

Oregon WIC Training **Nutrition Risk Module**



Staff Training

Oregon WIC Training Nutrition Risk Module

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More Information about Medical Conditions

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Starting the Module

Section **1**

Contents

- S-1 Introduction
- S-2 Instruction Levels
- S-3 About the Module
- S-4 Steps for Completing the Module
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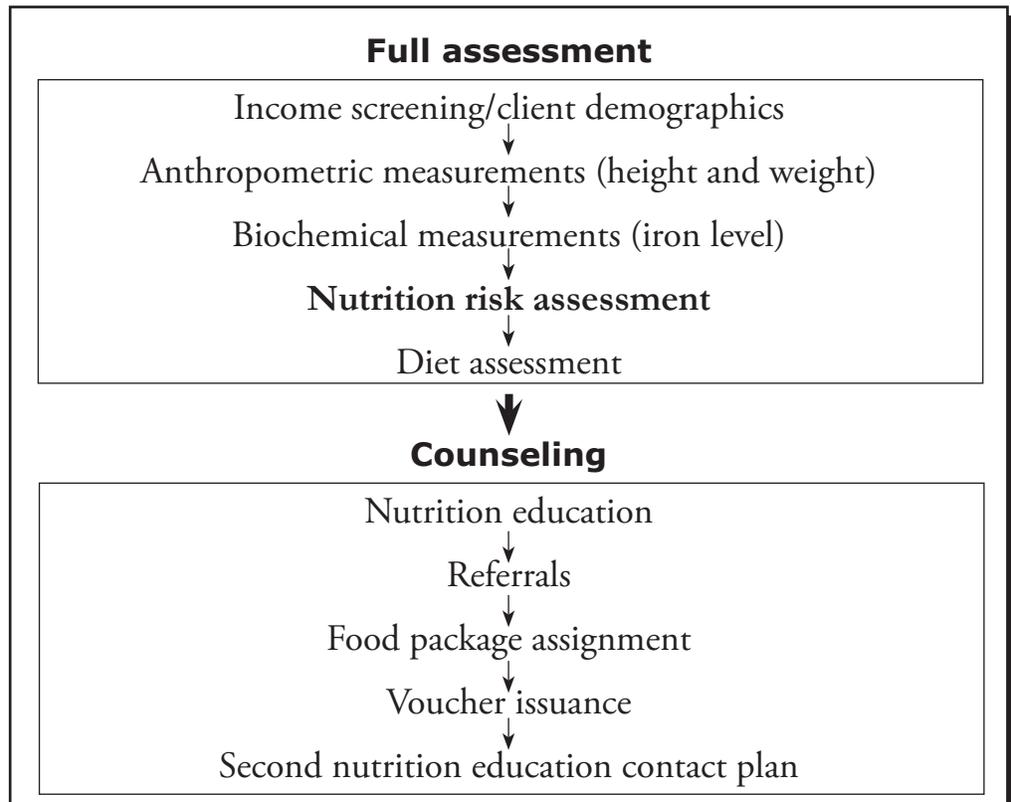
S-1 Introduction

What Will You Learn?

The *Nutrition Risk Module* is designed to help you get ready to certify clients. It is designed to be a training guide and a reference. After completing this module, you will be able to:

- ◆ Assign nutrition risks (except diet risks).
- ◆ Document nutrition risks.
- ◆ Refer clients to follow-up for nutrition risks.

Where Does Nutrition Risk Fit In?



Assessing and assigning nutrition risks is just one step in the process of certifying a client.

WIC has other training modules that cover the other steps in the certification process. Your Training Supervisor will help you plan when to complete the other modules.

Before completing this module, you should have already completed the:

- Introduction to WIC Module,*
- Anthropometric Module, and*
- Biochemical Module.*

You will learn about assessing and selecting *diet* risks in the *Diet Assessment Module*.

Things to Remember

- ◆ The module and workbooks are yours to keep.
- ◆ Feel free to take notes, highlight or write in them.
- ◆ You should use the module as a reference when you are done with it.
- ◆ It may be helpful to have a medical dictionary nearby to look up words that are new to you.
- ◆ Ask your Training Supervisor if you need help or have more questions about a risk.

Training Supervisor's name and phone number:

S-2 Instruction Levels

Who Will Use this Module?

All staff who will certify WIC clients - including paraprofessional CPAs, professional CPAs and nutritionists - are required to complete all workbooks in this module.

Who Can "Test Out" of the Module?

At the end of each workbook there is a *Posttest*. A person who has previous WIC experience may take the *Posttests* without completing the workbooks. A score of 100% on any *Posttest* will allow the person to skip that workbook.

S-3 About the Module

The *Nutrition Risk Module* is designed to provide flexibility in training for each local agency. The module is designed so the certifier can begin seeing one category of client while still learning about the other categories.

Because of the large quantity of information covered in this module, the workbooks have been designed to allow you to focus on specific categories, one at a time, rather than reviewing all of the risks at once. The risks are category based, and the workbooks reflect this, with each workbook covering risks specific to a certain category. This module is designed to be a training guide and a reference. For reference purposes, all of the risks are kept together in Section 3. For training purposes, you should use the workbooks to guide you through the risks, one category at a time.

Example

Lilia is a new certifier. At her agency, they would like her to begin certifying pregnant women first. When Lilia has passed the *Posttests* which show she knows the nutrition risks for pregnant women, she can begin certifying pregnant women. At the same time, she can continue to work on learning the nutrition risks for the other categories.

The *Nutrition Risk Module* contains:

- ◆ **Training Plan** (Section 1) – The training plan shows you which workbooks to complete before certifying clients.

- ◆ **Workbooks** (Section 2) – The workbooks guide you in learning the nutrition risks. The workbooks contain practice activities, case studies and *Posttests*. To complete the practice activities, you will use the *Risk Info Sheets* in Section 3.
- ◆ **Risk Info Sheets** (Section 3) – Has specific information about each nutrition risk. Use the *Risk Info Sheets* now to learn about each risk and use them later as a reference.
- ◆ **Job Aids** (Section 4) – “Cheat Sheets” to help on-the-job. After you are done with the module, put the Job Aids in your WIC Notebook to refer to during certification.
- ◆ **More Information about Medical Conditions** (Section 4) – An in-depth reference about medical conditions to use when you need more information about health or medical conditions.

NOTE

In this module, we have used the risk names that match the risk names you will see on TWIST. In some cases, risk names have been shortened. To see the complete name of each risk, you can look at Policy 675 – Risk Criteria Codes and Descriptions.

S-4 Steps for Completing the Module



It is important to read this section before continuing.
Do not read this module cover to cover.

Recommended Training Plan

Use the following training plan to guide you in learning about the nutrition risks.

NOTE

In some local agencies, your Training Supervisor may choose to have you follow a different training plan. Check with your Training Supervisor before you begin using this Training Plan.

- | | | |
|---------|---|--|
| Step 1: | Complete <i>Workbook #1: Overview of Nutrition Risk</i> | |
| Step 2: | Complete <i>Workbook #2: All Client Category Risks</i> | |
| Step 3: | Complete <i>Workbook #3: All Women Risks</i> | |
| Step 4: | Complete <i>Workbook #4: Pregnant Women Risks</i> | ➔ Begin certifying pregnant women |
| Step 5: | Complete <i>Workbook #5: Infant and Child Risks</i> | ➔ Begin certifying infants and children |
| Step 6: | Complete <i>Workbook #6: Breastfeeding and Postpartum Women Risks</i> | ➔ Begin certifying breastfeeding and non-breastfeeding women |

Final Checklist for Completing the Module

Use these time estimates to help plan your time:

- ◆ *Workbook #1: Overview of Nutrition Risk* — 1–2 hrs
- ◆ *Workbook #2: All Client Category Risks* — 1–2 hrs
- ◆ *Workbook #3: All Women Risks* — 2–3 hrs
- ◆ *Workbook #4: Pregnant Women Risks* — 1–1.5 hrs
- ◆ *Workbook #5: Infant and Child Risks* – 1–1.5 hrs
- ◆ *Workbook #6: Breastfeeding & Postpartum Women Risks* — 1 hr

Steps:	Date Completed:
1. Work with your Training Supervisor to plan your training time. Verify the training plan you should follow.	
2. Complete all the workbooks and pass the <i>Posttests</i> in the order given on your training plan.	
3. Make sure your <i>Job Aids</i> have been placed in your WIC Notebook.	
4. Complete the <i>Training Module Evaluation</i> and give it to your Training Supervisor.	
5. Your Training Supervisor will complete the <i>Competency Achievement Checklist</i> and give you your <i>Module Completion Certificate</i> .	

S-5 Items Needed

Items Needed to Complete the Module

- ◆ Pen or pencil and highlighter.
- ◆ *More Information about Medical Conditions* (in Section 4 of the module).
- ◆ Job Aids (in Section 4 of the module).
- ◆ WIC Policy 661 – *Competent Professional Authority: Appropriate Counseling for Risk Levels*
- ◆ Policy 675 – *Risk Criteria Codes and Descriptions*
- ◆ Access to TWIST.
- ◆ Pregnancy Gestation Wheel (see your Training Supervisor if you do not have one of these).

To complete this workbook:	You will need:
<p>Workbook #1: Overview of Nutrition Risk</p>	<p><i>Job Aid: Common Abbreviations in WIC</i></p> <p><i>Job Aid: List of Risk Numbers and Names</i></p> <p><i>Job Aid: Risk List for Women</i></p> <p><i>Job Aid: Risk List for Infants and Children</i></p> <p><i>Job Aid: Disease Names and Risk Codes</i></p> <p><i>Job Aid: Who Can Assess, Assign and Counsel for Nutrition Risks?</i></p> <p>WIC Policy 661</p> <p>Your local agency's high-risk referral guidelines and protocols.</p> <p>Your local agency's policy for documenting additional information in TWIST.</p>
<p>Workbook #2: All Client Category Risks</p>	<p>Risk Info Sheets listed in the contents of the workbook</p> <p>Access to TWIST for case studies</p> <p>Only as needed: Job Aids <i>More Information about Medical Conditions</i></p>
<p>Workbook #3: All Women Risks</p>	<p>Pregnancy Gestation Wheel</p> <p>Risk Info Sheets listed in the contents of the workbook</p> <p>Access to TWIST for case studies</p> <p>Only as needed: Job Aids <i>More Information about Medical Conditions</i></p>

To complete this workbook:	You will need:
<p>Workbook #4: Pregnant Women Risks</p>	<p>Pregnancy Gestation Wheel</p> <p>Risk Info Sheets listed in the contents of the workbook</p> <p>Access to TWIST for case studies</p> <p>Only as needed: Job Aids <i>Risk Assignment from Prenatal Health History Questionnaire</i> <i>More Information about Medical Conditions</i></p>
<p>Workbook #5: Infant and Child Risks</p>	<p>Risk Info Sheets listed in the contents of the workbook</p> <p>Access to TWIST for case studies</p> <p>Policy 675 – <i>Risk Criteria Codes and Descriptions</i></p> <p>Only as needed: Job Aids <i>Risk Assignment from Infant’s Health History Questionnaire</i> <i>Risk Assignment from Children’s Health History Questionnaire</i> <i>Clarification for Using Risks 601, 701, and 702</i> <i>More Information about Medical Conditions</i></p>

To complete this workbook:	You will need:
Workbook #6: Breastfeeding & Postpartum Risks	Risk Info Sheets listed in the contents of the workbook Access to TWIST for case studies Only as needed: Job Aids <i>Risk Assignment from Infant's Health History Questionnaire</i> <i>Clarification for Using Risks 601, 701, and 702</i> <i>More Information about Medical Conditions</i>

List of Items Needed that are NOT Included in the Module

- ◆ WIC Policy 661 – *Competent Professional Authority: Appropriate Counseling for Risk Levels*
- ◆ Policy 675 – *Risk Criteria Codes and Descriptions*
- ◆ Pregnancy Gestation Wheel
- ◆ Your local agency's high-risk referral guidelines and protocols
- ◆ Your local agency's policy for documenting additional information in TWIST
- ◆ Access to TWIST



Workbooks

Section 2

Contents

Workbook #1

Overview of Nutrition Risks

Workbook #2

All Client Category Risks

Workbook #3

All Women Risks

Workbook #4

Pregnant Women Risks

Workbook #5

Infant and Child Risks

Workbook #6

Breastfeeding &
Non-Breastfeeding Women Risks



Overview of Nutrition Risks

Workbook #1



In order to complete this workbook, you will need to use the *Overview Lessons* specified for practice activity.

Contents

Introduction	3
Practice Activity	6
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Overview of Nutrition Risk ■ Workbook #1

Introduction

Items Needed

- ◆ Job Aid: *Common WIC Abbreviations*
- ◆ Job Aid: *List of Risk Numbers and Names*
- ◆ Job Aid: *Risk List for Women*
- ◆ Job Aid: *Risk List for Infants and Children*
- ◆ Job Aid: *Disease Names and Risk Codes*
- ◆ Job Aid: *Who Can Assess, Assign and Counsel for Nutrition Risks?*
- ◆ WIC Policy 661
- ◆ Your local agency's high-risk referral guidelines and protocols
- ◆ Your local agency's policy for documenting additional information in TWIST
- ◆ The Overview Lessons from Section 3:
 - ◇ *Introduction to Nutrition Risk*
 - ◇ *Risk Levels*
 - ◇ *WIC Staff Roles*
 - ◇ *Documentation*

Goal

To learn basic information about the nutrition risks and how they are selected for participants.

NOTE

Please see the Training Plan in *Starting the Module* for the other workbooks you will need to complete before certifying clients.

How to Use this Workbook

1. Use the Training Checklist on the next page to plan the time you will need to complete this workbook.
2. You can take the workbook out of the module to make it easier to look at the workbook and the lessons at the same time.
3. Work through the *Practice Activity*.
 - ◆ Read the lessons listed on the *Practice Activity*.
 - ◆ Complete the practice activities and skill checks in the lessons.
 - ◆ Keep track of questions to ask your Training Supervisor.
4. Meet with your Training Supervisor to complete the *Posttest*.
 - ◆ You can use the module to look up information while working through the *Posttest*.
 - ◆ When you have completed the *Posttest* with a score of 100%, you will be ready to move on to the next workbook.

Training Checklist

It should take about 60–120 minutes to complete this workbook.

Steps:	Target Date:	Date Completed:
1. Read the lessons listed on your <i>Practice Activity</i> . You will find these lessons in the <i>Overview Lessons</i> in Section 3 of the module.		
2. Meet with your Training Supervisor to discuss your questions.		
3. Meet with your Training Supervisor to complete the <i>Posttest</i> .		

Practice Activity – Skill Check

Overview of Nutrition Risks

The following lessons contain helpful information that applies to all nutrition risks. Read the following lessons and complete the practice activities and skill checks within the lessons.

- Introduction to Nutrition Risk*
- Risk Levels*
- WIC Staff Roles*
- Documentation*

Notes

Write any questions you have for your Training Supervisor here.

Posttest

1. What are the four groups of nutrition risk?
2. Which group is not covered in this module?
3. What might you say to a participant who says “I have high blood pressure?”
4. How will you know if a client has been assigned a high risk level?
5. What special services do high-risk clients receive?



All Client Category Risks

Workbook

#2



In order to complete this workbook, you will need to use the Risk Info Sheets specified for the practice activity.

Contents

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Introduction

Items Needed

- ◆ Access to TWIST for Case Studies
- ◆ The *Risk Info Sheets* listed below for each *Practice Activity*:

Practice Activity 1

201 – *Low Hemoglobin/Low Hematocrit*

211 – *Elevated Blood Lead Levels*

Practice Activity 2

342 – *Gastro-Intestinal Disorders*

343 – *Diabetes Mellitus*

344 – *Thyroid Disorder*

345 – *Hypertension and Prehypertension*

346 – *Renal Disease*

347 – *Cancer*

356 – *Hypoglycemia*

360 – *Other Medical Conditions*

Practice Activity 3

341 – *Nutrient Deficiency Diseases*

348 – *Central Nervous System Disorders*

349 – *Genetic and Congenital Disorders*

351 – *Inborn Errors of Metabolism*

362 – *Developmental, Sensory or Motor Delays Interfering with the Ability to Eat*

Practice Activity 4

353 – *Food Allergies*

354 – *Celiac Disease*

355 – *Lactose Intolerance*

Practice Activity 5

352 – *Infectious Diseases*

357 – *Drug Nutrient Interactions*

359 – *Recent Major Surgery, Trauma or Burns*

381 – *Oral Health Conditions*

Practice Activity 6

501 – *Preventive Maintenance*

502 – *Transfer of Certification*

801 – *Homelessness*

802 – *Migrancy*

901 – *Recipient of Abuse*

903 – *Foster Care*

◆ May want to use:

◇ Job Aids

◇ *More Information about Medical Conditions*

Goal

After completing this workbook, you will be able to assess and assign risk factors that apply to all categories of clients.

NOTE

Please see the Training Plan in *Starting the Module* for the other workbooks you will need to complete before certifying clients.

How to Use this Workbook

1. Use the *Training Checklist* on the next page to plan the time you will need to complete this workbook.
2. You can take the workbook out of the module to make it easier to look at the workbook and the *Risk Info Sheets* at the same time.
3. Work through each *Practice Activity*.
 - ◆ Read the *Risk Info Sheets* listed on each *Practice Activity*.
 - ◆ Answer the questions about the risks. Write your answers directly in the workbook.
 - ◆ Keep track of questions to ask your Training Supervisor.
4. Complete the *Case Studies*.
 - ◆ The *Case Studies* will give you practice assigning the risks on TWIST.
 - ◆ Ask your Training Supervisor to help you log on to TWIST using the practice database.
 - ◆ You can use the module to look up information while working through the *Case Studies*.
5. Meet with your Training Supervisor to complete the *Posttest*.
 - ◆ You can use the module to look up information while working through the *Posttest*.
 - ◆ When you have completed the *Posttest* with a score of 100%, you will be ready to move on to the next workbook.

Training Checklist

It should take about 120–180 minutes to complete this workbook.

Steps:	Target Date:	Date Completed:
1. Read the <i>Risk Info Sheets</i> listed on each Practice Activity. You will find the <i>Risk Info Sheets</i> in Section 3 of the module.		
2. Using the TWIST practice database, complete the <i>Case Studies</i> .		
3. Meet with your Training Supervisor to discuss your questions.		
4. Meet with your Training Supervisor to complete the <i>Posttest</i> .		

Practice Activity 1

"Biochemical" Risks

Both of these risks are biochemical risks.

Read the *Risk Info Sheet* for each of the following risks.

- 201 – Low Hematocrit/Low Hemoglobin
- 211 – Elevated Blood Lead Levels

NOTE

To review information about biochemical data, see the *Biochemical Module*.

Skill Check

Write your answer to the following questions.

1. For Risk 201, when will you have to manually change the risk level to high-risk?

2. Where can you find out more information about lead poisoning?

Practice Activity 2

"Health Problem" Risks

Participants with these risks have serious health problems.

Read the *Risk Info Sheet* for each of the following risks.

- 342 – *Gastro-Intestinal Disorders*
- 343 – *Diabetes Mellitus*
- 344 – *Thyroid Disorders*
- 345 – *Hypertension and Prehypertension*
- 346 – *Renal Disease*
- 347 – *Cancer*
- 356 – *Hypoglycemia*
- 360 – *Other Medical Conditions*

Skill Check

Write your answers to the following questions.

1. What would you do if you weren't sure a medical condition was included in one of these risks?

2. What is the key information that you need to know if a parent is reporting that their child has one of these health or medical conditions?

3. Which of these risks requires additional documentation?

4. Where will you enter the additional documentation?

5. Which of these risks require a high-risk referral to a WIC nutritionist?

6. Avery is a postpartum woman with a 6-week-old baby. She was just diagnosed with breast cancer. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

7. Savannah is a 2-year-old. When she was a baby, she had an infection in her intestines which required removal of half of her small intestine. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

8. Scarlett is a 4-year-old recently diagnosed with Type 1 diabetes. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

9. Alexandra is a pregnant woman who has been taking medication for high blood pressure and hypothyroidism for the past 2 years. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

10. Sarah is currently being treated by her physician for a kidney infection. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

11. Anna is a pregnant woman with asthma that requires daily medication. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

Practice Activity 3

"Ongoing Health Issues" Risks

Participants with these risks have health issues that are ongoing.

Read the *Risk Info Sheet* for each of the following risks.

- 341 – *Nutrient Deficiency Diseases*
- 348 – *Central Nervous System Disorders*
- 349 – *Genetic and Congenital Disorders*
- 351 – *Inborn Errors of Metabolism*
- 362 – *Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat*

Skill Check

1. On the next page, write the risk code that would apply to a participant with each of these conditions. You may use the *Risk Info Sheets* for reference.

Risk Code	Condition:
	Spina bifida
	Developmental Delays
	Malnutrition
	Cleft Palate
	PKU
	Autism
	Multiple Sclerosis
	Galactosemia
	Down Syndrome
	Epilepsy
	Sickle Cell Anemia
	Vitamin A Deficiency
	Brain Damage
	Rickets
	Cerebral Palsy

2. Where will you document additional information for these risks?

Practice Activity 4

"Can't Eat Some Foods" Risks

There are some participants who cannot eat some foods because they are allergic or intolerant to them. The risks in this group all pertain to food intolerance or allergy.

Read the *Risk Info Sheet* for each of the following risks.

- 353 – *Food Allergies*
- 354 – *Celiac Disease*
- 355 – *Lactose Intolerance*

Skill Check

Answer the following questions.

1. Johanna is pregnant. She tells you that she can't drink milk because it gives her stomach cramps and diarrhea. She can eat small amounts of cheese. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK

2. Jordan is 3 years old. His mother tells you that he was diagnosed with gluten enteropathy last month. Would he qualify for a nutrition risk?
YES – RISK # _____ NO RISK

3. Joel is 2 years old. His father tells you that last month he had a severe allergic reaction to peanuts. On the advice of their doctor, they are closely watching his diet to make sure he doesn't eat anything that contains peanuts. Would he qualify for a nutrition risk?

YES – RISK # _____

NO RISK

Practice Activity 5

"Current Illness" Risks

Participants with these risks have a current or recent medical problem or illness.

Read the *Risk Info Sheet* for each of the following risks.

- 352 – *Infectious Diseases*
- 357 – *Drug Nutrient Interactions*
- 359 – *Recent Major Surgery, Trauma or Burns*
- 381 – *Oral Health Conditions*

Write your answers to the following questions.

1. Which two risks are low-risk?

Where will the additional information be documented?

2. Which two risks are high-risk?

Where will the additional information be documented?

3. Andres, a 5-month-old baby, had heart surgery last month. Would he qualify for a nutrition risk?

YES – RISK # _____ NO RISK

4. Divya is a pregnant women who has two missing molars on one side of her mouth. She reports that it makes eating difficult. Would she qualify for a nutrition risk?

YES – RISK # _____ NO RISK

5. Austin is 13 months old and is taking antibiotics daily for chronic ear infections. His mother tells you that he doesn't seem as hungry as usual and he doesn't want to eat his favorite foods. Would he qualify for a nutrition risk?

YES – RISK # _____ NO RISK

6. Kalay had a c-section when she delivered her baby three weeks ago. She is at WIC for her postpartum recertification appointment. Would she qualify for a nutrition risk?

YES – RISK # _____ NO RISK

7. Andrew is 19 months old. His mother tells you that he has had bronchiolitis 4 times since his last certification. Would he qualify for a nutrition risk?

YES – RISK # _____ NO RISK

Practice Activity 6

"Other" Risks

These are the "other" risks – risks that are not due to a specific health or medical problem.

Read the *Risk Info Sheet* for each of the following risks.

- 501 – Preventive Maintenance
- 502 – Transfer of Certification
- 801 – Homelessness
- 802 – Migrancy
- 901 – Recipient of Abuse
- 903 – Foster Care

Skill Check

Write your answers to the following questions.

1. Which of these risks are TWIST-selected?

2. Wilma is a pregnant woman who is transferring into your agency. Her VOC card lists the risk "Low Hemoglobin." Which risk code would you enter into TWIST?

Case Study A

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

A child has come to your WIC clinic to be enrolled. He has not been on WIC before. His family is **homeless**.

Client Name	Kevin Car
DOB	15 months ago

➔ **Anthropometric/Biochemical for an Infant/Child**

- ▶ On the “Medical Data” screen, use the following information.

Birth Weight	7 pounds 6 ounces
Birth Length	20 inches
Current Weight (taken today)	20 pounds
Current Length (taken today)	29 inches
Hemoglobin/Hematocrit	11.3/34
Head Circumference	19 inches
“Gestation Age Adjust” button	Premature – No Weeks Gestation: 40 weeks

- ▶ View the graphs.
- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Child’s Health?	Mom says he has asthma and needs to take medicine every day for it. She is worried that it is getting worse.
Medical or Health Problems?	Yes – Select risk from pop-up – Enter in notes: “asthma”
Medications?	Yes, drug nutrient interaction – Enter in notes: “daily breathing treatment with Albuterol and Prednisone”
DTaPs up to date?	Yes, record reviewed
Anyone smoke in house?	No

Anyone physically hurt child?	No
CPA Reviewed?	Check box

- ▶ On the “Health History – Risk Factors” screen, review the “assigned risks.”

Questions

1. What risks were assigned? Are they the appropriate risks?

2. What additional information did you enter for his risks?

3. What risk level is he?

4. Do you need to refer him to another WIC staff member?

Case Study B

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

A pregnant woman has come to your WIC clinic to be enrolled. She has not been on WIC before. Her husband is a **migrant farm worker**.

Client Name	Alexandra Freddie
DOB	10/01/1979
EDD	7 months from today

➤ *Anthropometric and Biochemical for Women*

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Weight (taken today)	165 pounds
Height	68 inches
Pre-pregnancy Weight	155 pounds
Hemoglobin/Hematocrit	9.0/27 (taken today) – Is this a medium or a high risk?

➤ *Health History*

- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Your health?	No concerns
First pregnancy?	Yes
When start going to doctor?	1st trimester
Medical or Health Problems?	Yes – Select risk from pop-up – Enter in notes: “tuberculosis”
Medications?	No
Smoke now?	No
Anyone smoke in house?	No
Drink now?	No
Used drugs?	No

Has anyone physically hurt you?	No
How will you feed your baby?	Breastfeed
What have you heard about breastfeeding?	My mom breastfed
CPA Reviewed?	Check box

- ▶ On the “Health History – Risk Factors” screen, review the “assigned risks.”

Questions

1. What risks were assigned? Are they the appropriate risks?

2. What additional information did you enter for her risks?

3. What risk level is she?

4. Do you need to refer her to another WIC staff member?

Posttest

Write your answers to the following questions. You may use the *Risk Info Sheets* and Job Aids for reference.

1. If a participant is transferring into your WIC clinic from another state and brings a VOC card with the risk “anemia,” would you use Risk 502?

2. Name 3 reasons you could NOT use Risk 501?

3. If you are a paraprofessional CPA certifying this client, what would you enter in the “Progress Notes” for the following situation?

Julie is 25 weeks pregnant. Her hemoglobin/hematocrit is 10.6/32. She tells you that last week her doctor diagnosed her with pregnancy-induced hypertension. She also has mild cerebral palsy.

S:

A:

P:

Use the information about each participant to answer the questions.

4. **Sonya:**

- ◆ She is 18 months old with numerous health problems.
- ◆ She is being treated by her physician for a cancerous brain tumor.
- ◆ The cancer treatment makes it difficult for her to eat.
- ◆ She has chronic high blood pressure.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

5. **Artrina:**

- ◆ She is a pregnant woman with hyperthyroidism who is having gallbladder problems and may need surgery.
- ◆ She also has a bladder infection.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

6. **Beatriz:**

- ◆ She is a pregnant woman who was born with a cleft lip.
- ◆ She reports that her doctor found out that her blood sugar levels are regularly going too low.
- ◆ She also requires daily breathing treatment for asthma.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

7. **Alexis:**

- ◆ She is a breastfeeding woman who has had Type 1 diabetes since she was 5 years old.
- ◆ She is also being treated for tuberculosis.
- ◆ Her baby is 5 weeks old.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

8. **Brianna:**

- ◆ She was born with cerebral palsy.
- ◆ She was referred to WIC from a local housing program.
- ◆ She is a pregnant woman who recently moved into a transitional shelter while she waits for an apartment to become available.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

9. **Betty:**

- ◆ She recently immigrated to the United States.
- ◆ She is pregnant and her doctor has diagnosed her with vitamin A deficiency and gluten sensitivity.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

10. **Carly:**

- ◆ She was in a car accident last year that left her with minor brain damage.
- ◆ She has difficulty chewing foods and uses a nutritional supplement drink three times a day.
- ◆ She is pregnant.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

11. **Martina:**

- ◆ She is a 20-year-old woman with PKU.
- ◆ She is pregnant.
- ◆ Her husband works in seasonal agriculture.
- ◆ They recently moved to your area and are staying at the migrant farm workers camp.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

12. **Justin:**

- ◆ He is 4 weeks old.
- ◆ His foster mother is requesting a soy formula because he spits up when he drinks milk-based formula.
- ◆ Mom reports that he frequently has gas, but he does not have diarrhea.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

13. **Camille:**

- ◆ She is being recertified as a non-breast feeding woman.
- ◆ She is taking a medication for ADHD which makes her not feel hungry.
- ◆ She tells you that she gets a rash around her mouth when she eats bread or crackers and wonders if she is allergic to wheat.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

14. Aidan:

- ◆ He is 4 years old.
- ◆ He has baby bottle tooth decay that has not been treated because the family does not have access to a dentist.
- ◆ Mom reports that he has trouble eating hard foods.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

15. Katrina:

- ◆ She is a 17 year old who is pregnant.
- ◆ She was living with her boyfriend, but just moved out because he was abusive.
- ◆ She is now living in a foster home.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

16. **Shereen:**

- ◆ She is 4 years old.
- ◆ Her hemoglobin/hematocrit is 9.0/27 and her blood lead level is 10.3.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

17. **Jacquie:**

- ◆ She has not been on WIC before.
- ◆ She is breastfeeding her 3 month-old baby and had a c-section delivery.
- ◆ She tells you that her doctor diagnosed her with lupus 2 months ago.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

18. **Martin:**

- ◆ He is a child being recertified for the 4th time.
- ◆ The past 4 times he was recertified for Risk 201.
- ◆ His hemoglobin/hematocrit today is 11.6/35.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	



All Women Risks

Workbook #3



In order to complete this workbook, you will need to use the Risk Info Sheets specified for practice activity.

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Introduction

Items Needed

- ◆ Access to TWIST for case studies
 - ◆ Pregnancy Wheel
 - ◆ The *Risk Info Sheets* listed below for each *Practice Activity*:
 - Practice Activity 1
 - 303 – *History of Gestational Diabetes*
 - 304 – *History of Preeclampsia*
 - 311 – *History of Preterm Delivery*
 - 312 – *History of Low Birth Weight*
 - 321 – *History of Fetal or Neonatal Loss*
 - 337 – *History of a Birth of a Large for Gestational Age Infant*
 - 339 – *History of a Birth with Nutrition Related Congenital Birth Defect*
 - Practice Activity 2
 - 331 – *Pregnancy at a Young Age*
 - 332 – *Closely Spaced Pregnancy*
 - 333 – *High Parity and Young Age*
 - 335 – *Multiple Fetus Pregnancy*
 - Practice Activity 3
 - 358 – *Eating Disorders*
 - 902★ – *Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food*
- ★ There is more than one *Risk Info Sheet* with this Risk Number. Make sure you select the correct one for the client's category.

Practice Activity 4

371 – *Maternal Smoking*

372 – *Alcohol and Illegal and/or Illicit Drug Use*

- ◆ May want to use:
 - ◇ Job Aids
 - ◇ *More Information about Medical Conditions*

Goal

After completing this workbook, you will be able to assess and assign the risk factors that apply to all women.

NOTE

See the Training Plan in *Starting the Module* for the other workbooks you will need to complete before certifying women.

Before starting this workbook, you should have already completed:

- Workbook #1 – Overview of Nutrition Risk, and*
- Workbook #2 – All Client Category Risks.*

How to Use this Workbook

1. Use the *Training Checklist* on the next page to plan the time you will need to complete this workbook.
2. Take the workbook out of the module to make it easier to look at the workbook and the *Risk Info Sheets* at the same time.
3. Work through each *Practice Activity*.
 - ◆ Read the *Risk Info Sheets* listed on each *Practice Activity*.
 - ◆ Answer the questions about the risks. Write your answers directly in the workbook.
 - ◆ Keep track of questions to ask your Training Supervisor.

4. Complete the *Case Studies*.
 - ◆ The *Case Studies* will give you practice assigning the risks on TWIST.
 - ◆ Ask your Training Supervisor to help you log on to TWIST using the practice database.
 - ◆ You can use the module to look up information while working through the *Case Studies*.

5. Meet with your Training Supervisor to complete the *Posttest*.
 - ◆ You can use the module to look up information while working through the *Posttest*.
 - ◆ When you have completed the *Posttest* with a score of 100%, you will be ready to move on to the next workbook.

Training Checklist

It should take about 120–180 minutes to complete this workbook.

Steps:	Target Date:	Date Completed:
1. Read the <i>Risk Info Sheets</i> listed on each Practice Activity. You will find the <i>Risk Info Sheets</i> in Section 3 of the module.		
2. Using the TWIST practice database, complete the <i>Case Studies</i> .		
3. Meet with your Training Supervisor to discuss your questions.		
4. Meet with your Training Supervisor to complete the <i>Posttest</i> .		

Practice Activity 1

"History of..." Risks

These risks refer to a condition a woman had during a previous pregnancy. They are CPA-selected during the health history.

Read the Risk Info Sheet for each of the following risks.

- 303 – *History of Gestational Diabetes*
- 304 – *History of Preeclampsia*
- 311 – *History of Preterm Delivery*
- 312 – *History of Low Birth Weight*
- 321 – *History of Fetal or Neonatal Loss*
- 337 – *History of Large for Gestational Age Infant*
- 339 – *History of Birth with Nutrition Related Congenital Birth Defect*

Skill Check

Write your answers to the following questions.

1. What is the difference between assigning these risks for a prenatal woman and a breastfeeding/non-breastfeeding woman?

-
2. Molly is being recertified as a breastfeeding woman and had gestational diabetes during her pregnancy. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
3. Margaret is pregnant with her third child. Her first baby was born at 36 weeks due to preeclampsia. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
4. MaryAnne is being recertified as a non-breastfeeding woman. Her baby was born 2 weeks ago and weighed 5 pound 8 ounces. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
5. Marta is being certified as a pregnant woman. She has had 2 previous pregnancies, both ending in miscarriage. The first one ended at 20 weeks, and the second one ended at 17 weeks. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
6. Marlina is being certified as a breastfeeding woman. She was pregnant with twins, but at 21 weeks miscarried only one of the twins. The second baby survived and is now 2 weeks old and breastfeeding. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
7. Lenore was pregnant and had a therapeutic abortion at 11 weeks gestation. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
8. Linnea just gave birth to a baby who weighed 9 pounds. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
9. Laura is being enrolled as a prenatal woman. Her first child was born with spina bifida. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
-

Practice Activity 2

"Pregnancy" Risks

These risks are about the woman's current or past pregnancy.

Read the Risk Info Sheet for each of the following risks.

- 331 – *Pregnancy at a Young Age*
- 332 – *Closely Spaced Pregnancy*
- 333 – *High Parity and Young Age*
- 335 – *Multiple Fetus Pregnancy*

Skill Check

Write your answers to the following questions.

1. Which of these risks is TWIST-selected?

2. Katie is 15 years old and pregnant. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK

3. This is Katrina's third pregnancy. Her other children are 13 months and 2 ½ years old. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK

4. Kaylee is 20 years old and pregnant for the fifth time. She has one child, born 3 years ago. Before her child was born, she had 3 miscarriages (one at 18 weeks gestation, one at 21 weeks gestation and one at 20 weeks gestation). Her due date is 3 months from today. Her birthday was 2 months ago. Would she qualify for a nutrition risk?

YES – RISK # _____ NO RISK

5. Kiersten just gave birth to quadruplets. Would she qualify for a nutrition risk?

YES – RISK # _____ NO RISK

6. Which of the clients listed above would you refer to the health professional or WIC nutritionist?

Practice Activity 3

"Other Health" Risks

These are other health risks that apply to all women.

Read the Risk Info Sheet for each of the following risks.

- 358 – *Eating Disorders*
- 902★ – *Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food*

Skill Check

Write your answers to the following questions.

1. While you are enrolling Carol, a pregnant woman, she tells you that she was diagnosed with bulimia last year. She says that she has stopped bingeing and purging since she found out she was pregnant, but that she is afraid she will start again. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
2. Heather is 13 years old and is pregnant. She lives with her mom who shops and makes all of the meals. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
3. Which of these clients would be referred to the WIC nutritionist?

Practice Activity 4

"Substance Abuse" Risks

Women with these risks are using substances that are harmful to the body.

Read the Risk Info Sheet for each of the following risks.

- 371 – *Maternal Smoking*
- 372 – *Alcohol and Illegal and/or Illicit Drug Use*

Skill Check

Write your answers to the following questions.

1. Tran is a non-breastfeeding woman who usually drinks 3 beers in the evening. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK
2. Teianna is a pregnant woman who smokes one-half a pack of cigarettes a day. Would she qualify for a nutrition risk?
YES – RISK # _____ NO RISK

Case Study A

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

An exclusively breastfeeding woman has come to your WIC clinic to be enrolled. She has not been on WIC before.

Client Name	Trudy Trudow
DOB	9/12/1987
EDD	2 weeks ago
ADD	3 weeks ago

➤ **Anthropometric/Biochemical for Women**

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Weight	210 pounds
Height	66 inches
Total Weight Gain	35 pounds
Pre-pregnancy Weight	Unknown
Hemoglobin/Hematocrit	10.6/32 (taken today)

➤ **Health History**

- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Your health?	No concerns
Number of pregnancies?	2
For this pregnancy, how many babies born?	1
Did you have a Cesarean?	Yes, less than 2 months ago
Was the baby born early?	No
Baby’s birth weight?	Less than or equal to 5 pounds 8 ounces – Enter in notes: “5 pounds 3 ounces”
Medical or health problems?	Yes – Select risk from pop-up. – Enter in notes: “Gestational Diabetes during the most recent pregnancy”
Medications?	No

Smoke now?	Yes (5 cigarettes/day)
Anyone smoke in house?	No
Drink now?	No
Use drugs since delivery?	No
Has anyone physically hurt you?	No
CPA Reviewed?	Check box

- ▶ On the “Health History – Risk Factors” screen, review the “assigned risks.”

Questions

1. What risks were assigned? Are they the appropriate risks?

2. What additional information did you enter for her risks?

3. What risk level is she?

4. Do you need to refer her to another WIC staff member?

Case Study B

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

A pregnant woman has come to your WIC clinic to be enrolled. She has not been on WIC before.

Client Name	Patricia Pregnant
DOB	Her 15th birthday is today
EDD	5 months from today

➤ *Anthropometric/Biochemical for Women*

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Weight	140 pounds
Height	64 inches
Pre-pregnancy Weight	133 pounds
Hemoglobin/Hematocrit	12.5/37.5

➤ *Health History*

- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Your health?	During her last pregnancy the doctor said she had hypertension, no problems yet this pregnancy.
First pregnancy?	No
Pregnancies longer than 20 weeks?	1
Stillbirths or Neonatal deaths?	Yes – Enter in notes: “1 miscarriage at 21 weeks”
Babies born premature?	No
Babies born low birth weight?	No
End of last pregnancy?	8 months ago
Less than 16 months between pregnancies?	Yes

3. What risk level is she?

4. Do you need to refer her to another WIC staff member?

Posttest

Write your answers to the following questions. You may use the *Risk Info Sheets* and Job Aids for reference.

1. Can the “history of...” risks be used for a postpartum woman if the condition was from a pregnancy 2 years ago?
2. For Risk 331, how will you know if she is high-risk? What additional documentation is required if she is?

Use the information about each participant to answer the questions.

3. **Brooke:**

- ◆ She is a pregnant woman who is expecting twins.
- ◆ Her 3 year-old was born 5 weeks early and weighed only 3 pounds 3 ounces at birth.
- ◆ She smokes about 5 cigarettes a day and is trying to quit.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

4. **Janet:**

- ◆ She is 16 years old and just delivered her first child 3 weeks ago.
- ◆ She is not breastfeeding.
- ◆ She tells you during her certification appointment that she was diagnosed with anorexia when she was 14 and hasn't been eating since she had the baby because she doesn't want to be fat anymore.
- ◆ She has also been taking methamphetamines to help her lose weight.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

5. **Mae:**

- ◆ She is a pregnant woman.
- ◆ The child born from her last pregnancy had anencephaly and died when he was just 5 days old.
- ◆ She conceived the current pregnancy just 3 months later.

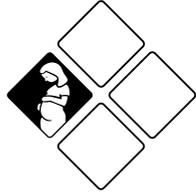
What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	

What referrals are needed?	
----------------------------	--

6. Sydney:

- ◆ She is 19 years old.
- ◆ She has 3 children and is pregnant with her fourth.
- ◆ Sydney’s last baby weighed 9 pounds 3 ounces and she is concerned that this baby will be big also.
- ◆ She had gestational diabetes during her last pregnancy.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	



Pregnant Women Risks

Workbook

#4



In order to complete this workbook, you will need to use the *Risk Info Sheets* specified for practice activity.

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Introduction

Items Needed

- ◆ Access to TWIST for case studies
- ◆ Pregnancy Wheel
- ◆ The *Risk Info Sheets* listed below for each *Practice Activity*:

Practice Activity 1

101★ – *Underweight (Pregnant Women)*

111★ – *Overweight (Pregnant Women)*

131 – *Low Maternal Weight Gain*

132 – *Maternal Weight Loss during Pregnancy*

133★ – *High Maternal Weight Gain (Pregnant Women)*

Practice Activity 2

301 – *Hyperemesis Gravidarum*

302 – *Gestational Diabetes*

334 – *Lack of or Inadequate Prenatal Care*

336 – *Fetal Growth Restriction*

338 – *Pregnant Woman Currently Breastfeeding*

- ◆ May want to use:
 - ◇ Job Aids
 - ◇ *Risk Assignment from Prenatal Health History Questionnaire*
 - ◇ *More Information about Medical Conditions*

- ★ There is more than one *Risk Info Sheet* with this Risk Number. Make sure you select the correct one for the client's category.

Goal

After completing this workbook, you will be able to assess and assign risk factors for pregnant women.

NOTE

Before starting this workbook, you should have already completed:

- Workbook #1 – Overview of Nutrition Risk,*
 - Workbook #2 – All Client Category Risks, and*
 - Workbook #3 – All Women Risks.*
-

How to Use this Workbook

1. Use the *Training Checklist* on the next page to plan the time you will need to complete this workbook.
2. Take the workbook out of the module to make it easier to look at the workbook and the *Risk Info Sheets* at the same time.
3. Work through each *Practice Activity*.
 - ◆ Read the *Risk Info Sheets* listed on each *Practice Activity*.
 - ◆ Answer the questions about the risks. Write your answers directly in the workbook.
 - ◆ Keep track of questions to ask your Training Supervisor.
4. Complete the *Case Studies*.
 - ◆ The *Case Studies* will give you practice assigning the risks on TWIST.
 - ◆ Ask your Training Supervisor to help you log on to TWIST using the practice database.
 - ◆ You can use the module to look up information while working through the *Case Studies*.

5. Meet with your Training Supervisor to complete the *Posttest*.
 - ◆ You can use the module to look up information while working through the *Posttest*.
 - ◆ When you have completed the *Posttest* with a score of 100%, you will be ready to begin certifying pregnant women.

Training Checklist

It should take about 60–90 minutes to complete this workbook.

Steps:	Target Date:	Date Completed:
1. Read the <i>Risk Info Sheets</i> listed on each Practice Activity. You will find the <i>Risk Info Sheets</i> in Section 3 of the module.		
2. Using the TWIST practice database, complete the <i>Case Studies</i> .		
3. Meet with your Training Supervisor to discuss your questions.		
4. Meet with your Training Supervisor to complete the <i>Posttest</i> .		

Practice Activity 1

"Anthropometric" Risks

The group of risks listed below are all anthropometric risks for pregnant women.

Read the *Risk Info Sheet* for each of the following risks.

- ◆ 101★ – *Underweight (Pregnant Women)*
- ◆ 111★ – *Overweight (Pregnant Women)*
- ◆ 131 – *Low Maternal Weight Gain*
- ◆ 132 – *Maternal Weight Loss during Pregnancy*
- ◆ 133★ – *High Maternal Weight Gain (Pregnant Women)*

Skill Check

Match the risk with the condition.

101 – Underweight	Weight gain during the first month is 9 pounds.
111 – Overweight	Pre-pregnancy BMI is 25 and weight gain is 1 pound per month during the 2nd trimester.
131 – Low Maternal Weight Gain	Weight loss during the first trimester of pregnancy is 2 pounds.
132 – Maternal Weight Loss during Pregnancy	Pre-pregnancy BMI is 18.
133 – High Maternal Weight Gain	Pre-pregnancy BMI is 29.

Practice Activity 2

"Pregnancy" Risks

These risks are all conditions that only exist during pregnancy.

Read the *Risk Info Sheet* for each of the following risks.

- ◆ 301 – *Hyperemesis Gravidarum*
- ◆ 302 – *Gestational Diabetes*
- ◆ 334 – *Lack of or Inadequate Prenatal Care*
- ◆ 336 – *Fetal Growth Restriction*
- ◆ 338 – *Pregnant Woman Currently Breastfeeding*

Skill Check

1. Why can't a pregnant woman who says "I've had a bit of morning sickness, but by noon I'm feeling better" qualify for Risk 301?

2. What is the difference between Diabetes Mellitus (Risk 343) and Gestational Diabetes (Risk 302)?

Case Study

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

A pregnant woman has come to your WIC clinic to be enrolled. She has not been on WIC before.

Client Name	Maria Martin
DOB	12/12/1984
EDD	4 months from today

➤ **Anthropometric/Biochemical for Women**

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Weight	203 pounds
Height	64 inches
Pre-pregnancy Weight	190 pounds
Hemoglobin/Hematocrit	10.3/30.9 (taken today)

➤ **Health History**

- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Your health?	She was in the hospital last month for severe morning sickness.
First pregnancy?	No – Enter in notes: “5 pregnancies, 4 miscarriages”
Number of pregnancies delivered after 20 weeks?	1
Fetal loss?	Yes – Enter in notes: “11 months ago she miscarried a baby at 21 weeks gestation.”
When start going to doctor?	5th month
Medical or Health Problems?	Yes – Select risk from pop-up – Enter in notes: “She was diagnosed with bulimia just before pregnancy.”
Medications?	No

Use the information about each participant to answer the questions.

4. **Beth:**

- ◆ Her pre-pregnancy BMI was 29.
- ◆ Her baby is due 2 months from today and she has gained 44 pounds.
- ◆ She is breastfeeding her older child who is 22 months old.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

5. **Mary:**

- ◆ Her pre-pregnancy BMI was 25.
- ◆ She has lost 4 pounds since her pregnancy began.
- ◆ At 14 weeks into this pregnancy, she saw a health care provider for the first time and she was diagnosed with severe hyperemesis gravidarum.
- ◆ She smokes ½ pack of cigarettes per day.
- ◆ Her hemoglobin/hematocrit is 10.0/30.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	

What referrals are needed?	
----------------------------	--

6. Wendy:

- ◆ She is staying at a shelter for women escaping domestic violence.
- ◆ Her weight gain grid shows that she has not gained enough weight during this pregnancy.
- ◆ She recently saw a new health care provider who diagnosed her with pneumonia, she is taking antibiotics for the pneumonia without any problems.
- ◆ The doctor also diagnosed IUGR.
- ◆ She was using cocaine early in the pregnancy, but isn't using it anymore.
- ◆ She has very bad gingivitis (gum disease).

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

7. **Susanna:**

- ◆ Her pre-pregnancy BMI was 32.
- ◆ She was just diagnosed with gestational diabetes.
- ◆ She is having gallbladder problems – if it gets worse the doctor said she might need surgery.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

Observation Checklist

After successful completion of the *Posttest*, the Training Supervisor will use this checklist while observing the student certify WIC participants.

Evaluation Criteria:	Yes:	No:	N/A	Comments:
Assigns all applicable nutrition risks.				
Selects, adds, and deletes risks on the “Risk Factors” screen.				
Selects the appropriate risk from the risk factors pop-up.				
Reviews the risks on the “Risk Factors” screen before continuing with certification.				
Documents additional information for high risks in the correct location.				
Documents additional information for medium risks in the correct location.				
Documents additional information for low risks in the correct location.				
Refers participants to other staff members as appropriate based on risk level.				



Infant & Child Risks

Workbook

#5



In order to complete this workbook, you will need to use the *Risk Info Sheets* specified for practice activity.

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Introduction

Items Needed

- ◆ Access to TWIST for case studies
- ◆ The *Risk Info Sheets* listed below for each *Practice Activity*:

Practice Activity 1

103 – *Underweight (Infants and Children)*

113 – *Overweight*

114 – *At Risk for Overweight*

115 – *High Weight for Length*

121 – *Short Stature*

134 – *Failure to Thrive*

135 – *Slow Weight Gain*

153 – *Large for Gestational Age*

Practice Activity 2

141 – *Low Birth Weight (LBW)*

142 – *Prematurity*

151 – *Small for Gestational Age*

Practice Activity 3

382 – *Fetal Alcohol Syndrome (FAS)*

902★ – *Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food*

- ★ There is more than one *Risk Info Sheet* with this Risk Number. Make sure you select the correct one for the client's category.

Practice Activity 4

603 – *Breastfeeding Complications or Potential Complications (Infant)*

701 – *Infant Born to WIC Mom or WIC-Eligible Mom*

702 – *Breastfeeding Infant of Woman at Nutritional Risk*

703 – *Infant of Woman with Alcohol or Drug Use or Mental Retardation*

- ◆ May want to use:
 - ◇ Job Aids
 - ◇ *Clarification for Using Risks 601, 701, and 702*
 - ◇ *Risk Assignment from Infant's Health History Questionnaire*
 - ◇ *Risk Assignment from Children's Health History Questionnaire*
 - ◇ *More Information about Medical Conditions*

Goal

After completing this workbook, you will be able to assess and assign risk factors for infants and children.

NOTE

Before starting this workbook, you should have already completed:

- Workbook #1 – Overview of Nutrition Risk, and*
- Workbook #2 – All Client Category Risks.*

How to Use this Workbook

1. Use the *Training Checklist* on the next page to plan the time you will need to complete this workbook.
2. Take the workbook out of the module to make it easier to look at the workbook and the *Risk Info Sheets* at the same time.
3. Work through each *Practice Activity*.
 - ◆ Read the *Risk Info Sheets* listed on each *Practice Activity*.
 - ◆ Answer the questions about the risks. Write your answers directly in the workbook.

- ◆ Keep track of questions to ask your Training Supervisor.
4. Complete the *Case Studies*.
 - ◆ The *Case Studies* will give you practice assigning the risks on TWIST.
 - ◆ Ask your Training Supervisor to help you log on to TWIST using the practice database.
 - ◆ You can use the module to look up information while working through the *Case Studies*.
 5. Meet with your Training Supervisor to complete the *Posttest*.
 - ◆ You can use the module to look up information while working through the *Posttest*.
 - ◆ When you have completed the *Posttest* with a score of 100%, you will be ready to begin certifying infants and children.

Training Checklist

It should take about 60–90 minutes to complete this workbook.

Steps:	Target Date:	Date Completed:
1. Read the <i>Risk Info Sheets</i> listed on each Practice Activity. You will find the <i>Risk Info Sheets</i> in Section 3 of the module.		
2. Using the TWIST practice database, complete the <i>Case Studies</i> .		
3. Meet with your Training Supervisor to discuss your questions.		
4. Meet with your Training Supervisor to complete the <i>Posttest</i> .		

Practice Activity 1

"Anthropometric" Risks

The risks listed below are all anthropometric risks for infants and/or children.

Read the *Risk Info Sheet* for each of the following risks.

- 103 – Underweight (Infants and Children)
- 113 – Overweight
- 114 – At Risk for Overweight
- 115 – High Weight for Length
- 121 – Short Stature
- 134 – Failure to Thrive
- 135 – Slow Weight Gain
- 153 – Large for Gestational Age

NOTE

To review information about anthropometric data, see the *Anthropometric Module*.

Skill Check

1. Which of these risks is CPA-selected?
2. Which of these risks require a high-risk referral to the WIC nutritionist?

3. Timothy was born August 1 and weighed 8 pounds 14 ounces. Today is August 16 and he weighs 8 pounds 2 ounces. Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
4. Terence is a 3-year-old boy. His BMI is at the 10th percentile. Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
5. Thanh is a 2 ½-year-old boy. His weight-for-length is at the 90th percentile. Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
6. Tommy’s mom brings to his appointment a note from the doctor that says “Referred to WIC for FTT.” Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
7. Todd weighed 9 pounds at birth. Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
8. Thaddeus is 4 years old, at WIC for recertification. At his last appointment, his BMI was at the 90th percentile. At this certification, his BMI is at the 98th percentile. Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
 Would his risk level be high, medium or low?
9. Tyrone is 10 months old. His length is at the 5th percentile. Would he qualify for a nutrition risk?
 YES – RISK # _____ NO RISK
10. Taylor is 13 months old and her weight for length is at the 2nd percentile. Would she qualify for a nutrition risk?
 YES – RISK # _____ NO RISK

11. Tanner is 20 months old and his weight for length is at the 98th percentile. Would he qualify for a nutrition risk?

YES – RISK # _____ NO RISK

Practice Activity 2

"Small Baby" Risks

Infants and children with these risks have all been born too small or too early.

Read the *Risk Info Sheet* for each of the following risks.

- 141 – *Low Birth Weight (LBW)*
- 142 – *Prematurity*
- 151 – *Small for Gestational Age*

Skill Check

1. Which of these risks is not TWIST-selected? How is it assigned?

2. Why is the additional documentation required for RISK 142 so important?

3. Which of these risks require a high-risk referral to the WIC nutritionist?

Practice Activity 3

"Health Problem" Risks

Infants and children with these risks have health problems or potential health problems. These health problem risks apply only to infants and children.

Read the *Risk Info Sheet* for each of the following risks.

- 382 – *Fetal Alcohol Syndrome (FAS)*
- 902★ – *Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food*

Skill Check

1. What is the key information you need to know if a mother reports that her child has Fetal Alcohol Syndrome?

2. Wade is a 4-week-old baby. His mother, Wilma, is mentally delayed. She has help from her family, but they are not able to be with her all day. Wilma's mother mixes formula bottles in advance so that they are properly diluted for the baby. Would Wade qualify for a nutrition risk?
YES – RISK # _____ NO RISK

Practice Activity 4

"Infant Only" Risks

These risks can be assigned to infants only.

Read the *Risk Info Sheet* for each of the following risks.

- 603 – *Breastfeeding Complications or Potential Complications (Infant)*
- 701 – *Infant Born to WIC Mom or WIC-Eligible Mom*
- 702 – *Breastfeeding Infant of Woman at Nutritional Risk*
- 703 – *Infant of Woman with Alcohol or Drug Use or Mental Retardation*

Skill Check

1. Can Risk 702 be used if the mother's only risk is Risk 601?

2. How will you know if an infant's mother had (or might have had) a nutrition risk during her pregnancy?

3. Alexis is a 4-day-old breastfeeding infant with jaundice. Would she qualify for a nutrition risk?

YES – RISK # _____ NO RISK

4. Sawyer is an infant being cared for by his grandmother. Sawyer's mother used drugs during pregnancy and is still using drugs. Would Sawyer qualify for a nutrition risk?

YES – RISK # _____ NO RISK

Case Study A

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

An exclusively breastfeeding infant has come to your WIC clinic to be enrolled. He has not been on WIC before and his mother was not on WIC during her pregnancy.

Client Name	Miles Drive
DOB	The 1 st of last month

➔ **Anthropometric/Biochemical for an Infant/Child**

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Birth Weight	9 pounds 7 ounces
Birth Length	22 inches
Current Weight (taken today)	11 pounds
Current Length (taken today)	23 inches
Hemoglobin/Hematocrit	Not taken
Head Circumference	Not taken
“Gestation Age Adjust” button	Premature – No Weeks Gestation – 40 weeks

- ▶ View the graphs.
- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Baby’s Health?	No concerns
Medical or Health Problems?	None
Medications?	No
DTaPs up to date?	Younger than 3 months, no screening
Anyone smoke in house?	No
Baby’s mom on WIC?	No – she smoked during her pregnancy which would have qualified her for WIC.

Baby's mom drink alcohol or drugs during pregnancy?	No
Has anyone physically hurt child?	No
CPA Reviewed?	Check box

- ▶ On the “Health History – Risk Factors” screen, review the “assigned risks.”

Questions

1. What risks were assigned? Are they the appropriate risks?

2. What additional information did you enter for his risks?

3. What risk level is he?

4. Do you need to refer him to another WIC staff member?

Case Study B

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

A child has come to your WIC clinic to be enrolled. He has not been on WIC before. He is a **foster child** who was placed in the foster home last month.

Client Name	Paul Paolo
DOB	15 months ago

➤ **Anthropometric/Biochemical for an Infant/Child**

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Birth Weight	5 pounds 15 ounces
Birth Length	18 inches
Current Weight	22 pounds
Current Length	31 inches
Hemoglobin/ Hematocrit	10.5/31.5
Head Circumference	Not taken
“Gestation Age Adjust” button	Premature – Yes Weeks Gestation – 36 weeks

- ▶ View the graphs.
- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Child’s Health?	Premature
Medical or Health Problems?	Diagnosed with mild FAS – was born to mother using alcohol during pregnancy
Medications?	Yes – There are drug nutrient interactions – Enter in notes: “A medication for epilepsy that sometimes upsets his stomach”
DTaPs up to date?	Yes, record reviewed
Anyone smoke in house?	No
Anyone physically hurt child?	No
CPA Reviewed?	Check box

5. In what situations can you NOT use Risk 702?

6. Would all children born to mothers who are 16 years old qualify for Risk 902?

Use the information about each participant to answer the questions.

7. **Seth:**

- ◆ He is 5 months old.
- ◆ He is underweight for his age and length
- ◆ His foster mother tells you he was diagnosed with FAS – his mother used alcohol during pregnancy.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

8. **Wilson:**

- ◆ He is 2 weeks old and is exclusively breastfeeding.
- ◆ He weighed 10 pounds at birth.
- ◆ His mom was on WIC during pregnancy.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

9. **Xavier:**

- ◆ He is 6 weeks old.
- ◆ His mom tells you that the doctor said he was small for his age when he was born.
- ◆ His weight for length is now at the 99th percentile.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

10. **Zinnian:**

- ◆ He is a 3-year-old child who recently immigrated to the US from Southeast Asia.
- ◆ His height is below the 5th percentile for his age.
- ◆ His BMI is at the 90th percentile.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

11. **Nick:**

- ◆ He is an exclusively breastfeeding infant who is 14 days old.
- ◆ He weighed 8 pounds 3 ounces at birth and now weighs 8 pounds 1 ounce.
- ◆ His mom tells you that he has trouble nursing, he doesn't latch on very well because she has flat nipples. He lost 8 ounces after he was born, but has slowly been regaining the weight.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

12. **Zachary:**

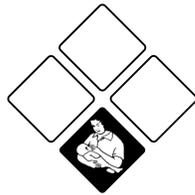
- ◆ He is 4 years old.
- ◆ His hemoglobin is 10.
- ◆ His BMI falls in the 98th percentile.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

Observation Checklist

After successful completion of the *Posttest*, the Training Supervisor will use this checklist while observing the student certify WIC participants.

Evaluation Criteria:	Yes:	No:	N/A	Comments:
Assigns all applicable nutrition risks.				
Selects, adds, and deletes risks on the “Risk Factors” screen.				
Selects the appropriate risk from the risk factors pop-up.				
Reviews the risks on the “Risk Factors” screen before continuing with certification.				
Documents additional information for high risks in the correct location.				
Documents additional information for medium risks in the correct location.				
Documents additional information for low risks in the correct location.				
Refers participants to other staff members as appropriate based on risk level.				



Breastfeeding & Non-Breastfeeding Risks

Workbook #6



In order to complete this workbook, you will need to use the *Risk Info Sheets* specified for practice activity.

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Introduction

Items Needed

- ◆ Access to TWIST for case studies
 - ◆ The *Risk Info Sheets* listed below for each *Practice Activity*:
 - Practice Activity 1
 - 101★ – *Underweight*
(*Breastfeeding & Non-Breastfeeding*)
 - 111★ – *Overweight*
(*Breastfeeding & Non-Breastfeeding*)
 - 133★ – *High Maternal Weight Gain*
(*Breastfeeding & Non-Breastfeeding*)
 - Practice Activity 2
 - 601 – *Breastfeeding Mother of Infant at Nutritional Risk*
 - 602 – *Breastfeeding Complications or Potential Complications*
(*Woman*)
 - ◆ May want to use:
 - ◇ Job Aids
 - ◇ *Clarification for Using Risks 601, 701, and 702*
 - ◇ *Risk Assignment from Postpartum Health History Questionnaire*
 - ◇ *More Information about Medical Conditions*
- ★ There is more than one *Risk Info Sheet* with this Risk Number. Make sure you select the correct one for the client's category.

Goal

After completing this workbook, you will be able to assess and assign risk factors for breastfeeding and non-breastfeeding women.

NOTE

Before starting this workbook, you should have already completed:

- Workbook #1 – Overview of Nutrition Risk,*
 - Workbook #2 – All Client Category Risks, and*
 - Workbook #3 – All Women Risks.*
-

How to Use this Workbook

1. Use the *Training Checklist* on the next page to plan the time you will need to complete this workbook.
2. Take the workbook out of the module to make it easier to look at the workbook and the *Risk Info Sheets* at the same time.
3. Work through each *Practice Activity*.
 - ◆ Read the *Risk Info Sheets* listed on each *Practice Activity*.
 - ◆ Answer the questions about the risks. Write your answers directly in the workbook.
 - ◆ Keep track of questions to ask your Training Supervisor.
4. Complete the *Case Studies*.
 - ◆ The *Case Studies* will give you practice assigning the risks on TWIST.
 - ◆ Ask your Training Supervisor to help you log on to TWIST using the practice database.
 - ◆ You can use the module to look up information while working through the *Case Studies*.

5. Meet with your Training Supervisor to complete the *Posttest*.
 - ◆ You can use the module to look up information while working through the *Posttest*.
 - ◆ When you have completed the *Posttest* with a score of 100%, you will be ready to begin certifying breastfeeding and non-breastfeeding women.

Training Checklist

It should take about 30–60 minutes to complete this workbook.

Steps:	Target Date:	Date Completed:
1. Read the <i>Risk Info Sheets</i> listed on each Practice Activity. You will find the <i>Risk Info Sheets</i> in Section 3 of the module.		
2. Using the TWIST practice database, complete the <i>Case Studies</i> .		
3. Meet with your Training Supervisor to discuss your questions.		
4. Meet with your Training Supervisor to complete the <i>Posttest</i> .		

Practice Activity 1

"Anthropometric" Risks

These risks are the anthropometric risks for breastfeeding and non-breastfeeding women. They are all TWIST-selected when you correctly enter anthropometric data on the TWIST "Medical Data" screen.

Read the *Risk Info Sheet* for each of the following risks.

- 101★ – *Underweight*
(*Breastfeeding & Non-Breastfeeding*)
- 111★ – *Overweight*
(*Breastfeeding & Non-Breastfeeding*)
- 133★ – *High Maternal Weight Gain*
(*Breastfeeding & Non-Breastfeeding*)

Skill Check

1. Which of these risks require a referral to the WIC nutritionist?
2. Sally's current BMI is 29. She is a breastfeeding woman whose baby is 2 months old. Would she qualify for a nutrition risk?

YES – RISK # _____

NO RISK

3. Sue is at WIC to be recertified as a breastfeeding woman. Her baby is 2 weeks old. Her BMI before pregnancy was 29.0. Her weight gain during pregnancy was 33 pounds. Would she qualify for a nutrition risk?

YES – RISK # _____

NO RISK

Practice Activity 2

"Breastfeeding Mother" Risks

These risks apply only to breastfeeding mothers.

Read the *Risk Info Sheet* for each of the following risks.

- 601 – *Breastfeeding Mother of Infant at Nutritional Risk*
- 602 – *Breastfeeding Complications or Potential Complications (Woman)*

Skill Check

1. Julia is breastfeeding her baby, Julius. He has already been enrolled on WIC because he was large for gestational age. Would Julia qualify for Risk 601?

2. Julie gave birth 5 days ago. She is at WIC to see the breastfeeding counselor. She has severe breast engorgement and inverted nipples. Would Julie qualify for Risk 602?

3. What additional documentation is required for these risks?

Case Study

Introduction

- ◆ Using the TWIST practice database, use the client information below to begin to enroll the client.
- ◆ You can make up information that is not included.
- ◆ Answer the questions below.
- ◆ After answering the questions, you may exit TWIST without saving the client information.

Client Information

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

A partially breastfeeding woman has come to your WIC clinic to be enrolled. She has not been on WIC before.

Client Name	Kiko Yamhill
DOB	10/31/1985
EDD	3 weeks ago
ADD	8 weeks ago

➤ *Anthropometric and Biochemical for Women*

- ▶ On the “Medical Data” screen, use the following information.

Collection Date	Today
Weight	150 pounds
Height	62 inches
Total Weight Gain	34 pounds
Pre-pregnancy Weight	144 pounds
Hemoglobin/Hematocrit	10.2/30.6 (taken today)

➤ *Health History*

- ▶ On the “Health History – Questionnaire” screen, enter the following information.

Your health?	No concerns
Number of pregnancies?	1
For this pregnancy, how many babies born?	3
Did you have a Cesarean?	Yes, less than 2 months ago
Was the baby born early?	Yes – Enter in notes: “35 weeks gestation”
Baby’s birth weight?	Less than 5 pounds 8 ounces – Enter in notes: “5 pounds 3 ounces 5 pounds 1 ounce 4 pounds 15 ounces”
Medical or health problems?	Has chronic high blood pressure
Medications?	No
Smoke now?	No
Anyone smoke in house?	No

Drink now?	No
Use drugs since delivery?	No
Has anyone physically hurt you?	No
CPA Reviewed?	Check box

- ▶ On the “Health History – Risk Factors” screen, review the “assigned risks.”

Questions

1. What risks were assigned? Are they the appropriate risks?
2. What additional information did you enter for her risks?
3. What risk level is she?
4. Do you need to refer her to another WIC staff member?

Posttest

Write your answers to the following questions. You may use the *Risk Info Sheets* and *Job Aids* for reference.

1. If the woman's baby was certified using only risk 701, can she be certified with Risk 601?

Use the information about each participant to answer the questions.

2. **Tori:**

- ◆ She is a breastfeeding woman, her baby is 4 weeks old.
- ◆ Her pre-pregnancy BMI was 28.
- ◆ Her current BMI is 28.
- ◆ She gained 40 pounds during her pregnancy.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

3. **Tammy:**

- ◆ She is a breastfeeding woman, her baby is 5 weeks old.
- ◆ Her pre-pregnancy BMI was 18.
- ◆ Her current BMI is 22.
- ◆ Her nipples are very sore and itchy. They hurt the whole time she is nursing and she might switch to formula.

What risks would be selected by TWIST and the CPA?	Risks:
What additional documentation would be entered?	
Where is it entered?	
What referrals are needed?	

Observation Checklist

After successful completion of the *Posttest*, the Training Supervisor will use this checklist while observing the student certify WIC participants.

Evaluation Criteria:	Yes:	No:	N/A	Comments:
Assigns all applicable nutrition risks.				
Selects, adds, and deletes risks on the “Risk Factors” screen.				
Selects the appropriate risk from the risk factors pop-up.				
Reviews the risks on the “Risk Factors” screen before continuing with certification.				
Documents additional information for high risks in the correct location.				
Documents additional information for medium risks in the correct location.				
Documents additional information for low risks in the correct location.				
Refers participants to other staff members as appropriate based on risk level.				



Risk Information

Section 3



Use the workbooks to review this section.

Contents

Overview Lessons

- 3-1 Introduction to Nutrition Risk
- 3-2 Risk Levels
- 3-3 WIC Staff Roles
- 3-4 Documentation

Risk Information Sheets (in numerical order)



3–1 Introduction to Nutrition Risk

Overview

How is WIC different than other food assistance programs? WIC participants must have a nutrition need or risk to qualify for WIC services. WIC's goal is to use nutritious food and nutrition education to improve participant health and growth.

WIC focuses on:

- ◆ Reducing complications during pregnancy.
- ◆ Decreasing the number of low birth weight and premature infants.
- ◆ Improving the growth and development of young children.
- ◆ Reducing iron deficiency anemia.
- ◆ Increasing the number of breastfeeding mothers.



The nutrition **risk factors** are key to WIC services. Each participant has a certification appointment to identify the nutrition risk factors. These risk factors are the basis for the personal services that WIC offers.

In the WIC clinic, nutrition risk factors are used to:

- ◆ Certify that participants are eligible for WIC.
- ◆ Focus participants' nutrition education on their needs.
- ◆ Identify participants who may need vouchers for special foods.
- ◆ Determine the participants at highest risk.
- ◆ Identify referrals needed for the participants.

The nutrition risk criteria are standardized throughout the United States. The risk criteria are reviewed and recommended by a national group of health professionals. The federal WIC office at the USDA requires state WIC programs to use these standardized risks.

What Are the Nutrition Risks?

WIC's nutrition risk factors can be classified into four groups – anthropometric, biochemical, clinical/health/medical, and dietary. There are over 70 different risks.

Group of Risks	Description	Examples
Anthropometric	Based on a person's physical size.	<ul style="list-style-type: none"> ▪ Height ▪ Weight ▪ Rate of growth
Biochemical	Based on a blood test.	<ul style="list-style-type: none"> ▪ Anemia ▪ Blood lead level
Clinical/Medical	Based on a person's health.	<ul style="list-style-type: none"> ▪ Chronic illnesses ▪ Birth problems ▪ Genetic conditions
Dietary	Based on feeding behaviors.	<ul style="list-style-type: none"> ▪ Inappropriate nutrition practices

This training module explains in detail the anthropometric, biochemical, and clinical/medical risks. *WIC Policy 675 – Risk Criteria Codes and Descriptions* also gives a complete list of each nutrition risk factor and the criteria for using the risk.

NOTE

The dietary risks are explained in the *Dietary Risk Module*.

How Are Risks Selected for the Participant?

Each participant is assigned nutrition risks during the certification appointment. These nutrition risks are selected based on the participant's medical data and health information. TWIST is used to record the medical data and health information and to select the risk factors for each person.

On TWIST, there is a master list of all risk factors. Risk factors can either be TWIST-selected or CPA-selected.

1. TWIST-selected

- ◆ TWIST automatically selects the risk from the master list.
- ◆ TWIST selects the risk based on information the CPA enters in the mandatory fields of the intake, medical data or questionnaire screens.
- ◆ It is very important for the CPA to enter all information correctly so that correct risks will be selected by TWIST.



Examples of TWIST-Selected Risks

The CPA enters the height and weight of a participant. TWIST calculates that the person is underweight and selects the risk factor *Underweight*.

The CPA enters an answer to the question about whether a woman is smoking during pregnancy. If she smokes, TWIST automatically selects the risk factor *Maternal Smoking*.

2. CPA-selected

- ◆ Risks are selected from the master list by the CPA.
- ◆ The CPA selects the risk based on information learned during certification.
- ◆ Risks are often CPA-selected during the health and/or diet questionnaires.



Examples of CPA-Selected Risks

During the health history questionnaire, a woman answers “yes” to the question, “Do you have a medical or health problem?” When the CPA enters “yes,” a pop-up with the master list will appear and the CPA will select the risk for the specific medical condition.

.....
During the certification appointment, a mother tells the CPA that her baby was born with a heart defect and will need surgery next month. The CPA selects the risk *Genetic and Congenital Disorders* on the “Risk Factors” screen.

3. Final Review

After the CPA and TWIST have selected risks, the CPA must do a final review of all nutrition risks to make sure the correct risks were selected. This is done by reviewing the risks on the “Risk Factors” or “Risks/Interventions” screens. Risks can be added or removed on these screens.

NOTE

This step is very important to ensure that the risks identified by either TWIST or the CPA are correct and appropriate for the participant.

What Information is Used to Select Risks?

The information used to assess participants for nutrition risks comes from several places.

1. Collected by WIC Staff

- ◆ WIC collects the information needed to assign the risk as part of the certification process.



Example
WIC measures and weighs participants. This provides the information needed to assign an anthropometric risk factor.

2. Historical Data

- ◆ For participants who are being recertified, WIC has information from previous certifications.

Medical Data													
Health History		Diet Assessment		NE Plan		Progress Notes		BF Tracking		Food Pkg. Assignment			
Anthropometry													
Collection Date	Weight			Weight For Age	Length/Height			Length/Ht For Age	Wt For Length	BMI	BMI %	Birth Data	Medical Notes
	E/M	LBS	OZ		E/M	Inch	I/8						
06/19/2006	ENGLISH	24	0	86.00	ENGLISH	32	0	RECUMBENT		0			
03/03/2006	ENGLISH	22	0	86.00	ENGLISH	31	0	RECUMBENT	99.00	34.00			
11/21/2005	ENGLISH	14	7		ENGLISH	23	0	RECUMBENT		0			
07/19/2005	ENGLISH	9	0		ENGLISH	19	4	RECUMBENT		0			
05/01/2005	ENGLISH	7	8		ENGLISH	18	4	RECUMBENT		0			<input checked="" type="checkbox"/>

Example
TWIST keeps track of the weight gain of an infant over several visits to WIC. This information is used to determine if the infant is growing at the correct rate for their age.

3. Information from Health Care Provider

- ◆ WIC participants might bring information from their health care provider about their medical history which could be used to assign a risk.



Example

An infant has a prescription for a special formula which also lists information about the infant's medical diagnosis. This information is then used to enter a clinical/medical risk.

4. Self-Reported by Participant

- ◆ WIC allows participants to self-report that their doctor has diagnosed them with a health condition.
- ◆ It is important to determine that a doctor has diagnosed a health condition, not that the client just believes that she has the condition.
- ◆ It is **not** required to have a note from the doctor stating the diagnosis.
- ◆ Specific questions to ask the participant when they self-report a health condition include:
 - Are you seeing a doctor for the condition?
 - How long have you had this condition?
 - Can we contact your doctor to find out more about your condition? (get signed release of information)
 - What type of medication are you taking for the condition?
 - Has your doctor prescribed a special diet for this condition?

Example

This is an example of how the CPA can find out more information about a self-reported medical condition.

Joleena is at WIC to be enrolled as a pregnant woman. This is part of her conversation with the CPA during the health history.

CPA: *Do you have any medical or health problems now or did you have any problems with previous pregnancies?*

Joleena: *Yes.*

CPA: *What type of problems?*

Joleena: *I have high blood pressure.*

CPA: *Can you tell me more about it?*

Joleena: *Last week I used the machine at Walgreen's and it said my blood pressure was high.*

CPA: *When was the last time you met with your doctor?*

Joleena: *I haven't seen the doctor in about a month.*

CPA: *When is your next appointment with the doctor?*

Joleena: *Tomorrow.*

CPA: *Let us know if your doctor says that your blood pressure is too high.*

Joleena: *OK.*

CPA: *Do you have any other health or medical problems?*

Joleena: *No.*

Result: Although Joleena was enrolled on WIC with other risk factors, she would not qualify for the risk factor for *Hypertension*, because she was not diagnosed by a physician for the problem.

However, if Joleena had said: “My doctor said at my last appointment that I have high blood pressure,” then she would have qualified for the risk factor *Hypertension*.

Helpful Resources

As you learn about the nutrition risks, there are several resources that may be helpful. These can be found in Section 4 of the module.

- ◆ *More Information about Medical Conditions* – This resource can be used to learn more about some health and medical conditions.
- ◆ *Job Aid: Common WIC Abbreviations* – Use this Job Aid when you need to know what an abbreviation means.
- ◆ Four Job Aids that give an overview of the nutrition risks are: *List of Risk Numbers and Names*, *Risk List for Women*, *Risk List for Infants and Children*, and *Disease Names and Risk Numbers*.
- ◆ There are also four Job Aids that show which risks TWIST assigns based on answers to the Health History Questionnaires.

Practice Activity

Using the *Job Aid: Common WIC Abbreviations*, write what these abbreviations mean.

>	
Hx	
EDD	
LBW	
Appt	
≤	

Summary

Assigning the appropriate nutrition risk factors is a key to WIC's service. A good assessment of the participant's health and nutrition status gives a more complete picture of their nutrition needs. When all risks are identified, it helps to focus the nutrition education in a manner that will best assist the participant in improving their health.

Skill Check

1. What are the four groups of nutrition risks?
2. What are the 2 ways risks are assigned?
3. When are risks CPA-selected?
4. What information is used to assign risk factors?
5. What type of information requires careful questioning by the CPA?
6. Who must assign nutrition risks?

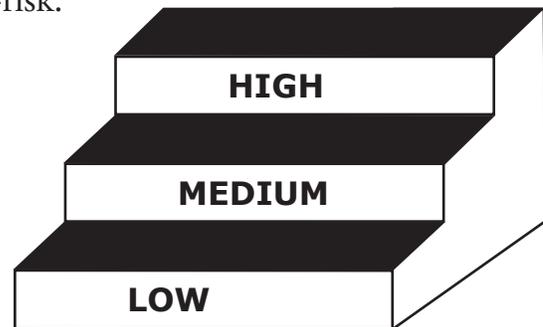
3-2 Risk Levels

What is Risk Level?

WIC uses nutrition **risk levels** to designate the seriousness of the participant's nutrition risk factors. Participants with very serious health problems are called high-risk.

Nutrition risk level can be:

- ◆ High,
- ◆ Medium, or
- ◆ Low.



How is Risk Level Determined?

The State WIC office has determined which risk factors are high-risk, medium-risk or low-risk. For every risk factor, TWIST automatically assigns the risk level. The participant's risk level is displayed on the "Risk Factors" and "Risks/Interventions" screens.

There are some risks that can be either high-risk or medium-risk, depending on the participant's health. For example, a child who is a little underweight is medium-risk, while a child who is very underweight is high-risk. For a list of these risks see Job Aid entitled *Criteria for Changing Risk Level from Medium to High*.

The CPA has the option to refer low or medium-risk participants. If the CPA believes the participant needs to be seen by the WIC nutritionist, the participant can be scheduled in TWIST accordingly.

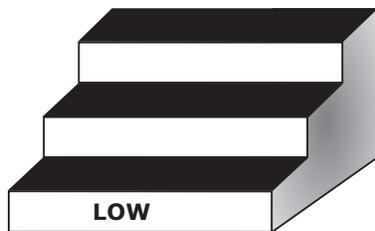
NOTE

See *Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels* for a complete list of medium and high risks.

Why is Risk Level Important?

Risk level determines which staff member should see the participant for nutrition education.

Risk level:	Nutrition education provided by:
High	Required to be seen by the WIC nutritionist
Medium	Recommended to be seen by a health professional or the WIC nutritionist
Low	Any trained CPA

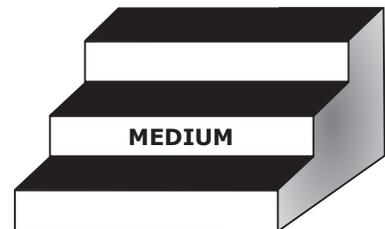


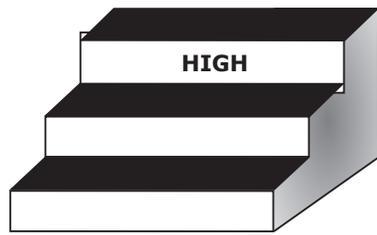
A **LOW-RISK** participant:

- ◆ Is counseled by the CPA at the certification appointment.
- ◆ May attend a class for their second nutrition education contact.

A **MEDIUM-RISK** participant may:

- ◆ Be counseled by the CPA at the certification appointment or referred to a health professional or WIC nutritionist.
- ◆ Attend class for the second nutrition education contact or may be seen for individual follow-up.





A **HIGH-RISK** participant:

- ◆ Requires more intensive nutrition counseling.
 - ◆ Once identified as high-risk, is required to be referred to the WIC nutritionist.
- ◆ See the *WIC Staff Roles* lesson for more information about high-risk appointments with the WIC nutritionist.

NOTE

In cases when the WIC nutritionist cannot see the high-risk participant during certification, the **CPA should avoid providing specific diet recommendations that could interfere with the participant's health condition.** See the *WIC Staff Roles* in Section 3-3.

Practice Activities

1. Make a copy of the list of high risks and medium risks from *Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels* and place the list in your WIC Notebook.

2. Using the list of high and medium risks for reference:

List 3 high-risk conditions.

List 3 medium-risk conditions.

3. Find your local agency's high-risk referral guidelines and protocols and talk to your Training Supervisor or WIC nutritionist about how your local agency's guidelines are different than the State guidelines.

Are there risk factors that are not designated as high-risk on TWIST that your local agency requires you to refer to the WIC nutritionist? If yes, list them here.

How do you schedule a client for an appointment with the WIC nutritionist at your local agency?

Skill Check

1. What will you do if you have a participant who is high-risk?

3-3 WIC Staff Roles

What is Your Role?

Each WIC staff member has a role to play in assessing and assigning nutrition risks. Also, there may be limitations for WIC staff on the nutrition counseling they may provide, depending on their role.

The Paraprofessional CPA's Role

The paraprofessional CPA is a key member of the WIC team. Paraprofessional CPAs have at least a high school diploma or equivalent and are trained by WIC to provide WIC services. The responsibilities of the paraprofessional CPA during certification include the following:

1. Assess and Assign Nutrition Risk

It is the paraprofessional CPA who assesses and assigns nutrition risk for the majority of the WIC participants. This module provides guidance on how to assess and assign nutrition risk.

Medical Data	Health History	Diet Assessment	NE Plan	Progress Notes	BF Tracking	Food Pkg. Assignment
Risks/Interventions						
Visit Date	Risk Code	Risk Factors			Intervention	
11/02/2005	133	HIGH MATERNAL WEIGHT GAIN				
11/02/2005	303	HISTORY OF GESTATIONAL DIABETES				
11/02/2005	422.3	MONITOR VEGETABLE INTAKE				

2. Basic or “Normal” Nutrition Counseling

After assigning nutrition risks, the CPA can provide nutrition counseling for participants who are low-risk. Some topics of basic or “normal” nutrition counseling include:

- ◆ Healthy eating during pregnancy
- ◆ Breastfeeding promotion
- ◆ Basic breastfeeding skills
- ◆ Breast pump instruction
- ◆ Infant feeding – how to mix formula, when to introduce new foods
- ◆ Healthy eating for children
- ◆ How to have a healthy feeding relationship with children



Other WIC Training Modules cover nutrition education topics

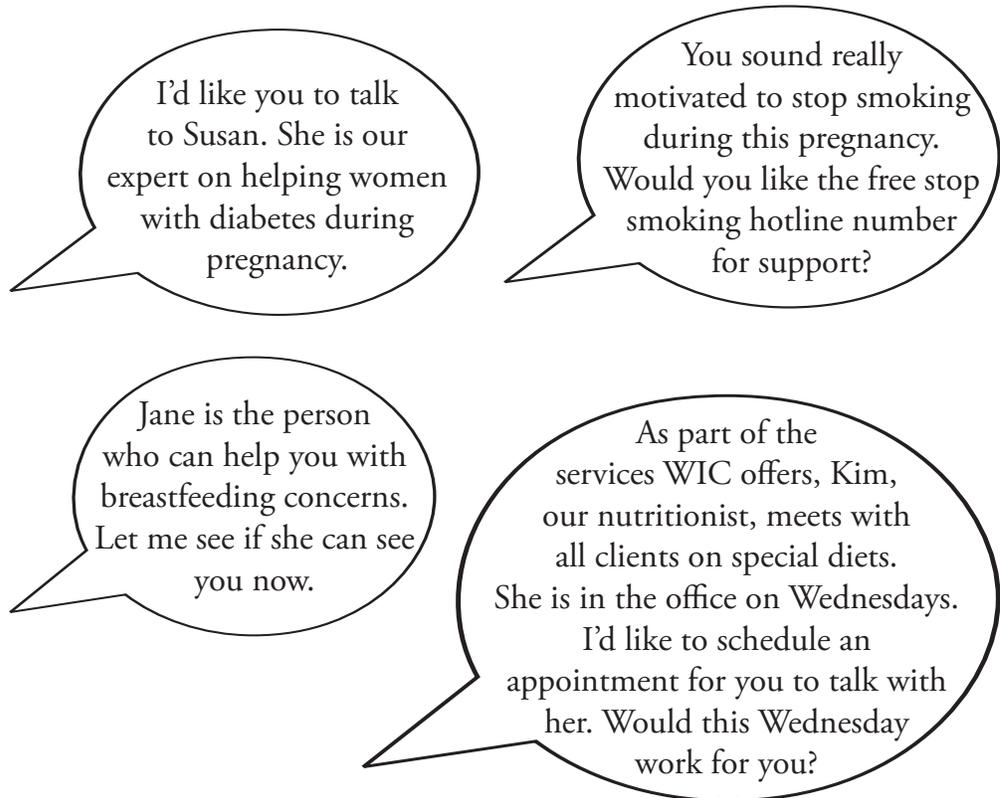
3. Referrals to Other WIC Team Members or Community Resources

During certification, the paraprofessional CPAs will encounter participants with problems that are beyond the scope of their training. The participants with complex nutrition risks are referred to the WIC nutritionist, a professional CPA or community resources. Some examples of problems to refer to another person include:

- ◆ Participants with complex medical or health problems – such as diabetes, kidney problems, drug abuse or development delays.
- ◆ Participants with breastfeeding complications.



It may feel awkward to tell a participant that they need to see someone else for their nutrition counseling. Here is what a CPA might say when referring them to another staff member:



NOTE

If you are a paraprofessional CPA, remember that the most important part of your job is to know what you can and can't handle. Referring participants to other staff or resources is an important part of your job.

The Professional CPA's Role

The Professional CPA is a health professional – usually a Registered Nurse (RN), Health Educator, Physician's Assistant or a person with a Bachelor's degree in nutrition or a health related field. Health professionals also receive training from WIC on how to provide WIC services.

In addition to providing the same services as paraprofessional CPAs, health professionals see medium-risk clients for nutrition counseling. They may also supervise the work of the paraprofessional CPAs.

Many clinics also have health professionals who are specially trained to provide breastfeeding support and counseling to breastfeeding women. The breastfeeding specialists may be a health professional with advanced lactation training (LC, CLE) or an International Board Certified Lactation Consultant (IBCLC).

The WIC Nutritionist's Role

The WIC nutritionist is a Registered Dietitian (RD) or a Masters-level nutritionist and has completed extensive education in nutrition before working for WIC. RDs are the nutrition experts of the health and medical profession. The WIC nutritionist is the key to providing nutrition information in the local WIC clinic.

The WIC nutritionist's role includes:

- ◆ Developing individual care plans and coordinating nutrition counseling for high-risk participants.
- ◆ Tracking high-risk participants' health improvements.
- ◆ Prescribing specialized WIC food packages.
- ◆ Referring high-risk participants to other health-related and social services and assisting them in accessing services.
- ◆ Coordinating nutrition care for infants receiving special medical formulas.
- ◆ Documenting outcomes of WIC services.

It is important to note that WIC nutritionists do not diagnose medical conditions. If they suspect a client has a medical condition that has not yet been diagnosed, they should refer the client to their health care provider for an exam.

Example

Camille is a high-risk pregnant woman in her first trimester. This example shows how WIC services can be provided to this high-risk participant.

1. New Enrollment Appointment

Joanne, a CPA, assesses Camille's health by reviewing her medical data, her health history questionnaire, and her diet information.

Joanne assigns nutrition risk codes to Camille based on the information she reviews during certification. Camille has kidney disease which makes her high-risk.

Joanne provides education on health habits to Camille, but does not provide nutrition counseling because of Camille's kidney disease. Camille's medical problems are too complex and go beyond "normal" nutrition. Joanne schedules Camille to return the following month to talk to the WIC nutritionist, Ada.

2. High-Risk Follow-Up Appointment

When Ada sees Camille the following month, she finds out more about Camille's medical condition and the special diet the doctor has prescribed. Ada and Camille talk about how the WIC foods can fit into her current diet. Ada writes an individual care plan for Camille in her TWIST "Progress Notes," and schedules her for a weight check and a class.

3. Individual Follow-Up Appointment: Weight Check

Joanne sees Camille to check her weight gain. She knows by reading the individual care plan that she should schedule Camille for an appointment with Ada if her weight gain is too high or too low or if Camille has questions about her diet. Camille is doing fine, so Joanne reminds her about attending the breastfeeding class.

Example, continued

4. Next NE Contact: Group Class

Camille does not see the WIC nutritionist every time she comes to WIC. This time she attends a breastfeeding class.

Congratulations! Camille gives birth to a beautiful baby boy!

Practice Activity

1. Using the *Job Aid: Who Can Assess, Assign and Counsel for Nutrition Risks?*:
 - ◆ Find your job category and highlight or circle all the jobs you will do.
 - ◆ At the bottom, fill in the staff names of people in your clinic.
2. File the Job Aid in your WIC Notebook.

3-4 Documentation

What Does Documentation Mean?

Documentation is how WIC keeps track of the services provided to WIC participants. Information that is documented at WIC includes:

- ◆ Demographic information (name, address, phone)
- ◆ Certification information (when the participant was certified and what made them eligible)
- ◆ Nutrition education (what education was provided)
- ◆ Referrals (which referrals were made)
- ◆ Plan (for follow-up care)
- ◆ Other (information that may be helpful to know at future appointments)

Good documentation is important because it allows other staff to have a “picture” of the participant by reviewing their TWIST record. When documentation is thorough and complete, the “picture” is easier to see. Good documentation helps the clinic flow more efficiently.

Where is Information Documented?

TWIST is designed so that each piece of information is documented in a specific location. For example, the client’s date of birth is entered in the “Date of Birth” field and a hemoglobin result is entered in the “Hemoglobin” field. When extra information needs to be entered, there are special places to write notes. Notes that are related to nutrition risk are entered in the “Medical Notes,” “Notes” or “Progress Notes” during certification.

Medical Notes – This field is located on the “Medical Data” screen and is used for notes related to height, weight and other measurements.

Medical Data													
Anthropometry		Weight		Weight For Age	Length/Height			Length/Ht For Age	Wt For Length	BMI	BMI %	Birth Data	Medical Notes
Collection Date	E/M	LB5	OZ		E/M	Inch	1/8	R/S					
06/19/2006	ENGLISH	9	0		ENGLISH	21	0	RECUMBENT		0			<input type="checkbox"/> Doctor prov
01/01/2006	ENGLISH	5	2	2.00	ENGLISH	18	0	RECUMBENT	5.00	38.00		<input checked="" type="checkbox"/>	

Notes – This field is used for notes that are specific to health history or diet questions. The “Notes” field is located to the right of each health history or diet question.

Questionnaire			
No.	Question	Answer	Notes
01	Are you taking an iron pill or a vitamin pill that has iron in it?	Yes	
02	Do you have any of the following symptoms? constipation, diarrhea, nausea, vomiting, poor appetite,	Yes	Nause

Progress Notes – This screen is used when a more detailed note is needed for medium- or high-risk clients who need regular follow-up care or to document specific information about their medical condition. The “Progress Notes” uses the SOAP note format.

Progress Notes				
Date	Type	Note	Entered By	
06/19/2006	SUBJECTIVE	Patient dx with Gestational Diabetes by PMD	Kim McGee	
06/19/2006	PLAN	Refer to RD for diet counseling.	Kim McGee	

What is a SOAP Note?

The SOAP note format separates the information into four sections – S, O, A and P. Specific information is entered into each section. The SOAP note is used throughout the medical community.

	Section:	What is in this section:	Examples:
S	Subjective	<ul style="list-style-type: none"> Information the client tells you. 	<ul style="list-style-type: none"> “I have diabetes.” “My baby was born with a cleft palate.”
O	Objective (Not included in TWIST “Progress Notes”)	<ul style="list-style-type: none"> Usually for specific medical information. In TWIST, this information is entered on the “Medical Data” screen. 	<ul style="list-style-type: none"> Height. Weight. Lab test results.
A	Assessment	<ul style="list-style-type: none"> Your assessment of the client’s condition or growth pattern. 	<ul style="list-style-type: none"> Client understands her diabetic diet plan.
P	Plan	<ul style="list-style-type: none"> Plan for follow-up care. Questions that need to be answered in follow-up. Specific nutrition education provided that has not already been documented on the “NE Topics” screen. Specific referral information that has not already been documented on the “Referrals” screen. 	<ul style="list-style-type: none"> Scheduled follow-up appt with RD for next month. Check at next appointment to see if she has found a doctor. Recheck height and weight every month. Discussed why following diet plan is important with gestational diabetes.

TWIST uses a modified version of the SOAP note. TWIST does not include the “O” on the “Progress Notes” screen. Information observed, such as a bruise on a client’s cheek, is objective. This information can be entered in any of the sections on the “Progress Notes” screen.

What Documentation is Needed for Nutrition Risk?

WIC regulations require that we keep track of all reasons that a person qualifies for WIC. During the certification appointment, the CPA records all risk factors identified for the participant.

On TWIST, there is a master list of all risk factors.

- ◆ **TWIST-selected** risks are automatically selected from the list by TWIST based on mandatory information you enter into TWIST.
- ◆ **CPA-selected** risks are selected from the list by the CPA, usually based on the participant's answers to health history and diet questions and sometimes based on medical data.

When the participant's certification is complete, TWIST will have a record of all of the risk factors assigned to the participant for that certification period. This information will stay with the participant's record as a history of their participation in WIC.

Additional Documentation

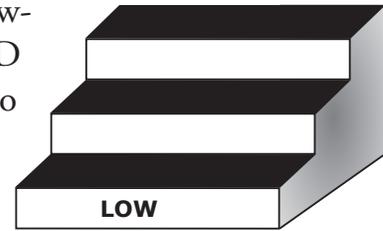
In some cases, additional information about the risk factors needs to be documented in TWIST. For example, the risk *Other Medical Conditions* is vague. Information that clarifies the specific medical condition is entered in TWIST in order to communicate to other staff why the risk factor was selected. This helps WIC provide high-quality follow-up care for the participant.

The state WIC office has set minimum standards for the type of additional documentation that is needed. The standards specify what and where to document the information. Each local agency has a policy which details the requirements specific to your agency. Your agency may require more documentation than is noted here.

At any time a CPA feels a situation needs more explanation than can be expressed by selecting a risk code, additional information may be entered in the "Progress Notes" or "Notes."

Low Risk - Additional Documentation

Additional documentation is needed for low-risks only when they are CPA-selected AND it is possible for more than one condition to qualify for that risk.



Each local agency can choose where to document low-risk additional information. However, within each local agency, the location must be consistent – this helps everyone know where to find the information after it is entered.

LOW Risk – Additional Documentation	
WHEN?	<ul style="list-style-type: none"> ▪ Risk is CPA-selected –AND– ▪ More information is needed to clarify why the risk was selected (for example, multiple conditions exist under one risk code)
WHAT?	<ul style="list-style-type: none"> ▪ The specific condition or treatment which caused the selection of the risk code.
WHERE?	<ul style="list-style-type: none"> ▪ Follow your local agency policy. Low-risk information can be documented in: <ul style="list-style-type: none"> ▸ The “Notes” of the health history or diet questionnaires. ▸ The “Progress Notes” in the <i>Subjective</i> section. If needed: ▪ Document plans or questions for follow-up care in the <i>Plan</i> of “Progress Notes.”

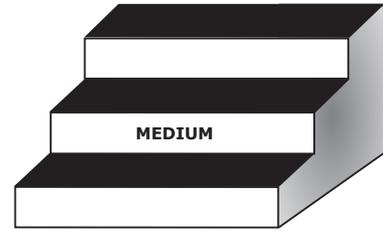
Examples of Additional Documentation for Low Risk

During the health history, Susie tells the CPA that she is having pain and problems eating because she has an abscess in her tooth. She shows the CPA her decaying tooth. The CPA selects *Risk 381 – Dental Problems*. In the “Notes,” the CPA enters “decayed and abscessed tooth, difficulty eating.”

During the health history, the mom tells the CPA that her son had surgery last month to have his appendix removed. The CPA selects *Risk 359 – Recent Major Surgery, Trauma, Burns*. In the “Notes,” the CPA enters “Appendix removed last month (date).”

Medium Risk - Additional Documentation

Just like low risks, additional documentation is needed for medium-risks only when they are CPA-selected and it is possible for more than one condition to qualify for that risk.



Each local agency can choose where to document medium-risk additional information. However, within each local agency, the location must be consistent – this helps everyone know where to find the information after it is entered.

Additional documentation may also be needed if the medium-risk participant is referred to the health professional or WIC nutritionist. In these cases, it is often helpful to write a “Progress Note” to give the health professional or nutritionist more information about the participant.

MEDIUM Risk – Additional Documentation	
WHEN?	<ul style="list-style-type: none"> ▪ Risk is CPA-selected. –AND– ▪ More information is needed to clarify why the risk was selected (for example, multiple conditions exist under one risk code).
WHAT?	<ul style="list-style-type: none"> ▪ The specific condition or treatment which caused the selection of the risk code.
WHERE?	<ul style="list-style-type: none"> ▪ Follow your local agency policy. Medium-risk information can be documented in: <ul style="list-style-type: none"> ▸ The “Notes” of the health history or diet questionnaires. ▸ The “Progress Notes” in the <i>Subjective</i> section. If needed: <ul style="list-style-type: none"> ▪ Document plans or questions for follow-up care in the <i>Plan</i> of “Progress Notes.”

Example of Additional Documentation for Medium Risk

During the health history, Miranda tells the CPA that she smokes marijuana twice a week. *Risk 372 – Alcohol and Illegal and/or Illicit Drug Use* is TWIST-selected from the answer entered on the health history questionnaire.

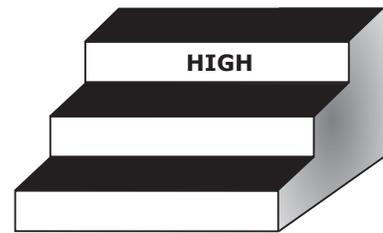
In the “Progress Notes,” the CPA enters:

S: Pt smokes marijuana 2x week. Wants to stop.

P: 1. To see Joan (health educator) next month for follow-up.
2. Gave referral info for Clinic Rosa Drug Treatment Program.

High Risk - Additional Documentation

All high-risk participants are referred to a WIC nutritionist for a follow-up appointment. Good documentation of the risk criteria will help make the follow-up appointment more efficient.



In this module, it is noted with each risk factor if it is a high-risk condition and whether additional documentation is needed. If needed, additional information for high-risk conditions must be documented in the “Progress Notes.”

HIGH Risk – Additional Documentation	
WHEN?	<ul style="list-style-type: none"> ▪ Risk is CPA-selected –AND– ▪ More information is needed to clarify why the risk was selected (for example, multiple conditions exist under one risk code).
WHAT?	<ul style="list-style-type: none"> ▪ The specific condition or treatment which caused the selection of the risk code.
WHERE?	<ul style="list-style-type: none"> ▪ For high risks, information must be documented in the “Progress Notes.” <ul style="list-style-type: none"> ▸ Document risk code information in the <i>Subjective</i> section. ▸ Document plans or questions for follow-up care in the <i>Plan</i> section. ▪ The WIC Nutritionist must document an individual care plan in the <i>Plan</i> of the “Progress Notes.”

Examples of Additional Documentation for High Risk

During the health history, Samantha tells the CPA that she was diagnosed with Type 1 diabetes when she was 17 years old. Samantha is seeing a doctor who specializes in diabetes during pregnancy. The CPA selects *Risk 343 – Diabetes Mellitus*. Samantha is referred to the WIC Nutritionist for follow-up.

In the “Progress Notes,” the CPA enters:

S: Pt diagnosed with Diabetes at 17. Seeing Dr. Wong 2x month. Has seen nutritionist at Dr. Wong’s office and is following the diet plan.

P: 1) To see WIC nutritionist next month for follow-up.
2) Samantha to bring diet plan from Dr. Wong’s office to next WIC appointment.

During the health history, Victoria tells the CPA that she has epilepsy and is taking a medication called Depakote. The CPA selects *Risk 348 – Central Nervous System Disorders*. Victoria is referred to the WIC nutritionist for follow-up.

In the “Progress Notes,” the CPA enters only the following information:

S: Has epilepsy and is taking Depakote.

Summary

Throughout this module, as you learn about each risk code, you will be reminded when a risk needs additional documentation. Keep in mind where you will document the information according to the state requirements listed in this lesson AND your local agency's procedure which may have additional requirements.

Practice Activity

1. Ask your supervisor or Training Supervisor for a copy of your local agency's procedure for documenting additional information in TWIST. Read the procedure and answer the following questions.
 - ◆ Are your local agency's procedures different than the state WIC minimum requirements listed in this lesson?
 - ◆ Where will you document additional information on LOW and MEDIUM risks – in the "Notes" or in the "Progress Notes"?
2. Take out the *Job Aid: Risk List for Infants and Children* and *Job Aid: Risk List for Women*. Highlight the risks that need additional documentation (see the column "Additional Documentation"). File the Job Aids in your WIC Notebook.

Underweight (Pregnant Women)

101★

★ See next page for Risk 101 – Underweight
(Breastfeeding and Non-Breastfeeding Women)



Category.....	Pregnant Women
Risk Level.....	MEDIUM



Risk Description

A pregnant woman with a Body Mass Index (BMI) of less than 18.5 before pregnancy begins.

At risk if:	Pre-pregnancy BMI < 18.5
NOT at risk if:	Pre-pregnancy BMI ≥ 18.5

Reason for Risk

Women who are underweight before pregnancy have a greater chance of delivering low birth weight or preterm babies.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the pre-pregnancy weight and current height entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Underweight women will need to gain more weight during pregnancy.

Example

During your certification appointment with Susie, you ask her pre-pregnant weight and enter it on the TWIST “Medical Data” screen. TWIST calculates her pre-pregnancy BMI and assigns Risk 101.

Underweight (Breastfeeding & Non-Breastfeeding)

101★

★ See previous page for Risk 101 –Underweight
(Pregnant Women)



Category.....	Breastfeeding & Non-Breastfeeding Women
Risk Level.....	MEDIUM



Risk Description

A breastfeeding or non-breastfeeding woman's current or pre-pregnancy Body Mass Index (BMI) is under 18.5.

At risk if:	<p>For breastfeeding or non-breastfeeding women < 6 months postpartum: Current BMI <18.5 – OR – Pre-pregnancy BMI <18.5</p> <p>For breastfeeding women ≥ 6 months postpartum: Current BMI <18.5</p>
NOT at risk if:	<p>Current BMI ≥ 18.5 – OR – Pre-pregnancy BMI ≥ 18.5</p>

Reason for Risk

Underweight women may not have adequate nutrient stores and can benefit from the additional nutrition provided by WIC.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on height and weight entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

No special requirements.



Education/Referrals

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Janice is at the clinic for her recertification appointment after delivery of her baby 1 month ago. She is exclusively breastfeeding. Her current weight and height are entered on the TWIST “Medical Data” screen. TWIST calculates her current BMI. TWIST assigns Risk 101 because her pre-pregnancy BMI was 17.9.

Underweight

103



Category.....	I, C
Risk Level.....	HIGH



Risk Description

Underweight:

- ◆ Infants, birth to <24 months: less than or equal to 2nd percentile weight for length

Children, 2-5 years: less than or equal to 5th percentile BMI for age

At risk of underweight:

Infants, birth to <24 months: between 2nd and 5th percentiles weight for length

Children, 2-5 years: between 5th and 10th percentiles BMI for age

At risk if:	Infants weighing less than the <i>5th percentile weight for length</i> OR Children weighing less than the <i>10th percentile BMI for age</i>
NOT at risk if:	Infants weighing more than the <i>5th percentile weight for length</i> OR Children weighing more than the <i>10th percentile BMI for age</i>

Reason for Risk

Providing supplemental foods to underweight children can improve their health and growth.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen. Weight for length and BMI percentiles are calculated by TWIST.



Education/Referrals

- ◆ This is a HIGH risk level – a referral to the WIC nutritionist is required.
- ◆ Children can be underweight for many reasons, including medical conditions, infectious diseases and inadequate food intake.
- ◆ Encourage healthy food choices, healthy feeding relationships and nutrient dense foods.

Example

When Johnny first came to WIC he was 12 months old. He was always small for his age, and at his 18 month check up his weight-for-length had fallen under the 5th percentile. He was assigned Risk 103 and referred to the WIC nutritionist. The mom talked to the WIC nutritionist and together they came up with ideas on how to increase what he was eating during the day. They will follow up with a weight check next month.

Overweight (Pregnant Women)

111★

★ See next page for Risk 111 – Overweight
(Breastfeeding & Non-Breastfeeding Women)



Category.....	Pregnant Women
Risk Level.....	MEDIUM



Risk Description

A pregnant woman with a pre-pregnancy BMI more than or equal to 25.

At risk if:	Pre-pregnancy BMI ≥ 25
NOT at risk if:	Pre-pregnancy BMI ≤ 25

Reason for Risk

Women who are overweight during pregnancy have higher risk of pregnancy complications, including diabetes, hypertension and delivery of large babies.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on pre-pregnancy weight and current height entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

No special requirements.



Education/Referrals

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Rosemarie is a pregnant woman who is being enrolled. After entering her height and weight, TWIST calculates her BMI as 32. Rosemarie qualifies for Risk 111 and is referred to a WIC health professional for nutrition counseling.

Overweight (Breastfeeding & Non-Breastfeeding)

111★

★ See previous page for Risk 111 – Overweight
(Pregnant Women)



Category.....**Breastfeeding & Non-Breastfeeding Women**

Risk Level..... **MEDIUM**



Risk Description

- ◆ A breastfeeding or non-breastfeeding woman with a pre-pregnancy BMI ≥ 25 .
– OR –
- ◆ A breastfeeding woman (≥ 6 months postpartum) with a current BMI ≥ 25 .

At risk if:	Breastfeeding or non-breastfeeding woman < 6 months postpartum had a pre-pregnancy BMI ≥ 25 – OR – Breastfeeding woman (≥ 6 months postpartum) with a current BMI ≥ 25
NOT at risk if:	Pre-pregnancy BMI was < 25 – OR – Current BMI < 25

Reason for Risk

Women who are overweight can have health problems, such as diabetes and hypertension, and can have complications in future pregnancies.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on height and weight entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Healthful eating and exercise can help a woman reach a healthy weight.
- ◆ Moderate weight loss (about 1 pound per week) is safe while breastfeeding.

Example

Melissa is at WIC for her postpartum recertification appointment. TWIST calculates her pre-pregnancy BMI to be 28. Melissa is recertified using Risk 111.

Overweight

113Category..... **C (2 – 5)**Risk Level..... **HIGH or MEDIUM**

Risk Description

For children age 2 to 5 years old.

This risk applies if their current weight is more than or equal to the 95th percentile BMI or weight-for-height. Recumbent length measurements may not be used to determine this risk.

At risk if:	\geq 95 th percentile BMI or weight-for-height/length
NOT at risk if:	$<$ 95 th percentile BMI or weight-for-height/length

Reason for Risk

Children who are \geq 95th percentile BMI are more likely to be overweight as adolescents or adults. Overweight adolescents and adults are at greater risk for chronic health problems such as hypertension and diabetes. Changes in a child's diet and physical activity can impact their future weight.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **child meets the high-risk criteria**, the CPA must manually change the risk level to high.

Change to HIGH risk level if:	\geq 95th percentile and growth curve is <i>going up</i> (not staying parallel to the recommended growth curve).
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Education/Referrals

- ◆ If this is a HIGH risk level – a **referral to the WIC nutritionist is required**.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Food restriction is not recommended for children at this age.
- ◆ Encourage healthy food choices, healthy feeding relationships and physical activity.

Example

Tatiana is 3 years old and her weight is above the 95th percentile and is assigned risk 113. Her mother, Sadie, is concerned because many adults in Sadie's family are overweight and she wants to help her daughter grow up healthy. Sadie knows that they should eat healthier snacks in the afternoon when her older kids get home from school. Sadie and the WIC counselor work together to make a list of healthy snack choices. They also talk about ways to increase Tatiana's physical activity. At the next WIC appointment, Sadie reports that the whole family is eating healthier foods.

At Risk for Overweight

114



Category.....	C (2 – 5)
Risk Level.....	MEDIUM



Risk Description

For children age 2 to 5 years with a current weight that is between the 85th and 95th percentile BMI for age.

At risk if:	$\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile BMI
NOT at risk if:	$< 85^{\text{th}}$ percentile BMI – OR – $\geq 95^{\text{th}}$ BMI (see Risk 113 – Overweight) – OR – if measured recumbently

Reason for Risk

Children who are between the 85th and 95th percentile BMI are more likely to be overweight as adolescents or adults. Overweight adolescents and adults are at greater risk for chronic health problems such as hypertension and diabetes. Changes in a child’s diet and physical activity can impact their future weight.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Food restriction is not recommended for children at this age.
- ◆ Encourage healthy food choices, healthy feeding relationships and physical activity.

Example

Devyn is 4 years old and has been on WIC for one year. Her BMI has been consistently around the 80th percentile until this certification when her BMI increased to the 90th percentile and Risk 114 was assigned. Devyn’s mother believes that Devyn has been eating more lately because her grandmother has come to live with them and she often gives Devyn candy and other sweet snacks. The certifier and Devyn’s mom talk about healthy food choices and physical activities that the whole family can do together.

High Weight for Length

115



Category..... **I, C (1 – 2)**

Risk Level..... **MEDIUM**



Risk Description

Infants and children age birth to 24 months whose weight for length is at or above the 98th percentile.

At risk if:	\geq <i>98th percentile weight for length</i>
NOT at risk if:	$<$ <i>98th percentile weight for length</i>

Reason for Risk

Young children whose weight for age is above the 98th percentile are likely to become overweight as adolescents and adults. Overweight adolescents and adults are at greater risk of chronic health problems like diabetes and high blood pressure. Changes in a child's diet and physical activity can impact their future weight.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen (BMI is calculated by TWIST).



Additional Documentation

No additional documentation is required.



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Food restriction is not recommended for children at this age.
- ◆ Encourage healthy food choices, healthy feeding relationships and physical activity.

Example

Lisa is a 13 month old child at WIC for her certification appointment. Her weight for length is above the 98th percentile and Risk 115 is assigned. In visiting with Lisa's mom, the certifier notes that Lisa is almost walking, has a good appetite for table foods and is just getting started with weaning from the bottle. Mom decides that she will continue to work on weaning and will return for a follow up weight check in three months.

Short Stature

121



Category.....	I, C
Risk Level.....	LOW



Risk Description

Short Stature:

- ◆ Infants, birth to <24 months: less than or equal to 2nd percentile length for age
- ◆ Children, 2-5 years: less than or equal to 5th percentile height for age

At risk of Short Stature:

- ◆ Infants, birth to <24 months: between 2nd and 5th percentiles length for age
- ◆ Children, 2-5 years: between 5th and 10th percentile height for age

At risk if:	<p>Birth to 24 months: $\leq 5th$ percentile length-for-age</p> <p>2 – 5 years: $\leq 10th$ percentile height-for-age</p>
NOT at risk if:	<p>Birth to 24 months: $> 5th$ percentile length-for-age</p> <p>2 – 5 years: $> 10th$ percentile height-for-age</p>

NOTE

Use adjusted gestational age for infants or children born premature, up to age 24 months.

Reason for Risk

Short stature can be caused by an inadequate diet.



How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on length/height entered on the “Medical Data” screen.
- ◆ TWIST will automatically adjust growth chart for prematurity if the “Gestational Age Adjust” button is used.



Additional Documentation

Use the “Gestational Age Adjust” button and enter the number of weeks gestation if the infant or child was born prematurely and is younger than 24 months.

Education/Referrals

Encourage healthy food choices, healthy feeding relationships and physical activity.

Example

Damon is one year old and was born premature. His mom notes that he is small for his age. The “Gestational Age Adjust” information has been entered in TWIST. TWIST automatically adjusts his length-for-age graph to account for the number of weeks he was premature. He is still below the 5th percentile length-for-age and Risk 121 is assigned.

Low Maternal Weight Gain

131



Category.....**Pregnant Women**

Risk Level.....**HIGH OR MEDIUM**



Risk Description

A pregnant woman with a low weight gain during pregnancy. Use the same assessment criteria (below) for teens and women.

For singleton pregnancy, at risk if:	Pre-pregnancy weight was:	AND pregnancy weight gain in the second and third trimesters is:
	Underweight (BMI < 18.5)	< 1 pound/week – OR – plots below the bottom line on the appropriate weight gain range
	Standard (BMI 18.5-24.9)	< 3/4 pound/week – OR – plots below the bottom line on the appropriate weight gain range
	Overweight (BMI 25.0-29.9)	< 1/2 pound/week – OR – plots below the bottom line on the appropriate weight gain range
	Obese (BMI ≥ 30.0)	< 6 ounces/week – OR – plots below the bottom line on the appropriate weight gain range

<p>For twin pregnancy, at risk if:</p>	<ul style="list-style-type: none"> ▪ In the second or third trimester, <ul style="list-style-type: none"> < 1.5 pounds/week – OR – <table border="1" data-bbox="724 432 1395 1031"> <tr> <td data-bbox="724 432 1032 579">Pre-pregnancy underweight (BMI < 18.5)</td> <td data-bbox="1032 432 1395 579">Overall weight gain is < 37 pounds</td> </tr> <tr> <td data-bbox="724 579 1032 726">Pre-pregnancy standard weight (BMI 18.5 – 24.9)</td> <td data-bbox="1032 579 1395 726">Overall weight gain is < 37 pounds</td> </tr> <tr> <td data-bbox="724 726 1032 873">Pre-pregnancy overweight (BMI > 25.0-29.9)</td> <td data-bbox="1032 726 1395 873">Overall weight gain is < 31 pounds</td> </tr> <tr> <td data-bbox="724 873 1032 1031">Pre-pregnancy obese (BMI > 30.0)</td> <td data-bbox="1032 873 1395 1031">Overall weight gain is < 25 pounds</td> </tr> </table> <p><i>*More research is needed for specific guidelines.</i></p> 	Pre-pregnancy underweight (BMI < 18.5)	Overall weight gain is < 37 pounds	Pre-pregnancy standard weight (BMI 18.5 – 24.9)	Overall weight gain is < 37 pounds	Pre-pregnancy overweight (BMI > 25.0-29.9)	Overall weight gain is < 31 pounds	Pre-pregnancy obese (BMI > 30.0)	Overall weight gain is < 25 pounds
Pre-pregnancy underweight (BMI < 18.5)	Overall weight gain is < 37 pounds								
Pre-pregnancy standard weight (BMI 18.5 – 24.9)	Overall weight gain is < 37 pounds								
Pre-pregnancy overweight (BMI > 25.0-29.9)	Overall weight gain is < 31 pounds								
Pre-pregnancy obese (BMI > 30.0)	Overall weight gain is < 25 pounds								
<p>For triplet pregnancy, at risk if:</p>	<ul style="list-style-type: none"> ▪ < 1.5 pounds/week – OR – Overall weight gain is < 50 pounds 								

Reason for Risk

A low weight gain during pregnancy can affect the growth of the fetus.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weights entered on the “Medical Data” screen (TWIST calculates prenatal weight gain).



Additional Documentation

- ◆ Mark the “Twins or More” box on the “Medical Data” screen if this is a multi-fetal pregnancy.
- ◆ TWIST automatically assigns a medium risk level for this risk.
- ◆ If the **woman meets the high-risk criteria**, the CPA must manually change the risk level to high.

Change to HIGH risk level if:	Woman is pregnant with twins or more
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Education/Referrals

- ◆ If this is a HIGH risk level, a referral to the WIC nutritionist is required.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Adequate weight gain during pregnancy will help improve the health of the fetus.
- ◆ TWIST will show the appropriate weight gain grid.

Example

During your certification appointment with Georgia, you enter her pre-pregnancy weight and her current weight on the TWIST “Medical Data” screen. TWIST calculates her pregnancy weight gain and automatically assigns Risk 131.

Maternal Weight Loss During Pregnancy

132

Category..... **Pregnant Women**Risk Level..... **MEDIUM**

Risk Description

A pregnant woman with weight loss during pregnancy as defined below.

At risk if:	<p>During the 1st trimester (0 – 13 weeks): Any weight loss <i>below pre-pregnancy weight</i></p> <p>During the 2nd and 3rd trimester (14 – 40 weeks): Weight loss of ≥ 2 <i>pounds</i> (≥ 1 <i>kg</i>)</p>
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Reason for Risk

Weight loss during pregnancy can affect the growth of the fetus.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weights entered on the “Medical Data” screen (TWIST calculates prenatal weight gain or loss).



Additional Documentation

No special requirements.



Education/Referrals

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Rita is at the WIC clinic for her first prenatal certification appointment. She was referred by her doctor because she has lost weight during pregnancy. She is 11 weeks pregnant. She reports that because she is working during the day and caring for her 2 older children in the evening, she often doesn't take the time to eat. She has lost 3 pounds since her pregnancy began.

You and Rita discuss ways to incorporate the WIC foods into her daily schedule. Rita likes your suggestions of easy-to-make nutritious snack foods.

High Maternal Weight Gain (Pregnant Women)

133★

★ See next page for Risk 133 –High Maternal Weight Gain
(Breastfeeding & Non-Breastfeeding Women)



Category.....	Pregnant Women
Risk Level.....	MEDIUM



Risk Description

A pregnant woman who gains above recommended levels.

For <i>singleton pregnancy</i> at risk if:	Pre-pregnancy weight was:	AND Pregnancy weight gain in the second and third trimesters is:
	<i>Underweight (BMI <18.5)</i>	>1.3 pounds/week – OR – <i>plots above the top line on the appropriate weight gain range</i>
	<i>Standard (BMI 18.5-24.9)</i>	>1 pound/week – OR – <i>plots above the top line on the appropriate weight gain range</i>
	<i>Overweight (BMI 25.0-29.9)</i>	>.7 pound/week – OR – <i>plots above the top line on the appropriate weight gain range</i>
	<i>Obese (BMI ≥ 30.0)</i>	>.6 pound/week – OR – <i>plots above the top line on the appropriate weight gain range</i>

Risk 133 ★ ■ High Maternal Weight Gain (Pregnant Women)

<p>For twin pregnancy at risk if:</p>	<p>In the second or third trimester, >1.5 pounds/week -OR-</p>	
	<p>Pre-pregnancy underweight (BMI <18.5)</p>	<p>Overall weight gain is >54 pounds*</p>
	<p>Pre-pregnancy standard weight (BMI 18.5-24.9)</p>	<p>Overall weight gain is >54 pounds</p>
	<p>Pre-pregnancy Overweight (BMI 25.0-29.9)</p>	<p>Overall weight gain is >50 pounds</p>
	<p>Pre-pregnancy Obese (BMI ≥ 30.0)</p>	<p>Overall weight gain is >42 pounds</p>
	<p><i>*More research is needed for specific guidelines.</i></p>	
<p>For triplet pregnancy at risk if:</p>	<p><i>Throughout the pregnancy, >1.5 pounds/week</i></p>	

Reason for Risk

Women with high prenatal weight gains are at risk for delivering high birth weight infants.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weights entered on the “Medical Data” screen (TWIST calculates weight gain).



Additional Documentation

No special requirements.



Education/Referrals

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Kate is a pregnant woman who is at WIC to be enrolled for her pregnancy. She goes to the clinic at your health department for her prenatal care. The clinic gave Kate a printed summary of her prenatal care. On the form, it provides information about her prepregnancy weight and recent weight checks. You enter this information in TWIST, along with the weight you take today at WIC. Kate is in the standard weight category and has been gaining about 2 pounds per week for a total of 8 pounds this month. TWIST automatically assigns Risk 133.

High Maternal Weight Gain (Breastfeeding & Non-Breastfeeding Women) 133★

★ See previous page for Risk 133 –High Maternal Weight Gain
(Pregnant Women)



Category.....**Breastfeeding & Non-Breastfeeding Women**
Risk Level.....**MEDIUM**



Risk Description

A breastfeeding or non-breastfeeding woman who had a total weight gain exceeding the guidelines below during her most recent pregnancy.

For singleton pregnancy, at risk if:	<i>Pre-pregnancy weight was:</i>	<i>AND pregnancy weight gain was:</i>
	Underweight (BMI < 18.5)	> 40 pounds
	Standard (BMI 18.5-24.9)	> 35 pounds
	Overweight (BMI 25.0-29.9)	> 25 pounds
	Obese (BMI ≥ 30.0)	> 20 pounds

For twin pregnancy, at risk if:	Pre-pregnancy weight was:	AND pregnancy weight gain was:
	Underweight (BMI < 18.5)	> 54 pounds*
	Standard (BMI 18.5-24.9)	> 54 pounds
	Overweight (BMI 25.0-29.9)	> 50 pounds
	Obese (BMI ≥ 30.0)	> 42 pounds

* More research is needed for specific guidelines.

NOTE

Risk does not apply to pregnancy of **triplets** or greater.

Reason for Risk

Women with high prenatal weight gains are at risk for obesity following delivery which can cause chronic health conditions such as high blood pressure and diabetes.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on total weight gain entered on the “Medical Data” screen.



Additional Documentation

No special requirements.



Education/Referrals

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Sage is a breastfeeding woman with a 6-week-old baby. She gained 45 pounds during her pregnancy. She is assigned Risk 133 during recertification. She and the CPA talk about how she can begin some easy exercise by taking walks with the baby. They also talk about healthy snack choices.

Risk 133★ ■ High Maternal Weight Gain (Breastfeeding and Non-Breastfeeding Women)

Failure to Thrive (FTT)

134



Category.....	I, C
Risk Level.....	HIGH



Risk Description

Infant or child who has been diagnosed as failure to thrive by a health care provider.

If the infant/child was premature and is <24 months of age, use the adjusted gestational age to assess growth.

At risk if:	<i>Health care provider diagnosed</i> failure to thrive
NOT at risk if:	Parent or guardian believes the infant/child has failure to thrive, but the infant/child has NOT been diagnosed by a health care provider

Reason for Risk

Failure to thrive is diagnosed when the infant or child’s growth is significantly slower than normal.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a HIGH risk level – a referral to the WIC nutritionist is required.
- ◆ Verify that the infant/child is receiving follow-up medical care.
- ◆ See *More Information about Medical Conditions* to learn more about failure to thrive.

Example

Sarina is at the WIC clinic for a new enrollment appointment. She is 8 months old. Her doctor has referred her to WIC because she has been diagnosed with failure to thrive. Her mother brings a note from the doctor which gives the diagnosis for failure to thrive and a request for special formula. Sarina's mom is referred to the WIC nutritionist for nutrition counseling.

Slow Weight Gain

135



Category.....	I, C
Risk Level.....	MEDIUM



Risk Description

An infant or child who has slow weight gain based on the assessment factors listed below.

At risk if:	<p>Infants from birth to 1 month of age: Excessive weight loss ($\geq 10\%$) after birth Not back to birth weight by 2 weeks of age</p> <p>Infants from birth to 6 months of age: Based on two weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the weight gain table in Policy 675</p> <p>Infants & Children from 6 months to 59 months of age:</p> <ul style="list-style-type: none"> ▪ Option I: Based on two weights taken at least 3 months apart, the infant's or child's actual weight gain is less than the calculated expected weight gain based on the weight gain table in Policy 675 ▪ Option II: A low rate of weight gain over a 6-month period (+ or - 2 weeks) as defined by the chart in Policy 675
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Reason for Risk

Slow weight gain in infants and children can be a warning sign for potential health, diet or social problems.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight entered on the “Medical Data” screen.

NOTE

This is a complicated calculation and should only be manually assigned by a WIC nutritionist.



Additional Documentation

No special requirements.



Education/Referrals

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Shirley is 19 months old. At her last certification appointment, her weight gain had slowed. She is at WIC today for a follow-up appointment with the nutritionist and a weight check. Today the WIC nutritionist will talk with Shirley’s mom about the foods Shirley is eating. They will talk about foods that are appropriate for her age and healthy feeding behaviors.

Low Birth Weight (LBW)

141



Category.....	I, C (up to 24 months)
Risk Level.....	HIGH or MEDIUM



Risk Description

An infant or child under 24 months whose birth weight was less than or equal to 5 pounds, 8 ounces (2500 grams).

At risk if:	Birth weight is \leq 5 pounds 8 oz or \leq 2500 grams
NOT at risk if:	Birth weight is \geq 5 pounds 9 oz or \geq 2501 grams

Reason for Risk

Infants who are born LBW need a high quality diet to catch up in their growth.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on birth weight entered on the “Medical Data” screen.



Additional Documentation

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **infant/child meets the high-risk criteria**, the CPA must manually change the risk level to high.

Change to HIGH risk level if:	Birth weight is ≤ 1500 <i>grams</i> or ≤ 3 <i>pounds 5 oz</i> (VLBW – Very low birth weight)
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Education/Referrals

- ◆ If this is a HIGH risk level – a **referral to the WIC nutritionist is required**.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Some low birth weight infants may need special formula to help their growth catch up.

Example

Georgie's birth weight was 4 pounds, 2 ounces. Her birth weight was entered on TWIST during her first certification visit. She will automatically be assigned Risk 141 until she is 24 months old.

Prematurity

142



Category.....**I, C (up to 24 months)**

Risk Level.....**MEDIUM**

Risk Description

For infants and children under 24 months of age who were born prematurely – less than or equal to 37 weeks gestation.

At risk if:	Born at ≤ 37 weeks gestation – AND – Infant or child is now < 24 months
NOT at risk if:	Born at > 37 weeks gestation – OR – Child age 2 – 5

Reason for Risk

Premature infants have higher nutritional needs for increased growth. They may also have physical problems that can interfere with growth, including sucking problems and digestive problems.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the information entered on the “Medical Data” screen using the “Gestational Age Adjust” button.



Additional Documentation

Entering the weeks gestation using the “Gestational Age Adjust” button is important so TWIST can adjust the growth charts for prematurity.



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Premature infants may need special formula, “human milk fortifier” or increased breastfeeding support.
- ◆ Assess growth based on adjusted age.

Example

Josie is now 3 weeks old. She was born at 36 weeks gestation. She was 3 pounds, 1 ounce at birth. Josephina, Josie’s mom, is pumping breast milk and feeding it to her with a bottle. She is also giving her human milk fortifier, which has been specially prescribed on her WIC vouchers. Josephina is borrowing an electric breast pump from WIC to use to pump her milk. Josie is followed by the WIC nutritionist as her special nutritional needs will change frequently in the first few months.

Small for Gestational Age (SGA)

151

Category.....**I, C (up to 24 months)**Risk Level.....**LOW**

Risk Description

- ◆ For infants and children under 24 months.
- ◆ An infant or child who has been diagnosed as small for gestational age by a health care provider.

At risk if:	<i>Health care provider diagnosed</i> small for gestational age – AND – Infant or child is now <i>< 24 months</i>
NOT at risk if:	Parent or guardian believes the infant/child was small for gestational age, but the infant/child has NOT been diagnosed by a health care provider – OR – Child age 2 – 5

Reason for Risk

Small for gestational age means that the infant did not grow to the expected size during pregnancy. Many of these babies are small even though they are full-term.

Infants who are born small for gestational age may have physical or developmental problems which interfere with nutritional status or food intake.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ See *More Information about Medical Conditions* for more information about small for gestational age.
- ◆ In most cases, babies born small for gestational age are not born prematurely. Therefore, in most cases the regular growth charts will be used.
- ◆ Verify that the infant/child is receiving follow-up medical care.
- ◆ Ask if the infant/child has any other medical conditions.

Example

TJ was born the day before his due date. His mother had a normal pregnancy. TJ was 4 pounds, 8 ounces at birth – he was diagnosed as small for gestational age because he was not premature. In the few weeks following his birth, it was found that TJ has a genetic condition which caused him to be small at birth. TJ is receiving follow-up medical care from his physician for his genetic condition. TJ is assigned Risk 151.

Large for Gestational Age (LGA)

153



Category.....	Infants only
Risk Level.....	LOW



Risk Description

- ◆ For infants only.
- ◆ Infant who is more than or equal to 9 pounds at birth (≥ 4000 grams)
– OR –
- ◆ Infant who has been diagnosed as large for gestational age by a health care provider.

At risk if:	Infant's birth weight is ≥ 9 pounds (≥ 4000 grams) – OR – <i>Health care provider diagnosed</i> large for gestational age
NOT at risk if:	Infant < 9 pounds and has NOT been diagnosed large for gestational age by a health care provider – OR – Child > 12 months

Reason for Risk

Infants who are born large for gestational age may have physical or developmental problems which interfere with nutritional status or food intake.

How is Risk Assigned?

- ◆ TWIST-selected if ≥ 9 pounds birthweight.
 - Based on birth weight entered on the “Medical Data” screen.
- ◆ CPA selected if diagnosed by health care provider and infant is not ≥ 9 pounds at birth.



Additional Documentation

No special requirements.



Education/Referrals

Ask if the infant has any other medical conditions.

Example

Nai was born full term. Her birth weight was 10 pounds, 1 ounce. She has no other medical conditions and her growth is normal. Nai is enrolled with Risk 153.

Low Hematocrit/ Low Hemoglobin

201

Category.....**ALL**Risk Level.....**HIGH or MEDIUM**

Risk Description

Hemoglobin and hematocrit are two tests that measure the blood to find the participant's risk for anemia (low blood iron). See the table below for the blood levels that would make a participant at risk.

At risk if:	Category:	Hemoglobin (Hgb) level:	Hematocrit (Hct) level:
	Infants 0 – 8 months	WIC doesn't assess infants this age	
	Infants 9 – < 12 months	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Children 12 – < 24 months	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Children 2 – 5 years	<i>Less than 11.1</i>	<i>Less than 33.0</i>
	Pregnant women (0 – 13 weeks)	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Pregnant women (14 – 26 weeks)	<i>Less than 10.5</i>	<i>Less than 32.0</i>
	Pregnant women (27 – 40 weeks)	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Breastfeeding/ Non-breastfeeding	<i>Less than 12.0</i>	<i>Less than 36.0</i>

Reason for Risk

Iron is an important part of the blood. It is needed for a healthy pregnancy, during lactation and for recovery after childbirth. It is also needed for infants and children to grow and develop normally.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the hematocrit or hemoglobin level entered on the “Medical Data” screen.

NOTE

Hemoglobin and hematocrit levels can be affected by living in a high altitude. TWIST automatically adjusts the levels for high altitude areas in Oregon.



Additional Documentation

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **participant meets the high-risk criteria**, the CPA must manually change the risk level to high. (See the table on the next page for the high-risk criteria.)



Education/Referrals

- ◆ See *More Information about Medical Conditions* to learn more about anemia.
- ◆ If this is a HIGH risk level, **a referral to the WIC nutritionist is required.**
- ◆ If this is a MEDIUM risk level, a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Recommend more iron-rich foods.

Risk 201 Continued

Change to HIGH risk level if:	If any hematocrit or hemoglobin that is below recommended levels remains the same or continues to drop at recertification or at follow-up		
	– OR –		
	When test results fall within the following guidelines:		
	Category:	Hemoglobin (Hgb) level:	Hematocrit (Hct) level:
	Infants 9 – < 12 months	<i>0 – 9.9</i>	<i>0 – 29.9</i>
	Children 12 – < 24 months	<i>0 – 9.9</i>	<i>0 – 29.9</i>
	Children 2 – 5 years	<i>0 – 10.0</i>	<i>0 – 29.9</i>
	Pregnant women 1st trimester (0 – 13 weeks)	<i>0 – 9.9</i>	<i>0 – 29.9</i>
	Pregnant women 2nd trimester (14 – 26 weeks)	<i>0 – 9.4</i>	<i>0 – 28.9</i>
Pregnant women 3rd trimester (27 – 40 weeks)	<i>0 – 9.9</i>	<i>0 – 29.9</i>	
Breastfeeding/ Non-Breastfeeding	<i>0 – 10.9</i>	<i>0 – 32.9</i>	

Example

Allyza is an 18 month-old girl at WIC for recertification. Her hemoglobin/hematocrit level is 9.6/29. TWIST automatically selects Risk 201. The CPA changes the risk level to HIGH because her hematocrit level is low enough to meet the high-risk criteria. Allyza is referred to the WIC nutritionist for nutrition counseling.

Elevated Blood Lead Levels 211



Category.....	ALL
Risk Level.....	HIGH



Risk Description

Blood lead level more than or equal to 10 µg/deciliter within the past 12 months.

At risk if:	Blood lead level ≥ 10 µg/deciliter within past 12 months
NOT at risk if:	Blood level is < 10 µg/deciliter – OR – Blood level was taken more than 12 months ago

Reason for Risk

High blood lead levels can affect nutritional status, health, learning, behavior and can affect the growing fetus.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the blood lead level entered on the “Medical Data” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ See *More Information about Medical Conditions* to learn more about lead poisoning.

Example

Malek is 18 months old and at WIC for his recertification. His mom brings a note from her doctor with his blood lead level, which was just tested. His result was 11 µg/deciliter. He is recertified with Risk 211 and referred to the WIC nutritionist for high-risk counseling.

Hyperemesis Gravidarum

301



Category.....**Pregnant Women**

Risk Level.....**HIGH**



Risk Description

Severe nausea and vomiting during pregnancy to the extent that the woman becomes dehydrated and acidotic. Must be diagnosed by a health care provider.

<p>At risk if:</p>	<p><i>Health care provider diagnosed</i> hyperemesis gravidarum – AND – Vomiting is severe enough to cause severe dehydration and acidosis – OR – Woman has been hospitalized for hyperemesis gravidarum</p>
<p>NOT at risk if:</p>	<p>Woman reports that she has severe vomiting, but has NOT been diagnosed by a health care provider – OR – Woman has occasional vomiting, but is able to eat and drink enough to prevent dehydration and acidosis</p>

If you are unsure whether she has hyperemesis gravidarum, see *More Information about Medical Conditions* or ask your supervisor.

Reason for Risk

Dehydration and acidosis can be harmful to the fetus.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ See *More Information about Medical Conditions* for more information about hyperemesis gravidarum.

Example

Louise is 9 weeks pregnant. Last week she was hospitalized for dehydration due to severe nausea and vomiting due to her pregnancy. In the hospital she received IV fluids. She is taking a medication to help prevent the severe nausea and vomiting. She is now able to eat and drink small amounts. She eats small amounts of food throughout the day. She has started to regain the weight she lost before her hospitalization. She is enrolled using Risk 301.

Gestational Diabetes

302



Category.....	Pregnant Women
Risk Level.....	HIGH



Risk Description

A pregnant woman who has been diagnosed with gestational diabetes by a health care provider. Gestational diabetes is a type of diabetes which begins during pregnancy and usually goes away following birth.

At risk if:	<i>Health care provider diagnosed</i> gestational diabetes – AND – Diabetes was diagnosed during this pregnancy
NOT at risk if:	Woman reports that she has gestational diabetes, but has NOT been diagnosed by a health care provider – OR – Woman had diabetes before pregnancy began (see Risk 343 – <i>Diabetes Mellitus</i>)

Reason for Risk

Women with diabetes during pregnancy have a greater risk of birth complications and Type 2 diabetes after pregnancy. Babies born to women with diabetes are at greater risk of health complications.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ See *More Information about Medical Conditions* for more information about gestational diabetes.

Example

Svetlana is 30 weeks pregnant. She was referred to WIC by the local prenatal clinic. She was recently diagnosed with gestational diabetes. She is receiving nutrition counseling from the nutritionist at the prenatal clinic. She has brought a note from the clinic with the information about the diet they are recommending for gestational diabetes. Because Svetlana is high-risk, she is referred to the WIC nutritionist for counseling.

History of Gestational Diabetes

303

Category..... **All Women**Risk Level..... **LOW**

Risk Description

A woman who had gestational diabetes during a past pregnancy. (Gestational diabetes is a type of diabetes that develops during pregnancy).

At risk if:	<p><i>Health care provider diagnosed</i> gestational diabetes during a previous pregnancy</p> <p>WP: Any previous pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>Woman had diabetes during a previous pregnancy, but it was NOT gestational diabetes (see <i>Risk 343 – Diabetes Mellitus</i>)</p> <p>– OR –</p> <p>WE, WB, WN: Gestational diabetes was not during the most recent pregnancy</p>

Reason for Risk

Women with previous gestational diabetes are more likely to have gestational diabetes in the current pregnancy. Women with diabetes during pregnancy have a greater risk of birth complications and Type 2 diabetes after pregnancy.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

Verify that the woman is receiving prenatal care.

Example

Jennifer is 14 weeks pregnant and was on WIC during her previous pregnancy. She was diagnosed with gestational diabetes during her previous pregnancy and used insulin to control her blood sugar. She is hopeful that she can control her blood sugar without insulin during this pregnancy. She hasn't seen a nutritionist yet for this pregnancy, and because she remembers how helpful the WIC nutritionist was during her last pregnancy, she has asked to see the WIC nutritionist again. An individual follow-up appointment is scheduled for Jennifer with the nutritionist.

History of Preeclampsia

304



Category.....	ALL Women
Risk Level.....	LOW



Risk Description

History of preeclampsia as diagnosed by a health care provider.

At risk if:	Preeclampsia has been diagnosed by a health care provider in any past pregnancy.
NOT at risk if:	Preeclampsia has NEVER been diagnosed by a health care provider in any past pregnancy.

Reason for Risk

Preeclampsia is defined as pregnancy induced hypertension with proteinuria developing after the 20th week of pregnancy and is a leading contributor to maternal and perinatal morbidity.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

- ◆ No special requirements.



Education/Referrals

- ◆ None

Example

Sierra is applying for WIC services during her pregnancy. She reports that she was diagnosed with preeclampsia by her doctor at the end of her last pregnancy when she was hospitalized. The certifier assigns Risk 304.

History of Preterm Delivery 311



Category.....	All Women
Risk Level.....	LOW



Risk Description

A woman who had an infant at less than or equal to 37 weeks gestation.

At risk if:	<p>Previous pregnancy ended in a preterm birth ≤ 37 weeks gestation</p> <p>WP: Any previous pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>All previous births ≥ 38 weeks gestation – OR –</p> <p>WE, WB, WN: Preterm birth was NOT the most recent pregnancy</p>

Reason for Risk

A woman who had a preterm birth in a previous pregnancy is more likely to have another preterm birth.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

Verify that the woman is receiving prenatal care.

Example

Julia was on WIC during her pregnancy. She gave birth 4 weeks ago and is now at WIC for her recertification appointment. She reports that her son, Byron, was born at 37 weeks gestation. He is fine now and is exclusively breastfeeding. She is recertified under Risk 311.

History of Low Birth Weight (LBW)

312



Category.....	All Women
Risk Level.....	LOW



Risk Description

A woman who gave birth to an infant weighing less than or equal to 5 pounds, 8 ounces.

At risk if:	<p>The baby from a previous pregnancy was ≤ 5 pounds, 8 ounces (≤ 2500 grams)</p> <p>WP: Any previous pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>Babies from all previous births were ≥ 5 pounds, 9 ounces</p> <p>– OR –</p> <p>WE, WB, WN: Low birth weight baby was NOT from the most recent pregnancy</p>

Reason for Risk

A woman who has a history of giving birth to a low birth weight baby in a previous pregnancy is more likely have another low birth weight baby.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Based on the answer to the Health History question about baby's birth weight or select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.



Additional Documentation

No special requirements.



Education/Referrals

If prenatal woman, verify that she is receiving prenatal care.

Example

Suzanne was on WIC during her last pregnancy. At that time, she gave birth to a baby who weighed 5 pounds, 3 ounces. He is now 2 years old. She is now at WIC to enroll for a new pregnancy. During the health history questions, you note that she had a previous baby that was low birth weight. She would qualify for Risk 312.

History of Fetal or Neonatal Loss

321



Category.....	All Women
Risk Level.....	LOW



Risk Description

Fetal Loss: Death of the fetus during pregnancy at more than or equal to 20 weeks gestation.

Neonatal Loss: Death of the infant at 0 – 28 days of life.

At risk if:	<p>WP: A prenatal woman with any history of fetal or neonatal loss</p> <p>WE, WB: A breastfeeding woman’s most recent pregnancy was a multiple birth resulting in the loss of one or more infants and the live birth of one or more infants. She is currently breastfeeding an infant from the most recent pregnancy</p> <p>WN: A non-breastfeeding woman with a fetal or neonatal loss in the most recent pregnancy only</p>
NOT at risk if:	<p>No fetal or neonatal loss – OR – Fetal loss was earlier than 20 weeks gestation – OR – WE, WB, WN: Had a fetal or neonatal loss for a previous pregnancy, NOT the most recent</p>

Reason for Risk

A woman who has a history of fetal or neonatal loss in a previous pregnancy is more likely have another fetal or neonatal loss. Women with a history of fetal and neonatal loss may have a diet low in folic acid.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub-Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ Taking folic acid supplements throughout childbearing years may prevent future fetal loss.
- ◆ Folic acid supplementation is most effective when it is taken before conception and throughout pregnancy.

Example

Georgia was pregnant with twins. At 22 weeks gestation, one of the twins was miscarried. She remained pregnant with the other twin until 35 weeks gestation. She is currently breastfeeding the surviving twin. Georgia qualifies for Risk 321.

Pregnancy at a Young Age

331



Category..... **All Women**

Risk Level..... **HIGH or MEDIUM**



Risk Description

A woman who conceived her pregnancy age 17 years or younger.

At risk if:	≤ 17 years at age of conception WP: Current pregnancy WE, WB, WN: Most recent pregnancy only
NOT at risk if:	≥ 18 years at age of conception

Reason for Risk

A pregnant teenager needs additional foods to help support her own growth as well as the growth of the baby.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ TWIST uses the woman's date of birth to determine her age and the estimated delivery date to determine the date of conception.



Additional Documentation

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the woman is 15 years old or younger, the CPA must manually change the risk level to high.

Change to HIGH risk if:

≤ 15 years at age of conception

Determining Age at Conception

To determine high risk, you may need to calculate age at conception by using a “pregnancy wheel.”

1. On the pregnancy wheel, match the EDD (due date) on the outer wheel to the “40 weeks” mark on the inner wheel.
2. The date of conception is the date on the outer wheel that now matches the “2 weeks” mark. “0 weeks” is the first day of the last menstrual period.
3. Using the client’s birth date, determine her age at the date of conception. Did she reach her 16th birthday before the date of conception?



Education/Referrals

- ◆ If this is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Pamela just turned 16 years old two days ago and is 17 weeks pregnant. She is enrolled using Risk 331. She will see the WIC nutritionist to talk about what to eat to have a healthy pregnancy and to maintain her own growth.

Closely Spaced Pregnancy

332



Category.....	All Women
Risk Level.....	LOW



Risk Description

A woman's current or most recent pregnancy was conceived less than 16 months after the end of her last pregnancy, of any length, regardless of the outcome of the previous pregnancy (miscarriage included).

At risk if:	<p><i>Conception < 16 months postpartum</i></p> <p>WP: Current pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>Conception \geq 16 months postpartum</p>

Reason for Risk

A woman needs time to build up stores of nutrients in her body after pregnancy. If pregnancies are too close together, her body may not have enough nutrient stores for a healthy pregnancy.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Based on the answer to the Health History question about closely spaced pregnancies, as calculated by the certifier.



Additional Documentation

No special requirements.



Education/Referrals

Good nutrition is important, as the woman's nutrient stores may still be depleted from her previous pregnancy.

Example

Angelica was on WIC during her first pregnancy. She is at WIC today for her baby's recertification appointment. Her baby, Max, is 12 months old. During the appointment, Angelica tells you that she is pregnant again and wants to sign up for WIC for herself. Angelica is enrolled on WIC for her current pregnancy and qualifies for Risk 332.

High Parity and Young Age

333



Category.....	All Women
Risk Level.....	LOW



Risk Description

A woman who is under 20 years old at the time of conception and has had 3 or more pregnancies (≥ 20 weeks gestation) regardless of birth outcome, including this pregnancy.

At risk if:	<p><i>< 20 years old at conception</i></p> <p>– AND –</p> <p><i>3 or more pregnancies</i> (≥ 20 weeks gestation)</p> <p>WP: Include current pregnancy</p> <p>WE, WB, WN: Include most recent pregnancy</p>
NOT at risk if:	<p>20 years or older</p> <p>– OR –</p> <p>Less than 3 pregnancies</p> <p>– OR –</p> <p>One of the 3 pregnancies did not reach 20 weeks</p>

NOTE

Age at conception must be calculated by using a “pregnancy wheel.”

Determining Age at Conception

1. On the pregnancy wheel, match the EDD (due date) on the outer wheel to the “40 weeks” mark on the inner wheel.
2. The date of conception is the date on the outer wheel that now matches the “2 weeks” mark. “0 weeks” is the first day of the last menstrual period.
3. Using the client’s birth date, determine her age at the date of conception. Did she reach her 20th birthday before the date of conception?

Reason for Risk

A woman needs time to build up stores of nutrients in her body after pregnancy. A young woman, who may still be growing, has increased nutrition needs for her own growth. A woman who has had many pregnancies at a young age may not have enough nutrient stores for a healthy pregnancy.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

Document the *age at conception* for each pregnancy in the “Notes” or “Progress Notes.”



Education/Referrals

Good nutrition is important, as the woman's nutrient stores may still be depleted from her previous pregnancy.

Risk 333 continued

Example

Alexandra is 19 years old. She has 3 children under the age of 5 on WIC. She is pregnant for the fourth time. She would qualify for WIC under Risk 333.

Lack of or Inadequate Prenatal Care

334



Category.....**Pregnant Women**
 Risk Level.....**LOW**



Risk Description

A woman who has not had adequate prenatal care based on the guidelines below.

<p>At risk if:</p>	<p>TWIST-selected: Prenatal care begins <i>after the first trimester</i> (after 13 weeks gestation)</p> <p>CPA-selected: Woman <i>does not have regular or ongoing prenatal visits</i>, based on the table below</p> <table border="1" data-bbox="711 1291 1369 1633"> <thead> <tr> <th>Weeks gestation:</th> <th>Number of visits</th> </tr> </thead> <tbody> <tr> <td>22 – 29</td> <td>1 or less</td> </tr> <tr> <td>30 – 31</td> <td>2 or less</td> </tr> <tr> <td>32 – 33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>Must be assessed and selected by CPA</i></td> </tr> </tbody> </table>	Weeks gestation:	Number of visits	22 – 29	1 or less	30 – 31	2 or less	32 – 33	3 or less	34 or more	4 or less	<i>Must be assessed and selected by CPA</i>	
Weeks gestation:	Number of visits												
22 – 29	1 or less												
30 – 31	2 or less												
32 – 33	3 or less												
34 or more	4 or less												
<i>Must be assessed and selected by CPA</i>													
<p>NOT at risk if:</p>	<p>Prenatal care begins in the first trimester and is ongoing</p>												

Reason for Risk

Prenatal care (appointments with a health care provider) can help women remain healthy during pregnancy. Women with inadequate prenatal care may have more pregnancy and birth complications.

How is Risk Assigned?

- ◆ **TWIST-selected** if the answer to the health history question indicates that she started prenatal care after the first trimester.
- ◆ **CPA-selected** when CPA assesses ongoing prenatal care and selects the risk on the “Risk Factors” screen.



Additional Documentation

If the risk is CPA-selected based on assessment of ongoing prenatal visits, document the *number of visits and weeks gestation* in the “Notes” or “Progress Notes.”



Education/Referrals

- ◆ Referral to OHP.
- ◆ Referral to health care providers in your clinic area.

Example

Janis is at the WIC clinic in Eugene to enroll for her pregnancy. She is 22 weeks pregnant. She heard about WIC from a friend. She moved to Eugene about two months ago, but hasn't seen a doctor since she arrived. She saw a doctor for her pregnancy one time when she was 12 weeks pregnant and lived in Corvallis. Janis can be enrolled on WIC based on the criteria for inadequate prenatal care. Although she saw a doctor during her first trimester, she has only seen a doctor one time in 22 weeks of pregnancy. She should be referred to OHP and a health care provider in Eugene.

Multiple Fetus Pregnancy

335



Category..... **All Women**

Risk Level..... **MEDIUM**



Risk Description

A pregnancy with more than one fetus (twins, triplets, etc.).

At risk if:	<p><i>2 or more fetus pregnancy (twins or more)</i></p> <p>WP: Current pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>Singleton pregnancy (1 fetus)</p> <p>– OR –</p> <p>WE, WB, WN: Multiple birth was NOT most recent pregnancy</p>

Reason for Risk

A woman with a multiple fetus pregnancy needs more food and nutrients to have a healthy pregnancy.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ **WP:** Based on “Twins or More” checkbox on the “Medical Data” screen.
- ◆ **WE, WB, WN:** Based on answer to the Health History question about multiple fetus pregnancy.



Additional Documentation

Document *number of fetuses* (twins, triplets, etc.) in the “Notes” or “Progress Notes.”



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Recommended weight gain for twin pregnancy is 35-45 pounds.
- ◆ Recommended weight gain for triplet pregnancy is 50 pounds.

Example

Star is pregnant with twins. She would qualify for WIC under Risk 335.

Fetal Growth Restriction

336



Category.....**Pregnant Women**

Risk Level.....**LOW**



Risk Description

A pregnant woman who has been diagnosed with fetal growth restriction by a health care provider.

At risk if:	<i>Health care provider diagnosed</i> fetal growth restriction
NOT at risk if:	Woman reports that she has fetal growth restriction, but it was NOT diagnosed by a health care provider

Reason for Risk

Fetal growth restriction (also called Intrauterine Growth Restriction – IUGR) is diagnosed when the fetus does not show normal growth during the pregnancy. While there are many causes, it is sometimes caused by poor nutrition and smoking.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

See *More Information about Medical Conditions* to learn more about fetal growth restriction.

Example

Joanne is 18 weeks pregnant and is at the WIC clinic today for an enrollment appointment. She brought with her a referral form from her doctor which states that she has been diagnosed with IUGR. Joanne would qualify for Risk 336. She tells you that the doctor has recommended that she stop smoking and eat better foods. You work together to set up goals for Joanne and refer her to smoking cessation resources.

History of a Birth of a Large for Gestational Age Infant

337



Category.....	All Women
Risk Level.....	LOW



Risk Description

History of a birth of an infant weighing 9 or more pounds.

At risk if:	<p>Infant born from previous pregnancy was ≥ 9 pounds</p> <p>WP: Any previous pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>All previous births were < 9 pounds – OR –</p> <p>WE, WB, WN: Infant ≥ 9 pounds was NOT from the most recent pregnancy</p>

Reason for Risk

A woman who had a large for gestational age infant in the past is more likely to have one during the next pregnancy and is at greater risk for diabetes.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

Verify the woman is receiving prenatal care.

Example

Sally is being enrolled today for her current pregnancy. During the health history, she states that when her son was born 2 years ago, he weighed 10 pounds. She can be enrolled under Risk 337.

Pregnant Woman Currently Breastfeeding

338



Category.....	Pregnant Women
Risk Level.....	LOW



Risk Description

A breastfeeding woman who is now pregnant.

At risk if:	<i>Pregnant woman is currently breastfeeding</i> an infant or child
NOT at risk if:	Pregnant woman is NOT breastfeeding or has recently weaned

Reason for Risk

A woman who is pregnant and breastfeeding has higher nutrition needs.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

Refer for breastfeeding counseling, if needed.

Example

Tian has an 11 month old infant, James. She has been on WIC since the beginning of her pregnancy with James. She has been exclusively breastfeeding James and comes regularly to the breastfeeding support group. Two months ago, Tian started a new job and James stays with his grandma for 6 hours during the day. Tian pumps her milk and provides bottles of breast milk for the grandma to feed to James. This month, during the breastfeeding support group, Tian asks a question about pregnancy and breastfeeding because she thinks she might be pregnant. Tian and the breastfeeding specialist talk about breastfeeding during pregnancy. After a pregnancy test at the prenatal clinic, Tian is recertified at WIC as a prenatal woman. She qualifies for Risk 338 because she plans to continue to breastfeed James until he is at least 1 year old.

History of a Birth with a Congenital Birth Defect

339



Category.....	All Women
Risk Level.....	LOW



Risk Description

History of a birth of an infant with a congenital birth defect related to inappropriate nutritional intake (such as inadequate zinc, inadequate folic acid or excess vitamin A). Includes:

- ◆ Spina bifida
- ◆ Anencephaly
- ◆ Other neural tube defects
- ◆ Cleft lip
- ◆ Cleft palate

At risk if:	<p>Infant born from previous pregnancy with one of the congenital birth defects above</p> <p>WP: Any previous pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
NOT at risk if:	<p>Infant born from previous pregnancy had problems that were not nutrition related</p> <p>– OR –</p> <p>WE, WB, WN: Infant was NOT from the most recent pregnancy</p>

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning risk.

Reason for Risk

A woman who had an infant with a nutrition related congenital birth defect in the past is more likely to have one during the next pregnancy.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ Taking folic acid supplements throughout childbearing years may prevent future birth defects.
- ◆ Folic acid supplementation is most effective when it is taken before conception and throughout pregnancy.
- ◆ See *More Information about Medical Conditions* to learn more about nutrition related congenital birth defects.

Example

Gladys is at WIC to be enrolled for a new pregnancy. Her first child, born 6 years ago, had spina bifida. Her doctor at the time recommended that she take folic acid supplementation daily to help prevent another neural tube defect if she had another baby. She has been taking folic acid supplementation for the past 6 years on a regular basis. She can be enrolled under Risk 339.

Pre-Diabetes

363

Category.....	Postpartum Women
Risk Level.....	HIGH



Risk Description

Pre-diabetes was diagnosed by a health care provider.

At risk if:	Pre-diabetes has been diagnosed by a health care provider in any past pregnancy.
NOT at risk if:	Pre-diabetes was NEVER diagnosed by a health care provider in any past pregnancy.

Reason for Risk

Pre-diabetes is defined as impaired fasting glucose or impaired glucose tolerance characterized by hyperglycemia that does not meet the diagnosis of diabetes mellitus. Pre-diabetes diagnosis indicates a high risk of development of diabetes and cardiovascular disease.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

No special requirements.



Education/Referrals

- ◆ This is a high risk level - **a referral to the WIC nutritionist is required.**

Example

Paige is at WIC today for her postpartum visit. She reports that her doctor told her she has pre-diabetes. Her fasting blood sugar levels are higher than normal but not high enough to be considered diabetic. Paige can be assigned risk 363 and referred for high risk counseling with the nutritionist.

Dietary Risks

401 – 428

Category.....	ALL
Risk Level.....	VARIOUS

Risk Description

Risks 401 – 428 are **dietary risks** and are not covered in this training module.

For more information about the **dietary risks** see:

- ◆ *Dietary Risk Module*
- ◆ Policy 675: Risk Criteria Codes and Descriptions

Risk 400s ■ Not included in this Manual

Preventive Maintenance

501

Category.....**I, C, WE, WB, WN**

Risk Level.....**LOW**



Risk Description

A participant who has previously been certified eligible for WIC, who has no other nutrition risk and may have a regression in nutrition status without WIC benefits

- ◆ Not every risk can lead to the possibility of regression
- ◆ Cannot be used two times in a row

NOTE

Cannot be used for pregnant women.

At risk if:	Participant could have a <i>regression in nutrition status</i> if they do not receive WIC benefits for the next certification period
NOT at risk if:	CPA determines that there is NOT the possibility of regression

Reason for Risk

Regression means that the participant may once again become at risk if they no longer participate on WIC. Risk 501 may be used to allow participants time to build their nutrient stores and prevent regression.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

Document the *reason for possible regression* in the “Notes” or “Progress Notes.”



Education/Referrals

Provide nutrition education to prevent the condition from returning.

Example

Tedd was certified last time with Risk 201 – Low Hemoglobin/Low Hematocrit. At his recertification, the CPA does not identify any risks. The CPA could decide to recertify Tedd using *Risk 501 – Preventative Maintenance* to help build Tedd’s nutrient stores and prevent him from becoming anemic again.

Transfer of Certification

502

Category.....	ALL
Risk Level.....	LOW



Risk Description

When a person is transferring into your WIC agency with a valid Verification of Certification (VOC) card, use Risk 502 when:

- ◆ The VOC card does not indicate their nutrition risk
– OR –
- ◆ The original agency certified the participant using a risk that Oregon does not use

At risk if:	<i>VOC card does not show nutrition risk</i> used for certification – OR – Participant was certified using a risk that Oregon does not use
NOT at risk if:	VOC card has a valid risk code in use in Oregon

Reason for Risk

All participants shall be transferred into your agency if they have a valid VOC card. See Policy 653 – *Transfers Into and Out of State* for more information.

How is Risk Assigned?

CPA or clerk selects this risk on the “Nutrition Risks” pop-up from the “Transfer Information” screen.



Additional Documentation

No special requirements.



Education/Referrals

Refer participant to local services as needed.

Example

Randy and his mom come to your clinic because they have just moved to your town from Arizona. The WIC office in Arizona gave to them VOC cards before they left. Using the information from the VOC cards, you transfer Randy and his mom into your WIC clinic. Their VOC cards do not have nutrition risk information listed on them, so they are transferred using Risk 502. You give Randy’s mom information on OHP and other services in your area.

Breastfeeding Mother of Infant at Nutritional Risk 601



Category.....	Breastfeeding Women only (WE, WB)
Risk Level.....	LOW



Risk Description

A breastfeeding woman whose breastfeeding infant has been determined to be at nutritional risk (except Risk 701 & 702).

At risk if:	The <i>infant has been certified on WIC</i> with a nutrition risk
NOT at risk if:	The infant was certified using only Risk 701 or 702

Reason for Risk

A breastfeeding mother needs to stay in good health to support the at-risk infant.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.

Additional Documentation

No special requirements because the infant's risk is documented in the infant's TWIST record.



Education/Referrals

Continuing to breastfeed provides the best nutrition for the baby.

Example

Suriya's baby is 2 weeks old. She is at WIC today for her recertification appointment. Her baby was just enrolled on WIC with *Risk 141 – Low Birth Weight*. Suriya is recertified using Risk 601.

NOTE

See Job Aid *Clarification for Using Risks 601, 701, and 702* for further explanation.

Breastfeeding Complications or Potential Complications (Woman)

602



Category.....	Breastfeeding Women only (WE, WB)
Risk Level.....	MEDIUM



Risk Description

A breastfeeding woman with any of the following problems or potential problems.

At risk if:	<p><i>Woman has any of the following breastfeeding complications or potential complications:</i></p> <ul style="list-style-type: none"> ▪ Severe breast engorgement ▪ Recurrent plugged ducts ▪ Mastitis (fever or flu-like symptoms with localized breast tenderness) ▪ Flat or inverted nipples ▪ Cracked, bleeding or severely sore nipples ▪ 40 years of age or older ▪ No mature milk by 4 days postpartum ▪ Tandem nursing (breastfeeding two siblings who are not twins)
NOT at risk if:	<p>Woman does NOT have breastfeeding complications – OR – Woman has breast fullness as her milk comes in that does NOT interfere with the baby’s milk intake and goes away after feeding</p>

Reason for Risk

Breastfeeding complications can have an impact on the milk intake of the infant.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

Document the *specific type of breastfeeding problem* in the “Notes” or “Progress Notes.”



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Refer the woman for breastfeeding counseling, if available.
- ◆ See the “Breastfeeding Module” for more information about breastfeeding risks.

Example

Sonia’s baby is 2 weeks old. She is at WIC today for her recertification appointment. She tells you that she has very sore nipples and that it is getting harder to nurse. Sonia is recertified with Risk 602. She is referred to the WIC nutritionist who also has advanced lactation training.

Breastfeeding Complications or Potential Complications (Infant)

603



Category.....	Infants only
Risk Level.....	MEDIUM



Risk Description

A breastfeeding infant with any of the following problems or potential problems.

At risk if:	<p><i>Infant has the following breastfeeding complications or potential complications:</i></p> <ul style="list-style-type: none"> ▪ Jaundice ▪ Weak or ineffective suck ▪ Difficulty latching onto mother's breast ▪ Inadequate stooling (for age as determined by a health care professional) ▪ Less than 6 wet diapers per day
NOT at risk if:	Infant does NOT have breastfeeding complications

Reason for Risk

Breastfeeding complications can have a serious impact on the infant's health.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

Document the *specific type of breastfeeding complication* in the “Notes” or “Progress Notes.”



Education/Referrals

- ◆ This is a MEDIUM risk level – a referral to a health professional or WIC nutritionist is recommended.
- ◆ Refer the infant’s mother to breastfeeding counseling, if available.
- ◆ See the *Breastfeeding Module* for more information about breastfeeding risks.

Example

Wesley is 2 ½ weeks old. He is at WIC today for his enrollment appointment. Wesley’s mom tells you that she is having trouble getting Wesley to latch on to the breast. She came in last week to see the breastfeeding counselor, but she still is not sure that she is doing it right. Wesley has 6 wet diapers per day. Wesley would qualify for Risk 603 because he is having difficulty latching on. Wesley’s mom is referred back to the breastfeeding counselor.

Infant Born to WIC Mom or WIC-Eligible Mom

701



Category.....	Infants (under 6 months)
Risk Level.....	LOW



Risk Description

An infant under 6 months old who was born to a mother on WIC during pregnancy or born to a mother who would have been eligible for WIC during pregnancy because of an anthropometric, biochemical or clinical/medical risk.

At risk if:	Infant is <i>< 6 months old</i> – AND – The infant’s mother was on WIC during pregnancy – OR – The infant’s mother was not on WIC, but had an anthropometric (100s), biochemical (200s), or clinical/medical (300s) nutrition risk that would have qualified her for WIC
NOT at risk if:	Infant is ≥ 6 months old – OR – Infant’s mother did not have a nutrition risk during pregnancy

Reason for Risk

WIC can help prevent health risks associated with babies born to women at risk.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.
- ◆ Based on information from the mother’s TWIST record and information from the mother about health risks during pregnancy.
- ◆ For women not on WIC during pregnancy, asking questions from the Health History questionnaire can be helpful in determining if they would have been WIC-eligible.



Additional Documentation

If the mom was not on WIC during her pregnancy, document the risk that would have qualified her for WIC, in the “Notes” or “Progress Notes.” Otherwise, no additional documentation is necessary.



Education/Referrals

Provide referrals as needed.

Example

Chinh is a 3-week-old infant who is at WIC for enrollment. His mother was not on WIC during pregnancy. Because his mother is 17 years old, she would have had a nutrition risk to qualify for WIC. Chinh can be enrolled with Risk 701.

NOTE

See Job Aid *Clarification for Using Risks 601, 701, and 702* for further explanation.

Breastfeeding Infant of Woman at Nutritional Risk

702

Category..... **Infants only**Risk Level..... **LOW**

Risk Description

A breastfeeding infant whose mother has been determined to be at nutritional risk (except Risk 601).

At risk if:	The <i>mother of the breastfeeding infant has been certified on WIC</i> with a nutrition risk
NOT at risk if:	The mother of the breastfeeding infant was certified using Risk 601

Reason for Risk

A breastfeeding infant may be at risk as the mother's milk supply may be affected by nutrition risk.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.

Additional Documentation

No special requirements because the mother's risk is documented in the mother's TWIST record.



Education/Referrals

If needed, refer the mother to breastfeeding counseling.

Example

Willow was born 10 days ago. Her mother was just recertified as a breastfeeding woman because she had closely spaced pregnancies. Willow is enrolled using Risk 702.

NOTE

See Job Aid *Clarification for Using Risks 601, 701, and 702* for further explanation.

Infant of Woman with Alcohol or Drug Use or Mental Retardation

703



Category..... **Infants only**
Risk Level..... **HIGH**



Risk Description

An infant born to a woman with mental retardation, or alcohol or drug use during the most recent pregnancy.

At risk if:	Infant's mother is <i>diagnosed with mental retardation</i> by a health care provider or psychologist – OR – Infant's mother <i>used alcohol or illegal/illicit drugs</i> during this pregnancy (self-reported or documented by health care provider)
NOT at risk if:	WIC suspects the mother is mentally retarded, but there is no proof – OR – WIC suspects the woman used alcohol or drugs during pregnancy, but woman has not self-reported or it has not been documented.

NOTE

Infant may also qualify for Risk 902.

Reason for Risk

Mothers with mental retardation or who are using alcohol or drugs are more likely to neglect the infant and may not recognize the infant's feeding cues.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.
- ◆ Based on information from the mother's TWIST record and/or information from the mother about alcohol or illegal/illicit drug use during pregnancy.



Additional Documentation

Document *the specific type of problem* in the “Progress Notes.”



Education/Referrals

This is a HIGH risk level – a **referral to the WIC nutritionist is required.**

Example

Martzie's baby was born last week. Martzie was on WIC during her pregnancy and she has Down Syndrome. She usually comes to her WIC appointments with her mom because her mom helps care for her. Martzie's baby would qualify for Risk 703.

Homelessness

801

Category.....	ALL
Risk Level.....	LOW



Risk Description

A participant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- ◆ A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence)
- ◆ An institution that provides a temporary residence for individuals intended to be institutionalized
- ◆ A temporary accommodation of not more than 365 days in the residence of another individual
- ◆ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

At risk if:	Participant <i>lacks a fixed and regular nighttime residence</i> as defined above
NOT at risk if:	Participant has their own, regular nighttime residence

Reason for Risk

Participants who are homeless may lack food storage and preparation facilities which puts them at nutrition risk.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on “yes” answer to the homeless question on the “WIC Intake” screen.



Additional Documentation

No special requirements.



Education/Referrals

Participants who are homeless may need a food package with foods that don't require refrigeration or one which allows the purchase of foods in small quantities.

Example

Keita is a pregnant woman at WIC for her enrollment appointment. During WIC intake, she tells you that she is staying with some friends, sleeping on their couch. She is hoping to move into her own apartment soon. Keita would qualify for Risk 801, and is referred to an agency to assist her in finding housing.

Migrancy

802

Category.....	ALL
Risk Level.....	LOW



Risk Description

A participant who is a member of a family which contains at least one person whose works primarily in seasonal agriculture. The family member must have worked in seasonal agriculture within the last 24 months and must establish temporary housing during the work season.

At risk if:	Participant <i>has a family member who works in seasonal agriculture</i> as defined above
NOT at risk if:	Participant has a family member who works in agriculture year-round in one location and has a permanent, full-time home

Reason for Risk

Families who are migrant workers may lack food storage and preparation facilities which puts them at nutritional risk.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on “yes” answer to the migrant question on the “WIC Intake” screen.

Additional Documentation

No special requirements.

Education/Referrals

Participants who are migrant workers may need a food package with foods that don't require refrigeration or one which allows the purchase of foods in small quantities.

Example

Joel is a 2-year-old boy at WIC for his recertification appointment. During the WIC intake, his mom tells the CPA that his dad works all over the state, depending on where the next crop needs to be harvested. They will be in your town for the next 6 weeks, and then they will be moving to a nearby county for work. Joel is recertified using Risk 802. The CPA provides the mother with information on how to transfer her WIC to the new location when she moves.

Recipient of Abuse

901

Category.....	ALL
Risk Level.....	LOW



Risk Description

All Women: A woman who has experienced battering within the past 6 months. Battering is defined as “a violent assault on a woman.”

Infants and Children: An infant or child who has experienced child abuse or neglect within the past 6 months. Child abuse or neglect is defined as “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.”

At risk if:	<p><i>Participant experienced abuse within the past 6 months</i> as defined above</p> <p>Abuse may be:</p> <ul style="list-style-type: none"> ▪ Self-reported by the participant or parent/guardian – OR – ▪ Documented by a social worker, health care professional or in other appropriate documents – OR – ▪ Reported from consultation with a social worker, health care professional or other appropriate personnel
NOT at risk if:	WIC suspects abuse, but does not have proof

Reason for Risk

Participants who have experienced abuse have a greater risk of health and nutrition problems.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the answer to the Health History question about abuse.



Additional Documentation

No special requirements.



Education/Referrals

See the *Violence Prevention Resource Manual (OHD 1996)* for more information.

Example

Kalina was referred to WIC from the local domestic violence shelter. She is pregnant and just left her husband who was abusing her. She is enrolled on WIC with Risk 901.

Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food 902★

★ See next page for Risk 902 – Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food

Category.....	I, C
Risk Level.....	HIGH



Risk Description

An infant or child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:

- ◆ ≤ 17 years of age
- ◆ Mentally disabled or delayed
- ◆ Has a mental illness such as clinical depression (diagnosed by a physician or psychologist)
- ◆ Has a physical disability which restricts or limits food preparation abilities
- ◆ Currently using or having a history of using alcohol or other drugs

At risk if:	CPA assesses that the primary caregiver is <i>unable to make appropriate feeding decisions or is unable to prepare food</i>
NOT at risk if:	CPA determines that the caregiver has one of the examples listed above, but is still able to provide food for her infant/child

Infants may also qualify for Risk 703.

Reason for Risk

An infant or child in this situation may become malnourished without appropriate support for the mother.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

Document the *specific type of problem* in the “Progress Notes.”



Education/Referrals

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ Referrals to other programs may be needed to ensure the health and safety of the infant/child.

Example

Hillary and her boyfriend are at WIC to enroll their baby. Hillary is 15 years old and her boyfriend is 16 years old. They live on their own. During the certification appointment, you find out that they have been mixing the baby’s formula incorrectly. They also are not sure about when to feed the baby, and you observe in clinic that the baby is showing feeding cues and Hillary and her boyfriend are not responding to the cues to feed the baby. Hillary’s baby would qualify for Risk 902. After providing specific instructions about mixing the formula and feeding cues, you arrange for community health nurse follow-up.

Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food

902★

★ See previous page for Risk 902 – Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food



Category.....	ALL WOMEN
Risk Level.....	HIGH



Risk Description

A woman who is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:

- ◆ ≤ 17 years of age
- ◆ Mentally disabled or delayed
- ◆ Has a mental illness such as clinical depressions (diagnosed by a health care provider or psychologist)
- ◆ Has a physical disability which restricts or limits food preparation abilities
- ◆ Currently using or having a history of using alcohol or other drugs

At risk if:	CPA assesses that the woman is <i>unable to make appropriate feeding decisions or is unable to prepare food</i>
NOT at risk if:	CPA determines that the woman has one of the examples listed above, but is able to prepare food

Reason for Risk

A woman in this situation may become malnourished without appropriate support.

How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



Additional Documentation

Document the *specific problem* in the “Progress Notes.”



Education/Referrals

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ A woman with this risk may need follow-up from other community services.

Example

Lynsey is pregnant and at WIC to be enrolled. During the certification appointment she confides in you that she has been really depressed lately and isn't eating very much. She doesn't go grocery shopping and doesn't cook food, just snacks occasionally on what she can find in the cupboard. She tells you that her doctor has referred her to a psychologist for her depression. Lynsey would qualify for Risk 902.

Foster Care

903

Category.....**ALL**

Risk Level.....**LOW**



Risk Description

- ◆ A participant who has entered the foster care system during the previous 6 months
- ◆ A participant who has moved from one foster care home to another foster care home during the previous 6 months
- ◆ Cannot be used 2 times in a row if the participant remains in the same foster care home
- ◆ Can be used as the only risk code if a thorough assessment finds no other risks

At risk if:	Participant has <i>entered foster care</i> in the past 6 months – OR – Participant has <i>moved foster care homes</i> in the past 6 months
NOT at risk if:	This risk was used last certification and at the recertification the participant is in the same foster home

Reason for Risk

Participants in the foster care system are at greater risk of health and nutrition risk due to the transient nature of their health care.

Sources of Assessment Information

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.
- ◆ Based on information from “WIC Intake” during income screening.



Additional Documentation

No special requirements.



Education/Referrals

Refer to community resources as needed.

Example

Nathan is a baby who was placed in foster care last week. His foster mother is at WIC today to enroll him. Nathan has medical risks that qualify him for WIC, and he will also be enrolled with Risk 903.

Environmental Tobacco Smoke Exposure (ETS) 904

Category.....	ALL
Risk Level.....	LOW



Risk Description

Environmental tobacco smoke (ETS) is defined as exposure to smoke from tobacco products inside their home.

At risk if:	<p><i>Participant is exposed to the smoke given off by tobacco products inside their home. Products include:</i></p> <ul style="list-style-type: none"> ▪ Cigarettes ▪ Pipes ▪ Cigars
NOT at risk if:	<p>Participant is not exposed to environmental tobacco smoke inside their home.</p> <p style="text-align: center;">– OR –</p> <p>Participant is exposed to environmental tobacco smoke inside a car or another person’s home, such as:</p> <ul style="list-style-type: none"> ▪ Babysitter ▪ Grandparent

NOTE

ETS is also known as passive, secondhand or involuntary smoke.

Reason for Risk

Environmental tobacco smoke (ETS) is a known human carcinogen. Women who are exposed to ETS are at risk for lung cancer and cardiovascular diseases. Prenatal or postnatal ETS exposure is related to numerous adverse health outcomes among infants and children. Studies suggest that the health effects of ETS exposure at a young age could last into adulthood. There is strong evidence that ETS exposure to the fetus and/or infant results in permanent lung damage.

How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the answer to the Health History question about smoking.



Additional Documentation

No special requirements.



Education/Referrals

Refer to community resources as needed.

Example

Georgette is a breastfeeding mother at WIC today for her recertification appointment. She reports that her brother is now living with her and that he is smoking inside the house. Georgette would qualify for WIC with Risk 904.



Extras

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Job Aid**Common WIC Abbreviations**

>	More than
≥	More than or equal to
<	Less than
≤	Less than or equal to
2x	Two times
ADD	Actual Date of Delivery
Appt	Appointment
BMI	Body Mass Index
C	Child
Cm	Centimeter
DOB	Date of Birth
Dx	Diagnosis
EDD	Expected Date of Delivery
FAS	Fetal Alcohol Syndrome
FI	Food Instrument (Voucher)
FTT	Failure to Thrive
Hct	Hematocrit
Hgb	Hemoglobin
Ht	Height
Hx	History

IB	Infant, partially breastfeeding, receiving some formula
IE	Infant, exclusively breastfeeding, not receiving formula
IN	Infant, formula feeding
Kg	Kilogram
LBW	Low Birth Weight
LGA	Large for Gestational Age
NE	Nutrition Education
Nutr	Nutrition
Pt	Patient
Ppt	Participant
SGA	Small for Gestational Age
RD	Registered Dietitian
Rx	Prescription
Tx	Treatment
w/	with
WB	Woman, partially breastfeeding, using some formula from WIC
WE	Woman, exclusively breastfeeding
WN	Woman, not breastfeeding, postpartum
w/o	without
WP	Woman, pregnant
Wt	Weight

This is a list of all risk numbers and their names.

100s

- 101 *Underweight (Women)*
- 103 *Underweight (Infants and Children)*
- 111 *Overweight (Women)*
- 113 *Overweight (2 – 5 years old)*
- 114 *At Risk for Overweight*
- 115 *High Weight for Length*
- 121 *Short Stature*
- 131 *Low Maternal Weight Gain*
- 132 *Maternal Weight Loss during Pregnancy*
- 133 *High Maternal Weight Gain*
- 134 *Failure to Thrive (FTT)*
- 135 *Slow Weight Gain*
- 141 *Low Birth Weight (LBW)*
- 142 *Prematurity*
- 151 *Small for Gestational Age (SGA)*
- 153 *Large for Gestational Age (LGA)*

200s

- 201 *Low Hematocrit / Low Hemoglobin*
- 211 *Elevated Blood Lead Levels*

300s

- 301 *Hyperemesis Gravidarum*
- 302 *Gestational Diabetes*
- 303 *History of Gestational Diabetes*
- 304 *History of Preeclampsia*
- 311 *History of Preterm Delivery*
- 312 *History of Low Birth Weight (LBW)*
- 321 *History of Fetal or Neonatal Loss*
- 331 *Pregnancy at a Young Age*

300s continued

- 332 *Closely Spaced Pregnancy*
- 333 *High Parity and Young Age*
- 334 *Lack of or Inadequate Prenatal Care*
- 335 *Multiple Fetus Pregnancy*
- 336 *Fetal Growth Restriction*
- 337 *History of a Birth of a Large for Gestational Age Infant*
- 338 *Pregnant Woman Currently Breastfeeding*
- 339 *History of a Birth with a Congenital Birth Defect*
- 341 *Nutrient Deficiency Diseases*
- 342 *Gastro-Intestinal Disorders*
- 343 *Diabetes Mellitus*
- 344 *Thyroid Disorders*
- 345 *Hypertension and Prehypertension*
- 346 *Renal Disease*
- 347 *Cancer*
- 348 *Central Nervous System Disorders*
- 349 *Genetic and Congenital Disorders*
- 351 *Inborn Errors of Metabolism*
- 352 *Infectious Diseases*
- 353 *Food Allergies*
- 354 *Celiac Disease*
- 355 *Lactose Intolerance*
- 356 *Hypoglycemia*
- 357 *Drug Nutrient Interactions*
- 358 *Eating Disorders*
- 359 *Recent Major Surgery, Trauma or Burns*
- 360 *Other Medical Conditions*
- 361 *Depression*
- 362 *Developmental, Sensory or Motor Delays Interfering with Eating*
- 363 *Pre-Diabetes*
- 371 *Maternal Smoking*
- 372 *Alcohol or Illegal and/or Illicit Drug Use*
- 381 *Oral Health Conditions*
- 382 *Fetal Alcohol Syndrome (FAS)*

400s - See Dietary Risk Module**500s**

501 *Preventive Maintenance*

502 *Transfer of Certification*

600s

601 *Breastfeeding Mother of Infant at Nutritional Risk*

602 *Breastfeeding Complications or Potential Complications (Woman)*

603 *Breastfeeding Complications or Potential Complications (Infant)*

700s

701 *Infant Born to WIC Mom or WIC-Eligible Mom*

702 *Breastfeeding Infant of Woman at Nutritional Risk*

703 *Infant of Woman with Alcohol or Drug Use or Mental Retardation*

800s

801 *Homelessness*

802 *Migrancy*

900s

901 *Recipient of Abuse*

902 *Woman or Primary Caregiver with Limited Ability to Make Feeding
Decisions and/or Prepare Food*

903 *Foster Care*

904 *Environmental Tobacco Smoke Exposure (ETS)*

Job Aid**Risk List for Women****100s – Anthropometric Risks**

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
101	Underweight	All Women	M	No	TWIST-selected
111	Overweight	All Women	M	No	TWIST-selected
131	Low Maternal Weight Gain	Pregnant Women only	H or M	No	TWIST-selected
132	Maternal Weight Loss during Pregnancy	Pregnant Women only	M	No	TWIST-selected
133	High Maternal Weight Gain	All Women	M	No	TWIST-selected

200s – Biochemical Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
201	Low Hemoglobin Low Hematocrit	ALL	H or M	If needed, change risk level to HIGH	TWIST-selected
211	Elevated Blood Lead Levels	ALL	H	No	TWIST-selected

300s – Clinical/Medical Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
301	Hyperemesis Gravidarum	Pregnant Women only	H	No	CPA-selected
302	Gestational Diabetes	Pregnant Women only	H	No	CPA-selected
303	History of Gestational Diabetes	All Women	L	No	CPA-selected

300s – Clinical/Medical Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
304	History of Preeclampsia	All women	L	No	CPA-selected
311	History of Preterm Delivery	All Women	L	No	CPA-selected
312	History of Low Birth Weight	All Women	L	No	CPA-selected
321	History of Fetal or Neonatal Loss	All Women	L	No	CPA-selected
331	Pregnancy at a Young Age	All Women	H or M	If needed, change risk level to HIGH.	TWIST-selected
332	Closely Spaced Pregnancy	All Women	L	No	CPA-selected
333	High Parity and Young Age	All Women	L	Document age at conception in Notes or Progress Notes.*	CPA-selected
334	Lack of or Inadequate Prenatal Care	Pregnant Women only	L	If based on assessment of ongoing prenatal visits, document the number of visits and weeks gestation in Notes or Progress Notes.*	both
335	Multiple Fetus Pregnancy	All Women	M	Document number of fetuses in Notes or Progress Notes.*	TWIST-selected
336	Fetal Growth Restriction	Pregnant Women only	L	No	CPA-selected
337	History of a Birth of a Large for Gestational Age Infant	All Women	L	No	CPA-selected
338	Pregnant Woman Currently Breastfeeding	Pregnant Women only	L	No	CPA-selected
339	History of a Birth with a Congenital Birth Defect	All Women	L	No	CPA-selected

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
341	Nutrient Deficiency Diseases	ALL	H	Document specific condition in Progress Notes.	CPA-selected
342	Gastro-Intestinal Disorders	ALL	H	Document specific condition in Progress Notes.	CPA-selected
343	Diabetes Mellitus	ALL	H	No	CPA-selected
344	Thyroid Disorders	All	M	Document specific condition in Progress Notes.	CPA-selected
345	Hypertension and Prehypertension	ALL	H	No	CPA-selected
346	Renal Disease	ALL	H	Document specific condition in Progress Notes.	CPA-selected
347	Cancer	ALL	H	Document specific condition in Progress Notes.	CPA-selected
348	Central Nervous System Disorders	ALL	H	Document specific condition in Progress Notes.	CPA-selected
349	Genetic and Congenital Disorders	ALL	H	Document specific condition in Progress Notes.	CPA-selected
351	Inborn Errors of Metabolism	ALL	H	Document specific condition in Progress Notes.	CPA-selected
352	Infectious Diseases	ALL	H	Document specific condition in Progress Notes.	CPA-selected
353	Food Allergies	ALL	M	Document specific allergy in Notes or Progress Notes.*	CPA-selected
354	Celiac Disease	ALL	H	No	CPA-selected

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
355	Lactose Intolerance	ALL	L	Document the symptoms when ingesting dairy products and that avoidance of dairy eliminates symptoms in Notes or Progress Notes.*	CPA-selected
356	Hypoglycemia	ALL	L	No	CPA-selected
357	Drug Nutrient Interactions	ALL	H	Document specific drug and symptom in Progress Notes.	CPA-selected
358	Eating Disorders	All Women	H	Document specific condition in Progress Notes.	CPA-selected
359	Recent Major Surgery, Trauma or Burns	ALL	L	Document specific type of surgery, trauma or burns in the Notes or Progress Notes*, except for Cesarean Section when documented in the health history questionnaire.	CPA-selected
360	Other Medical Conditions	ALL	H	Document specific type of medical condition in the Progress Notes.	CPA-selected
361	Depression	All Women		Document type of depression in Progress Notes	CPA-selected
362	Developmental, Sensory or Motor Delays Interfering with Eating	ALL	H	Document specific type of delay in the Progress Notes.	CPA-selected
363	Pre-Diabetes	Post-partum Women	H	No	CPA-selected
371	Maternal Smoking	All Women	L	No	TWIST-selected

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
372	Alcohol or Illegal and/or Illicit Drug Use	All Women	M	Document specific type of alcohol or drug use in Notes or Progress Notes.*	CPA-selected
381	Oral Health Conditions	ALL	L	Document specific type of dental problems in Notes or Progress Notes.*	CPA-selected

400s – See Dietary Risk Module

500s, 600s, 700s, 800s, 900s – Other Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
501	Preventive Maintenance	WE, WB, WN only	L	Document the reason for possible regression in the Notes or Progress Notes.*	CPA-selected
502	Transfer of Certification	ALL	L	No	CPA-selected
601	Breastfeeding Mother of Infant at Nutritional Risk	Breastfeeding women only	L	No	CPA-selected
602	Breastfeeding Complications or Potential Complications	Breastfeeding women only	M	Document specific type of breastfeeding problem in Notes or Progress Notes.*	CPA-selected
801	Homelessness	ALL	L	No	TWIST-selected
802	Migrancy	ALL	L	No	TWIST-selected
901	Recipient of Abuse	ALL	L	No	TWIST-selected

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	ALL	H	Document specific type of problem in the Progress Notes.	CPA-selected
903	Foster Care	ALL	L	No	CPA-selected
904	Environmental Tobacco Smoke Exposure (ETS)	ALL	L	No	TWIST-selected

*Follow your Local Agency Policy on whether to enter additional documentation for low- and medium-risk levels in the Notes or Progress Notes. See the *Documentation* lesson in the *Nutrition Risk Module* for more information.

Job Aid Risk List for Infants and Children

100s – Anthropometric Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
103	Underweight	I, C	H	No	TWIST-selected
113	Overweight	C (2 – 5 years)	H or M	If needed, change risk level to HIGH.	TWIST-selected
114	At Risk for Overweight	C (2 – 5 years)	M	No	TWIST-selected
115	High Weight for Length	I, C (up to 24 mo.)	M	No	TWIST-selected
121	Short Stature (Monitor Growth)	I, C	L	No	TWIST-selected
134	Failure to Thrive	I, C	H	No	CPA-selected
135	Slow Weight Gain	I, C	M	No	TWIST-selected
141	Low Birth Weight (LBW)	I, C (up to 24 mo.)	H or M	If needed, change risk level to HIGH.	TWIST-selected
142	Prematurity	I, C (up to 24 mo.)	M	If premature and under 24 months, document the weeks gestation.	TWIST-selected
151	Small for Gestational Age (SGA)	I, C (up to 24 mo.)	L	No	CPA-selected
153	Large for Gestational Age	Infants only	L	No	TWIST-selected

200s – Biochemical Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
201	Low Hemoglobin Low Hematocrit	ALL	H or M	If needed, change risk level to HIGH.	TWIST-selected
211	Elevated Blood Lead Levels	ALL	H	No	TWIST-selected

300s – Clinical/Medical Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
341	Nutrient Deficiency Diseases	ALL	H	Document specific condition in Progress Notes.	CPA-selected
342	Gastro-Intestinal Disorders	ALL	H	Document specific condition in Progress Notes.	CPA-selected
343	Diabetes Mellitus	ALL	H	No	CPA-selected
344	Thyroid Disorders	All	M	Document specific condition in Progress Notes.	CPA-selected
345	Hypertension and Pre-hypertension	ALL	H	No	CPA-selected
346	Renal Disease	ALL	H	Document specific condition in Progress Notes.	CPA-selected
347	Cancer	ALL	H	Document specific condition in Progress Notes.	CPA-selected
348	Central Nervous System Disorders	ALL	H	Document specific condition in Progress Notes.	CPA-selected
349	Genetic and Congenital Disorders	ALL	H	Document specific condition in Progress Notes.	CPA-selected
351	Inborn Errors of Metabolism	ALL	H	Document specific condition in Progress Notes.	CPA-selected
352	Infectious Diseases	ALL	H	Document specific condition in Progress Notes.	CPA-selected
353	Food Allergies	ALL	M	Document specific allergy in Notes or Progress Notes.*	CPA-selected
354	Celiac Disease	ALL	H	No	CPA-selected

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
355	Lactose Intolerance	ALL	L	Document the symptoms when ingesting dairy products and that avoidance of dairy eliminates symptoms in Notes or Progress Notes.*	CPA-selected
356	Hypoglycemia	ALL	L	No	CPA-selected
357	Drug Nutrient Interactions	ALL	H	Document specific drug and symptom in Progress Notes.	CPA-selected
359	Recent Major Surgery, Trauma or Burns	ALL	L	Document specific type of surgery, trauma or burns in the Notes or Progress Notes.*	CPA-selected
360	Other Medical Conditions	ALL	H	Document specific type of medical condition in the Progress Notes.	CPA-selected
362	Developmental, Sensory or Motor Delays Interfering with Eating	ALL	H	Document specific type of delay in the Progress Notes.	CPA-selected
381	Oral Health Conditions	ALL	L	Document specific type of dental problems in Notes or Progress Notes.*	CPA-selected
382	Fetal Alcohol Syndrome	I, C	H	No	CPA-selected

400s – See Dietary Risk Module

500s, 600s, 700s, 800s, 900s – Other Risks

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
501	Preventive Maintenance	I, C	L	Document the reason for possible regression in the Notes or Progress Notes.*	CPA-selected
502	Transfer of Certification	ALL	L	No	CPA-selected
603	Breastfeeding Complications or Potential Complications	Infants only	M	Document specific type of breastfeeding problem in Notes or Progress Notes.*	CPA-selected
701	Infant Born to WIC Mom or WIC-Eligible Mom	Infants only < 6 months	L	If mother not on WIC during pregnancy, document which risk would have qualified her for WIC.	CPA-selected
702	Breastfeeding Infant of Woman at Nutritional Risk	Infants only	L	No	CPA-selected
703	Infant of Woman with Alcohol or Drug Use or Mental Retardation	Infants only	H	Document specific type of problem in the Progress Notes.	CPA-selected
801	Homelessness	ALL	L	No	TWIST-selected
802	Migrancy	ALL	L	No	TWIST-selected

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned?
901	Recipient of Abuse	ALL	L	No	TWIST-selected
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	ALL	H	Document specific type of problem in the Progress Notes.	CPA-selected
903	Foster Care	ALL	L	No	CPA-selected
904	Environmental Tobacco Smoke Exposure (ETS)	ALL	L	No	TWIST-selected

*Follow your Local Agency Policy on whether to enter additional documentation for low- and medium-risk levels in the Notes or Progress Notes. See the *Documentation* lesson in the *Nutrition Risk Module* for more information.

Job Aid**Disease Names and Risk Codes**

Use this Job Aid to find the Risk Code for a specific disease.

NOTE

Some of these diseases may not automatically qualify for the risk.

See the Risk Info Sheet for complete information.

For this condition:	See this Risk Info Sheet:
AIDS	<i>Risk 352 – Infectious Diseases</i>
Anencephaly	<i>Risk 348 – Central Nervous System Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Autism	<i>Risk 362 – Developmental, Sensory or Motor Delays Interfering with Eating</i>
Anemia	<i>Risk 201 – Low Hematocrit/Low Hemoglobin</i>
Anorexia Nervosa	<i>Risk 358 – Eating Disorders</i>
Arthritis	<i>Risk 360 – Other Medical Conditions</i>
Asthma	<i>Risk 360 – Other Medical Conditions</i>
Baby Bottle Tooth Decay	<i>Risk 381 – Oral Health Conditions</i>
Bowel Resection	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Brain Damage	<i>Risk 362 – Developmental, Sensory or Motor Delays Interfering with Eating</i>
Branched Chain Ketoaciduria	<i>Risk 351 – Inborn Errors of Metabolism</i>
Bronchial Asthma	<i>Risk 360 – Other Medical Conditions</i>
Bronchiolitis	<i>Risk 352 – Infectious Diseases</i>
Bulimia	<i>Risk 358 – Eating Disorders</i>
C-section	<i>Risk 359 – Recent Major Surgery, Trauma or Burns</i>
Cancer	<i>Risk 347 – Cancer</i>
Cardiorespiratory Diseases	<i>Risk 360 – Other Medical Conditions</i>

NOTE

Some of these diseases may not automatically qualify for the risk.

See the Risk Info Sheet for complete information.

For this condition:	See this Risk Info Sheet:
Celiac Disease	<i>Risk 354 – Celiac Disease</i>
Celiac Sprue	<i>Risk 354 – Celiac Disease</i>
Cerebral Palsy	<i>Risk 348 – Central Nervous System Disorders</i>
Cesarean	<i>Risk 359 – Recent Major Surgery, Trauma or Burns</i>
Cholecystitis	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Cholelithiasis	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Cleft Lip or Palate	<i>Risk 349 – Genetic and Congenital Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Crohn's Disease	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Cystic Fibrosis	<i>Risk 360 – Other Medical Conditions</i>
Depression	<i>Risk 361 – Depression</i>
Developmental Disorders	<i>Risk 362 – Developmental, Sensory or Motor Delays Interfering with Eating</i>
Diabetes Mellitus (Type 1 or Type 2)	<i>Risk 343 – Diabetes Mellitus</i>
Down Syndrome	<i>Risk 349 – Genetic and Congenital Disorders</i>
Epilepsy	<i>Risk 348 – Central Nervous System Disorders</i>
Failure to Thrive	<i>Risk 134 – Failure to Thrive (FTT)</i>
Fetal Alcohol Syndrome	<i>Risk 382 – Fetal Alcohol Syndrome (FAS)</i>
Fetal Growth Restriction	<i>Risk 336 – Fetal Growth Restriction</i>
Food Allergy	<i>Risk 353 – Food Allergies</i>
Galactosemia	<i>Risk 351 – Inborn Errors of Metabolism</i>
Gallbladder Disease	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Gestational Diabetes	<i>Risk 302 – Gestational Diabetes or Risk 303 – History of Gestational Diabetes</i>
Gingivitis of Pregnancy	<i>Risk 381 – Oral Health Conditions</i>

NOTE

Some of these diseases may not automatically qualify for the risk.

See the Risk Info Sheet for complete information.

For this condition:	See this Risk Info Sheet:
Gluten Enteropathy	<i>Risk 354 – Celiac Disease</i>
Gluten Sensitivity	<i>Risk 354 – Celiac Disease</i>
Heart Disease	<i>Risk 360 – Other Medical Conditions</i>
Hepatitis	<i>Risk 352 – Infectious Diseases</i>
High Blood Pressure	<i>Risk 345 – Hypertension</i>
HIV	<i>Risk 352 – Infectious Diseases</i>
Hyperemesis Gravidarum	<i>Risk 301 – Hyperemesis Gravidarum</i>
Hypertension	<i>Risk 345 – Hypertension and Prehypertension</i>
Hyperthyroidism	<i>Risk 344 – Thyroid Disorders</i>
Hypoglycemia	<i>Risk 356 – Hypoglycemia</i>
Hypothyroidism	<i>Risk 344 – Thyroid Disorders</i>
Inflammatory Bowel Disease	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Intrauterine Growth Restriction	<i>Risk 336 – Fetal Growth Restriction</i>
IUGR	<i>Risk 336 – Fetal Growth Restriction</i>
Juvenile Rheumatoid Arthritis (JRA)	<i>Risk 360 – Other Medical Conditions</i>
Kidney Disease	<i>Risk 346 – Renal Disease</i>
Lactose Intolerance	<i>Risk 355 – Lactose Intolerance</i>
Elevated Blood Lead Levels	<i>Risk 211 – Elevated Blood Lead Levels</i>
Liver Disease	<i>Risk 342 – Gastro-Intestinal Disorders or Risk 352 – Infectious Disease (Hepatitis)</i>
Lupus Erythematosus	<i>Risk 360 – Other Medical Conditions</i>
Malabsorption Syndrome	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Malnutrition	<i>Risk 341 – Nutrient Deficiency Diseases</i>

NOTE

Some of these diseases may not automatically qualify for the risk.

See the Risk Info Sheet for complete information.

For this condition:	See this Risk Info Sheet:
Maple Sugar Urine Disease (MSUD)	<i>Risk 351 – Inborn Errors of Metabolism</i>
Metabolic Diseases	<i>Risk 351 – Inborn Errors of Metabolism</i>
Meningitis	<i>Risk 352 – Infectious Diseases</i>
Meningocele	<i>Risk 348 – Central Nervous System Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Mentally Delayed	<i>Risk 902 – Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</i>
Multiple Sclerosis	<i>Risk 348 – Central Nervous System Disorders</i>
Myelomeningocele	<i>Risk 348 – Central Nervous System Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Necrotizing Enterocolitis (NEC)	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Neural Tube Defects (NTD)	<i>Risk 348 – Central Nervous System Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Non-tropical sprue	<i>Risk 354 – Celiac Disease</i>
Occulta	<i>Risk 348 – Central Nervous System Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Parasites	<i>Risk 352 – Infectious Diseases</i>
Pancreatitis	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Parkinson’s Disease	<i>Risk 348 – Central Nervous System Disorders</i>
Periodontal Disease	<i>Risk 381 – Oral Health Problems</i>
Persistent Proteinuria	<i>Risk 346 – Renal Disease</i>
Phenylketonuria (PKU)	<i>Risk 351 – Inborn Errors of Metabolism</i>
PIH	<i>Risk 345 – Hypertension</i>

NOTE

Some of these diseases may not automatically qualify for the risk.

See the Risk Info Sheet for complete information.

For this condition:	See this Risk Info Sheet:
Pinworm	<i>Risk 352 – Infectious Diseases</i>
PKU	<i>Risk 351 – Inborn Errors of Metabolism</i>
Pneumonia	<i>Risk 352 – Infectious Diseases</i>
Polycystic Kidney Disease	<i>Risk 346 – Renal Disease</i>
Pre-Diabetes	<i>Risk 363 – Pre-Diabetes</i>
Pregnancy Induced Hypertension	<i>Risk 345 – Hypertension</i>
Pre-eclampsia	<i>Risk 304 – History of Pre-eclampsia</i>
Protein Energy Malnutrition	<i>Risk 341 – Nutrient Deficiency Diseases</i>
Proteinuria	<i>Risk 346 – Renal Disease</i>
Pyelonephritis	<i>Risk 346 – Renal Disease</i>
Renal Disease	<i>Risk 346 – Renal Disease</i>
Rheumatoid Arthritis	<i>Risk 360 – Other Medical Conditions</i>
Rickets	<i>Risk 341 – Nutrient Deficiency Diseases</i>
Scurvy	<i>Risk 341 – Nutrient Deficiency Diseases</i>
Short Bowel Syndrome	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Sickle Cell Anemia	<i>Risk 349 – Genetic and Congenital Disorders</i>
Small Bowel Enterocolitis	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Small Bowel Syndrome	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Small for Gestational Age	<i>Risk 151 – Small for Gestational Age (SGA)</i>
Spina Bifida	<i>Risk 348 – Central Nervous System Disorders and Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Tapeworm	<i>Risk 352 – Infectious Diseases</i>
TB	<i>Risk 352 – Infectious Diseases</i>

NOTE

Some of these diseases may not automatically qualify for the risk.

See the Risk Info Sheet for complete information.

For this condition:	See this Risk Info Sheet:
Thalassemia	<i>Risk 349 – Genetic and Congenital Disorders</i>
Toxemia	<i>Risk 345 – Hypertension</i>
Tuberculosis	<i>Risk 352 – Infectious Diseases</i>
Type 1 Diabetes	<i>Risk 343 – Diabetes Mellitus</i>
Type 2 Diabetes	<i>Risk 343 – Diabetes Mellitus</i>
Ulcerative Colitis	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Ulcers	<i>Risk 342 – Gastro-Intestinal Disorders</i>
Vitamin A Excess	<i>Risk 339 – History of a Birth with a Congenital Birth Defect</i>
Zinc Deficiency	<i>Risk 339 – History of a Birth with a Congenital Birth Defect</i>

Job Aid	Who Can Assess, Assign and Counsel for Nutrition Risks?
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Task/responsibility	Clerk	Health Assistant	Paraprofessional CPA	Professional CPA*	WIC Nutritionist**
Enters medical and health information on TWIST	✓	✓	✓	✓	✓
Assesses nutrition risk, assigns risk factors			✓	✓	✓
Assesses risk level – high, medium, low			✓	✓	✓
Refers high-risk clients to the WIC Nutritionist			✓	✓	
Refers medium-risk clients to a Professional CPA or WIC Nutritionist			✓		
Counsels low-risk participants			✓	✓	✓
Counsels medium-risk participants			✓ †	✓	✓
Counsels high-risk participants					✓
Writes care plans for high-risk participants					✓
Provides group nutrition education			✓	✓	✓
Provides follow-up for high-risk participants			✓	✓	✓

†Referral to health professional or WIC nutritionist recommended.

*Professional CPA(s)_____

**WIC Nutritionist(s)_____

NOTE

Women and infants with breastfeeding problems may also be referred to a health professional with advanced lactation training or to an IBCLC.

Lactations Specialist(s)_____

Risks 601 & 702

Risk code **601** for breastfeeding mothers and Risk code **702** for breastfeeding infants are used to keep the mother/infant dyad at the same priority level. This is important for WIC eligibility purposes. Use the risk codes in the following four instances:

Mother

1. Use Risk **601** for a mother if she does not have a nutrition risk that qualifies her for WIC, but her infant does.
2. Use Risk **601** if the mother has a lower priority diet risk, and her infant has a higher priority risk such as an anthropometric, biochemical, or clinical risk. This will raise the mother to the same priority level as the infant.

Infant

3. Use Risk **702** for an infant who does not have a nutrition risk that qualifies him for WIC, but his mother does.
4. Use Risk **702** if the infant has a lower priority diet risk, and his mother has a higher priority risk such as an anthropometric, biochemical, or clinical risk. This will raise the infant to the same priority level as the mother.

Risk 701

Risk 701 is used in two instances only:

1. Use Risk 701 for an infant less than 6 months old, whose mother was on WIC during her pregnancy.
2. Use Risk 701 for an infant less than 6 months old, whose mother was not on WIC during her pregnancy, but who had an anthropometric, biochemical, or clinical risk during her pregnancy, which would have qualified her for WIC.

Risk 701 (born to WIC eligible mom) and 601 (breastfeeding mother of infant at nutrition risk) should not be used together. Using Risk 701 already connects the infant's risk with the mother, so it would be redundant to then connect the mother's risk back to the baby.

Example of Misuse:

Ethan is a healthy 2-week-old infant who is at WIC for enrollment. His mother was not on WIC during her pregnancy, but you find out she had anemia, which has since resolved. Knowing that anemia during pregnancy would have qualified his mother for WIC, Ethan is assigned Risk 701. Even though Ethan's mother is breastfeeding, she could only be assigned Risk 601 if Ethan had another risk that was not dependent on his mother. Mother should be assessed further for other risks, including diet, in order to enroll her on the program.

Job Aid

Risk Assignment from Prenatal Health History Questionnaire

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
• Tell me about your health and pregnancy.	• None	None
• Is this your first pregnancy?	• No (sub-questions will display) • Yes	None
▶ For births after 20 weeks, were any still births or neonatal deaths?	• Yes \longrightarrow • No	321 - History of Fetal or Neonatal Loss
▶ Were any babies born at or before 37 weeks?	• Yes \longrightarrow • No	311 - History of Preterm Delivery
▶ Did any of your babies weigh 5 lb 8 oz or less at birth?	• Yes \longrightarrow • No	312 - History of Low Birth Weight
▶ Did any of your babies weight 9 lb or more at birth?	• Yes \longrightarrow • No	337 - History of a Large for Gestational Age Infant
▶ What was the date that your last pregnancy ended?	Date	None
▶ Are there less than 16 months between the end of the last pregnancy and the beginning of this pregnancy?	• Yes \longrightarrow • No	332 - Closely Spaced Pregnancy

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> • When did you start going to a doctor or a clinic for prenatal care for this pregnancy? 	<ul style="list-style-type: none"> • No care yet, in the first trimester • No care yet, in the second or third trimester → • 1st month • 2nd month • 3rd month • 4th month • 5th month • 6th month • 7th month • 8th month 	<p>334 - Lack of or Inadequate Prenatal Care</p> <p>334 - Lack of or Inadequate Prenatal Care</p>
<ul style="list-style-type: none"> • Have you had any medical problems with this or any previous pregnancy? 	<ul style="list-style-type: none"> • Yes → • No 	<p>Medical risks selected by CPA from pop-up</p>
<ul style="list-style-type: none"> • Do you take any medications now? 	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions → • Yes, but no known nutritional impact • No 	<p>357 - Drug Nutrient Interaction</p>
<ul style="list-style-type: none"> • Do you smoke cigarettes now? 	<ul style="list-style-type: none"> • Yes → (sub-question will display) • No 	<p>371 - Maternal Smoking</p>
<ul style="list-style-type: none"> ▶ Subquestion: How many cigarettes do you smoke per day? 	<ul style="list-style-type: none"> • Numeric answer 	<p>None</p>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> Does anyone living in your household smoke inside the home? 	<ul style="list-style-type: none"> Yes → No 	<p>904 - Exposure to Environmental Tobacco</p>
<ul style="list-style-type: none"> Have you had any beer, wine, or hard liquor to drink during this pregnancy? 	<ul style="list-style-type: none"> Yes → (sub-question will display) No 	<p>372 - Alcohol or Illegal and/or Illicit Drug Use</p>
<ul style="list-style-type: none"> ▶ Subquestion: How many drinks do you have per week? 	<p>Numeric answer</p>	<p>None</p>
<ul style="list-style-type: none"> Have you used any drugs during this pregnancy? 	<ul style="list-style-type: none"> Yes → No 	<p>372 - Alcohol or Illegal and/or Illicit Drug use</p>
<ul style="list-style-type: none"> In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you? 	<ul style="list-style-type: none"> Yes → No Unable to ask question 	<p>901 - Recipient of Abuse</p>
<ul style="list-style-type: none"> How do you plan to feed your baby after he or she is born? 	<ul style="list-style-type: none"> Breastfeed Breastfeed and formula feed Formula feed Undecided 	<p>None</p>
<ul style="list-style-type: none"> What have you heard about breastfeeding? 	<p>None</p>	<p>None</p>

Job Aid**Risk Assignment from
Infant's Health History
Questionnaire**

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> Tell me about your baby's health. 	None	None
<ul style="list-style-type: none"> Does your baby have any health problems or medical conditions? 	<ul style="list-style-type: none"> Yes → No 	Medical risk selected by CPA from pop-up
<ul style="list-style-type: none"> How do you feel about your baby's growth? 	<ul style="list-style-type: none"> None 	None
<ul style="list-style-type: none"> Is your baby taking any medicine now? 	<ul style="list-style-type: none"> Yes, there are drug nutrient interactions → Yes, but no known nutritional impact No 	357 -Drug Nutrient Interaction
<ul style="list-style-type: none"> Are DTaP vaccines up-to-date? 	<ul style="list-style-type: none"> Yes, record reviewed No, record reviewed, referral made Unknown, no record available, referral made Younger than 3 months, no screening 	None
<ul style="list-style-type: none"> Does anyone living in your household smoke inside the home? 	<ul style="list-style-type: none"> Yes → No 	904 - Exposure to Environmental Tobacco

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> • Were you (the baby's mom) on WIC during pregnancy? 	<ul style="list-style-type: none"> • Yes, and baby → is less than six months old • Baby is older than six months • No, and baby is less than six month (sub-question will display) • Unknown 	<p>701 - Infant born to WIC Mom or WIC-Eligible mom</p>
<ul style="list-style-type: none"> ▶ Sub-question: Did mom have any risks during her pregnancy that would have qualified her for WIC? 	<ul style="list-style-type: none"> • Yes, document in notes → • No 	<p>701 - Infant born to WIC Mom or WIC-Eligible mom</p>
<ul style="list-style-type: none"> • Was there any use of alcohol or drugs during this pregnancy? 	<ul style="list-style-type: none"> • Yes → • No 	<p>703 - Infant of Woman with Alcohol or Drug Use or Mental Retardation</p>
<ul style="list-style-type: none"> • In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your baby? 	<ul style="list-style-type: none"> • Yes → • No • Unable to ask question 	<p>901 - Recipient of Abuse</p>

Job Aid

Risk Assignment from Children's Health History Questionnaire

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> Tell me about your child's health. 	None	None
<ul style="list-style-type: none"> Does your child have any health problems or medical conditions? 	<ul style="list-style-type: none"> Yes \longrightarrow No 	Medical risk selected by CPA from pop-up
<ul style="list-style-type: none"> What has your dentist said about your child's dental health 	<ul style="list-style-type: none"> No oral health conditions Diagnosed with oral \longrightarrow health conditions 	381- Oral Health Conditions
<ul style="list-style-type: none"> Is your child taking any medicine now? 	<ul style="list-style-type: none"> Yes, there are drug nutrient interactions \longrightarrow Yes, but no known nutritional impact No 	357 - Drug Nutrient Interaction
<ul style="list-style-type: none"> Are DTaP vaccines up-to-date? 	<ul style="list-style-type: none"> Yes, record reviewed No, record reviewed, referral made Unknown, no record available, referral made Older than 24 months, no screening 	None
<ul style="list-style-type: none"> Does anyone living in your household smoke inside the home? 	<ul style="list-style-type: none"> Yes \longrightarrow No 	904 - Exposure to Environmental Tobacco
<ul style="list-style-type: none"> In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your child? 	<ul style="list-style-type: none"> Yes \longrightarrow No Unable to ask question 	901 - Recipient of Abuse

Job Aid**Risk Assignment from Postpartum Health History Questionnaire**

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> Tell me about your labor and delivery. 	None	None
<ul style="list-style-type: none"> How would you describe your health? 	None	None
<ul style="list-style-type: none"> For the pregnancy just completed, how many babies were delivered? 	<ul style="list-style-type: none"> One Two, three, four or more → 	335 - Multiple Fetus Pregnancy
<ul style="list-style-type: none"> Did you have a Caesarean delivery? 	<ul style="list-style-type: none"> Yes, → less than two months ago Yes, more than two months ago No 	359 - Recent Major Surgery, Trauma or Burns
<ul style="list-style-type: none"> Was this baby born at or before 37 weeks gestation? 	<ul style="list-style-type: none"> Yes → No 	311 - History of Preterm Delivery
<ul style="list-style-type: none"> What was your baby's birth weight? 	<ul style="list-style-type: none"> Less than or equal to 5 lbs 8 oz → Between 5 lbs 8 oz and 9 lbs More than or equal to 9 lbs → 	312 - History of Low Birth Weight 337 - History of a Large for Gestational Age Infant
<ul style="list-style-type: none"> Do you now have or during your pregnancy did you have any health conditions or medical problems? 	<ul style="list-style-type: none"> Yes → No 	Medical risks selected by CPA from pop-up

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> Do you take any medications now? 	<ul style="list-style-type: none"> Yes, there are → drug nutrient interactions Yes, but no known nutritional impact No 	357 - Drug Nutrient Interaction
<ul style="list-style-type: none"> Do you smoke cigarettes now? 	<ul style="list-style-type: none"> Yes (sub-question → will display) No 	371 - Maternal Smoking
<ul style="list-style-type: none"> ▶ Sub-question: How many cigarettes do you smoke per day? 	<ul style="list-style-type: none"> Numeric answer 	None
<ul style="list-style-type: none"> Does anyone living in your household smoke inside the home? 	<ul style="list-style-type: none"> Yes → No 	904 - Exposure to Environmental Tobacco
<ul style="list-style-type: none"> Do you routinely drink 2 or more servings of beer, wine or hard liquor daily? 	<ul style="list-style-type: none"> Yes → No 	372 - Alcohol or Illegal and/or Illicit Drug Use
<ul style="list-style-type: none"> Have you used any drugs since delivery? 	<ul style="list-style-type: none"> Yes → No 	372 - Alcohol or Illegal and/or Illicit Drug Use
<ul style="list-style-type: none"> In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you? 	<ul style="list-style-type: none"> Yes → No Unable to ask question 	901 - Recipient of Abuse

Job Aid

Criteria for Changing Risk Level from Medium to High

NOTE

For the following risk codes, a CPA must manually change the participant risk level from medium to high, based on specific criteria.

Risk Code	Risk Name	Category	Change from Medium to High Risk Level if the participant is:
113	Overweight	C (2 – 5 years)	≥ 95th percentile and growth curve is going up (not staying parallel to the recommended growth curve)
131	Low Maternal Weight Gain	Pregnant Women only	Pregnant with twins or more
141	Low Birth Weight (LBW)	I, C (up to 24 mo.)	Birth weight is ≤ 1500 gms or ≤ 3lbs 5 oz (VLBW-Very low birth weight)
201	Low Hemoglobin Low Hematocrit	ALL	If any hematocrit or hemoglobin that is below recommended levels remains the same or continues to drop at recertification or follow-up - OR - When hemoglobin/hematocrit test results fall within the following guidelines: <div style="text-align: right; margin-left: 40px;"> Hemoglobin/Hematocrit Infants 9 -< 12 months 0-9.9 / 29.9 Children 12 -<24 months 0-9.9/29.9 Children 2 - 5 years 0-10.0 / 29.9 Pregnant women 1st trimester (0 - 13 wks) 0-9.9/29.9 2nd trimester (14-26wks) 0-9.4/28.9 3rd trimester (27-40wks) 0-9.9/28.9 Postpartum women 0-10.9 / 32.9 </div>
331	Pregnancy at a Young Age	All Women	≤ 15 years at age of conception



More Information about Medical Conditions

**A Reference for WIC Staff about Medical
Conditions Encountered during WIC
Certification**

Compiled by

Prasanna Krishnasamy, MD, MPH



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Introduction

This reference has information about medical conditions that are encountered during WIC certification. The medical conditions are listed in alphabetical order and reference the WIC nutrition risk code that may apply to each condition.

The information is designed to give a **basic** understanding of the medical conditions. For more information, visit the websites listed in the resource section for each condition.

Participants with these medical conditions should regularly visit their primary health care provider. Many of these conditions require special diets which are prescribed by the health care provider and/or community dietitian.

Certifiers should use caution when counseling participants with these conditions and should not contradict the information provided by the participant's health care provider. Questions about diet for these participants should be referred to a health professional or WIC nutritionist.

The WIC nutritionist will evaluate the diets of all high-risk participants. While it is outside the scope of WIC practice to prescribe medical nutrition therapy, the WIC nutritionist will work with the participant to use WIC foods to help meet the goals of the diet already established by the health care provider and/or community dietitian.

NOTE

Check the *Risk Info Sheets* or Policy 675 – *Risk Criteria Codes and Descriptions* to determine if a person qualifies for the risk.

◆ AIDS

See Risk 352 – Infectious Diseases

Also see HIV.

Definition

- ◆ The term AIDS applies to the most advanced stages of HIV infection.
- ◆ Definition of AIDS includes all HIV-infected people who have fewer than 200 CD4+ T cells per cubic millimeter of blood. (Healthy adults usually have CD4+ T-cell counts of 1,000 or more.)
- ◆ In addition, the definition includes 26 clinical conditions that affect people with advanced HIV disease.
- ◆ Most of these conditions are opportunistic infections that generally do not affect healthy people.
- ◆ In people with AIDS, these infections are often severe and sometimes fatal because the immune system is so ravaged by HIV that the body cannot fight off certain bacteria, viruses, fungi, parasites, and other microbes.

Symptoms

Symptoms of opportunistic infections common in people with AIDS include:

- ◆ Coughing and shortness of breath
- ◆ Seizures and lack of coordination
- ◆ Difficult or painful swallowing
- ◆ Mental symptoms such as confusion and forgetfulness
- ◆ Severe and persistent diarrhea
- ◆ Fever

- ◆ Vision loss
- ◆ Nausea, abdominal cramps, and vomiting
- ◆ Weight loss and extreme fatigue
- ◆ Severe headaches
- ◆ Coma
- ◆ Children with AIDS may get the same opportunistic infections, as do adults with the disease. In addition, they also have severe forms of the typically common childhood bacterial infections, such as conjunctivitis (pink eye), ear infections, and tonsillitis.

Counseling Notes

People with AIDS are often on special diets.

Resource Section

www.nih.gov (National Institutes of Health)

- ◆ Click on “Health Information”
- ◆ Look in “Health Topics” for “AIDS”

◆ **Anencephaly**

See Neural Tube Defects.

◆ **Anemia**

See Risk 201 – Low Hematocrit/Low Hemoglobin

Description

- ◆ Anemia is a lower than normal number of red blood cells (erythrocytes) in the blood, usually measured by a decrease in the amount of hemoglobin. Hemoglobin is the red pigment in red blood cells that transports oxygen.
- ◆ There are many types and potential causes of anemia.

Causes

The cause varies with the type of anemia. Potential causes include:

- ◆ Blood loss
- ◆ Diet low in iron-rich foods
- ◆ Other diseases
- ◆ Reactions to medications
- ◆ Problems with the bone marrow
- ◆ Iron deficiency anemia is most common in women who have heavy menstrual periods

Risk factors include:

- ◆ Heavy periods in women
- ◆ Pregnancy
- ◆ Heavy bleeding at birth
- ◆ Other diseases that cause anemia
- ◆ Low iron diet in infants and children

Symptoms

Possible symptoms include:

- ◆ Fatigue
- ◆ Chest pain
- ◆ Shortness of breath

Counseling Notes

- ◆ Iron-deficiency anemia can be treated by eating foods that are high in iron.
- ◆ Infants should be breastfed or drink an iron-fortified formula to prevent anemia (formula provided by WIC is iron-fortified).

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Iron Deficiency Anemia” or “Iron Deficiency Anemia – Children”

◆ **Arthritis**

See Juvenile Rheumatoid Arthritis.

◆ **Asthma**

See Risk 360 – Other Medical Conditions

Description

Asthma is a chronic lung condition. It is characterized by difficulty in breathing. People with asthma have extra-sensitive airways. The airways react by narrowing or closing when they become irritated. This makes it difficult for the air to move in and out.

Causes

This narrowing or closing of the airways is caused by:

- ◆ Airway inflammation (meaning that the airways in the lungs become red, swollen and narrow)
- ◆ Bronchoconstriction (meaning that the muscles that encircle the airways tighten or go into spasm)

Triggers of asthma include:

- ◆ Cold air
- ◆ Dust
- ◆ Strong fumes
- ◆ Exercise
- ◆ Inhaled irritants
- ◆ Emotional upsets
- ◆ Smoke
- ◆ Allergens
- ◆ Respiratory viral infections

Symptoms

The airway narrowing or obstruction can cause one or a combination of the following symptoms:

- ◆ Wheezing
- ◆ Coughing
- ◆ Shortness of breath
- ◆ Chest tightness

Counseling Notes

A number of individual medications exist for asthma, and many are used in combination with others. In general, the four types of treatments are:

- ◆ Long-term-control medications – These are used on a regular basis to control chronic symptoms and prevent attacks.

- ◆ Quick-relief medications – Used as needed for rapid, short-term relief of symptoms during an attack.
- ◆ Immunotherapy or allergy desensitization shots – These decrease the body’s sensitivity to a particular allergen.
- ◆ Anti-IgE monoclonal antibodies – These are designed to prevent the immune system from reacting to allergens.

Controlling the environment can also help control asthma:

- ◆ Avoid cigarette smoke
- ◆ Exercise
- ◆ Use your air conditioner
- ◆ Decontaminate your décor
- ◆ Maintain optimal humidity
- ◆ Keep indoor air clean
- ◆ Reduce pet dander
- ◆ Clean regularly
- ◆ Limit use of contact lenses

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases & Conditions”
- ◆ Look for “Asthma”

www.lungusa.org (American Lung Association)

- ◆ Click on “Diseases A to Z”
- ◆ Look for “Asthma”

◆ **Bronchial Asthma**

See Asthma.

✦ **Bronchiolitis**

See Risk 352 – Infectious Diseases

Description

Bronchiolitis is an inflammation of the bronchioles (small passages in the lungs) usually caused by a viral infection. The disease usually affects children under the age of 2, with a peak age of 3 to 6 months. It is a common illness that can be severe.

Causes

- ◆ Bronchiolitis is seasonal and appears more frequently in the fall and winter months.
- ◆ Respiratory syncytial virus (RSV) is one common cause. Although RSV generally causes only mild symptoms in an adult, it can cause a severe illness in an infant.
- ◆ Other viruses that can cause bronchiolitis include parainfluenza, influenza, and adenovirus.
- ◆ Viruses that cause bronchiolitis are transmitted from person-to-person by direct contact with nasal secretions or by airborne droplets.
- ◆ Risk factors include:
 - ◇ Being less than 6 months old
 - ◇ Never being breastfed
 - ◇ Prematurity (born before 37 weeks gestation)
 - ◇ Exposure to cigarette smoke
 - ◇ Crowded living conditions

Symptoms

- ◆ Fever
- ◆ Cough
- ◆ Wheezing
- ◆ Rapid breathing
- ◆ Shortness of breath or difficulty breathing
- ◆ Bluish discoloration of skin due to lack of oxygen

Counseling Notes

- ◆ Sometimes, no treatment is necessary.
- ◆ Supportive therapy may include oxygen, humidified air, chest clapping (postural drainage to remove secretions), rest and clear fluids.
- ◆ In extremely ill children, antiviral medications are sometimes used. Antiviral treatment may decrease the severity and duration of the illness.
- ◆ Most cases of bronchiolitis are not readily preventable because the viruses that cause the disorder are common in the environment.
- ◆ Family members with an upper respiratory infection should be especially careful around infants. Wash hands frequently, especially before handling the child.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Bronchiolitis”

✦ **Celiac Disease (Gluten Enteropathy)**

See Risk 354 – Celiac Disease

Description

- ◆ Celiac disease is also known as celiac sprue, nontropical sprue, and gluten-sensitive enteropathy.
- ◆ Celiac disease is a digestive disease that damages the small intestine and interferes with absorption of nutrients from food.
- ◆ People who have celiac disease cannot tolerate a protein called gluten, found in wheat, rye, and barley.
- ◆ Gluten is also found in food additives and also in products used every day, such as stamp and envelope adhesive, medicines, and vitamins.
- ◆ When people with celiac disease eat foods or use products containing gluten, their immune system responds by damaging the small intestine. As a result, a person becomes malnourished, regardless of the quantity of food eaten.

Cause

- ◆ Celiac disease is a genetic disease.
- ◆ Sometimes the disease is triggered or becomes active for the first time after surgery, pregnancy, childbirth, viral infection, or severe emotional stress.

Symptoms

- ◆ Celiac disease affects people differently.
- ◆ Symptoms may occur in the digestive system, or in other parts of the body.

- ◆ Symptoms of celiac disease may include one or more of the following:
 - ◇ Gas
 - ◇ Recurring abdominal bloating and pain
 - ◇ Chronic diarrhea
 - ◇ Pale, foul-smelling, or fatty stool
 - ◇ Weight loss / weight gain
 - ◇ Fatigue
 - ◇ Bone or joint pain
 - ◇ Tingling numbness in the legs (from nerve damage)
 - ◇ Muscle cramps
 - ◇ Seizures
 - ◇ Missed menstrual periods (often because of excessive weight loss)
 - ◇ Infertility, recurrent miscarriage
 - ◇ Delayed growth
 - ◇ Failure to thrive in infants
 - ◇ Pale sores inside the mouth
 - ◇ Tooth discoloration or loss of enamel
 - ◇ Itchy skin rash
 - ◇ A person with celiac disease may have no symptoms.
 - ◇ Anemia, delayed growth, and weight loss are signs of malnutrition.
 - ◇ The body is just not getting enough nutrients. Malnutrition is a serious problem for children because they need adequate nutrition to develop properly.

Counseling Notes

- ◆ The only treatment for celiac disease is to follow a gluten-free diet. The diet must be followed forever.
- ◆ For most people, following a gluten-free diet will stop symptoms, heal existing intestinal damage, and prevent further damage.
- ◆ Eating any gluten, no matter how small an amount, can damage the small intestine.

Resource Section

www.hiddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Digestive”
- ◆ Click on “Digestive Diseases”
- ◆ Look for “Celiac Disease”

◆ **Celiac Sprue**

See Celiac Disease.

◆ **Cerebral Palsy**

See Risk 348 – Central Nervous System Disorders

Description

- ◆ Cerebral palsy is a term used to describe a group of chronic disorders impairing control of movement.
- ◆ Cerebral palsy usually appears in the first few years of life and generally does not worsen over time.
- ◆ People with cerebral palsy have difficulty controlling movement and posture.

Causes

- ◆ It is caused by damage to the brain.
- ◆ Cerebral palsy may be congenital or acquired after birth.

- ◆ Several of the causes of cerebral palsy are preventable or treatable:
 - ◇ Head injury
 - ◇ Jaundice
 - ◇ Rh incompatibility
 - ◇ Rubella (German measles)
 - ◇ Extreme prematurity

Symptoms

- ◆ The symptoms differ from person to person and may change over time.
- ◆ Symptoms of cerebral palsy include:
 - ◇ Difficulties with fine motor tasks (such as writing or using scissors)
 - ◇ Difficulty maintaining balance or walking
 - ◇ Involuntary movements
 - ◇ Infants with cerebral palsy are frequently slow to reach developmental milestones such as learning to roll over, sit, crawl, smile, or walk.

Counseling Notes

- ◆ Some people with cerebral palsy are also affected by other medical disorders, including seizures or mental impairment, but cerebral palsy does not always cause profound handicap.
- ◆ Doctors diagnose cerebral palsy by testing motor skills and reflexes, looking into medical history, and employing a variety of specialized tests.
- ◆ At this time, cerebral palsy cannot be cured, but many patients can enjoy near-normal lives if their neurological problems are properly managed.

Resource Section

www.ninds.nih.gov (National Institute of Neurological Disorders and Stroke)

- ◆ Look in “Disorder Index” for “Cerebral Palsy”

◆ **Cholecystitis**

See Gallbladder Disease.

◆ **Cholelithiasis**

See Gallbladder Disease.

◆ **Cleft Lip or Palate**

See Risk 349 – Genetic and Congenital Disorders

Description

Normally the tissues that form the palate and the upper lip come together in the middle and join. If the baby has a cleft, this fusion failed to happen during pregnancy.

Causes

- ◆ The cause is usually unknown.
- ◆ Clefts are most common in Asians. They are less common in whites and least common in blacks.

- ◆ Boys are more often affected than girls.
- ◆ In some families, clefts appear in several family members, so the cause may be genetic.

Counseling Notes

- ◆ Cleft lip and cleft palate are not life threatening.
- ◆ The cleft can be corrected by bringing together the tissues that should have fused before birth. Surgical repair of the cleft is done by choice. It can be done when the child is the right age and size and is in good general health to tolerate surgery.
- ◆ Surgery is often done after the baby is 10 weeks old and weighs 10 pounds.
- ◆ Before the cleft is corrected with surgery, an artificial palate may be used to fill the gap in the palate so that the baby can nurse and make the sounds that are the beginnings of speech.
- ◆ Infants with only a cleft lip can usually breastfeed.
- ◆ Infants with only a cleft palate can usually breastfeed if the gap in the palate is narrow.
- ◆ Infants with both cleft lip and cleft palate may not be able to nurse at the breast, but breast milk can be fed with a soft plastic bottle and a crosscut nipple. This special nipple allows the milk to flow at a rate comfortable for the baby to swallow.
- ◆ Some potential risks can included feeding difficulties, hearing loss, ear infections, speech / language delays and dental problems.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Cleft Lip and Palate”

◆ **Crohn's Disease**

See Inflammatory Bowel Disease.

◆ **Cystic Fibrosis**

See Risk 360 – Other Medical Conditions

Description

Cystic fibrosis (CF) is a disease that affects the mucus and sweat glands. Normal mucus is watery and keeps the linings of certain organs moist and prevents them from drying out or getting infected.

In CF, an abnormal gene causes mucus to become thick and sticky.

The mucus builds up and can block:

- ◆ The lungs and airways
- ◆ Tubes or ducts in the pancreas, preventing digestive enzymes from reaching the intestines

The symptoms and severity of CF vary from person to person.

Some people with CF have serious lung and digestive problems.

Other people have a more mild disease that doesn't show up until they are adolescents or young adults.

Symptoms

Most of the symptoms of cystic fibrosis (CF) are caused by the thick, sticky mucus. The most common symptoms include:

- ◆ Frequent coughing that brings up thick sputum
- ◆ Frequent bouts of bronchitis and pneumonia. They can lead to inflammation and permanent lung damage.
- ◆ Salty-tasting skin
- ◆ Dehydration (lack of enough water in the body)
- ◆ Ongoing diarrhea or bulky, foul-smelling, and greasy stools
- ◆ Huge appetite but poor weight gain and growth
- ◆ Stomach pain and discomfort caused by too much gas in intestines

Counseling Notes

- ◆ There still is no cure for cystic fibrosis, but treatments have improved greatly in recent years.
- ◆ The goals of CF treatment are to:
 - ◇ Prevent and control infections in the lungs
 - ◇ Loosen and remove the thick, sticky mucus from the lungs
 - ◇ Prevent blockages in the intestines
 - ◇ Provide adequate nutrition
- ◆ The main treatments for lung problems in people with CF are:
 - ◇ Antibiotics for infections of the airways
 - ◇ Chest physical therapy (clapping the lungs)
 - ◇ Exercise
 - ◇ Other medications
 - ◇ Nutritional therapy

Resource Section

www.medlinesplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Cystic Fibrosis”

✦ **Diabetes Mellitus**

See Risk 343 – Diabetes Mellitus

Also see Gestational Diabetes (Risks 302 and 303).

Description

Diabetes is a life-long disease marked by high levels of sugar (glucose) in the blood. The usual causes are too little insulin (a hormone produced by the pancreas to regulate blood sugar), resistance to insulin or both.

Type 1 Diabetes: Usually diagnosed in childhood. The body makes little or no insulin, and daily injections of insulin are required. Without proper daily management, medical emergencies can arise.

Type 2 Diabetes: Most common type. It usually occurs in adulthood. The pancreas does not make enough insulin to keep blood glucose levels normal, often because the body does not respond well to the insulin.

Causes

Risk Factors:

- ◆ A parent, brother, or sister with diabetes
- ◆ Obesity
- ◆ Age greater than 45 years
- ◆ Some ethnic groups (particularly African-Americans and Hispanic Americans)
- ◆ Gestational diabetes or delivering a baby weighing more than 9 pounds
- ◆ High blood pressure

- ◆ High blood levels of triglycerides (a type of fat molecule)
- ◆ High blood cholesterol level

Symptoms

Symptoms of **Type 1 Diabetes**:

- ◆ Increased thirst
- ◆ Increased urination
- ◆ Weight loss in spite of increased appetite
- ◆ Fatigue
- ◆ Nausea
- ◆ Vomiting

Symptoms of **Type 2 Diabetes**:

(symptoms may come on slowly and not be noticed)

- ◆ Increased thirst
- ◆ Increased urination
- ◆ Increased appetite
- ◆ Fatigue
- ◆ Blurred vision
- ◆ Slow-healing infections

Counseling Notes

- ◆ There is no cure for diabetes.
- ◆ The immediate goals of treatment are to keep the blood sugar within normal range.
- ◆ People with **Type 1 Diabetes** often follow a specific diet plan – eating at about the same times each day and trying to be consistent with the types of food they choose. This helps to prevent blood sugars from becoming extremely high or low. Daily insulin injections are required.

- ◆ People with **Type 2 Diabetes** should follow a well-balanced and low-fat diet. Weight management is important to achieving control of diabetes. Some people with **Type 2 Diabetes** find they no longer need medication if they lose weight and increase activity because when their ideal weight is reached, their own insulin and a careful diet can control their blood glucose levels. Medications to treat diabetes include insulin and glucose-lowering pills, called oral hypoglycemic agents.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Diabetes”

◆ **Down Syndrome**

See Risk 349 – Genetic and Congenital Disorders

Description

Down syndrome is a chromosomal disorder caused by an error that results in the presence of an additional chromosome (trisomy 21). Down syndrome can be diagnosed in the fetus during pregnancy or in the infant following birth.

Causes

- ◆ Genetic
- ◆ Presence of an extra chromosome 21

Symptoms

Health problems in a child with Down syndrome may include:

- ◆ Mental retardation
- ◆ Heart defects
- ◆ Intestinal malformations
- ◆ Crossed eyes, visual problems, and cataracts (haziness in eyes)
- ◆ Hearing loss
- ◆ Increased risk of colds and ear infections, as well as lung infections
- ◆ Increased risk of thyroid problems and leukemia

Counseling Notes

- ◆ There is no cure for Down syndrome, nor is there any prevention.
- ◆ Children with Down syndrome usually can do most things that any young child can do, such as walking, talking, dressing and being toilet-trained. They generally start learning these things later than other children.
- ◆ At risk for delayed feeding skills due to poor oral motor skills and low muscle tone.
- ◆ There are special programs beginning in the preschool years to help children with Down syndrome develop skills as fully as possible.
- ◆ Down's babies greatly benefit from breastfeeding. Mothers of breastfeeding Down's babies may need additional support.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Down Syndrome”

◆ **Epilepsy**

See Risk 348 – Central Nervous System Disorders

Description

- ◆ Epilepsy is a neurological condition that makes people susceptible to seizures.
- ◆ A seizure is a brief electrical disturbance in the brain that causes a change in sensation, awareness, or behavior.
- ◆ Types of seizures include:
 - ◇ A momentary disruption of the senses
 - ◇ Short periods of unconsciousness
 - ◇ Staring spells
 - ◇ Convulsions
- ◆ Doctors treat epilepsy primarily with seizure-preventing medicines. Although seizure medications are not a cure, they control seizures in the majority of people with epilepsy.

Causes

- ◆ In most cases, the cause of epilepsy is unknown. In some cases, it may be caused by genetics, brain tumor, or brain injury.

Epilepsy and Pregnancy

- ◆ More than 90% of women with epilepsy have normal, healthy babies. But there are some risks:
 - ◇ Higher risk of stillbirth.
 - ◇ Higher risk for bleeding, early birth and delays in development and growth.

- ◇ Possibility of birth defects due to the anti-seizure medication. However, the risks of not taking medication are much higher for the baby – increased seizures can cause the fetus physical injury, developmental delay and even death.
- ◇ During pregnancy, the body processes anti-seizure medications differently. This can lead to medicine levels that are too high (which can cause side effects) or too low (which can mean more seizures).

Counseling Notes

- ◆ Vitamin supplements and folic acid (a B vitamin) are recommended before and during pregnancy to help prevent certain kinds of birth defects.

Resource Section

www.epilepsyfoundation.org (Epilepsy Foundation)

- ◆ Click on “About Epilepsy”

www.ninds.nih.gov (National Institute of Neurological Disorders and Stroke)

- ◆ Look in “Disorder Index” for “Epilepsy”

◆ **Failure to Thrive (FTT)**

See Risk 134 – Failure to Thrive (FTT)

Description

Failure to thrive is a description applied to children whose current weight or weight gain is significantly below that of other children of similar age and sex.

Failure to thrive in infants and children is usually noticed when they seem to be dramatically smaller or shorter than other children the same age. However, there is a wide variation in normal growth and development. In general, the gain in weight and height may be a better indicator of a problem than the actual measurements.

Causes

There are multiple medical causes of failure to thrive:

- ◆ Defects involving the chromosomes – Down’s and Turner’s Syndrome.
- ◆ Defects in major organ systems.
- ◆ Problems with the endocrine system, such as thyroid hormone deficiency and growth hormone deficiency.
- ◆ Damage to the brain, which may cause feeding difficulties in an infant.
- ◆ Abnormalities in the heart and lung, which can decrease the delivery of oxygen and nutrients to the body.
- ◆ Anemia
- ◆ Abnormalities in the stomach and bowels, which may result in decreased digestion and absorption.
- ◆ Psychological and social factors leading to emotional deprivation as a result of parental withdrawal, rejection, or hostility.
- ◆ Economic factors can also affect nutrition, living conditions, and parental attitudes.
- ◆ Environmental factors may include exposure to infections or toxins.
- ◆ Sometimes the cause of failure to thrive is simply poor eating habits, such as eating in front of the television and not having formal meal times.
- ◆ Many times the cause cannot be determined.

Symptoms

- ◆ Height, weight, and head circumference in an infant or young child do not progress normally according to standard growth charts. For example, weight less than the 3rd percentile, or weight 20% below the ideal weight for height, or a slow down of previously normal growth.
- ◆ Physical skills such as rolling over, sitting, standing and walking are slow to develop.
- ◆ Mental and social skills are delayed.

Counseling Notes

- ◆ The treatment depends on the cause of the delayed growth and development. Involvement of multiple health and social service professionals may be necessary.
- ◆ Delayed growth due to nutritional factors can be resolved by providing a well-balanced diet.
- ◆ If psychosocial factors are involved, treatment should include improving the family and living conditions.
- ◆ If the duration of delayed growth has been short, and the cause is found out and can be corrected, normal growth and development will follow. If it is prolonged, the problem may be long lasting, and normal growth and development may not occur.
- ◆ The best means of prevention is by early detection at routine well-baby examinations and regular follow-up with school age and adolescent children.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Failure to Thrive”

◆ **Fetal Alcohol Syndrome (FAS)**

See Risk 382 – Fetal Alcohol Syndrome (FAS)

Description

If the mother drinks alcohol while pregnant, the baby has a drink as well. This puts the baby at risk of a serious condition called fetal alcohol syndrome (FAS), which is a group of birth defects. These defects are irreversible. The syndrome includes physical, mental and behavioral problems.

Causes

Doctors are not sure how much alcohol places the baby at risk. However, the more alcohol the mother drinks, the greater the chance of problems – possibly even before the mother knows that she is pregnant.

Symptoms

Fetal alcohol syndrome is not a single birth defect. It is a cluster or pattern of related problems. The severity of signs and symptoms varies, with some children experiencing them to a far greater extent than others.

Problems associated with FAS include:

- ◆ Distinctive facial features, including small eyelid openings, a sunken nasal bridge, an exceptionally thin upper lip, a short, upturned nose and a smooth skin surface between the nose and upper lip
- ◆ Small teeth
- ◆ Heart defects

- ◆ Defects of joints, limbs and fingers
- ◆ Slow physical growth before and after birth
- ◆ Vision difficulties including nearsightedness
- ◆ Small head circumference and brain size
- ◆ Mental retardation and delayed development
- ◆ Abnormal behavior such as a short attention span, hyperactivity, poor impulse control, extreme nervousness and anxiety

Counseling Notes

Women who are pregnant or who are planning to become pregnant should be advised to avoid alcohol.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Fetal Alcohol Syndrome”

✦ **Fetal Growth Restriction**

See Risk 336 – Fetal Growth Restriction

Description

Fetal growth restriction is often called Intrauterine Growth Restriction (IUGR). Babies with fetal growth restriction are smaller than normal during pregnancy. These babies usually have a low weight at birth.

Causes

IUGR has various causes.

- ◆ The most common cause is a problem with the placenta (the tissue that carries food and blood to the baby).
- ◆ Birth defects and genetic disorders can also cause IUGR.
- ◆ There is higher risk for IUGR in pregnant women:
 - ◇ with an infection
 - ◇ with high blood pressure
 - ◇ who smoke
 - ◇ who drink alcohol or abuse drugs
 - ◇ taking some prescription medications

Symptoms

During the prenatal exam, the health care provider notices that the baby is not growing inside the uterus at the normal rate. In some cases, IUGR may not be noticed until after delivery.

Counseling Notes

- ◆ During pregnancy, the health care provider will do tests to find out if the baby is growing normally.
- ◆ The main test for checking a baby's growth in the uterus is an ultrasound. During the ultrasound exam, the size of the baby's head, abdomen and legs will be measured. These measurements will tell if the baby is growing normally. The amount of amniotic fluid in the uterus is also measured.
- ◆ Some babies with IUGR are weak. The stress of labor and delivery may be too much for a weak baby. If the baby has problems during labor, a c-section delivery may be safer.
- ◆ IUGR with one pregnancy does not usually mean that future pregnancies will be affected by IUGR.
- ◆ Women can lower their chances of having another baby with IUGR by making sure they are doing everything possible to

lower their risk factors; for example, stop smoking, drinking alcohol or using drugs, and working to control high blood pressure.

- ◆ Good control of illnesses before and during pregnancy lowers the risk of having another baby with IUGR.
- ◆ Babies who are small at birth need to stay in the hospital until they can breathe and feed normally. After the baby is born, the doctor will check the baby's weight to make sure the baby is growing. Generally, babies stay in the hospital until they weigh about 5 pounds and can breathe and feed normally.
- ◆ Small babies usually catch up in size and have a normal height by about 2 years of age.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Intrauterine Growth Restriction”

◆ **Food Allergies**

See Risk 353 – Food Allergies

Description

True food allergies are not nearly as common as one might think. About 1 percent of adults and 5 percent of children actually have a true food allergy – an adverse reaction to a food that is triggered by the immune system. A true food allergy – also called hypersensitivity – can cause serious problems and even death. In a food allergy, even a tiny amount of food may trigger an allergic reaction.

Far more people have food intolerance, an unpleasant reaction to food that does not involve the immune system. Food intolerances may involve many of the same signs and symptoms as food allergies do – such as nausea, vomiting, cramping and diarrhea – hence, people often confuse the two. However, with food intolerance, small amounts of food can be tolerated.

Food allergies are most common in children, especially toddlers and infants. As the children grow older, their digestive system matures, and their body is less likely to absorb food or food components that trigger allergies. Fortunately, children typically outgrow allergies to milk, soy, wheat and eggs. Severe allergies and allergies to nuts and shellfish are more likely to be lifelong.

Causes

- ◆ In a true food allergy, the immune system mistakenly identifies a specific food or component of food as a harmful substance.
- ◆ The great majority of food allergies are triggered by certain proteins in:
 - ◆ Eggs
 - ◆ Peanuts
 - ◆ Fish
 - ◆ Shellfish, such as shrimp, lobster and crab
 - ◆ Tree nuts, such as walnuts and pecans
- ◆ In children, food allergies are also commonly triggered by proteins in these foods:
 - ◆ Cow's milk
 - ◆ Wheat
 - ◆ Soybeans

Symptoms

The most common signs and symptoms of a true food allergy include:

- ◆ Hives
- ◆ Itching
- ◆ Swelling of the lips, face, tongue and throat, or other parts of the body
- ◆ Wheezing, nasal congestion or trouble breathing
- ◆ Abdominal pain, diarrhea, nausea or vomiting
- ◆ Dizziness, lightheadedness or fainting

In a severe allergic reaction to food – called anaphylaxis – the person may experience the following life-threatening signs and symptoms:

- ◆ Constriction of airways, including a swollen throat or a lump in your throat, that makes it difficult to breathe
- ◆ Shock, with a severe drop in blood pressure
- ◆ Rapid pulse
- ◆ Dizziness, lightheadedness or loss of consciousness

Counseling Notes

- ◆ The only way to avoid an allergic reaction is to avoid foods that cause signs and symptoms.
- ◆ In severe food allergies, the person may need an emergency injection of adrenaline (epinephrine) for an anaphylactic reaction to a food. Some people with allergies carry injectable epinephrine with them at all times.
- ◆ For less severe allergies, the doctor may prescribe medications (antihistamines), which can be taken after exposure to an allergen to control the reaction and help relieve discomfort.

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases and Conditions”
- ◆ Look for “Food Allergy”

✦ **Gallbladder Disease**

See Risk 342 – Gastro-Intestinal Disorders

Description

The gallbladder is a sac located under the liver. It stores and concentrates bile produced in the liver, which is necessary for the digestion of fats. Normally, bile is released from the gallbladder into the intestine in response to food (especially fats). Conditions that slow or block the flow of bile out of the gallbladder result in gallbladder disease. Gallbladder disease includes:

◆ **Cholecystitis (inflammation of the gallbladder)**

- ◇ Acute cholecystitis is a sudden inflammation of the gallbladder that can cause severe abdominal pain. Stones in the gallbladder are the most common cause. Although it may clear up on its own, surgery to remove the gallbladder is usually needed. After surgery, the outlook is usually very good. Other than surgery, avoiding fatty foods may decrease or prevent the attacks.
- ◇ Chronic cholecystitis is long-standing inflammation of the gallbladder. It is caused by repeated mild attacks of acute cholecystitis. The gallbladder shrinks and loses the ability to perform its function. Surgery is the usual treatment.

◆ **Cholelithiasis (gallstones)**

- ◇ Gallstones may be as small as a grain of sand, or they may become as large as an inch in diameter.
- ◇ Gallstones often have no symptoms. Symptoms usually start after a stone of sufficient size blocks the outflow of bile. Surgery is done only if you have symptoms.

Causes

Women who have an increased risk of gallstones include:

- ◆ Native Americans
- ◆ Mexican Americans
- ◆ overweight women
- ◆ women who fast or lose a lot of weight quickly
- ◆ pregnant women
- ◆ women who use birth control pills

Symptoms

Symptoms include one or more of the following:

- ◆ abdominal fullness or gas
- ◆ abdominal pain (usually occurring after fatty meals and worsening with deep breath)
- ◆ fever
- ◆ nausea and vomiting
- ◆ heartburn
- ◆ chest pain under the breastbone (not common)

Counseling Notes

- ◆ Weight reduction may decrease the symptoms.
- ◆ Reducing intake of fatty foods may decrease the symptoms.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Gallbladder Disease”

◆ **Gestational Diabetes**

See Risk 302 – Gestational Diabetes

See Risk 303 – History of Gestational Diabetes

Also see Diabetes Mellitus (Risk 342).

Description

Gestational diabetes is a type of diabetes (high blood sugar) that begins during pregnancy. Gestational diabetes usually goes away after delivery, but the woman is at greater risk for developing diabetes at a later time.

Babies born to women with gestational diabetes may be large (macrosomia). This may cause birth complications. The baby may also have hypoglycemia (dangerously low blood glucose levels blood) after delivery.

Causes

Women with the following risks are more likely to get gestational diabetes:

- ◆ Over age 35 years.
- ◆ Gestational diabetes in past pregnancies.
- ◆ Obesity.
- ◆ History of Polycystic Ovarian Syndrome (PCOS).
- ◆ Hirsutism (excessive body and facial hair).
- ◆ Acanthosis nigricans (darkened patches of skin on the neck, groin and under the arms).
- ◆ Being a member of a population considered to be at high risk

for diabetes, including women of Aboriginal, Hispanic, South Asian, Asian or African descent.

Symptoms

Often there are no symptoms of gestational diabetes. Good prenatal care includes screening women for gestational diabetes at 24–28 weeks of pregnancy. The “glucose tolerance test” will show if a woman has gestational diabetes. Prenatal care also includes testing the urine for “ketones,” an indication of diabetes.

Counseling Notes

The goal of treatment is to keep the blood glucose level within the normal range to help the baby develop normally. The woman may need to test her blood sugar at home to monitor how she is doing. She will also need regular follow-up care with her health care provider, and may need a referral to a dietitian.

In many cases, blood sugar can be kept in the normal range by eating a healthy diet and exercising regularly.

Lifestyle changes can prevent or reverse gestational diabetes. These changes include eating a healthy diet and regular exercise.

To reduce the risk of developing diabetes in the future, women should be encouraged to:

- ◆ Breastfeed – breastfeeding has been shown to reduce the risk for subsequent diabetes in the baby.
- ◆ Follow a healthy lifestyle.
- ◆ Be screened regularly for the development of diabetes.
- ◆ Consult her physician before her next pregnancy.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Diabetes”
- ◆ Click on “A-Z list of Diabetes Topics and Titles”
- ◆ Look for “Gestational Diabetes”

◆ **Gluten Enteropathy**

See Celiac Disease.

◆ **Hepatitis**

See Risk 352 – Infectious Diseases

Also see Liver Disease.

Description

There are several types of hepatitis. The most common are:

- ◆ Hepatitis A
- ◆ Hepatitis B
- ◆ Hepatitis C

Causes

Hepatitis A is a virus that is most commonly spread through eating food prepared by someone who has Hepatitis A. It is more common

in children who attend day care. Most infected people do not even know they have been exposed to the virus.

Hepatitis B can be spread by exposure to blood, through sexual relations, and from mother to baby. Symptoms of Hepatitis B may be absent, mild and flu-like, or acute. Most people will get better without any intervention, but some people are chronically infected and often have chronic damage to the liver.

Hepatitis C is passed the same way as Hepatitis B. Hepatitis C is less common than B as a cause of acute hepatitis, but the majority of the people who contract it become chronically infected, able to spread the infection to others, and usually have chronic damage to the liver.

Symptoms

Some symptoms include:

- ◆ dark colored urine
- ◆ light colored stools
- ◆ yellowish skin and eyes
- ◆ fatigue
- ◆ diarrhea
- ◆ stomach pain

Counseling Notes

People with Hepatitis A or Hepatitis C may be on a special diet.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Digestive”
- ◆ Click on “A-Z list of Digestive Diseases Topics and Titles”
- ◆ Look for “Hepatitis”

◆ HIV

See Risk 352 – Infectious Diseases

Also see AIDS.

Description

- ◆ Advanced infection of HIV (human immunodeficiency virus) causes AIDS.
- ◆ By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infections and certain cancers.
- ◆ People diagnosed with AIDS may get life-threatening diseases called opportunistic infections, which are caused by viruses or bacteria that usually do not make healthy people sick.

Causes

- ◆ Having unprotected sex with an infected partner spreads HIV most commonly.
- ◆ HIV also is spread through contact with infected blood. However, because of blood screening and heat treatment, the risk of getting HIV from such transfusions is extremely small.
- ◆ HIV is frequently spread among injection drug users by the sharing of needles or syringes contaminated with very small quantities of blood from someone infected with the virus.
- ◆ Women can transmit HIV to their babies during pregnancy or birth. Approximately one-quarter to one-third of all untreated pregnant women infected with HIV will pass the infection to their babies. If the mother takes certain drugs during pregnancy,

she can significantly reduce the chances that her baby will get infected with HIV.

- ◆ HIV also can be spread to babies through the breast milk of mothers infected with the virus.
- ◆ Although researchers have found HIV in the saliva of infected people, there is no evidence that the virus is spread by contact with saliva.
- ◆ Scientists have found no evidence that HIV is spread through sweat, tears, urine, or feces.
- ◆ Studies of families of HIV-infected people have shown clearly that HIV is not spread through casual contact such as the sharing of food utensils, towels and bedding, swimming pools, telephones, or toilet seats.
- ◆ Biting insects such as mosquitoes or bedbugs do not spread HIV.

Counseling Notes

- ◆ HIV can be diagnosed with a simple blood test.
- ◆ People infected with HIV may take medications that require a special diet.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “HIV Infection”

✦ **Hyperemesis Gravidarum**

See Risk 301 – Hyperemesis Gravidarum

Description

Hyperemesis gravidarum is extreme, persistent nausea and vomiting during pregnancy that may lead to dehydration (not enough water in the body).

Nearly all women experience some degree of nausea and vomiting during pregnancy, particularly during the first trimester. However, too much vomiting can interfere with the weight gain needed for a healthy pregnancy and cause dehydration, which can be harmful to both mother and child.

Causes

The cause of hyperemesis gravidarum is unknown.

Symptoms

- ◆ Nausea
- ◆ Vomiting
- ◆ Lightheadedness
- ◆ Fainting

Counseling Notes

This risk is used for women who have severe nausea and vomiting, when medical attention is required. Medication or hospitalization may be needed for severe cases to prevent dehydration.

For mild cases, the following tips may be helpful:

- ◆ Fluids should be taken during the times of the day when she feels least nauseated.
- ◆ The nausea is often worse when the stomach is empty. Try small amounts of food throughout the day.

- ◆ Every woman has a different food that won't cause nausea. Encourage her to eat the foods that sound good throughout the day. Dry, salty or sour foods may be helpful.
- ◆ Strong smells can make the nausea worse. Try eating cold foods and having someone else cook.
- ◆ Emotional support can help the woman cope with nausea and/or vomiting.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Hyperemesis Gravidarum”

“No More Morning Sickness” by Miriam Erick

◆ **Hypertension – Chronic**

See Risk 345 – Hypertension

Also see Hypertension – Pregnancy Induced.

Description

Hypertension is also known as high blood pressure. Uncontrolled high blood pressure can increase the risk of serious health problems.

Causes

- ◆ Essential hypertension or primary hypertension has no known cause.
- ◆ Secondary hypertension is caused by another underlying condition such as:

- ◇ Kidney disease
 - ◇ Adrenal disease
 - ◇ Thyroid disease
 - ◇ Abnormal blood vessels
 - ◇ Certain medications, including birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs, may also cause secondary hypertension.
 - ◇ Illegal drugs, such as cocaine and amphetamines.
- ◆ The risk factors you can control or manage include:
 - ◇ Obesity
 - ◇ Physical activity
 - ◇ Stress
 - ◇ Tobacco use
 - ◇ Alcohol use
 - ◇ Salt intake

Symptoms

- ◆ Most people with high blood pressure have no signs or symptoms.
- ◆ Headaches, dizziness or nosebleeds are common symptoms of high blood pressure.
- ◆ Other symptoms sometimes associated with high blood pressure generally are caused by other conditions that can lead to high blood pressure. Such symptoms include:
 - ◇ Excessive sweating
 - ◇ Muscle cramps
 - ◇ Weakness
 - ◇ Frequent urination
 - ◇ Rapid or irregular heartbeat (palpitations)

Counseling Notes

- ◆ The goal of treatment is to prevent health complications that may occur as a result of high blood pressure.
- ◆ Treatment may require medications, lifestyle changes or a combination of both.
- ◆ Lifestyle changes that are helpful include:
 - ◇ Eat a healthy diet with plenty of grains, fruits, vegetables and low-fat dairy foods
 - ◇ Limit sodium (salt) in the diet
 - ◇ Drink less caffeine and alcohol
 - ◇ Lose weight (even losing a small amount is helpful)
 - ◇ Exercise regularly
 - ◇ Reduce stress
 - ◇ Get enough sleep
 - ◇ Stop smoking

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases and Conditions”
- ◆ Look for “Hypertension”

◆ **Hypertension – Pregnancy Induced**

See Risk 345 – Hypertension and Pre-Hypertension

Also see Hypertension – Chronic.

See Risk 304 – History of Preeclampsia

Description

- ◆ Pregnancy induced hypertension (PIH) is a condition of high blood pressure that sometimes occurs during pregnancy.
- ◆ It usually begins in the third trimester, or last 3 months of pregnancy. Occasionally it can begin even earlier, but this is not common.
- ◆ May also be called pre-eclampsia or toxemia.

Causes

- ◆ The cause of PIH is unknown.
- ◆ Some conditions may increase the risk of developing PIH, including the following:
 - ◇ Pre-existing hypertension (high blood pressure)
 - ◇ Kidney disease
 - ◇ Diabetes
 - ◇ PIH with a previous pregnancy
 - ◇ Mother's age, younger than 20 or older than 40
 - ◇ Multiple babies (twins, triplets)

Symptoms

Symptoms may include:

- ◆ Increased blood pressure
- ◆ Protein in the urine
- ◆ Edema (swelling of legs, face and belly)
- ◆ Sudden weight gain
- ◆ Visual changes such as blurred or double vision
- ◆ Nausea, vomiting
- ◆ Pain around the stomach
- ◆ Passing small amounts of urine

Counseling Notes

- ◆ The only cure for this condition is delivery, but even following birth, the condition may continue for several hours or weeks.
- ◆ The standard treatment is bed rest with blood pressure monitoring.
- ◆ Other monitoring tests might include blood tests, fetal heart rate monitoring, urine tests for protein, and assessment of amniotic fluid volume and fetal growth if necessary.
- ◆ In PIH, blood flow is reduced to many organ systems in the expectant mother including the liver, kidneys, brain, uterus, and placenta.
- ◆ There are also other problems that may develop as a result of PIH, including:
 - ◇ Placental abruption (premature detachment of the placenta from the uterus)
 - ◇ Intrauterine growth restriction (poor growth of the baby)
 - ◇ Stillbirth
- ◆ If untreated, severe PIH may cause dangerous seizures and even death in the mother and fetus.
- ◆ Because of these risks, it may be necessary for the baby to be delivered early, before 37 weeks gestation.
- ◆ Education about the warning symptoms is also important because early recognition may help women receive treatment and prevent worsening of the disease.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Preeclampsia”

✦ Hypoglycemia

See Risk 356 – Hypoglycemia

Description

Hypoglycemia is a condition caused by an abnormally low level of blood sugar (glucose), our body's main energy source.

Causes

- ◆ Diabetes
- ◆ The causes of hypoglycemia in people without diabetes are:
 - ◇ Medications
 - ◇ Alcohol
 - ◇ Certain cancers
 - ◇ Diseases of kidney, liver or heart
 - ◇ Hormonal deficiencies
 - ◇ Disorders that result in the body producing too much insulin

Symptoms

The following symptoms are not specific to hypoglycemia. There may be other causes. The only way to know for sure that hypoglycemia is the cause is to test the blood sugar level.

- ◆ Confusion
- ◆ Abnormal behavior, such as the inability to complete routine tasks
- ◆ Visual disturbances, such as double vision and blurred vision
- ◆ Seizures
- ◆ Loss of consciousness

- ◆ Heart palpitations
- ◆ Tremor
- ◆ Anxiety
- ◆ Sweating
- ◆ Hunger

Counseling Notes

- ◆ Eating small, frequent meals can help prevent hypoglycemia.
- ◆ Hypoglycemia can be an indication of any number of illnesses.
- ◆ Eating food or candy usually raise the blood sugar level and help relieve symptoms.
- ◆ For people with diabetes, taking insulin or oral diabetes medications regularly, along with a regular diet, will help prevent hypoglycemia.

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases & Conditions”
- ◆ Look for “Hypoglycemia”

✦ **Inborn Errors of Metabolism**

See Risk 351 – Inborn Errors of Metabolism

Description

- ◆ Inborn errors of metabolism are rare.
- ◆ They are genetic disorders in which the body cannot turn food

into energy (metabolize food) normally.

- ◆ The disorders are usually caused by defects in the enzymes involved in the biochemical pathways that break down food components.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Inborn Errors of Metabolism”

✦ **Inflammatory Bowel Disease**

See Risk 342 – Gastro-Intestinal Disorders

Description

Inflammatory bowel disease causes chronic inflammation of the digestive system. It includes ulcerative colitis and Crohn’s disease. These diseases are painful and sometimes lead to life-threatening problems. Crohn’s disease can affect any part of the digestive system. Ulcerative colitis affects only the colon (large intestine).

Causes

The cause of inflammatory bowel disease is unknown.

Symptoms

Symptoms include one or more of the following:

- ◆ diarrhea

- ◆ abdominal pain
- ◆ blood in stool
- ◆ decreased appetite
- ◆ weight loss

Counseling Notes

- ◆ There is no known medical cure. However, medications or surgery may greatly reduce the symptoms and may keep them from returning.
- ◆ Certain foods and drinks can worsen the symptoms and should be avoided.

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases & Conditions”
- ◆ Look for “Inflammatory Bowel Disease”

◆ **Intrauterine Growth Restriction (IUGR)**

See Fetal Growth Restriction (Risk 336).

◆ **Juvenile Rheumatoid Arthritis (JRA)**

See Risk 360 – Other Medical Conditions

Description

Arthritis is an inflammation of the joints that is characterized by swelling, heat, and pain. Arthritis can be short-term, lasting for just a few weeks or months, then going away forever. It can also be chronic, lasting for months or years. In rare cases, it can last a lifetime.

Types of rheumatoid arthritis include:

- ◆ Polyarticular arthritis
 - ◇ Symptoms include swelling or pain in 5 or more joints
 - ◇ The small joints of the hands are affected as well as the weight-bearing joints such as the knees, hips, ankles, feet, and neck
 - ◇ In addition, a low-grade fever may appear, as well as bumps or nodules on the body on areas subjected to pressure from sitting or leaning.
- ◆ Pauciarticular JRA
 - ◇ Affects 4 or fewer joints
 - ◇ Symptoms include pain, stiffness, or swelling in the joints
 - ◇ The knee and wrist joints are the most commonly affected
 - ◇ An inflammation of the iris (the colored area of the eye) may occur with or without active joint symptoms
- ◆ Systemic JRA
 - ◇ Affects the whole body.
 - ◇ Symptoms include high fevers that often increase in the evenings and then may suddenly drop to normal.
 - ◇ During the onset of fever, the child may feel very ill, appear pale, or develop a rash. The rash may suddenly disappear and then quickly appear again.
 - ◇ The spleen and lymph nodes may also become enlarged.
 - ◇ Eventually many of the body's joints are affected by swelling, pain, and stiffness.

Causes

Research indicates that JRA is an autoimmune disease.

Counseling Notes

- ◆ In many cases, JRA may be treated with a combination of medication, physical therapy, and exercise.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Juvenile Rheumatoid Arthritis”

✦ **Kidney Disease**

See Renal Disease (Risk 346).

✦ **Lactose Intolerance**

See Risk 355 – Lactose Intolerance

Description

People with lactose intolerance don't make enough of the enzyme lactase. Lactase breaks down lactose (milk sugar) into simpler forms that can be absorbed from the intestines into the blood. When there is not enough lactase, lactose continues through the intestines causing the symptoms.

Causes

- ◆ For most people, lactase deficiency is a condition that develops naturally over time.
- ◆ After about the age of 2 years, the body begins to produce less lactase. However, many people may not experience symptoms until they are much older.
- ◆ Certain diseases and injuries to the small intestine can reduce the amount of enzymes produced.
- ◆ In rare cases, children are born without the ability to produce lactase (galactosemia).

Symptoms

Symptoms usually begin about 30 minutes to 2 hours after eating or drinking foods containing lactose. They include:

- ◆ Nausea
- ◆ Abdominal cramps
- ◆ Bloating and gas
- ◆ Diarrhea

Counseling Notes

- ◆ No treatment can improve the body's ability to produce lactase, but symptoms can be controlled through diet.
- ◆ Dietary control of lactose intolerance depends on people learning through trial and error how much lactose they can handle.
- ◆ Many people can tolerate small amounts of milk, ice cream, yogurt and aged cheeses (like cheddar and Swiss).
- ◆ For people avoiding dairy products, green vegetables and fish with soft, edible bones (salmon and sardines) are excellent sources of calcium.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Digestive”
- ◆ Click on “A-Z list of Digestive Diseases Topics and Titles”
- ◆ Look for “Lactose Intolerance”

◆ **Lead Poisoning**

See Risk 211 – Elevated Blood Lead Levels

Description

Lead is toxic to the body. Children particularly are susceptible to lead poisoning because it can build up in their nervous system and brains as their bodies grow and develop. Dangerous levels of lead in children may cause serious health problems, including lower intelligence and poor school performance. Pregnant women are at increased risk because lead can damage the developing fetus.

Causes

Babies and young children especially are susceptible to lead exposure because they have a tendency to put objects in their mouths. Their hands or other objects placed in their mouths may be contaminated with lead dust. They may also eat paint chips or chew on windowsills or other wood areas painted with lead paint.

- ◆ Peeling lead-based paint in older homes (painted before 1978).
- ◆ House dust that contains lead (remodeling a house can increase the lead dust in the house).

- ◆ Using pottery or ceramics made in other countries for cooking, storing or serving foods/drinks.
- ◆ Using traditional or home remedies, such as Axarcon, Alarcon, Greta, Rueda, Pay-loo-ah, or Kohl.
- ◆ Water from lead pipes (especially hot water) – most common in houses built 1970-1985.

Symptoms

- ◆ Lead poisoning may go undetected because frequently there are no obvious signs or symptoms
- ◆ Signs and symptoms of lead poisoning in children are nonspecific and may include:
 - ◇ Irritability
 - ◇ Loss of appetite
 - ◇ Weight loss
 - ◇ Sluggishness
 - ◇ Abdominal pain
 - ◇ Vomiting
 - ◇ Constipation
 - ◇ Weakness from anemia
- ◆ Lead poisoning is also dangerous to adults. Signs and symptoms of lead poisoning in adults may include:
 - ◇ Pain, numbness or tingling of the hands and feet
 - ◇ Muscular weakness
 - ◇ Headache
 - ◇ Abdominal pain
 - ◇ Memory loss

Counseling Notes

Everyday Precautions:

- ◆ Wash your children's hands after they play outside, before eating

and going to bed.

- ◆ Clean your floors with a wet mop and wipe furniture, windowsills and other dusty surfaces with a damp cloth.
- ◆ Don't let your children play near major roadways or bridges.
- ◆ Prepare meals that are high in iron and calcium. A nutritious diet helps prevent lead absorption in your children's bodies.
- ◆ Run cold water for at least a minute before using, especially if it hasn't been used for a while.
- ◆ Use only cold water to make baby formula or for cooking.

Home Renovation Precautions:

- ◆ Wear protective equipment and clothing.
- ◆ Change your clothes, take a shower and wash your hair before leaving the job.
- ◆ Be careful where you eat. Don't eat or drink in an area where lead dust may be present.
- ◆ Don't use an open-flame torch to remove paint.
- ◆ Don't use the highest setting on a heat gun.
- ◆ Use caution in painting over old lead paint.

Resource Section

www.mchealth.org/lead/ (Multnomah County Health Department)

- ◆ Multnomah County Lead Line: (503) 988-4000

◆ **Liver Disease**

See Risk 342 – Gastro-Intestinal Disorders

Also see Hepatitis (Risk 352 – Infectious Diseases).

Description

Liver disease is an acute or chronic damage to the liver, usually caused by infection, injury, or intake of drugs or poisons. The disease can also be categorized by the effect it has on the liver.

- ◆ Hepatitis is an inflammation of the liver.
- ◆ Cirrhosis involves scarring of the liver and cell death.
- ◆ Fatty liver involves accumulation of fat in the liver.

Causes

Cirrhosis – Anything that causes severe ongoing injury to the liver can lead to cirrhosis. It is marked by the death of liver cells and scar tissue formation. It is a progressive disease that creates irreversible damage. Cirrhosis has no signs or symptoms in its early stages, but as it progresses, it can cause fluid build-up in the abdomen, muscle wasting, bleeding from the intestines, easy bruising, and a number of other problems. In extreme cases, liver transplantation is needed.

Fatty liver causes the liver to enlarge and function abnormally. The most common cause is excessive alcohol intake. Fatty liver can usually be cured by not drinking alcohol.

Counseling Notes

Many people with severe liver disease are on a special diet.

Resource Section

www.webmd.com (Web MD)

- ◆ Click on “A-Z Guide/Topics”
- ◆ Look for “Cirrhosis”

✦ **Lupus Erythematosus**

See Risk 360 – Other Medical Conditions

Description

Lupus is one of many disorders of the immune system known as autoimmune diseases. In autoimmune diseases, the immune system turns against parts of the body it is designed to protect. This leads to inflammation and damage to various body tissues.

Causes

- ◆ The exact cause is unknown. It is likely that a combination of genetic, environmental, and possibly hormonal factors work together to cause the disease.
- ◆ Lupus is three times more common in African American women than in Caucasian women and is also more common in women of Hispanic, Asian, and Native American descent.

Symptoms

- ◆ Lupus can affect many parts of the body, including the joints, skin, kidneys, heart, lungs, blood vessels, and brain.
- ◆ Symptoms can range from mild to severe and may come and go over time.
- ◆ Although people with the disease may have many different symptoms, some of the most common ones include:
 - ◇ Extreme fatigue
 - ◇ Painful or swollen joints
 - ◇ Unexplained fever
 - ◇ Skin rashes

- ◇ Kidney problems
- ◇ Mouth ulcers
- ◇ Chest pain upon deep breathing

Counseling Notes

- ◆ Lupus is characterized by periods of illness, called flares, and periods of wellness, or remission.
- ◆ At present, there is no cure for lupus. However, lupus can be effectively treated with drugs, and most people with the disease can lead active, healthy lives.
- ◆ Although a lupus pregnancy is considered high risk, most women with lupus carry their babies safely to the end of their pregnancy.
- ◆ Women with lupus have a higher rate of miscarriage and premature births compared with the general population.
- ◆ Lupus patients with a history of kidney disease have a higher risk of pre-eclampsia (hypertension with a buildup of excess watery fluid in cells or tissues of the body).
- ◆ Pregnant women with lupus, especially those taking corticosteroids, also are more likely to develop high blood pressure, diabetes, hyperglycemia (high blood sugar), and kidney complications, so regular care and good nutrition during pregnancy are essential.
- ◆ It is also advisable to have access to a neonatal (newborn) intensive care unit at the time of delivery in case the baby requires special medical attention.

Resource Section

- www.nih.gov (National Institutes of Health)
- ◆ Click on “Health Information”
 - ◆ Look for “Lupus”

✦ **Malabsorption Syndromes**

See Risk 342 – Gastro-Intestinal Disorders

Description

Malabsorption syndrome is a change in the ability of the intestine to absorb nutrients adequately into the blood. Protein, fats, and carbohydrates normally are absorbed in the small intestine.

Causes

There are many different conditions that affect fluid and nutrient absorption by the intestine. The causes include:

- ◆ Failure of the body to produce the enzymes needed to digest foods.
- ◆ Congenital defects or diseases of the pancreas, gall bladder or liver.
- ◆ Inflammation, infection, injury or surgical removal of portions of the intestine.
- ◆ Radiation therapy.
- ◆ The use of some antibiotics.

Symptoms

- ◆ Weakness, fatigue
- ◆ Diarrhea
- ◆ Fatty, greasy, foul-smelling stools
- ◆ Abdominal swelling with cramps
- ◆ Bloating, and gas
- ◆ Weight loss

- ◆ Muscle wasting

Counseling Notes

- ◆ Fluid and nutrient monitoring and replacement is essential for any person with malabsorption syndrome.
- ◆ Hospitalization may be required when the disease is severe.
- ◆ If the person is able to eat, the diet and supplements should provide bulk and be rich in carbohydrates, proteins, fats, minerals, and vitamins.
- ◆ The person should be encouraged to eat several small, frequent meals throughout the day, avoiding fluids and foods that promote diarrhea.
- ◆ The treatment and expected course for the individual with malabsorption syndrome varies depending on the cause.

Resource Section

www.healthatoz.com (Health A to Z)

- ◆ Click on “M”
- ◆ Look for “Malabsorption syndrome”

◆ **Meningitis**

See Risk 352 – Infectious Diseases

Description

Meningitis is an infection and inflammation of the membranes (meninges) and cerebrospinal fluid surrounding the brain and spinal cord.

Causes

- ◆ Viruses, bacteria and fungi can cause meningitis.
- ◆ Bacterial meningitis is generally much more serious than viral meningitis, and quick treatment is necessary.
- ◆ Viral meningitis is most common.

Symptoms

It is easy to mistake the early signs and symptoms of meningitis for the flu. They may develop over a period of one or two days, but some types of meningitis can prove fatal in a matter of days. These are the most common symptoms:

- ◆ A high fever
- ◆ Severe headache
- ◆ Vomiting or nausea with headache
- ◆ Confusion
- ◆ Seizures
- ◆ Sleepiness or difficulty waking up
- ◆ Stiff neck
- ◆ Sensitivity to light
- ◆ Lack of interest in drinking and eating
- ◆ Newborns and young infants may not have the classic signs and symptoms of headache and stiff neck. Instead, they may cry constantly, seem unusually sleepy or irritable, and eat poorly. Sometimes the soft spots on an infant's head may bulge.

Counseling Notes

- ◆ Viral meningitis may resolve without treatment in a few days. Mild cases of viral meningitis are usually treated with bed rest, plenty of fluids and over-the-counter pain medications to help reduce fever and relieve body aches.

- ◆ Bacterial meningitis can be serious and can come on very quickly. Acute bacterial meningitis requires prompt treatment with intravenous antibiotics to ensure recovery and reduce the risk of complications.

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases & Conditions”
- ◆ Look for “Meningitis”

◆ **Meningocele**

See Neural Tube Defects.

◆ **Myelomeningocele**

See Neural Tube Defects.

◆ **Necrotizing Enterocolitis**

See Small Bowel Enterocolitis and Syndrome.

✦ Neural Tube Defects (NTD)

See Risk 339 – History of a Birth with a Congenital Birth Defect

See Risk 348 – Central Nervous System Disorders

Description

- ◆ Neural tube defects (NTDs) are major birth defects of a baby's brain or spine.
- ◆ During the first few weeks of pregnancy, the neural tube (that later turns into the brain and spine) does not form right and the baby's brain or spine is damaged.
- ◆ The two most common NTDs are:
 - ◇ Spina bifida (myelomeningocele, meningocele and occulta)
 - ◇ Anencephaly
- ◆ **Spina bifida:**
 - ◇ Occurs when the spine and backbones do not close all the way. A sac of fluid comes through an opening in the baby's back. Much of the time, part of the spinal cord is in this sac and it is damaged.
 - ◇ Most children born with spina bifida live full lives, but they often have lifelong disabilities and need many surgeries. Some of their problems include:
 - ◇ Not being able to move lower parts of their body.
 - ◇ Loss of bowel and bladder control.
 - ◇ Fluid building up and putting pressure on the brain (hydrocephalus), which can be fixed with surgery.
 - ◇ Learning disabilities.
 - ◇ Allergy to latex (found in balloons or hospital gloves).

◆ Anencephaly:

- ◆ Occurs when the brain and skull bones do not form right. Part or all of the brain and skull bones might be missing.
- ◆ Babies with this defect usually die before birth (miscarriage) or shortly after birth.

Causes

All women are at risk of having a baby with a NTD. Risk is increased with:

- ◆ Low folic acid intake.
- ◆ Previous NTD-affected pregnancy.
- ◆ Diabetes when the blood sugar is out of control.
- ◆ Some medicines (like some of those that treat epilepsy).
- ◆ Obesity.
- ◆ High temperatures in early pregnancy (such as fever that lasts a while, or using hot tubs and saunas).
- ◆ Hispanic ethnicity (Hispanic women tend to have more babies affected by NTDs).

Symptoms

There are no symptoms. A health care provider may find the NTD during an ultrasound exam.

Counseling Notes

- ◆ Folic acid is a B vitamin that the body needs to make healthy new cells. If a woman has enough folic acid in her body before and during pregnancy, her baby is less likely to have an NTD.
- ◆ Women need to take folic acid every day, starting **before** they get pregnant.
- ◆ Every woman should take 400 micrograms (400 mcg or 0.4 mg) of folic acid daily in a vitamin supplement or in foods that have

been enriched with folic acid (the label on the side of the box should say “100%” next to folic acid).

Resource Section

www.cdc.gov (Centers for Disease Control and Prevention)

- ◆ Click on “A-Z Index”
- ◆ Look for “Folic Acid”

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Disease and Conditions”
- ◆ Look for “Spina Bifida”

◆ **Nutrition-Related Congenital Birth Defects**

See Neural Tube Defects.

See Zinc Deficiency Related Congenital Birth Defects.

See Vitamin A Excess – Congenital Birth Defects.

◆ **Occulta**

See Neural Tube Defects.

✦ **Pancreatitis**

See Risk 342 – Gastro-Intestinal Disorders

Description

Pancreatitis is an inflammation of the pancreas. The pancreas is a large organ that secretes digestive enzymes into the small intestine. These enzymes help digest fats, proteins, and sugars in food. The pancreas also releases the hormones insulin and glucagon into the bloodstream. These hormones help the body use the glucose it takes from food for energy.

- ◆ **Acute pancreatitis** occurs suddenly and lasts for a short period of time and usually resolves. Some people have more than one attack and recover completely after each. However, it can be a severe, life-threatening illness with many complications. Bleeding, low blood pressure, organ failure, and death may follow.
- ◆ **Chronic pancreatitis** occurs when digestive enzymes attack and destroy the pancreas and nearby tissues, causing scarring and pain.

Causes

- ◆ The usual cause of **acute pancreatitis** is gallstones and drinking too much alcohol.
- ◆ The usual cause of **chronic pancreatitis** is many years of alcohol abuse. Other causes include blocked or narrowed pancreatic duct, heredity, high levels of calcium in the blood, high levels of blood fats, some drugs and unknown causes.

Symptoms

- ◆ Symptoms of **acute pancreatitis** include severe pain in the abdomen that may also reach to the back and other areas. Other symptoms include swollen abdomen, nausea, vomiting, and fever.
- ◆ Most people with **chronic pancreatitis** have abdominal pain, although some people have no pain at all. The pain may get worse when eating or drinking, spread to the back, or become constant and disabling. Other symptoms include nausea, vomiting, weight loss, and fatty stools.

Counseling Notes

In general, people with pancreatitis must stop drinking alcohol, eat a prescribed diet, and take the proper medications.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Digestive”
- ◆ Click on “A-Z list of Digestive Diseases Topics and Titles”
- ◆ Look for “Pancreatitis”

◆ **Parasitic Infections (Parasites)**

See Pinworm and Tapeworm.

◆ **Persistent Proteinuria**

See Risk 346 – Renal Disease

Description

- ◆ Proteinuria describes a condition in which urine contains an abnormal amount of protein.
- ◆ Protein in the urine can be a marker of almost any type of kidney disease, so tests are always needed if the cause of proteinuria is to be confirmed.
- ◆ Persistent proteinuria can be serious, especially in clinical illnesses or when accompanied by other urinary abnormalities, such as hematuria (blood in the urine) or bacteruria (bacteria in the urine).

Causes

The most common causes are:

- ◆ High blood pressure
- ◆ Diabetes
- ◆ Infection
- ◆ Glomerulonephritis
- ◆ Nephritis (inflammation of the kidney)

Symptoms

- ◆ Large amounts of protein in the urine may cause the urine to look foamy in the toilet.
- ◆ Because the protein has left your body, your blood can no longer soak up enough fluid and you may notice swelling in your hands, feet, abdomen, or face. These are signs of very large protein loss.

- ◆ More commonly, proteinuria may occur without any signs or symptoms.
- ◆ The amount of protein in the urine can be determined by testing the urine.

Counseling Notes

- ◆ The underlying kidney disease may be treatable with drugs.
- ◆ The type of treatment depends on the cause.
- ◆ Reducing the amount of salt and water taken in the diet each day can treat water retention.
- ◆ Some cases also require drugs to make the kidneys produce more urine.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Kidney”
- ◆ Click on “A-Z List of Kidney and Urological Topics and Titles”
- ◆ Look for “Proteinuria”

www.kidney.org.uk (UK National Kidney Foundation)

- ◆ Click on “Medical Information”
- ◆ Click on “Kidney Diseases”
- ◆ Look for “Proteinuria”

✦ Pinworm

See Risk 352 – Infectious Diseases

Description and Causes

- ◆ Pinworms are small, white worms which infect the large intestine.
- ◆ The pinworm is about the length of a staple.
- ◆ The medical name for the pinworm is *Enterobius vermicularis*.
- ◆ It lives for the most part within the rectum of humans.
- ◆ While an infected person is asleep, female pinworms leave the intestines through the anus and deposit eggs on the skin around the anus.
- ◆ Within a few hours of being deposited on the skin around the anus, pinworm eggs become infective (capable of infecting another person).
- ◆ They can survive up to 2 weeks on clothing, bedding, or other objects.
- ◆ Infection is acquired when these eggs are accidentally swallowed.
- ◆ Preschool and school-age children have the highest rates of pinworm infection.
- ◆ Institutional settings, including day care facilities, often harbor cases of pinworm infection.

Symptoms

- ◆ The classic symptoms of pinworms consist of intense itching around the anus and/or vagina.
- ◆ Less common symptoms range from upset stomach to loss of appetite, irritability, loss of appetite, restlessness, and insomnia.

Counseling Notes

- ◆ Usually a single tablet of mebendazole (Vermox) is used for treatment.
- ◆ Prevention includes:
 - ◇ Washing hands after using the toilet, after playing outside, and before eating.
 - ◇ Bathing every day and changing underwear daily.
 - ◇ Keeping children's fingernails short and clean.

Resource Section

www.medicinenet.com (Medicine Net)

- ◆ Click on “Diseases & Conditions”
- ◆ Look for “Pinworm Infection”

◆ **Pneumonia**

See Risk 352 – Infectious Diseases

Description

Pneumonia is an inflammation of the lungs usually caused by infection with bacteria, viruses, fungi or other organisms.

Causes

People with other chronic illnesses or impaired immunity may be more likely to get pneumonia.

Symptoms

Pneumonia can be difficult to spot. Symptoms are similar to a cold or the flu. The common symptoms are:

- ◆ Chest pain
- ◆ Fever
- ◆ Chills
- ◆ Cough
- ◆ Shortness of breath

Counseling Notes

- ◆ Serious pneumonia can be life threatening.
- ◆ Treatments for pneumonia vary, depending on the severity of your symptoms and the type of pneumonia you have.
- ◆ Bacterial pneumonia is usually treated with antibiotics.
- ◆ Viral pneumonia is usually treated with rest and fluids.
- ◆ Mycoplasma pneumonias are treated with antibiotics.
- ◆ In addition to these treatments, the doctor may recommend over-the-counter medications to reduce fever, relieve aches and pains, and soothe the cough associated with pneumonia.
- ◆ Severe pneumonia may be treated by hospitalization, including intravenous antibiotics and oxygen.

Resource Section

www.mayoclinic.com (Mayo Clinic)

- ◆ Click on “Diseases and Conditions”
- ◆ Look for “Pneumonia”

✦ **Pyelonephritis (Kidney Infection)**

See Risk 346 – Renal Disease

Also see Renal Disease (Risk 346).

Description

Pyelonephritis is an infection of the kidney and the ducts that carry urine away from the kidney (ureters).

Causes

- ◆ Pyelonephritis most often occurs as a result of a urinary tract infection, particularly in the presence of occasional or persistent backflow of urine from the bladder into the ureters or kidney.
- ◆ Types of pyelonephritis are:
 - ◇ Acute uncomplicated pyelonephritis (sudden development of kidney inflammation)
 - ◇ Chronic pyelonephritis (a long-standing infection that doesn't clear)
 - ◇ Reflux nephropathy (an infection that occurs in the presence of an obstruction)
 - ◇ Although cystitis (bladder infection) is common, pyelonephritis occurs much less often.
 - ◇ The risk is increased when there is a history of chronic or recurrent urinary tract infection and when a particularly aggressive type of bacteria causes the infection.

Symptoms

Symptoms may include:

- ◆ Flank pain or back pain
- ◆ Severe abdominal pain (occurs occasionally)
- ◆ Fever
- ◆ Chills with shaking
- ◆ Warm skin
- ◆ Flushed or reddened skin
- ◆ Moist skin
- ◆ Vomiting, nausea
- ◆ Fatigue
- ◆ Painful urination
- ◆ Increased urinary frequency or urgency
- ◆ Need to urinate at night (nocturia)
- ◆ Abnormal urine color
- ◆ Blood in the urine
- ◆ Foul or strong urine odor

Counseling Notes

- ◆ The goals of treatment are to control the infection and reduce the symptoms.
- ◆ Acute symptoms usually resolve within 48 to 72 hours after appropriate treatment.
- ◆ Due to the risk of permanent kidney damage, prompt treatment is recommended.
- ◆ In diabetic patients and pregnant women, follow-up should include a urine culture at the completion of therapy to ensure that bacteria are no longer present in the urine.
- ◆ Most cases of pyelonephritis resolve without complication after the treatment.
- ◆ However, the treatment may need to be aggressive or prolonged. If sepsis occurs, it can be fatal.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Kidney Infection (Pyelonephritis)”

✦ **Renal Disease**

See Risk 346 – Renal Disease

Also see Persistent Proteinuria (Risk 346) and Pyelonephritis (Risk 346).

Description

The urinary system cleanses the blood and rids the body of excess water and waste in the form of urine. The urinary tract consists of two kidneys, one ureter from each kidney (tubes that drain urine from the kidneys), the bladder (a storage sac for urine) and the urethra (the tube that transports the urine out of the body).

The kidneys filter the waste from the blood and help your body maintain the correct fluid level.

When the kidneys are not working properly, waste products and fluid can build up to dangerous levels, creating a life-threatening situation.

There are more than 100 disorders, diseases, and conditions that can lead to progressive destruction of the kidneys. Some of the more common problems are described here:

- ◆ Obstruction – The urinary tract can become blocked, or

obstructed (for example, from a kidney stone, tumor, expanding uterus during pregnancy, or enlarged prostate gland).

- ◆ Cystitis (bladder infection) – Clients cannot qualify for WIC with only a bladder infection.
- ◆ Pyelonephritis – An infection of kidney tissue; most often, it is the result of cystitis that has spread to the kidney.
- ◆ Glomerular diseases – Diseases that attack the blood filtering units of the kidneys.
- ◆ Glomerulonephritis (also called nephritis or nephritic syndrome) – The glomeruli in the kidneys become inflamed.
- ◆ Nephrotic syndrome – The blood loses protein to the urine because of damage to the membrane between the glomeruli and tubules.
- ◆ Other factors – Any situation in which there is severe blood loss or reduced blood flow may prevent the kidneys from working correctly.

Symptoms

- ◆ Swelling or puffiness, particularly around the eyes or in the face, wrists, abdomen, thighs or ankles.
- ◆ Urine that is foamy, bloody, or coffee-colored.
- ◆ A decrease in the amount of urine.
- ◆ Problems urinating, such as a burning feeling or abnormal discharge during urination, or a change in the frequency of urination, especially at night.
- ◆ Mid-back pain (flank).
- ◆ High blood pressure.

Counseling Notes

- ◆ In general, the earlier kidney or urinary disease is recognized, the more likely it is to be treatable.
- ◆ Dietary restrictions, drug therapy, and surgical procedures may

be appropriate.

- ◆ If the kidneys can no longer effectively remove waste and water from the body, a dialysis machine used several times a week can take over kidney filtration.
- ◆ Kidney transplant surgery is another option when kidneys fail.
- ◆ People with diabetes or high blood pressure should control their diseases to prevent or minimize kidney damage.

Resource Section

www.labtestonline.org (Lab Test Online)

- ◆ Click on “Understanding Your Tests”
- ◆ Find “Kidney Disease” under “Conditions/Diseases”

◆ **Rheumatoid Arthritis**

See Juvenile Rheumatoid Arthritis.

◆ **Short Bowel Syndrome**

See Risk 342 – Gastro-Intestinal Disorders

Description

Short Bowel Syndrome (SBS) is defined as malabsorption resulting from loss of a significant length of the small intestine. It is also known as small bowel syndrome.

Causes

Most common after part of the intestine is removed during surgery (bowel resection). This surgery is most common in the newborns who have necrotizing enterocolitis.

Counseling Notes

- ◆ Children with SBS need regular nutrition monitoring to prevent problems associated with fluid and nutrient malabsorption.
- ◆ Immediately after bowel surgery that results in SBS, total parenteral nutrition (nutrition provided through IV) is required until bowel function returns.
- ◆ Normal eating may be achieved in a matter of weeks to months, or may never be achieved.
- ◆ Once a child is taking food through the mouth, adequacy of absorption becomes a concern.
- ◆ It is frequently necessary to give fat-soluble vitamins (like A, D, E, K). They may also need vitamin B12 injections every 1 to 3 months.
- ◆ B12 status, calcium and iron levels need to be monitored periodically.
- ◆ Sometimes, oral antibiotics may be needed to control bacterial overgrowth.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Short Bowel Syndrome”

✦ **Sickle Cell Anemia**

See Risk 349 – Genetic and Congenital Disorders

Description

Sickle cell anemia affects the red blood cells. Normal red blood cells are smooth and round like doughnuts. They move easily through blood vessels to carry oxygen to all parts of the body.

In sickle cell anemia, the red blood cells become hard, sticky, and shaped like sickles or crescents. When these hard and pointed red cells go through the small blood vessels, they tend to get stuck and block the flow of blood. This can cause pain, damage, and a low blood count or anemia.

Sickle cell trait is different from sickle cell anemia. A person with sickle cell trait does not have the disease but carries the gene that causes the disease. People with sickle cell trait do not qualify for WIC.

Causes

- ◆ Children who inherit sickle cell genes from both parents will have sickle cell anemia.
- ◆ Children who inherit the sickle cell gene from only one parent will not have the disease. They will have sickle cell trait.
- ◆ Sickle cell anemia is common in people whose families come from:
 - ◇ Parts of Africa (the region south of the Sahara Desert)
 - ◇ Spanish-speaking areas like South America, Cuba, and Central America
 - ◇ Saudi Arabia and India
 - ◇ Mediterranean countries, such as Turkey, Greece, and Italy

Symptoms

The signs and symptoms of sickle cell anemia are different in each person. Some people have mild symptoms. Others have very severe symptoms and are often hospitalized for treatment.

The common symptoms are:

- ◆ Fatigue (feeling very tired)
- ◆ Paleness
- ◆ Yellowing of the skin and eyes (jaundice)
- ◆ Shortness of breath
- ◆ Pain
- ◆ Infections
- ◆ Acute Chest Syndrome – similar to pneumonia, it is caused by infection or by trapped sickle cells in the lung
- ◆ Delayed growth

Counseling Notes

Health maintenance for patients with sickle cell disease starts with early diagnosis, preferably in the newborn period and includes:

- ◆ Penicillin prophylaxis
- ◆ Vaccination against pneumococcus bacteria
- ◆ Folic acid supplementation
- ◆ Blood transfusions

Resource Section

www.nhlbi.nih.gov (National Heart, Lung and Blood Institute)

- ◆ Click on “A-Z Diseases and Conditions Index”
- ◆ Look for “Sickle Cell Anemia”

✦ **Small Bowel Enterocolitis and Syndrome**

See Risk 342 – Gastro-Intestinal Disorders

Description

Also known as necrotizing enterocolitis. This disease causes intestinal tissue to die. It occurs primarily in premature infants or sick newborns.

Causes

- ◆ The cause for this disorder is unknown, but it is thought that a decreased blood flow to the bowel keeps the bowel from producing the normal protective mucus.
- ◆ Bacteria in the intestine may also be a cause.
- ◆ At risk are small, premature infants, infants who are fed formula, and infants who have received blood exchange transfusions.

Symptoms

- ◆ Abdominal distension.
- ◆ Vomiting, diarrhea, and blood in stool.
- ◆ Not feeding properly, lethargy and weakness.

Counseling Notes

- ◆ Feedings should be stopped and gas relieved from the bowel by inserting a small tube into the stomach.
- ◆ Intravenous fluid replaces formula or breast milk.

- ◆ Antibiotic therapy is needed in most cases.
- ◆ If necessary, the dead bowel tissue is removed through surgery.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Necrotizing Enterocolitis”

◆ **Small for Gestational Age (SGA)**

See Risk 151 – Small for Gestational Age (SGA)

Description

Small for gestational age (SGA) is a term used to describe a baby who is smaller than usual for the baby’s age, gender and genetic heritage.

The SGA baby is smaller than 90 percent of all other babies of the same gestational age.

SGA babies may appear physically and neurologically mature.

Small for gestational age babies may be full-term or premature.

SGA babies may be:

- ◆ Proportionately small (equally small all over), or
- ◆ They may be of normal length and size but have lower body weight.

SGA babies may have problems at birth including the following:

- ◆ Decreased oxygen levels.
- ◆ Low Apgar scores (an assessment that helps identify babies with difficulty adapting after delivery).

- ◆ Meconium aspiration (inhalation of the first stools passed in utero) which can lead to difficulty breathing.
- ◆ Hypoglycemia (low blood sugar).
- ◆ Difficulty maintaining normal body temperature.
- ◆ Polycythemia (too many red blood cells).

Causes

- ◆ Most SGA babies are small because of growth problems that occur during pregnancy.
- ◆ Many babies with SGA have a condition called intrauterine growth restriction (IUGR). IUGR occurs when the baby does not receive the nutrients and oxygen needed for proper growth and development of organs and tissues. IUGR can begin at any time in pregnancy.
- ◆ When the fetus does not receive enough oxygen or nutrients during pregnancy, overall body and organ growth is limited, and tissue and organ cells may not grow as large or as numerous.

Some factors that may contribute to SGA and/or IUGR include the following:

- ◆ Maternal factors:
 - ◆ High blood pressure.
 - ◆ Chronic kidney disease.
 - ◆ Advanced diabetes.
 - ◆ Heart or lung disease.
 - ◆ Malnutrition, anemia.
 - ◆ Infection.
 - ◆ Substance use (alcohol, drugs).
 - ◆ Cigarette smoking.
- ◆ Factors involving the uterus and placenta:
 - ◇ Decreased blood flow in the uterus and placenta.
 - ◇ Placental abruption (placenta detaches from the uterus).
 - ◇ Placenta previa (placenta attaches low in the uterus).

- ◇ Infection in the tissues around the fetus.
- ◇ Factors related to the developing baby (fetus):
 - ◇ Multiple pregnancy (twins, triplets, etc.).
 - ◇ Infection.
 - ◇ Birth defects.
 - ◇ Chromosomal abnormality.

Counseling Notes

Babies with SGA may be physically more mature than their small size indicates. But they may be weak and less able to tolerate large feedings or to stay warm.

Specific treatment for SGA will be determined by the baby's physician based on:

- ◆ Gestational age, overall health, and medical history.
- ◆ Extent of the condition.
- ◆ Tolerance for specific medications, procedures, or therapies.
- ◆ How long the condition is expected to last.
- ◆ Parent's opinion or preference.

Treatment of the SGA baby may include:

- ◆ Temperature controlled beds or incubators.
- ◆ Tube feedings (if the baby does not have a strong suck).
- ◆ Checking for hypoglycemia (low blood sugar) through blood tests.
- ◆ Monitoring of oxygen levels.
- ◆ Babies who are also premature may have additional needs including oxygen and mechanical help to breathe.

Prevention of SGA includes:

- ◆ Prenatal care to identify problems with growth.
- ◆ Avoiding smoking and use of substances such as drugs and alcohol.
- ◆ Eating a healthy diet in pregnancy.

Resource Section

www.lpch.org (Lucile Packard Children's Hospital at Stanford)

- ◆ Click on "Health Library/Children's Health A to Z"
- ◆ Click on "High Risk Newborn"
- ◆ Click on "Index of Topics"
- ◆ Click on "Small for Gestational Age"

◆ **Spina Bifida**

See Neural Tube Defects (Risk 339)

◆ **Tapeworm**

See Risk 352 – Infectious Diseases

Description and Causes

- ◆ Tapeworm infection is acquired by eating raw or undercooked meat of infected animals.
- ◆ Beef generally carry *Taenia saginata*, while pigs carry *Taenia solium*.
- ◆ The larvae from the infected meat develop in the human intestine into the adult tapeworm, which grows and can attain lengths greater than 12 feet.
- ◆ Adults and children with tapeworm (pork tapeworm only) can, if appropriate hygiene is lacking, become self-infected by ingesting eggs from their tapeworm which were picked up on their hands while wiping or scratching the anus.

- ◆ Additionally, these individuals can expose other individuals to eggs, usually via food handling.
- ◆ Ingested eggs hatch in the intestinal track and the larvae migrate through the tissues, where they encyst.
- ◆ If larvae migrate to the brain, they can cause seizures and other neurological problems. This condition is called cysticercosis.

Symptoms

- ◆ Tapeworm infestation does not usually cause any symptoms.
- ◆ Infection is generally recognized when the infected person passes segments of tapeworm in the stool, especially if the segment is moving.

Counseling Notes

- ◆ Tapeworms are treated with oral medications, usually in a single dose.
- ◆ Adequate cooking of meat destroys the tapeworm larvae and will prevent infection by tapeworm.
- ◆ Good hygiene and hand washing after using the toilet will prevent self-infection in a person already infected with tapeworms.

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on “Medical Encyclopedia”
- ◆ Look for “Tapeworm”

✦ **Thalassemia**

See Risk 349 – Genetic and Congenital Disorders

Description

- ◆ Thalassemia is an inherited disorder that leads to the decreased production and increased destruction of red blood cells.
- ◆ This causes very low levels of hemoglobin or none at all. Hemoglobin is the red pigment in red blood cells that carries oxygen through the body to all of the organ systems.
- ◆ The loss of red blood cells leads to anemia and the inability of the body to deliver needed oxygen to maintain normal body function.
- ◆ Thalassemias are named for the amino acid chain in the hemoglobin molecule that is affected. (Amino acids are the building blocks of protein.) The two main types are:
 - ◇ Alpha thalassemia – the alpha chain is affected
 - ◇ Beta thalassemia – the beta chain is affected
- ◆ Thalassemias are also categorized by the number of genes that are defective:
 - ◇ Thalassemia minor – one abnormal gene
 - ◇ Thalassemia major – two abnormal genes

Causes

- ◆ Abnormal genes must be inherited from both parents to develop the disease.
- ◆ If one gene is inherited, the person will be a carrier of the disease, but will not have symptoms.

- ◆ Thalassemia is more common in people from the following areas:
 - ◇ Alpha thalassemia – Southeast Asia, Malaysia, and Southern China
 - ◇ Beta thalassemia – areas surrounding the Mediterranean Sea, Africa, and Southeast China

Symptoms

Symptoms of thalassemia usually begin within 3-6 months of birth. Symptoms may include:

- ◆ Anemia, which may be mild, moderate, or severe
- ◆ Yellowish discoloration of the skin, tissues, and body fluids (jaundice)
- ◆ Enlarged spleen
- ◆ Fatigue and listlessness
- ◆ Reduced appetite
- ◆ Enlarged and fragile bones
- ◆ Growth problems
- ◆ Increased susceptibility to infection
- ◆ Skin paler than usual
- ◆ Hormone problems
- ◆ Heart failure
- ◆ Shortness of breath
- ◆ Liver problems
- ◆ Gallstones
- ◆ Alpha thalassemia usually causes milder forms of the disease, with varying degrees of anemia.
- ◆ The most severe form of alpha thalassemia, which affects mainly individuals of Southeast Asian, Chinese and Filipino ancestry, results in newborn death.
- ◆ Beta thalassemia can be a mild form of disease, known as thalassemia intermedia, which causes milder anemia that rarely

requires transfusions or extensive medical care.

- ◆ Thalassemia major, also known as Cooley's anemia, is a serious disease that requires regular blood transfusions and extensive medical care.

Counseling Notes

Treatment may include:

- ◆ Blood transfusions
- ◆ Iron chelation therapy
- ◆ Splenectomy (surgical removal of the spleen)
- ◆ Bone marrow transplant

Resource Section

www.medlineplus.gov (Medline Plus)

- ◆ Click on "Medical Encyclopedia"
- ◆ Look for "Thalassemia"

www.healthgate.partners.org (Brigham and Women's Hospital)

- ◆ Click on "Health Information"
- ◆ Click on "Health Topics A-Z"
- ◆ Click on "InBrief"
- ◆ Look for "Thalassemia"

✦ Tuberculosis (TB)

See Risk 352 – Infectious Diseases

Description

- ◆ Tuberculosis (often called TB) is an infectious disease that usually attacks the lungs, but can attack almost any part of the body.
- ◆ Someone with **TB disease** is sick and can spread the disease to other people.
- ◆ Someone with **TB infection** has the TB germs, or bacteria, in their body. The body's defenses are protecting them from the germs and they are not sick.

Cause

Tuberculosis is spread from person to person through the air. Usually a person has to be close to someone with TB disease for a long period of time. TB is usually spread between family members, close friends, and people who work or live together.

Risk Factors:

- ◆ People with HIV infection (the AIDS virus)
- ◆ People in close contact with those known to be infectious with TB
- ◆ People with medical conditions that make the body less able to protect itself from disease (for example: diabetes, or people undergoing treatment with drugs that can suppress the immune system, such as long-term use of corticosteroids)
- ◆ Foreign-born people from countries with high TB rates
- ◆ Some racial or ethnic minorities
- ◆ People who work in or are residents of long-term care facilities (nursing homes, prisons, some hospitals)
- ◆ Health care workers and others such as prison guards

- ◆ People who are malnourished (weak)
- ◆ Alcoholics, IV drug users and people who are homeless

Symptoms

- ◆ A person with **TB infection** will have no symptoms.
- ◆ A person with **TB disease** may have any, all or none of the following symptoms:
 - ◇ A cough that will not go away
 - ◇ Feeling tired all the time
 - ◇ Weight loss
 - ◇ Loss of appetite
 - ◇ Fever
 - ◇ Coughing up blood
 - ◇ Night sweats

Counseling Notes

- ◆ The TB skin test is a way to find out if a person has TB infection.
- ◆ If the person has TB infection, they will test for TB disease. Tests for TB disease include a chest X-ray and a test of the person's mucus.
- ◆ Treatment for TB depends on whether a person has TB disease or only TB infection.
- ◆ If a doctor decides a person with TB infection should have preventive therapy, the usual prescription is a daily dose of the medication INH, taken for six to nine months.
- ◆ TB disease is treated with a combination of drugs, which may include a hospital stay. After a few weeks of treatment, most people can return to normal activities and not have to worry about infecting others. They will need to continue taking daily medication for up to nine months.
- ◆ Immunization of babies shortly after birth with BCG vaccine can protect against severe forms of TB such as TB meningitis and disseminated TB in children less than five years old.

Resource Section

www.lungusa.org (American Lung Association)

- ◆ Click on “Diseases A to Z”
- ◆ Look for “Tuberculosis”

◆ **Ulcerative Colitis**

See Inflammatory Bowel Disease.

◆ **Ulcers (Stomach and Intestinal)**

See Risk 342 – Gastro-Intestinal Disorders

Description

A stomach or intestinal (duodenal) ulcer is a sore on the lining of the stomach or duodenum, which is the beginning of the small intestine.

Causes

- ◆ Bacterial infection (*H.pylori*) – The majority of ulcers are caused by these bacteria.
- ◆ Long-term use of nonsteroidal anti-inflammatory agents (NSAIDs), like aspirin and ibuprofen.
- ◆ In a few cases, cancerous tumors in the stomach or pancreas can cause ulcers.
- ◆ Peptic ulcers are not caused by stress or eating spicy food, but these can make ulcers worse.

Symptoms

- ◆ Abdominal discomfort is the most common symptom. This discomfort usually is a dull, gnawing ache that:
 - ◇ Comes and goes for several days or weeks
 - ◇ Occurs 2 to 3 hours after a meal
 - ◇ Occurs in the middle of the night (when the stomach is empty)
 - ◇ Is relieved by eating
 - ◇ Is relieved by antacid medications
- ◆ Other symptoms include weight loss, poor appetite, bloating, burping, nausea, and vomiting.

Counseling Notes

- ◆ Drugs such as antacids and others provide relief of ulcer symptoms.
- ◆ Avoid stress, spicy food, smoking, and excess alcohol consumption.

Resource Section

www.niddk.nih.gov (National Institute of Diabetes & Digestive & Kidney Diseases)

- ◆ Click on “Health Information/Digestive”
- ◆ Click on “A-Z List of Digestive Diseases Topics and Titles”
- ◆ Click on “Ulcers”

✦ **Vitamin A Excess – Congenital Birth Defects**

***See Risk 339 – History of a Birth with a
Congenital Birth Defect***

Description

Women who take large doses of vitamin A around the time of conception or early in their pregnancy have a high risk of delivering infants with birth defects.

Vitamin A excess can lead to:

- ◆ Cleft palate
- ◆ Cleft lip
- ◆ Cranial anomalies
- ◆ Eye defects
- ◆ Hydrocephalus
- ◆ Spina bifida

Causes

Women consuming large amounts of vitamin A from food, vitamin supplements, or medications have a 2 – 4 times greater risk of delivering children with craniofacial defects than did women with lower vitamin A intake.

Counseling Notes

- ◆ Women who may become pregnant should avoid the acne medication Accutane and other retinoid medications.
- ◆ Pregnant women should not take more than 5,000 IU of preformed vitamin A in vitamin supplements or fortified breakfast cereals.

Resource Section

www.marchofdimes.com (March of Dimes)

- ◆ Click on “Professionals and Researchers”
- ◆ Click on “Medical References”
- ◆ Click on “Quick Reference and Fact Sheets”
- ◆ Click on “Accutane Use”

◆ **Zinc Deficiency Related Congenital Birth Defects**

See Risk 339 – History of a Birth with a Congenital Birth Defect

Description

Zinc deficiency is the most common and problematic nutrient deficiency during pregnancy. Zinc deficiency is thought to cause:

- ◆ Fetal growth retardation (low birth weight)
- ◆ Miscarriage
- ◆ Stillbirth

Counseling Notes

- ◆ Zinc is important during pregnancy for two reasons:
 - ◇ Proper growth
 - ◇ For developing a healthy immune system for the baby
- ◆ Red meat (beef), chicken and turkey provide the majority of zinc in the American diet.
- ◆ Other good food sources include oysters, beans, nuts, some seafood,

whole grains, fortified breakfast cereals, and dairy products.

Resource Section

www.ods.os.nih.gov (Office of Dietary Supplements, National Institutes of Health)

- ◆ Click on “Health Information”
- ◆ Click on “Full List of Vitamin & Mineral Supplement Fact Sheets”
- ◆ Click on “Zinc”

References

Information in this document was compiled from the websites of the following organizations:

American Lung Association
Brigham and Women’s Hospital at Stanford
Centers for Disease Control
Epilepsy Foundation
Health A to Z
Lab Tests Online
Lucille Packard Children’s Hospital at Stanford
March of Dimes
Mayo Clinic
Medicine Net
Medline Plus
Multnomah County Health Department
National Institutes of Health
United Kingdom Kidney Foundation
University of Virginia
University of Washington
Web MD



Training Module Evaluation



Training Module Evaluation

For the first four questions, circle the answer that best reflects your opinion.

1. Overall, I think the Training Module was (circle number):

A waste of time		Okay		Very valuable
1	2	3	4	5

2. This training gave me ... (circle number):

No new information		Reinforced information		New information
1	2	3	4	5

3. This training gave me ... (circle number):

No new skills		Reinforced skills		New skills
1	2	3	4	5

4. I found the format of reading, practice activities, skills checks and case studies to be (circle number):

Not useful		Okay		Very useful
1	2	3	4	5

5. The part of the training module that was most useful/helpful was...
6. If I could add to or change any part of the training module, I would...
7. The time it took for me to complete this module was _____ hours.
8. I started working on this training module _____ (days/weeks/months) ago.
9. Check all that apply:
- _____ I am a new staff person.
- _____ I am an existing staff person. Years in WIC/MCH _____