

Congenital Anomalies

SURVEILLANCE YUKON (CASY)

ESTABLISHED 2013

Approximately 400 babies are born to Yukoners every year. The majority of babies are born healthy; however, about 3-5% of children are born with a birth defect or congenital anomaly. Over half of congenital anomalies have no known cause.

Who to refer for a public health consultation?

It is requested that all children with a diagnosed or strong suspicion of a congenital anomaly up to one year of age be referred to the CASY coordinator for a public health consultation regarding birth defects.

Women who undergo a termination, or miscarry, at any stage of pregnancy due to a congenital anomaly can also be referred after termination, or miscarriage.

A detailed but not exhaustive list of reportable anomalies is on the reverse of this sheet and available at www.hss.gov.yk.ca/casy.php.

How to refer for the public health consultation?

When a congenital anomaly is identified in a child less than one year of age, the parents can be referred using the CASY Referral form available at the coordinates to the right or on the following website (www.hss.gov.yk.ca/casy.php). The coordinator, although not able to provide genetic counselling will discuss the diagnosis and provide information about congenital anomalies including methods to reduce the risk of recurrence of congenital anomalies.

The coordinator will also request consent to collect information for CASY. Confirmatory documentation such as consultation reports, radiology, ultrasound, MRI, CT scan and laboratory results should be attached to the referral form. The coordinator will contact you for further information if necessary.

Referral forms and confirmatory documentation can be sent by fax or mail to the coordinator at the coordinates to the right.

Unless documentation is apparent, do not assume the child has already been referred.

Who should refer?

- Physicians
- Nurses
- Midwives
- Other health care providers



SUMMARY OF ANOMALIES TO REFER FOR

- Congenital anomalies that are confirmed postnatally
- Chromosome abnormalities
- Prenatally detected club foot, ventriculomegaly (<15mm), hydronephrosis ONLY if confirmed postnatally
- Metabolic disorders
- Diagnosed FASD

SUMMARY OF WHAT SHOULD NOT BE REFERRED

- Prenatal soft markers for aneuploidy (nuchal thickening, echogenic foci, echogenic bowel, choroid plexus cysts, pyelectasis)

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List of Referable Congenital Anomalies (birth defects)

- Androgenital disorders
- Cardiac and Circulatory System Abnormalities:
 - Bulbus cordis anomalies and anomalies of cardiac septal closure
 - Other congenital anomalies of the circulatory system
 - Other congenital anomalies of the heart
- Cerebral palsy, infantile
- Chromosomal abnormalities
- Cleft palate and cleft lip
- Digestive system congenital anomalies
- Ear, face and neck congenital anomalies
- Eye congenital anomalies
- Fetal alcohol spectrum disorder:
 - Alcohol affecting fetus via placenta or breast milk
- Genital organs congenital anomalies
- Hearing loss:
 - conductive, sensorineural and combined
- Hemolytic anemias, hereditary
- Hypothyroidism, congenital
- Immune mechanism disorders
- Integument congenital anomalies
- Maternal conditions which may be unrelated to present pregnancy affecting fetus or newborn
- Metabolic disorders:
 - Amino acid metabolic disorders
 - Glycogenosis and galactosemia
 - Other and unspecified disorders of metabolism
- Muscular dystrophies and other myopathies
- Musculoskeletal anomalies, congenital
- Neural Tube Defects:
 - Anencephalus and similar anomalies
 - Spina bifida
- Neurofibromatosis
- Neurological Disorders:
 - Anterior horn cell disease
 - Other cerebral degenerations
 - Other congenital anomalies of the nervous system
 - Spinocerebellar disease
- Other and unspecified congenital anomalies
- Pigmentary retinal dystrophy
- Respiratory system congenital anomalies
- Upper alimentary tract congenital anomalies
- Urinary system congenital anomalies

Note: Reporting of birth defects is not specifically covered by legislation at present (apart from FASD) and therefore depends on a voluntary process with consent from the child's parent or legal guardian which will be obtained by the CASY coordinator. In the event that the referral is declined, consent can still be sought to report the information. Please contact the coordinator for further details.