

Pediatric Nutrition Surveillance System (PedNSS)

The Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Surveillance System (PNSS) are program-based surveillance systems that monitor the nutritional status of low-income infants, children, and women in federally funded maternal and child health programs. PedNSS data represent over 8 million children from birth to age 5. PNSS data represent approximately 1.3 million pregnant and postpartum women. These surveillance systems provide data that describe prevalence and trends of nutrition, health, and behavioral indicators for mothers and children.

Methodology:

Demographic data collected by PedNSS include race or ethnicity, sex, migrant status, household income (where indicated), and zip code.

- Data collected to assess nutritional status include weight, length/height, and hemoglobin or hematocrit measurements. Weight, stature, and length are commonly used to assess the size and growth of children.
- Data on birthweight and breastfeeding status are collected on children from birth to two years of age.
- Health risk behavior data includes tv/video viewing and household smoking.

Data is collected at the clinic level then aggregated at the state level and submitted to CDC for analysis. When multiple visit records are submitted for a child during the reporting period, CDC creates a unique child record following specific selection criteria that may contain some data from all available records. The CDC then calculates the nutrition-related indices and sends each contributor agency a series of annual tables that summarize the nutritional status and infant feeding practices by age of child and race/ethnicity. The national PedNSS tables are included in the Pediatric Data Tables section.

Limitations of the PedNSS Data: PedNSS is a public health surveillance system based on data routinely collected from several federally funded public health programs serving low-income children. Contributors voluntarily participate in PedNSS. Not all contributors for a specific public health program participate in PedNSS. For example, not all states, U.S. territories, and tribal agencies that provide WIC services participate in PedNSS. Therefore, the national PedNSS report is not representative of all WIC programs. Similarly, PedNSS is not representative of all low-income children or children in the general population. It is representative of the population served by the public health program submitting the surveillance data. It is essential data for use in planning, implementing, monitoring, and evaluating the nutritional status of children served by a specific public health program.

References:

<http://www.cdc.gov/pednss/>

http://www.cdc.gov/pednss/what_is/pednss/what_data.htm