

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 μ g 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 μ g 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.
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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/sgr02222005.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 \geq 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 \geq 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.”