals can help prevent birth defects by encouraging women of childbearing age to manage health conditions and adopt healthy behaviors before becoming pregnant. Additional information is available at <http://www.cdc.gov/birthdefects>.

January 6–12, 2013, is National Folic Acid Awareness Week. CDC urges all women of childbearing age who are capable of becoming pregnant to consume 400 μg of folic acid every day, before becoming pregnant and during pregnancy, to help reduce the risk for neural tube defects (major birth defects of the brain and spine) (7). Health-care providers should encourage women to consume folic acid in fortified foods or supplements, or a combination of the two, in addition to a varied diet rich in folate. Additional information about folic acid is available at <http://www.cdc.gov/folicacid>.

References

1. CDC. Update on overall prevalence of major birth defects—Atlanta, Georgia, 1978–2005. *MMWR* 2008;57:1–5.
2. Kochanek KD, Xu JQ, Murphy SL, Miniño AM, Kung H. Deaths: final data for 2009. *Natl Vital Stat Rep* 2011;60(3).
3. Russo CA, Elixhauser A. Hospitalizations for birth defects, 2004. Healthcare Cost and Utilization Project statistical brief no. 24. Rockville, MD: US Agency for Healthcare Research and Quality, 2007. Available at <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb24.jsp>.
4. Hackshaw A, Rodeck C, Boniface S. Maternal smoking in pregnancy and birth defects: a systematic review based on 173,687 malformed cases and 11.7 million controls. *Hum Reprod Update* 2011;17:589–604.
5. US Department of Health and Human Services. US Surgeon General releases advisory on alcohol use in pregnancy. Washington, DC: US Department of Health and Human Services; 2005. Available at <http://www.surgeongeneral.gov/pressreleases/sg02222005.html>.
6. Correa A, Gilboa SM, Besser LM, et al. Diabetes mellitus and birth defects. *Am J Obstet Gynecol* 2008;199:237.e1–9.
7. CDC. Recommendations for the use of folic acid to reduce the number of cases of spina bifida and other neural tube defects. *MMWR* 1992;41(No. RR-14).
8. Stothard KJ, Tennant PWG, Bell R, Rankin J. Maternal overweight and obesity and the risk of congenital anomalies: a systematic review and meta-analysis. *JAMA* 2009;301:636–50.

Erratum

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In the report, “Cervical Cancer Screening Among Women by Hysterectomy Status and Among Women Aged ≥ 65 Years — United States, 2000–2010,” an error occurred on page 1045, in the third sentence of the first paragraph of the Editorial Note. The sentence should read as follows: “Despite consistent guidelines by three national organizations (USPSTF, ACS, and ACOG) recommending against routine screening for cervical cancer posthysterectomy, the proportion of women aged ≥ 30 years who have had a hysterectomy and recently have been screened declined only 15 percentage points, and approximately 59% of these women still reported recent (in the past 3 years) Pap testing in 2010.”