Supplementary Material

**Diagnosis and Ascertainment of Health Care–Associated Infection**

The main outcome of interest was the occurrence of a late health care–associated infection (HAI) (i.e., late sepsis or meningitis) in each infant, which was defined as either a late bacterial infection and/or late coagulase-negative *Staphylococcus* (CoNS) infection and/or late fungal infection after day 3 of life (the day of birth is day 1) at the reporting center. HAIs were thus limited to bloodstream infections and meningitis only, with viral pathogens or other HAIs excluded. Sepsis or meningitis was diagnosed by positive blood or cerebrospinal fluid cultures of CoNS or bacterial pathogens other than CoNS. If CoNS was recovered from a culture, several other criteria were applied to define the event as a HAI: (1) signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress, or hemodynamic instability) and (2) treatment with 5 or more days of intravenous antibiotics after the culture was obtained. If both CoNS and another bacterial pathogen were recovered simultaneously from a culture, the patient was coded to have only a late bacterial pathogen and not CoNS.

**Classification of Maternal Race/Ethnicity**

Infants’ racial and ethnic background is based on maternal race. The California Perinatal Quality Care Collaborative race classification scheme (1) includes non-Hispanic white, non-Hispanic black, and Hispanic; (2) combines Asian and Pacific Islander groups; and (3) for this analysis, we collapsed the American Indian or Alaskan Native into an “other” category. The classification scheme allows for only a single choice. Local data collectors are encouraged to retrieve this variable based on the Automated Vital Statistics System, which is used in all birthing hospitals in California to produce paper and electronic birth certificates. The Automated Vital Statistics System collects ethnicity and race data in a manner consistent with new State and Federal standards for multiple race reporting. Assigning maternal ethnicity and race based on appearance, language, or other personal attributes or without the direct assistance of the informant is discouraged. If multiple races are recorded in the Automated Vital Statistics System, the race that appears first in the hierarchy is recorded.

---

**Supplementary Fig. S1** Flow chart of patients included in the study.
Supplementary Fig. S2 Differences in risk-adjusted infection rates between (A) non-Hispanic black versus non-Hispanic white infants; (B) Hispanic versus non-Hispanic white infants; (C) Asian or Pacific Islander versus non-Hispanic white infants.