**INCIDENCE OF OROFACIAL CLEFTS IN ASIAN AMERICAN SUBGROUPS**

AUTHORS: Sandy Li1, Siobhan Nnorom1, Richard Ngo2, Oluwasegun Akinyemi1, Adedoyin Kalejaiye1

AFFILIATION: 1. Howard University College of Medicine, 520 W Street NW, Washington, DC 20059. 2. Massachusetts General Hospital, 55 Fruit Street, Boston, MA, 02115.

**BACKGROUND:** There has been evidence that suggests the prevalence of orofacial clefts in Asian Americans is high. However, in current research, Asian American subgroups are often inappropriately combined into a single Asian category. Among the Asian American subgroups, there is wide variation in sociodemographic indicators, which can ultimately affect perinatal outcomes such as orofacial clefts.

**METHODS:** We conducted a population-based retrospective cohort study using the US vital statistics dataset of all deliveries by Asian and Pacific Islander women from 2015 to 2019.

**RESULTS:** Overall, the incidence of orofacial clefts in Asian Americans (0.06%) was lower than that of American Indian/Alaska Natives (0.15%) and White Americans (0.08%) and higher than that of Black Americans (0.04%). The highest incidence rate of orofacial clefts was in the “Other Pacific Islander” subgroup (72 per 100,000 live births). The lowest incidence rate of orofacial clefts was in the Chinese subgroup (41 per 100,000 live births). Pacific Islanders (Hawaiian, Guamanian, Samoan, and Other Pacific Islander) had a higher incidence rate of orofacial clefts compared to Asians (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian). Asian and Pacific Islander mothers born in the US, compared to those born outside the US, had a higher odds ratio for giving birth to a child with an orofacial cleft.

**CONCLUSIONS:** The incidence of orofacial clefts in Asian and Pacific Americans might be lower than previously shown in the literature. There were also differences when examining specific subgroups. These results will contribute to the current research highlight health disparities in Asian Americans, especially in Asian American subgroups. Disaggregation of Asian American and Pacific Islander data on a national level will highlight the unique challenges and health risks of specific subgroups, leading to improved treatment and outcomes.

**CONTENT CATEGORY:** epidemiology

**KEYWORDS:** Asian, Pacific Islander, orofacial clefts, cleft lip, cleft palate