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| DEPARTMENT OF HEALTH SERVICES Division of Public Health  F-40054 (12/2023) | | | | | | | | | | | | | | STATE OF WISCONSINBureau of Community Health Promotion | | | | | | | | | | | | | |
| CONFIDENTIAL BIRTH DEFECTS REGISTRY REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion of this form by physicians and pediatric specialty clinics is mandated under the provisions of sections 253.12(1) and 253.12(2) of the Wisconsin Statutes. Personally identifiable information collected on this form will be used for matching and deduplication purposes and may be used to refer the family to appropriate services. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Is this report a new report or a correction or addition to a previous report?**  New  Correction | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did diagnosing physician make referrals to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children’s Resource Center for Children/Youth with Special Health Care Needs  Yes  No  Local Public Health Department  Yes  No  Local Birth to 3 Program  Yes  No  Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REPORTER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date | | | | | | | Name, Title, Phone, and Email Address of Person Completing Form | | | | | | | | | | | | | | | | | | | | |
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| REPORTING SOURCE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name, Phone Number, Address, City, State, and ZIP Code (stamp acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD’S INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | |
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| First Name | | | | | | | | | | | | | | | | | | | | Middle Name | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | County | | | | | | | | | | | | | | State | | | | | ZIP Code |
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| Medical Record Number | | | | | | | | | | | | | Sex Assigned at Birth | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Female  Male  Undesignated  Ambiguous | | | | | | | | | | | | | | |
| Race | | | | | | | | | | | | | | | | Ethnicity | | | | | | | | | | | |
| American Indian or Native Alaskan  Asian  Black or African American  Native Hawaiian or Other Pacific Islander | | | | White  Other:    Unknown | | | | | | | | | | | | Hispanic or Latino  Not Hispanic or Latino  Patient Declined | | | | | | | | Patient Not Asked  Unknown | | | |
| Vital Status | | | Birthweight | | | | | | | | Gestational Age in weeks, rounded to nearest whole week: | | | | | | | | Birth Plurality | | | | | | | Delivery Order (if multiple) | |
| Alive  Born alive, then died  Stillborn > 20 weeks gestation  Date of Death: | | | Grams:  Pounds and ounces: | | | | | | | |  | | | | | | | | Single  Twin  Other Multiple:  Unknown | | | | | | | First  Second  Other: | |
| Place of Birth:  Home Birth  Hospital  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name | | | | | | | | | | | | | | | Facility Address | | | | | | | | | | | | |
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| RESPONSIBLE PARTY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name | | | | | | | | | | | | | | | | | | | | | Middle Name | | | | | | |
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| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | County | | | | | | | | | | | | | | | | | State | | | | | ZIP Code |
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| Preferred Language | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BIRTH MOTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | Date of Birth | | | | | | |
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| First Name | | | | | | | | | | | | | | | | | | | | | Middle Name | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Street Address at Time of Pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | County | | | | | | | | | | | | | | | | | State | | | | | ZIP Code |
|  | | | | |  | | | | | | | | | | | | | | | | |  | | | | |  |
| Race | | | | | | | | | | | | | | | | | Ethnicity | | | | | | | | | | |
| American Indian or Native Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander | | | | | | White  Other:    Unknown | | | | | | | | | | | Hispanic or Latino  Not Hispanic or Latino  Patient Declined | | | | | | | | Patient Not Asked  Unknown | | |
| DIAGNOSTIC AND CONDITION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosing Physician’s Last Name | | | | | | | | | | | | Date of Diagnosis (mm/dd/yyyy) | | | | | | | | | | | | | | | |
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| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Physician’s Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosing Physician’s Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WISCONSIN BIRTH DEFECTS REGISTRY REPORTABLE CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Reportable Condition | | | | | | | | | | | | | | | | | | | | | | Prenatally Diagnosed? | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | |
| CHILD’S PRIMARY CARE PROVIDER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Primary Care Provider | | | | | | | | | | Name of Clinic/Hospital | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Specialty | | | | | | | | | | Phone Number | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| \*If names and addresses of child and parents/guardians are not reported, form F-40054A must be completed (see instructions). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MATERNAL HEALTH HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | | Hypothyroidism | | | | | | | Other underlying illness(es) | | | | | | | | | | | | | | | | | | |
| Yes  No  Gestational only  Unknown | | Yes  No  Gestational only  Unknown | | | | | | | Yes  No  Unknown | | | | | | | | | If yes, specify: | | | | | | | | | |
| Maternal phenylketonuria (PKU) | | | | | | | | | High blood pressure or hypertension | | | | | | | | | | | | | | | | | | |
| Yes  No  Unknown | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | | |
| Alcohol Use | | Smoking | | | | | | | Other Substance | | | | | | | | | | | | | | | | | | |
| Yes  No  Unknown | | Yes  No  Unknown | | | | | | | Yes  No  Unknown | | | | | | | | | If yes, specify: | | | | | | | | | |

INSTRUCTIONS: CONFIDENTIAL WISCONSIN BIRTH DEFECTS REGISTRY REPORT

1. This report form is to be used by physicians, pediatric specialty clinics and hospitals to report birth defects for children up to age two. The report is mandated under the provisions of sections 253.12(1) and 253.12(2) of the Wisconsin Statutes. The information is submitted to the Wisconsin Department of Health Services, Bureau of Community Health Promotion, Birth Defects Prevention and Surveillance Program.
2. Please fill out as much information as possible. Leave items **blank** if you don’t have the information. Do not write “N/A” or similar in the spaces.
3. This report can be submitted via the secure website. Email [dhswbdr@dhs.wisconsin.gov](mailto:dhswbdr@dhs.wisconsin.gov) to request access to the site.
4. If completing the report on paper, fax to Wisconsin Birth Defects Registry, State Administrator, Bureau of Community Health Promotion at 608‑267‑9042.If sending by U.S. Postal Service, send to Wisconsin Birth Defects Registry, 1 W. Wilson Street, Madison, WI 53703.
5. Be sure to provide a name, title, telephone number and e-mail address for the person filling out the report so that person can be contacted if there are any questions.
6. Use the list at the end of this page for section H of the report.
7. Parent consent is not required for reporting identifiers as of September 2017**.** Removal of identifiers in the WBDR can be requested by parents/guardians by completing form F-40054A found at [www.dhs.wisconsin.gov/cyshcn/birthdefects](http://www.dhs.wisconsin.gov/cyshcn/birthdefects/). Identifiers include names and addresses of the child. The form should be kept on file by organizations reporting birth defects and must be produced if requested by the WBDR State Administrator.
8. For additional information on birth defects in Wisconsin, refer to the website at [www.dhs.wisconsin.gov/cyshcn/birthdefects](http://www.dhs.wisconsin.gov/cyshcn/birthdefects/).
9. If you have questions, contact WBDR staff by email at: [dhswbdr@dhs.wisconsin.gov](mailto:dhswbdr@dhs.wisconsin.gov).

## Wisconsin Birth Defects Registry Reportable Conditions

|  |  |
| --- | --- |
| **ICD-10-CM Code** | 1. **Cardiovascular** |
| Q23.0 | Aortic valve stenosis |
| Q21.1 | Atrial septal defect |
| Q21.2 | Atrioventricular septal defect |
| Q25.1 | Coarctation of the aorta |
| Q20.1 | Double outlet right ventricle |
| Q22.5 | Ebstein’s anomaly |
| Q23.4 | Hypoplastic left heart |
| Q25.2, Q25.4 | Interrupted aortic arch |
| Q25.21 | 1. Interruption of aortic arch |
| Q25.29 | 1. Other atresia of aorta |
| Q25.4 | 1. Other congenital malformations of aorta |
| Q25.40 | 1. Congenital malformations of aorta unspecified |
| Q25.41 | 1. Absence of aplasia of aorta |
| Q25.42 | 1. Congenital aneurysm of aorta |
| Q25.44 | 1. Congenital dilation of aorta |
| Q25.45 | 1. Double aortic arch |
| Q22.0, Q22.1 | Pulmonary valve atresia and stenosis |
| Q22.0 | 1. Pulmonary valve atresia |
| Q22.1 | 1. Congenital pulmonary valve stenosis |
| Q20.4 | Single ventricle |
| Q21.3 | Tetralogy of Fallot |
| Q26.2 | Total anomalous pulmonary venous return (TAPVR) |
| Q20.3, Q20.5 | Transposition of the great vessels (arteries) |
| Q20.3 | 1. Transposition of great vessels |
| Q20.5 | 1. Corrected Transposition |
| Q22.4 | Tricuspid valve atresia |
| Q20.0 | Truncus arteriosus |
| Q21.0 | Ventricular septal defect |
|  | 1. **Chromosomal** |
| Q90 | Down syndrome |
| Q90.0 | 1. Trisomy 21, nonmosaicism |
| Q90.1 | 1. Trisomy 21, mosaicism |
| Q90.2 | * 1. Trisomy 21, translocation |
| Q90.9 | * 1. Down syndrome, unspecified |
| Q98.0, Q98.1, Q98.4 | Klinefelter syndrome |
| Q98.0 | * 1. Klinefelter syndrome karyotype 47, XXY |
| Q98.1 | * 1. Klinefelter syndrome, male with more than two X chromosomes |
| Q98.4 | * 1. Klinefelter syndrome, unspecified |
| Q91.4, Q91.5, Q91.6, Q91.7 | Trisomy 13 |
| Q91.4 | * 1. Trisomy 13, nonmosaicism |
| Q91.5 | * 1. Trisomy 13, mosaicism |
| Q91.6 | * 1. Trisomy 13, translocation |
| Q91.7 | * 1. Trisomy 13, unspecified |
| Q91.0, Q91.1, Q91.2, Q91.3 | Trisomy 18 |
| Q91.0 | * 1. Trisomy 18, nonmosaicism |
| Q91.1 | * 1. Trisomy 18, mosaicism |
| Q91.2 | * 1. Trisomy 18, translocation |
| Q91.3 | * 1. Trisomy 18, unspecified |
| Q96 | Turner’s syndrome |
| Q96.0 | * 1. Karyotype 45, X |
| Q96.1 | * 1. Karyotype 45, X iso (Xq) |
| Q96.2 | * 1. Karyotype 46, X with abnormal sex chromosome, expect iso (Xq) |
| Q96.3 | * 1. Mosaicism, 45, X/46, XX or XY |
| Q96.4 | * 1. Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome |
| Q96.8 | * 1. Other variants of Turner’s syndrome |
| Q96.9 | * 1. Turner’s syndrome, unspecified |
| Q93.81 | Velocardiofacial syndrome (Deletion 22q11.2) |
|  | 1. **Endocrine** |
| E03.0, E03.1 | Hypothyroidism (congenital) |
| E03.0 | * 1. Congenital hypothyroidism with diffuse goiter |
| E03.1 | * 1. Congenital hypothyroidism without goiter |
|  | 1. **Eye** |
| Q12.0 | Cataract (congenital) |
| Q12.2, Q13.0 | Coloboma |
| Q12.2 | * 1. Coloboma of lens |
| Q13.0 | * 1. Coloboma of iris |
| Q11.0, Q11.1, Q11.2 | Microphthalmia/anophthalmia |
| Q11.0 | * 1. Cystic eyeball |
| Q11.1 | * 1. Other anophthalmos |
| Q11.2 | * 1. Microphthalmos |
|  | 1. **Gastrointestinal** |
| Q44.2, Q44.3 | Biliary atresia |
| Q44.2 | * 1. Atresia of bile ducts |
| Q44.3 | * 1. Congenital stenosis and stricture of bile ducts |
| Q79.3 | Gastroschisis |
| Q43.1 | Hirschsprung disease |
| Q79.2 | Omphalocele |
| Q40.0 | Pyloric stenosis |
| Q42 | Rectal/colonic atresia/stenosis |
| Q42.0 | * 1. Congenital absence, atresia and stenosis of rectum with fistula |
| Q42.1 | * 1. Congenital absence, atresia and stenosis of rectum without fistula |
| Q42.2 | * 1. Congenital absence, atresia and stenosis of anus with fistula |
| Q42.3 | * 1. Congenital absence, atresia and stenosis of anus without fistula |
| Q42.8 | * 1. Congenital absence, atresia and stenosis of other parts of large intestine |
| Q42.9 | * 1. Congenital absence, atresia and stenosis of other parts of large intestine, part unspecified |
| Q41 | Small bowel atresia/stenosis |
| Q41.0 | * 1. Congenital absence, atresia and stenosis of duodenum |
| Q41.1 | * 1. Congenital absence, atresia and stenosis of jejunum |
| Q41.2 | * 1. Congenital absence, atresia and stenosis of ileum |
| Q41.8 | * 1. Congenital absence, atresia and stenosis of ileum |
| Q41.9 | * 1. Congenital absence, atresia and stenosis of small intestine, part unspecified |
| Q39.0, Q39.1, Q39.2, Q39.3, Q39.4 | Esophageal atresia/trachea-esophageal fistula |
| Q39.0 | * 1. Atresia of esophagus without fistula |
| Q39.1 | * 1. Atresia of esophagus with trachea-esophageal fistula |
| Q39.2 | * 1. Congenital trachea-esophageal fistula without atresia |
| Q39.3 | * 1. Congenital stenosis and stricture of esophagus |
| Q39.4 | * 1. Esophageal web |
|  | 1. **Genitourinary** |
| Q56 | Indeterminate sex and pseudohermaphroditism |
| Q56.0 | * 1. Hermaphroditism |
| Q56.1 | * 1. Male pseudohermaphroditism, not elsewhere classified |
| Q56.2 | * 1. Female pseudohermaphroditism, not elsewhere classified |
| Q56.3 | * 1. Pseudohermaphroditism, unspecified |
| Q56.4 | * 1. Indeterminate sex, unspecified |
| Q64.0 | Epispadias |
| Q64.10, Q64.19 | Exstrophy of the bladder |
| Q64.10 | * 1. Exstrophy of urinary bladder, unspecified |
| Q64.19 | * 1. Other exstrophy of urinary bladder |
| Q64.12 | Exstrophy of the cloaca |
| Q54 (excluding Q54.4) | Hypospadias |
| Q54.0 | * 1. Hypospadias, balanic |
| Q54.1 | * 1. Hypospadias, penile |
| Q54.2 | * 1. Hypospadias, penoscrotal |
| Q54.3 | * 1. Hypospadias, perineal |
| Q54.8 | * 1. Other hypospadias |
| Q54.9 | * 1. Hypospadias, unspecified |
| Q64.2 | Posterior urethral valves (congenital) |
| Q60 | Renal agenesis/hypoplasia |
| Q60.0 | * 1. Renal agenesis, unilateral |
| Q60.1 | * 1. Renal agenesis, bilateral |
| Q60.2 | * 1. Renal agenesis, unspecified |
| Q60.3 | * 1. Renal hypoplasia, unilateral |
| Q60.4 | * 1. Renal hypoplasia, bilateral |
| Q60.5 | * 1. Renal hypoplasia, unspecified |
| Q60.6 | * 1. Potter’s syndrome |
| Q64.3 | Urethral atresia and stenosis |
| Q64.31 | * 1. Congenital bladder neck obstruction |
| Q64.32 | * 1. Congenital stricture of urethra |
| Q61.33 | * 1. Congenital stricture of urinary meatus |
| Q64.39 | * 1. Other atresia and stenosis of urethra and bladder neck |
|  | 1. **Hematologic** |
| D58.0 | Hereditary spherocytosis |
|  | 1. **Musculoskeletal** |
| Q77.4 | Achondroplasia |
| Q66.0, Q66.89 | Clubfoot (congenital) |
| Q66.00 | * 1. Congenital talipes equinovarus, unspecified foot |
| Q66.01 | * 1. Congenital talipes equinovarus, right foot |
| Q66.02 | * 1. Congenital talipes equinovarus, left foot |
| Q66.89 | * 1. Other specified congenital deformities of feet |
| Q65 | Hip dislocation (congenital) |
| Q65.0 | * 1. Congenital dislocation of hip, unilateral |
| Q65.00 | * 1. Congenital dislocation of unspecified hip, unilateral |
| Q65.01 | * 1. Congenital dislocation of right hip, unilateral |
| Q65.02 | * 1. Congenital dislocation of left hip, unilateral |
| Q65.1 | * 1. Congenital dislocation of hip, bilateral |
| Q65.2 | * 1. Congenital dislocation of hip, unspecified |
| Q65.3 | * 1. Congenital partial dislocation of hip, unilateral |
| Q65.30 | * 1. Congenital partial dislocation of unspecified hip, unilateral |
| Q65.31 | * 1. Congenital partial dislocation of right hip, unilateral |
| Q65.32 | * 1. Congenital partial dislocation of left hip, unilateral |
| Q65.4 | * 1. Congenital partial dislocation of hip, bilateral |
| Q65.5 | * 1. Congenital partial dislocation of hip, unspecified |
| Q65.6 | * 1. Congenital unstable hip |
| Q65.8 | * 1. Other congenital deformities of hip |
| Q65.81 | * 1. Congenital coxa valga |
| Q65.82 | * 1. Congenital coxa vara |
| Q65.89 | * 1. Other specified congenital deformities of hip |
| Q65.9 | * 1. Congenital deformity of hip, unspecified |
| Q78.0 | Osteogenesis imperfecta |
| Q67.5, Q76.3, Q76.41 | Scoliosis and kyphosis |
| Q67.5 | * 1. Congenital scoliosis |
| Q76.3 | * 1. Congenital scoliosis due to congenital bony malformation |
| Q76.41 | * 1. Congenital kyphosis |
| Q76.411 | * 1. Congenital Kyphosis, occipito-atlanto-axial region |
| Q76.412 | * 1. Congenital kyphosis, cervical region |
| Q76.413 | * 1. Congenital kyphosis, cervicothoracic region |
| Q76.414 | * 1. Congenital kyphosis, thoracic region |
| Q76.415 | * 1. Congenital kyphosis, thoracolumbar region |
| Q76.419 | * 1. Congenital kyphosis, unspecified region |
| Q71, Q72, Q73 | Limb deficiencies (reduction defects) |
| Q71.0-Q71.9 | * 1. Reduction defects of upper limb |
| Q72.0-Q72.9 | * 1. Reduction defects of lower limb |
| Q73.0-Q73.9 | * 1. Reduction defects of unspecified limb |
|  | 1. **Neurologic** |
| Q00.0, Q00.1 | Anencephaly |
| Q00.0 | * 1. Anencephaly |
| Q00.1 | * 1. Cranioarchischisis |
| Q01 | Encephalocele |
| Q01.0 | * 1. Frontal encephalocele |
| Q01.1 | * 1. Nasofrontal encephalocele |
| Q01.2 | * 1. Occipital encephalocele |
| Q01.8 | * 1. Encephalocele of other sites |
| Q01.9 | * 1. Encephalocele, unspecified |
| Q04.2 | Holoprosencephaly |
| Q03 | Hydrocephalus (congenital) |
| Q03.0 | * 1. Malformations of aqueduct of Sylvius |
| Q03.1 | * 1. Atresia of foramina of Magendie and Luschka |
| Q03.8 | * 1. Other congenital hydrocephalus |
| Q03.9 | * 1. Congenital hydrocephalus, unspecified |
| Q02 | Microcephaly |
| Q04.6 | Congenital cerebral cysts (porencephaly) |
| Q05, Q07.01, Q07.03 | Spina bifida (without anencephalus) |
| Q05.0 | * 1. Cervical spina bifida with hydrocephalus |
| Q05.1 | * 1. Thoracic spina bifida with hydrocephalus |
| Q05.2 | * 1. Lumbar spina bifida with hydrocephalus |
| Q05.3 | * 1. Sacral spina bifida with hydrocephalus |
| Q05.4 | * 1. Unspecified spina bifida with hydrocephalus |
| Q05.5 | * 1. Cervical spina bifida without hydrocephalus |
| Q05.6 | * 1. Thoracic spina bifida without hydrocephalus |
| Q05.7 | * 1. Lumbar spina bifida without hydrocephalus |
| Q05.8 | * 1. Sacral spina bifida without hydrocephalus |
| Q05.9 | * 1. Spina bifida, unspecified |
| Q07.01 | * 1. Arnold-Chiari syndrome with spina bifida |
| Q07.03 | * 1. Arnold-Chiari syndrome with spina bifida and hydrocephalus |
|  | 1. **Orofacial** |
| Q30.0 | Choanal atresia |
| Q37 | Cleft lip with cleft palate |
| Q37.0 | * 1. Cleft hard palate with bilateral cleft lip |
| Q37.1 | * 1. Cleft hard palate with unilateral cleft lip |
| Q37.2 | * 1. Cleft soft palate with bilateral cleft lip |
| Q37.3 | * 1. Cleft soft palate with unilateral cleft lip |
| Q37.4 | * 1. Cleft hard and soft palate with bilateral cleft lip |
| Q37.5 | * 1. Cleft hard and soft palate with unilateral cleft lip |
| Q37.8 | * 1. Unspecified cleft palate with bilateral cleft lip |
| Q37.9 | * 1. Unspecified cleft palate with unilateral cleft lip |
| Q36 | Cleft lip (without cleft palate) |
| Q36.0 | * 1. Cleft lip, bilateral |
| Q36.1 | * 1. Cleft lip, median |
| Q36.9 | * 1. Cleft lip, unilateral |
| Q35 | Cleft palate (without cleft lip) |
| Q35.1 | * 1. Cleft hard palate |
| Q35.3 | * 1. Cleft soft palate |
| Q35.5 | * 1. Cleft hard palate with cleft soft palate |
| Q35.7 | * 1. Cleft uvula |
| Q35.9 | * 1. Cleft palate, unspecified |
| Q75.0 | Craniosynostosis |
| Q16.0, Q17.2 | Microtia/anotia |
| Q16.0 | * 1. Congenital absence of (ear) auricle |
| Q17.2 | * 1. Microtia |
|  | 1. **Pulmonary** |
| E84 | Cystic fibrosis |
| E84.0 | * 1. Cystic fibrosis with pulmonary manifestations |
| E84.1 | * 1. Cystic fibrosis with intestinal manifestations |
| E84.11 | * 1. Meconium ileus in cystic fibrosis |
| E84.19 | * 1. Cystic fibrosis with other intestinal manifestations |
| E84.8 | * 1. Cystic fibrosis with other manifestations |
| E84.9 | * 1. Cystic fibrosis, unspecified |
| Q79.0, Q79.1 | Diaphragmatic hernia |
| Q79.0 | * 1. Congenital diaphragmatic hernia |
| Q79.1 | * 1. Other congenital malformations of diaphragm |