# 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[[1]](#footnote-1):

* Alcohol-related birth defects.
* Autism spectrum disorders.
* Cerebral Palsy.[[2]](#footnote-2)

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.).[[3]](#footnote-3)

**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.[[4]](#footnote-4)

**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.[[5]](#footnote-5) (Health care providers other than the principal provider that have been in attendance must also make this notification unless it has already been made.[[6]](#footnote-6)) 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.[[7]](#footnote-7) 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. [[8]](#footnote-8)

1. WAC 246-101-010(30). [↑](#footnote-ref-1)
2. WAC 246-101-101. [↑](#footnote-ref-2)
3. WAC 246-101-301. [↑](#footnote-ref-3)
4. WAC 246-101-301(2); WAC 246-101-305(2). [↑](#footnote-ref-4)
5. WAC 246-101-101(1) (principal health care provider); WAC 246-101-301(1) (health care facility). [↑](#footnote-ref-5)
6. WAC 246-101-101(2). [↑](#footnote-ref-6)
7. WAC 246-101-110(4) (provider); WAC 246-101-310(4) (facility). [↑](#footnote-ref-7)
8. WAC 246-101-115, -315. [↑](#footnote-ref-8)