

Wisconsin Birth Defects Surveillance



Program description

The birth defects surveillance program is housed in the Maternal and Child Health Section and is part of the Children and Youth with Special Health Care Needs (CYSHCN) program. The birth defects surveillance program includes an active Council on Birth Defect Prevention and Surveillance, a web-based Wisconsin Birth Defects Registry (WBDR), and referral and follow-up activities through the Regional CYSHCN Centers. The program also develops and carries out selected activities aimed at prevention, outreach and education. For more information on the Council or prevention activities, contact Peggy Helm-Quest, MSEd, MHSA, at 608-267-2945 or by email at Peggy.HelmQuest@dhs.wisconsin.gov. For more information on the WBDR or supplemental data, contact Elizabeth Oftedahl, MPH, at 608-261-9304 or by email at Elizabeth.Oftedahl@dhs.wisconsin.gov.

Demographics of population served

Birth defects reporting is mandated under Wisconsin Statute 253.12 and further defined under the DHS rules. Physicians and pediatric specialty clinics are required reporters; hospitals may voluntarily report. The following components define a birth defect:

- A structural deformation, disruption, or dysplasia
- A genetic, inherited, or biochemical disease
- Must occur prior to or at birth
- Must be diagnosed or treated in Wisconsin between birth and 2 years of age
- Must require medical or surgical intervention or interfere with normal growth and development.

The Council on Birth Defect Prevention and Surveillance developed a list of 87 reportable conditions for infants and children birth through 2 years of age. All reportable conditions meet the following requirements:

- Conform to the statutory definition of a birth defect
- Usually be identifiable by 2 years of age
- Have medical, surgical or developmental significance
- Occur at an estimated birth prevalence of 1 in 30,000 or more, and
- Be likely to be ascertained through assessment in one or more specialty clinics.

In Wisconsin, with approximately 70,000 births per year, approximately 2,000 children would be expected to be born with one or more birth defects every year. However, since birth defects are not always immediately identifiable at birth, many reports are expected to come in after discharge from the birth hospital. Expected birth defects prevalence figures are currently based on national estimates. As Wisconsin continues to collect birth defects data, Wisconsin-specific prevalence may prove to be higher or lower than the national estimate for each reportable condition.

Birth Defects 2004-2007

During the first three years of data collection, the WBDR has received reports for 2,186 children birth to age 2 with 2,447 reportable conditions. The data are summarized by category in the table.

Cardiovascular birth defects are fairly common which are reflected in the data. There are also 11 specific birth defects under Cardiovascular compared to only one for Endocrine and only two for Pulmonary. There are 14 specific birth defects under Syndromes/Associations; these tend to be rare so the counts are small.

To view or download portions or all of the 2008 WBDR report, go to the Birth Defect Prevention and Surveillance System website at: http://dhs.wisconsin.gov/DPH_BFCH/cshcn/bdpsdesc/bdpssystem.htm

WBDR Code	Birth Defect Category	Count	Percent
100-110	Cardiovascular	710	29.0%
150-156	Chromosomal	264	10.8%
200	Endocrine	30	1.2%
250-253	Eye	61	2.5%
300-307	Gastrointestinal/Abdominal	133	5.4%
350-361	Genitourinary	209	8.5%
400-403	Hematologic	24	1.0%
450-460	Musculoskeletal	356	14.5%
500-508	Neurologic	149	6.1%
550-554	Orofacial	378	15.4%
600-601	Pulmonary	47	1.9%
650-663	Syndromes/Associations	86	3.5%
000	Total	2,447	100.0%

Occurrent Births

In 2006, there were 71,226 occurrent births in Wisconsin. The WBDR collects only birth defects from a specified list. Birth certificates can include any congenital anomaly noted and recorded by the birth hospital or birth attendant (in the case of home births) that can be discerned at birth. Many congenital anomalies are not detected before the newborn is discharged from the hospital.

- 1,154 birth certificates (1.6%) indicated that the baby had at least one congenital anomaly.
- 717 (62.1%) were male; 437 (37.9%) were female.
- 1,121 (97.1%) were Wisconsin residents; 33 (2.9%) were from other states.
- 61 (5.3%) died.

The birth certificate has checkboxes for the congenital anomaly indicators shown in the table at the right. Children may have multiple anomalies; therefore the total is more than the total number of children.

Congenital Anomaly Indicator	Count	Percent
Anencephalus	5	0.4%
Spina Bifida/Meningocele	16	1.2%
Hydrocephalus	3	0.2%
Microcephalus	3	0.2%
Other CNS Anomaly	20	1.5%
Heart Malformations	124	9.4%
Other Circulatory/Respiratory Anomaly	81	6.1%
Rectal Atresia/Stenosis	15	1.1%
Tracheo-Esophageal Fistula/Esophageal Atresia	14	1.1%
Omphalocele/Gastroschisis	34	2.6%
Other Gastrointestinal Anomaly	32	2.4%
Malformed Genitalia	176	13.3%
Renal Agenesis	27	2.0%
Other Urogenital Anomaly	133	10.1%
Cleft Lip/Cleft Palate	93	7.1%
Polydactyly/Syndactyly/Adactyly	100	7.6%
Club Foot	57	4.3%
Diaphragmatic Hernia	8	0.6%
Other Musculoskeletal/Integumental Anomaly	136	10.3%
Down Syndrome	75	5.7%
Other Chromosomal Anomaly	39	3.0%
Other Congenital Anomaly	128	9.7%
Total	1,319	100.0%

WSLH Newborn Screening Disorders Confirmed Positive Screens, 2006

Argininosuccinic Acidemia (ASA)	0
Biotinidase Deficiency	0
Citrullinemia (Type I & II)	0
Congenital Adrenal Hyperplasia	1
Congenital Hypothyroidism	45
Cystic Fibrosis	16
Fatty Acid Oxidation (12)	8
Galactosemia	1
Hemoglobin S-Beta Thalassemia	3
Hemoglobin S/C Disease	9
Hemoglobin Variants	6
Homocystinuria	0
Hypermethioninemia	0
Hyperphenylalaninemia	4
Maple Syrup Urine Disease	0
Organic Acidemia (15)	15
Phenylketonuria	5
Sickle Cell Disease	16
Tyrosinemia (Type I, II & III)	0

Metabolic Screening

The Wisconsin State Laboratory of Hygiene (WSLH) is responsible for newborn bloodspot screening for all Wisconsin births. With just a few drops of blood from each baby's heel, the WSLH tested each newborn for 47 disorders in 2006. The disorders are included in the list in the table. (Note: There are 12 specific conditions tested under Fatty Acid Oxidation and 15 under Organic Acidemia.) A baby may test positive for more than one disorder.

The WSLH contacts the primary care providers for follow-up testing when a positive screen occurs. The original number of positive screens is reduced to a final verified count after follow-up testing. The table shows the number of confirmed positive screens in 2006 by disorder.

The WSLH provides additional information on newborn bloodspot screening on their website at <http://www.slh.wisc.edu/wps/wcm/connect/extranet/newborn/>.

Fetal Deaths

Fetal deaths are deaths prior to the complete expulsion or extraction from its mother of a product of conception; the fetus shows no signs of life such as beating of the heart, pulsations of the umbilical cord, or definite movement of voluntary muscles. Babies who are born alive and die later are documented with a birth and a death certificate. Fetal deaths are only reported to Wisconsin Vital Records if 20 weeks or more have elapsed between the mother's last normal menses and delivery or the fetus weighs 350 grams or more. In 2006:

- 384 fetal deaths were documented for Wisconsin residents.
- 60 (15.6%) fetal deaths had at least one congenital anomaly reported.

Deaths

The deaths covered in this report are reported to the Wisconsin Vital Records Office. They are deaths that occur in Wisconsin, regardless of the residence of the decedent, and also deaths of Wisconsin residents who die out-of-state (other states send the information to Wisconsin annually). Each death certificate contains an underlying cause of death and up to 20 contributing causes of death coded using the International Classification of Diseases, 10th Revision, <http://www.who.int/classifications/icd/en/>. In 2006, 513 children under the age of 2 died. Each of the 513 children had an underlying cause of death listed on the death certificate and most had at least one contributing cause of death. There were a total of 1,220 underlying and contributing causes of death recorded for the 513 children.

- 209 children (41%) died at less than one day of age; 113 (22%) died between 1 day and 26 days of age; 160 (31%) between 1 month of age and 11 months of age; and the remaining 31 (6%) died after their 1st birthdays and before their 2nd birthdays.
- 344 children (67%) who died were White, 143 (28%) were African American/Black, 12 (2.3%) were American Indian and 12 (2.3%) were Asian/Pacific Islander. 51 babies (10%) were Hispanic, any race. For comparison, in 2006 Wisconsin population under age 1 was estimated at 85.5% White, 10% African American/Black, 1.4% American Indian and 3.1% Asian. 8.6% were Hispanic, any race.
- Using the underlying cause of death (UCOD), 244 deaths (48%) were due to conditions originating in the perinatal period, most commonly prematurity or immaturity. Of the 1,220 total causes of death recorded, 612 (50%) were in this category.
- Using the UCOD, 107 deaths (21%) listed congenital malformations, deformations and chromosomal abnormalities. Of the 1,220 total causes of death recorded, 184 (15%) were in this category.
- Using the UCOD, 50 deaths (10%) were due to intentional or unintentional injuries. 25 (50%) of these were due to accidental suffocation/strangulation in bed. Of the 1,220 total causes of death recorded, 131 (11%) were in these categories.
- Using the UCOD, 46 deaths (9%) were due to symptoms, signs and abnormal clinical and laboratory findings. Sudden Infant Death Syndrome (SIDS) accounted for 33 (72%) of the 46 deaths. Of the 1,220 total causes of death recorded, 91 (7%) were in this category.
- The remaining 66 deaths (13%) were due to an assortment of miscellaneous causes from infectious and parasitic diseases to diseases of the genitourinary system. Of the 1,220 total causes of death recorded, 202 (16%) were in these categories.

Newborn Hearing Screening

In 2006, all but one birthing hospital in Wisconsin offered newborn hearing screening. Some midwives also offered hearing screening either using their own equipment or by referring to a local hospital or clinic. Hearing screening results are entered on the newborn bloodspot card and the WSLH enters the results into their database. Newborn hearing screening records are sent electronically every day to the Wisconsin Early Hearing Detection and Intervention Tracking, Referral and Coordination (WE-TRAC) system in the Division of Public Health, housed in the same area as the WBDR. Records showing the baby passed in both ears are archived; records showing the baby wasn't screened at all or failed in one or both ears are queued for additional follow-up.

- 71,117 babies born in Wisconsin in 2006 were documented with a blood card. All babies born in Wisconsin are offered screening whether the parents are Wisconsin residents or not.
- 66,836 babies (94%) were documented as receiving newborn hearing screening.
- 1,586 babies (2.4%) failed their initial hearing screening in one or both ears.
- 52 babies (0.08%) ultimately were diagnosed with a confirmed hearing loss.

For more information, go to the Sound Beginnings website at http://dhs.wisconsin.gov/DPH_BFCH/cshcn/sndBegning.htm

Hospitalizations

The Bureau of Health Information and Policy receives hospital discharge data files periodically from the Wisconsin Hospital Association (WHA) who collects the data from Wisconsin hospitals. In 2006:

- 82,924 hospitalizations were recorded for children less than age two.
- 52,951 (63.9%) by diagnosis related group (DRG) were for normal newborns born in or en route to Wisconsin hospitals
- 29,973 (36.1%) were for other reasons.

For the 29,973 hospitalizations for reasons other than “normal newborn”:

- 19,474 (65.0%) were 0-7 days old; 1,070 (3.6%) were 8-28 days old; 5,969 (19.9%) were 29-365 days old; and 3,460 (11.5%) were between one and two years of age
- 16,749 (55.9%) were male; 13,219 (44.1%) were female; and 5 (0.02%) were undesignated
- 19,491 (65.0%) were White; 3,444 (11.5%) were African American/Black; 558 (1.9%) were Asian or Pacific Islander; 498 (1.7%) were American Indian/Alaskan Native; 2,454 (8.2%) were listed as “Other”; and 3,528 (11.8%) were unknown or missing. 2,039 (6.8%) were Hispanic, any race.
- 20,989 (70.0%) hospitalizations had a length of stay of 3 days or less; 5,912 (19.7%) were for 4 to 10 days; 1,589 (5.3%) were for 11 to 21 days; 531 (1.8%) were for 22 to 30 days; and 952 (3.2%) were for more than 30 days
- 25,852 (86.2%) were discharged and went home; 1,946 (6.5%) went home under care of an organized home health service; 1,867 (6.2%) were transferred to another hospital, another type of health care facility, or to hospice; 291 (1.0%) died; and 17 (.06%) left against medical advice

Hospital discharge records can contain a principal diagnosis and up to 8 additional diagnostic codes and may also include a principal procedure and up to 5 additional procedure codes. The counts of principal diagnoses by general category are shown in the table.

000-000	Principal Diagnosis by ICD-9 Tabular Index	Count	Percent
001-139	Infectious and Parasitic Diseases	834	2.78%
140-239	Neoplasms	79	0.26%
240-279	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	813	2.71%
280-289	Diseases of the Blood and Blood-Forming Organs	122	0.41%
290-319	Mental Disorders	11	0.04%
320-389	Diseases of the Nervous System and Sense Organs	330	1.10%
390-459	Diseases of the Circulatory System	103	0.34%
460-519	Diseases of the Respiratory System	3,595	11.99%
520-579	Diseases of the Digestive System	549	1.83%
580-629	Diseases of the Genitourinary System	275	0.92%
680-709	Diseases of the Skin and Subcutaneous Tissue	300	1.00%
710-739	Diseases of the Musculoskeletal System and Connective Tissue	48	0.16%
740-759	Congenital Anomalies	1,302	4.34%
760-779	Certain Conditions Originating In the Perinatal Period	2,327	7.76%
780-799	Symptoms, Signs, and Ill-Defined Conditions	1,071	3.57%
800-999	Injury and Poisoning	577	1.93%
V01-V86	Supp Class: Factors Influencing Health Status / Contact w/Health Svcs	17,637	58.84%
TOTAL		29,973	100.00%

For the 29,973 hospitalizations for reasons other than “normal newborn”:

- 17,637 (58.8%) principal diagnoses were under Supplementary Classification: Factors Influencing Health Status / Contact with Health Services. 17,448 (99.0%) of these were for single or multiple births with complications including prematurity or immaturity, respiratory distress or other problems. 1,087 (6.2%) resulted in death or transfer to another acute care facility.

- 3,595 (12.0%) principal diagnoses were under Diseases of the Respiratory System including, among other diseases, bronchitis, asthma, pneumonia and respiratory viruses. Respiratory disease hospitalizations are seasonal. 1,974 (54.9%) occurred in January, February and March compared to only 334 (9.3%) in June, July and August.
- 2,327 (7.8%) principal diagnoses were under Certain Conditions Originating in the Perinatal Period including, among other conditions, slow fetal growth, fetal growth retardation, extreme immaturity, preterm births, birth trauma, aspiration, infections, and jaundice.
- 1,302 (4.3%) principal diagnoses were under Congenital Anomalies. 402 (30.9%) were digestive system anomalies; 391 (30.0%) were heart and circulatory system anomalies; 157 (12.1%) were musculoskeletal anomalies; 123 (9.5%) were cleft palate and cleft lip; 68 (5.2%) were genitourinary anomalies; 66 (5.1%) were respiratory anomalies; 53 (4.1%) were spina bifida and other nervous system anomalies; 14 (1.1%) were chromosomal anomalies; 9 (0.7%) were anomalies of the eye; ear; face and neck; and the remaining 19 (1.5%) were for anomalies of the integument and other unspecified anomalies. 1,197 of the 1,302 (91.9%) have a principal procedure on their record. The most common procedure was Pyloromyotomy (248 [20.7%]), followed by cleft lip/palate repairs (98 [8.2%]).
- 1,071 (3.6%) principal diagnoses were under Symptoms, Signs and Ill-Defined Conditions including, among other conditions, fever, convulsions, failure to thrive, feeding difficulties, apnea and other respiratory difficulties, vomiting, and bacteremia.
- 834 (2.8%) principal diagnoses were for Infectious and Parasitic Diseases. The most common were rotavirus (266 [31.9%]), unspecified viral infections (159 [19.1%]), and other organisms not elsewhere classified (127 [15.2%]).
- 813 (2.7%) principal diagnoses were for Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders. 668 (82.2%) of these were for dehydration.
- 577 (1.9%) principal diagnoses were for Injury and Poisoning. 163 (28.3%) of these were surgical and medical complications, most often infections. 86 (14.9%) were external causes including, among other causes, hypothermia, child abuse and neglect, and allergies. 67 (11.6%) were skull fractures and 48 (8.3%) other fractures; an additional 19 (3.3%) were intracranial injuries without a skull fracture. 63 (10.9%) were burns. 56 (9.7%) were poisoning by drugs, medicines or other toxic substances. 40 (6.9%) were a foreign body in an orifice, most often objects swallowed or inhaled. The remaining 35 (6.1%) were various specified and unspecified injuries.
- 549 (1.8%) were for Diseases of the Digestive System. The most common were enteritis and colitis (156 [28.4%]) and esophageal reflux (128 [23.3%]).
- 330 (1.1%) were for Diseases of the Nervous System and Sense Organs including, among other conditions, meningitis, sleep disorders, hydrocephalus, epilepsy, and otitis media.
- 300 (1.0%) were for Diseases of the Skin and Subcutaneous Tissue. 249 (83.0%) were cellulitis with or without abscess.
- 275 (0.9%) were for Diseases of the Genitourinary System. The most common were urinary tract infections (114 [41.5%]) and pyelonephritis (104 [37.8%]).
- 122 (0.4%) were for Diseases of the Blood and Blood-Forming Organs including, among other conditions, anemia, neutropenia, and sickle-cell disease.
- 103 (0.3%) were for Diseases of the Circulatory System including, among other conditions, cardiac dysrhythmias, hypertension, subdural hemorrhage, and acute febrile mucocutaneous lymph node syndrome (MCLS).
- 79 (0.3%) were for Neoplasms including, among other conditions, benign and malignant neoplasms and leukemia.
- 48 (0.2%) were for Diseases of the Musculoskeletal System and Connective Tissue including, among other conditions, arthritis, osteomyelitis, and bone infections.
- 11 (0.04%) were for Mental Disorders including, among other conditions, drug withdrawal and postconcussion syndrome.

SPHERE MCH Data Reporting System

SPHERE is used to document many activities and interventions provided by local public health departments and Regional CYSHCN Centers. SPHERE 2006 data identified the following:

- 14,710 children birth to age 2 were documented as receiving services.
- By race and ethnicity: 9,917 (67.4%) were White, 2,563 (17.4%) were Black or African American, 809 (5.5%) were American Indian/Alaskan Native, 433 (2.9%) were Asian, and 988 (6.7%) were Other or Unknown. 2,091 (14.2%) were Hispanic/Latino, any race.
- 1,117 (7.6%) were reported as exposed to secondhand smoke, most often in their household or in an automobile.
- 19 (0.13%) were vision impaired; 12 (0.08%) were hearing impaired.
- 959 (6.5%) were reported as a child with a special health care need (CSHCN), defined as having a chronic medical, behavioral, emotional or other health condition for the past 12 months or expected to last more than 12 months. 68 (7.1%) CSHCN received SSI.
- 454 (3.1%) were reported as having no insurance. Of the 7,931 who indicated the type of insurance they had, 3,522 (44.4%) reported they had Medicaid, 2,701 (34.1%) had private health insurance, 1,498 (18.9%) had Badger Care and the remaining 210 (2.6%) had other insurance.

SPHERE allows users to choose a general diagnostic category or a specific primary and/or secondary ICD-9 code to describe CSHCN. For example, a child with Down Syndrome can be counted under Congenital Anomalies, the general category, or can be reported under ICD-9 code 758.0. The counts by diagnostic categories are shown in the table. In 2006 for the 959 CSHCN up to age 2:

- 856 (89.3%) had a health care provider diagnosis.
- 341 (35.6%) were reported using a general diagnostic category.
- 549 (57.2%) were reported using a primary ICD-9 code and 82 (8.6%) with a secondary ICD-9 code.
- The most common diagnoses were under Certain Conditions Originating in the Perinatal Period. Where an ICD-9 code was provided, the specific diagnoses related to maternal alcohol or drug use that affected the newborn, immaturity and prematurity, low birthweight, and feeding and respiratory problems.
- The second most common diagnoses were under Congenital Anomalies. Where an ICD-9 code was provided, the most common specific diagnoses related to heart defects, cleft lip and/or cleft palate, neural tube defects, chromosomal defects, and various structural defects.

ICD-9 Codes	General Category Diagnosis	General Category	Primary ICD-9	Secondary ICD-9	Total
001-139	Infectious and Parasitic Diseases	2	1		3
140-239	Neoplasms		9	1	10
240-279	Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	14	14	2	30
280-289	Diseases of the Blood and Blood-Forming Organs	9	3	1	13
290-319	Mental Disorders	8	42	11	61
320-389	Diseases of the Nervous System and Sense Organs	17	22	8	47
390-459	Diseases of the Circulatory System	16	8	3	27
460-519	Diseases of the Respiratory System	17	10	1	28
520-579	Diseases of the Digestive System	6	7	2	15
580-629	Diseases of the Genitourinary System	5	1		6
630-679	Complications of Pregnancy, Childbirth & the Puerperium	65	1		66
680-709	Diseases of the Skin and Subcutaneous Tissue	4	1		5
710-739	Diseases of the Musculoskeletal System and Connective Tissue	19	4	1	24
740-759	Congenital Anomalies	61	133	27	221
760-779	Certain Conditions Originating in the Perinatal Period	60	260	19	339
780-799	Symptoms, Signs and Ill-Defined Conditions	29	14	4	47
800-999	Injury and Poisoning	9	17	1	27
V01-V85	Supplementary Classification of External Causes of Injury and Poisoning		2	1	3
	Total	341	549	82	972

Additional Resources:

State of Wisconsin Websites

Bureau of Community Health Promotion (BCHP)

- **Maternal and Child Health (MCH) Program**
http://dhs.wisconsin.gov/DPH_BFCH/MCH/index.htm
- **Children and Youth with Special Health Care Needs (CYSHCN) Program**
http://dhs.wisconsin.gov/DPH_BFCH/cshcn/index.HTM
- **Birth Defect Prevention and Surveillance Program**
http://dhs.wisconsin.gov/DPH_BFCH/cshcn/bdpsdesc/bdpssystem.htm
- **Council on Birth Defect Prevention and Surveillance**
<http://www.cbdps.state.wi.us/INDEX.HTML>

Bureau of Health Information and Policy (BHIP)

- **Wisconsin Interactive Statistics on Health (WISH)**
A data query system that uses protected databases containing Wisconsin data on births, deaths, population estimates, injuries, behavioral risk factors, and violent death.
<http://dhs.wisconsin.gov/wish/>
- **Vital Statistics**
Records for birth, death, marriage and divorce and statistics on induced terminations of pregnancy.
<http://dhs.wisconsin.gov/stats/vitalstatistics.htm>

Regional CYSHCN Centers

Northern Regional CYSHCN Center

Marathon County Health Department, 1200 Lake View Dr., Rm. 200, Wausau, WI 54403-6797
Phone: 715/ 261-1900 Fax: 715/ 261-1901 Toll-Free: 1 866/ 640-4106
Website: www.co.marathon.wi.us/cyshcn.asp

Northeastern Regional CYSHCN Center

Children's Hospital of Wisconsin-Fox Valley, 325 N. Commercial St., Ste. 400, Neenah, WI 54956
Phone: 920/ 969-5325 Fax: 920/ 969-7975 Toll-Free: 1 877/ 568-5205
Website: www.northeastregionalcenter.org

Southern Regional CYSHCN Center

Waisman Center, 1500 Highland Ave., Rm. 102, Madison, WI 53705-2280
Phone: 608/ 265-8610 Fax: 608/ 265-3441 Toll-Free: 1 800/ 532-3321
Website: www.waisman.wisc.edu/ciu/cshcn/index.html

Southeastern Regional CYSHCN Center

Children's Hospital of Wisconsin, PO Box 1997 - MS 939, Milwaukee, WI 53201-1997
Phone: 414/ 266-6333 Fax: 414/ 266-2225 Toll-Free: 1 800/ 234-5437 (1 800/ 234-KIDS)
Website: www.southeastregionalcenter.org

Western Regional CYSHCN Center

Chippewa County Department of Public Health, 711 N. Bridge St., Rm 222, Chippewa Falls, WI 54729
Phone: 715/ 726-7900 Fax: 715/ 726-7910 Toll-Free: 1 800/ 400-3678 (1 800/ 400-FORU)
Website: www.co.chippewa.wi.us/ccdph/cyshcn/

CYSHCN Statewides and Collaborating Partners

ABC for Health, Inc.

32 N. Bassett St., Madison, WI 53703-2606
Phone: 608/ 261-6939 Fax: 608/ 261-6938 Toll-Free: 1 800/ 585-4222
Website: www.abcforhealth.org / www.healthwatchwisconsin.org

ABC for Rural Health

100 Polk County Plaza, Ste. 18, Balsam Lake, WI 54810
Phone: 715/ 485-8525 Fax: 715/ 485-8501

CYSHCN Oral Health Project

Children's Health Alliance of Wisconsin, 620 S. 76th St., Ste. 120, Milwaukee, WI 53214
Phone: 414/ 292-4015 Fax: 414/ 231-4972
Website: www.chawisconsin.org

Family Voices of Wisconsin

P.O. Box 55029, Madison, WI 53705
Phone: 608/ 239-1364 / 608/ 233-3726
Website: www.wfv.org

Great Lakes Inter-Tribal Council

P.O. Box 9, Lac du Flambeau, WI 54538
Phone: 715/ 588-3324 Fax: 715/ 588-7900
Website: www.glitc.org

Parent to Parent of Wisconsin

Family Resource Connection, 1020 Kabel Ave., Rhinelander, WI 54501
Phone: 715/ 361-2890 Fax: 715/ 361-2892
General email: Get-Connected@p2pwi.org
Website: www.p2pwi.org

Wisconsin First Step

c/o Gundersen Lutheran Medical Center, 1900 South Ave., LaCrosse, WI 54601-9980
Phone: 608/ 775-5586 Fax: 608/ 775-4766 Toll-Free: 1 800/ 642-7837 (1-800/ 642-STEP)
Website: www.mch-hotlines.org