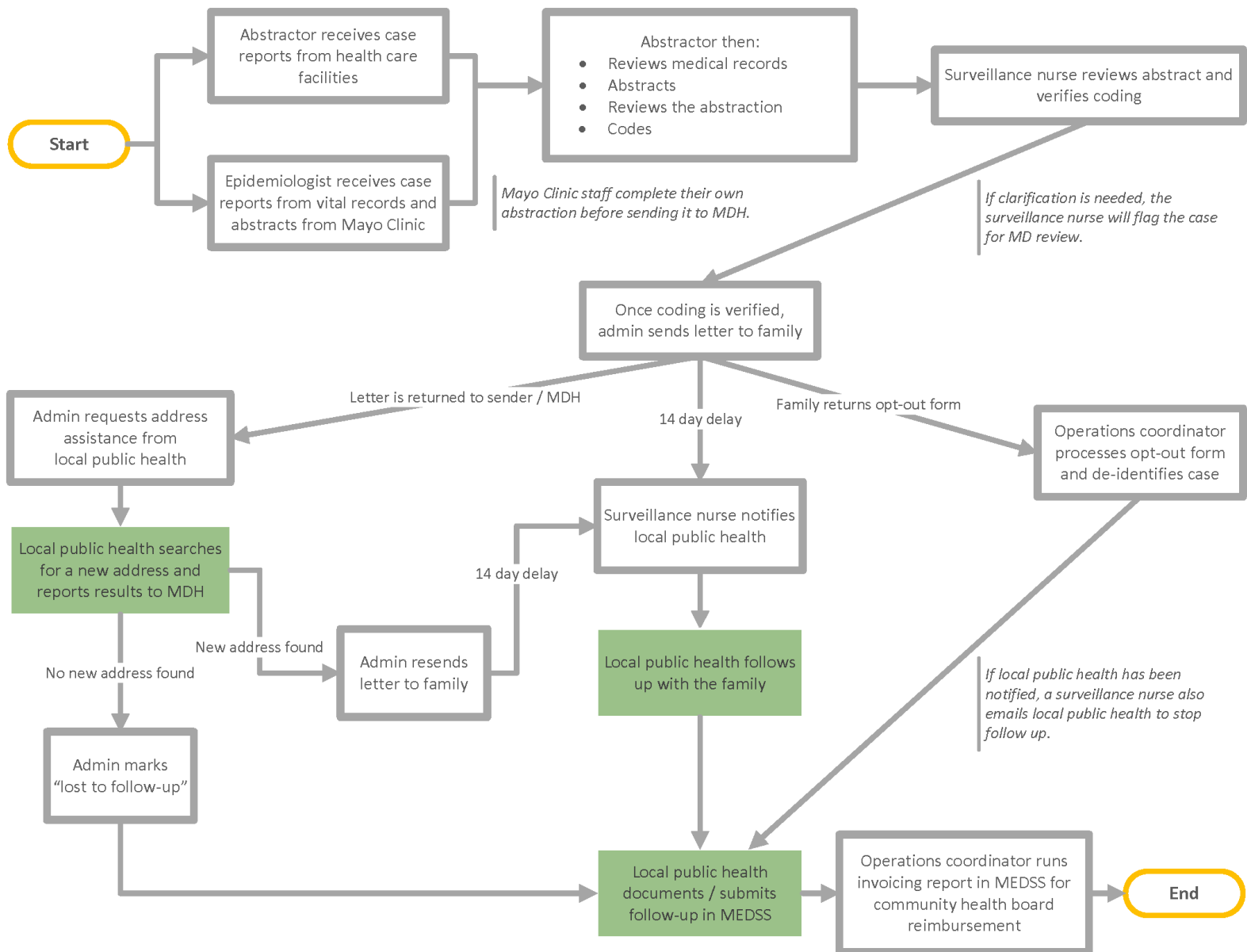


# Birth Defects Follow-up Process

## CHILDREN AND YOUTH WITH SPECIAL HEALTH NEEDS

### Flow chart



## Narrative version

### Abstraction

1. **Abstractors** receive medical records from health care facilities; **Epidemiologists** receive care reports from Vital Records or Mayo Clinic.
2. **Abstractors** review medical records and abstract. (Note this step is skipped for Mayo Clinic records as Mayo Clinic staff complete their own abstraction).
3. **Abstractors** review the abstract and code.
4. A **surveillance nurse** reviews the abstract and verifies the coding.
  - a. If clarification is needed, the **surveillance nurse** flags the abstract/coding for MD review.
  - b. If the abstract and coding are correct, a **surveillance nurse** notifies MDH **admin** staff that they can send a letter to the family.

### Letters to families

5. **Admin** will send a letter to the family's primary address.
  - a. If the letter is returned to sender/MDH, **admin** will request address assistance from *local public health*.
    - i. *Local public health* will search for a new address and report results to MDH in MEDSS.
      1. If a new address is found, **admin** will re-send the letter.
      2. If no new address is found, **admin** will mark the child as "lost to follow-up." *Local public health* will then document/submit follow-up in MEDSS.
  - b. If a parent returns an opt-out form, the **operations coordinator** will process the form and de-identify the case.
    - i. If *local public health* has been notified, a **surveillance nurse** will email *local public health* to stop follow-up.
6. After a 14-day delay, a **surveillance nurse** notifies *local public health* to follow-up with the family.

### Local public health follow-up and documentation

7. After notification from a **surveillance nurse**, *local public health* follows up with the family.
8. *Local public health* documents/submits follow-up in MEDSS.
9. Each quarter, the **operations coordinator** runs the invoicing report in MEDSS for *community health board* reimbursement.

## BIRTH DEFECTS FOLLOW-UP PROCESS

Minnesota Department of Health  
Child and Family Health Division  
Children and Youth with Special Health Needs Section  
625 Robert St. N.  
P.O. Box 64975  
St. Paul, MN 55164  
[health.cyshn@state.mn.us](mailto:health.cyshn@state.mn.us)  
[www.health.state.mn.us/birthdefects](http://www.health.state.mn.us/birthdefects)

4/29/25

*To obtain this information in a different format, call: 651-201-3650.*