Subgroup analysis by neonatal risk status (high risk or low risk)

Source: Tan ML, Abrams SA, Osborn DA. Vitamin D supplementation for term breastfed infants to prevent vitamin D deficiency and improve bone health. Cochrane Database Syst Rev. 2020;(12):CD013046.

			Certainty a	ssessment			Nº of patients		Effect		C. Activi	
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vitamin D	Placebo or no supplementation	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Vitamin I	D insufficiency	/ (25(OH) vitan	nin D < 50 nmol,	/L) – high-risk i	nfants							
3	randomized trials	serious ^a	not serious	not serious	serious ^c	none	25/64 (39.1%)	42/70 (60.0%)	RR 0.65 (0.46 to 0.94)	210 fewer per 1000 (from 324 fewer to 36 fewer)	⊕⊕○○ LOW	CRITICAL
Serum 25	(OH) vitamin	D level at late	st time reported	l to 6 months o	of age – high-risk i	nfants						
3	randomized trials	serious ^a	not serious	not serious	serious ^c	none	64	70	-	MD 18.24 higher (9.39 higher to 27.09 higher)	⊕⊕○○ LOW	CRITICAL
Vitamin [D deficiency (2	25(OH) vitamir	n D < 30 nmol/L)	– high-risk infa	ants							
2	randomized trials	serious ^a	not serious	not serious	very serious ^{b,d,e}	none	5/58 (8.6%)	14/64 (21.9%)	RR 0.41 (0.16 to 1.05)	129 fewer per 1000 (from 184 fewer to 11 more)	⊕○○○ VERY LOW	CRITICAL
Nutrition	al rickets: bio	chemical – hig	h risk infants: D	2 400 IU/day fi	om birth to 6 mo	nths of age; all seaso	ns		1			•
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,f}	none	0/9 (0.0%)	0/9 (0.0%)	not estimable	-	⊕○○○ VERY LOW	CRITICAL
Vitamin I	D insufficiency	/ (25(OH) vitan	nin D < 50 nmol,	/L) – low risk in	fants							
1	randomized trials	serious ^a	not serious	not serious	serious ^c	none	4/68 (5.9%)	22/72 (30.6%)	RR 0.19 (0.07 to 0.53)	248 fewer per 1000 (from 284 fewer to 144 fewer)	⊕⊕○○ LOW	CRITICAL
Serum 25	(OH) vitamin	D level at late	st time reported	to 6 months o	of age – low risk in	fants						
3	randomized trials	serious ^a	not serious	not serious	serious ^c	none	95	105	-	MD 25.53 higher (18.34 higher to 32.72 higher)	⊕⊕○○ LOW	CRITICAL
Nutrition	al rickets: bio	chemical – low	v-risk infants: D2	400 IU/day fro	om birth to 6 mor	ths of age				·		
1	randomized trials	very serious	not serious	not serious	very serious ^{b,f}	none	0/8 (0.0%)	0/8 (0.0%)	not estimable	-	⊕○○○ VERY LOW	CRITICAL

Certainty assessment							№ of patients		Effect		Cortainty	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vitamin D	Placebo or no supplementation	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Bone mineral content at the end of intervention – low-risk infants; D2 400 IU/day from birth to 3 months of age												
1	randomized trials	serious ^a	not serious	not serious	serious ^c	none	9	9	-	MD 15 higher (6.68 higher to 23.32 higher)	⊕⊕○○ LOW	CRITICAL
Bone mineral content at the end of intervention – low-risk infants; D2 400 IU/day from birth to 6 months of age												
1	randomized trials	serious ^a	not serious	not serious	serious ^c	none	19	19	-	MD 11.5 lower (21.32 lower to 1.68 lower)	⊕⊕○○ LOW	CRITICAL

CI: confidence interval; MD: mean difference; RR: risk ratio.

a. The pooled effect provided by studies "B".

b. Less than 300 babies.

c. Less than 400 babies.

d. Less than 30 events.

e. Wide confidence interval crossing the line of no effect.

f. No events.

g. The pooled effect provided by studies "C".