

## **BIRTH DEFECTS**

### **What birth defects must physicians report to public health authorities?**

Under Washington law, physicians, as health care providers, must notify the Washington State Department of Health of these birth defects within one month of diagnosis<sup>1</sup>:

- Alcohol-related birth defects.
- Autism spectrum disorders.
- Cerebral Palsy.<sup>2</sup>

In addition to the three defects listed above, health care facilities must also notify the Washington State Department of Health of the following birth defects within one month of diagnosis:

- Abdominal wall defects (including gastroschisis and omphalocele.)
- Autism.
- Cerebral Palsy.
- Down Syndrome.
- Alcohol-related birth defects.
- Hypospadias
- Limb reductions.
- Neural tube defects (including anencephaly and spina bifida.)
- Oral clefts (including cleft lip with or without cleft palate.).<sup>3</sup>

### **May a health care facility choose to assume the responsibility for such notification for its physicians?**

Yes, as long as more than one health care provider is in attendance for a patient with a notifiable condition.<sup>4</sup>

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<sup>1</sup> WAC 246-101-010(30).

<sup>2</sup> WAC 246-101-101.

<sup>3</sup> WAC 246-101-301.

<sup>4</sup> WAC 246-101-301(2); WAC 246-101-305(2).

## **What information concerning these birth defects must be reported and how?**

The principal health care provider and/or health care facility must notify the Washington State Department of Health of each case of a birth defect listed above within one month of the diagnosis.<sup>5</sup> (Health care providers other than the principal provider that have been in attendance must also make this notification unless it has already been made.<sup>6</sup>) The provider and/or facility may send this notice by written case report, secure electronic transmission, telephone, or secure facsimile copy of a case report.<sup>7</sup> The notice must provide the following information:

- Patient's name.
- Patient's address, including the zip code.
- Patient's telephone number.
- Patient's date of birth.
- Patient's sex.
- Diagnosis or suspected diagnosis of disease or condition.
- Pertinent laboratory data, if available.
- Name and telephone number of the person providing the report.
- Name, address, and telephone number of the principal health care provider.
- Any other information the department may require on forms it generates.

The department may also require other information of epidemiological or public health value.<sup>8</sup>

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<sup>5</sup> WAC 246-101-101(1) (principal health care provider); WAC 246-101-301(1) (health care facility).

<sup>6</sup> WAC 246-101-101(2).

<sup>7</sup> WAC 246-101-110(4) (provider); WAC 246-101-310(4) (facility).

<sup>8</sup> WAC 246-101-115, -315.