

Data Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2009

Prepared by: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program

All nonmilitary hospitals providing maternity services are required to complete the Newborn Screening Test Form.

In 2009, two different versions of the Newborn Screening Test Form (Version C and Version D) were used by hospitals.

Because the wording of the infant feeding question was different on each form, 2009 data are shown by type of form.

Note 1 (NBS Form Version C): Analysis limited to cases reported on the Newborn Screening Test Form [Version NBS-I(C) (6/07)], representing approximately 27% of all cases.

Infant feeding data presented in this report include all feedings since birth to time of specimen collection, usually 24 to 48 hours since birth.

Upon completing the form, staff must select all that apply from the following five categories to describe 'all nutrition since birth' (per chart review):

(1) Human Milk; (2) Formula; (3) Fortifier; (4) TPN/Hyperal and (5) IV Fluid.

The numerator for "Exclusive Breastfeeding" includes records marked 'Human Milk' only.

The numerator for "Any Breastfeeding" includes records marked 'Human Milk' only or 'Human Milk' and 'Formula'.

The denominator excludes cases with unknown method of feeding and cases coded as 'TPN/Hyperal', 'Fortifier', and/or 'IV Fluid' alone or in combination with 'Human Milk' and/or 'Formula'.

Statewide approximately 3.0% of cases have missing feeding information and/or coded as 'TPN/Hyperal', 'Fortifier', and/or 'IV Fluid'.

Note 1 (NBS Form Version D): Analysis limited to cases reported on the Newborn Screening Test Form [Version NBS-I(D) (12/08)], representing approximately 73% of all cases.

Infant feeding data presented in this report include all feedings since birth to time of specimen collection, usually 24 to 48 hours since birth.

Upon completing the form, staff must select from the following three categories to describe 'all feeding since birth':

(1) Only Human Milk; (2) Only Formula; (3) Human Milk & Formula.

The numerator for "Exclusive Breastfeeding" includes records marked 'Only Human Milk'.

The numerator for "Any Breastfeeding" includes records marked 'Only Human Milk' or 'Human Milk & Formula'.

The denominator excludes cases with unknown method of feeding and those receiving TPN at time of specimen collection.

Statewide approximately 3.0% of cases have missing feeding information and/or on TPN at time of specimen collection.

Note 2: Excludes data for infants that were in an Neonatal Intensive Care Unit (NICU) nursery at the time of specimen collection.

Note 3: Infant race/ethnicity is based upon mother and father race/ethnicity as reported on the birth certificate and recorded on the Newborn Screening Test Form.

Data for individual race groups exclude persons of Hispanic ethnicity.

Data for cases with unknown race/ethnicity are not shown, but are included in the totals.

Note 4: Excludes cases that were not collected by facilities listed as 'Kaiser' and/or 'Regular' maternity hospitals in the newborn screening database.

Note 5: Facility and county of occurrence data are missing for 0.1% of cases, but are included in the state total.

Note 6: Data for counties shown in this table include information for all births occurring in a 'Regular' or 'Kaiser' facility providing maternity services in that county.

Counties and facilities with fewer than 50 births with known type of feeding on both versions of the NBS form combined are not shown.

Note 7: 95% confidence intervals are shown in parentheses. Confidence intervals were computed using the Wilson Score formula.

Newcombe, R.G. (1998). Two-sided confidence intervals for the single proportion: comparison of seven methods. *Statistics in Medicine*, 17: 857-872.