



Infant Feeding Question in the Electronic Birth Registration System (EBRS)

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HIGHLIGHTS

- Instructions for answering “How is infant being fed” have been updated to increase clarity and improve data accuracy.
- Birth registration staff should answer the infant feeding question **based on what the infant was being fed during the entire period between birth and discharge or up until the fifth day of life in the hospital.**
- Birth registration staff **should not** answer this question based on what the infant will be fed once leaving the hospital.

The screenshot shows the 'Newborn' registration form. The 'How is infant being fed?' dropdown menu is highlighted with a red box. The form includes fields for Child's Medical Record Number, Infant Birth Weight (Pounds / Ounces and Grams), and a section for reasons for delivery at a less than level III hospital. The 'How is infant being fed?' dropdown menu is currently set to 'None of the above'. Below this, there are fields for Clinical Estimate of Gestation (Completed Weeks), APGAR Score (1 Minute, 5 Minutes, 10 Minutes), Number delivered in this pregnancy, and Hepatitis B Inoculation status.

The Quality Improvement Unit of the Office of Vital Statistics is dedicated to improving the quality of vital event data by providing education and training to data providers. This is the sixth in a series of quality improvement newsletters that are distributed to all birthing institutions and Regional Perinatal Coordinators to help improve the entry and quality of birth data.



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I. WHAT CHANGES HAVE BEEN MADE TO THE INSTRUCTIONS FOR THE INFANT FEEDING QUESTION?

In the spring of 2010, the National Center for Health Statistics, a federal agency that collects statistical information, revised the instructions for answering the infant feeding question on the birth certificate. In response, the New York City Department of Health and Mental Hygiene's (DOHMH) Bureau of Vital Statistics distributed updated instructions to all birthing center administrators and midwives later that fall.

Previously, in response to the question "How is infant being fed?" the instructions specified that infant feeding should be classified based on what the infant was being fed before discharge. The new instructions specify that infant feeding should be classified based on what the infant was fed **during the entire period between birth and discharge or up until the fifth day of life in the hospital**. The question **should not** be answered based on what the infant will be fed once leaving the hospital or what the mother intends to feed the infant.

These instructions more clearly define the time period in question and will help birth registration staff more accurately complete the infant feeding question.

Five choices are still available, but the explanations for each choice have changed to increase clarity:

- **Breast Milk** (Exclusive breast milk feeding): Infant has been fed ONLY breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.
- **Formula**: Infant has been fed formula (any amount). Has NOT been fed any breast milk. May or may not have been fed other liquids such as water or glucose water.
- **Both**: Infant has been fed BOTH breast milk (any amount) AND formula, water, glucose water and/or other liquids (any amount).
- **Neither**: Infant has NOT been fed any breast milk or formula. This response is rare. It will include infants in the intensive care unit who require intravenous feeding.
- **Unknown**: You should only select Unknown after you have exhausted all available records that may contain information on infant feeding.

II. HOW DO THESE NEW INSTRUCTIONS AFFECT THE WAY I ANSWER THE INFANT FEEDING QUESTION?

Before the change, it was unclear whether birth registration staff should answer the infant feeding question based on what the infant was being fed immediately before discharge or what the infant was fed at different time points before discharge. Consider an infant who was fed both formula and breast milk immediately after birth, but starting one day prior to discharge, the infant was fed breast milk exclusively. Under the old instructions, a birth registrar might have classified infant feeding as breast milk only because that is what the infant was being fed just prior to discharge. The new instructions clarify that the birth registrar should select "Both" since the infant was fed both formula and breast milk during the period between birth and discharge or up until the fifth day of life in the hospital.



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III. WHY IS INFANT FEEDING DATA IMPORTANT?

Researchers use the infant feeding data collected on the birth certificate and in other local and national surveys to calculate how many mothers breastfeed their infants after birth and to determine the level of support that birth facilities provide to mothers and babies in breastfeeding. Low breastfeeding rates after birth could indicate that mothers may be facing challenges to breastfeeding right after birth and that changes to hospital policies and practices are needed to help support mothers in breastfeeding their babies.

Public health practitioners use data to inform policies and programs. DOHMH staff use breastfeeding rates calculated from the data captured on the NYC birth certificate to inform the Breastfeeding Initiative, which aims to educate mothers, medical providers, and the public on the importance and benefits of breastfeeding and to encourage new mothers to breastfeed after birth.

Lastly, this data is used to educate mothers on breastfeeding. To promote breastfeeding, the New York State Department of Health recently announced that the rates of infant breastfeeding at all New York State hospitals, including New York City Hospitals, will now be presented to expectant mothers when they attend prenatal classes or are admitted to the hospital to give birth. Therefore, the accuracy with which your birth registration staff answers the infant feeding question directly impacts the rate of breastfeeding at your hospital. Low rates of breastfeeding after birth can ultimately impact the efforts to promote breastfeeding to new mothers at your hospital.

Sources:

[CDC Breastfeeding Report Card—United States, 2010](#)

[“Breastfeeding Measures Added to Maternity Information”](#), New York State Department of Health, December 2010



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IV. 2009 NEWBORN VARIABLE DATA QUALITY ISSUES

DATA ITEM(S)	ISSUE(S)	HOW TO IMPROVE REPORTING
<p>How is infant being fed?</p>	<p>In 2009, 2,359 records (about 2% of all births) indicated Unknown for How is infant being fed?</p>	<p>Carefully review the facility worksheet, the Labor & Delivery Record, maternal progress notes, the newborn flow record, or the lactation consultation records for information on how the infant was fed between birth and discharge from the hospital or up until the fifth day of life in the hospital.</p> <p>In your answer, include all substances the infant was fed. For example, if the infant was initially fed formula and then switched to breast milk, select “Both”. If the infant was fed breast milk only, select Breast Milk.</p> <p>Select the appropriate answer choice from the dropdown.</p> <ul style="list-style-type: none"> • Breast Milk (Exclusive breast milk feeding): Infant has been fed ONLY breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Breast milk feeding includes expressed mother’s milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast. • Formula: Infant has been fed formula (any amount). Has NOT been fed any breast milk. May or may not have been fed other liquids such as water or glucose water. • Both: Infant has been fed BOTH breast milk (any amount) AND formula, water, glucose water and/or other liquids (any amount). • Neither: Infant has NOT been fed any breast milk or formula. This response is rare; it will include infants in the intensive care unit who require intravenous feeding. • Unknown: You should only select Unknown after you have exhausted all available records that may contain information on infant feeding.

Questions? Contact Us!

If you need assistance or have questions regarding birth data quality, please contact Melissa Gambatese in the Quality Improvement Unit at 212-788-4583 or VitalQI@health.nyc.gov. If you have questions regarding EBRs, please contact the EVERS Help Desk at 212-788-4575 or ebrs@health.nyc.gov.