

# Underweight (Pregnant Women)

101★

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



Category.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

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

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

## 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.....	<b>Breastfeeding &amp; Non-Breastfeeding Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

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

<b>At risk if:</b>	<p>For breastfeeding or non-breastfeeding women &lt; 6 months postpartum:            Current BMI &lt;<b>18.5</b>            – OR –            Pre-pregnancy BMI &lt;<b>18.5</b></p> <p>For breastfeeding women ≥ 6 months postpartum:            Current BMI &lt;<b>18.5</b></p>
<b>NOT at risk if:</b>	<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.....	<b>I, C</b>
Risk Level.....	<b>HIGH</b>



## 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

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

### ***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.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## **Risk Description**

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

<b>At risk if:</b>	Pre-pregnancy BMI $\geq 25$
<b>NOT at risk if:</b>	Pre-pregnancy BMI $\leq 25$

## **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  $\geq 25$ .  
– OR –
- ◆ A breastfeeding woman ( $\geq 6$  months postpartum) with a current BMI  $\geq 25$ .

<b>At risk if:</b>	Breastfeeding or non-breastfeeding woman $< 6$ months postpartum had a pre-pregnancy BMI $\geq 25$ – OR – Breastfeeding woman ( $\geq 6$ months postpartum) with a current BMI $\geq 25$
<b>NOT at risk if:</b>	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

# 113



Category..... **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 95<sup>th</sup> percentile BMI or weight-for-height. Recumbent length measurements may not be used to determine this risk.

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

## Reason for Risk

Children who are  $\geq$  95<sup>th</sup> 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.

<b>Change to HIGH risk level if:</b>	$\geq$ 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.....	<b>C (2 – 5)</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

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

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

## Reason for Risk

Children who are between the 85<sup>th</sup> and 95<sup>th</sup> 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.

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

## 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

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

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**NOTE**

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

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***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.

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

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

### **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.

<b>Change to HIGH risk level if:</b>	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.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

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

<b>At risk if:</b>	<p><b>During the 1st trimester (0 – 13 weeks):</b> Any weight loss <i>below pre-pregnancy weight</i></p> <p><b>During the 2nd and 3rd trimester (14 – 40 weeks):</b> Weight loss of <math>\geq 2</math> pounds (<math>\geq 1</math> kg)</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.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

A pregnant woman who gains above recommended levels.

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

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

<b>For singleton pregnancy, at risk if:</b>	<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

<b>For twin pregnancy, at risk if:</b>	<b>Pre-pregnancy weight was:</b>	<b>AND pregnancy weight gain was:</b>
	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.

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**NOTE**

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

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**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)

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# Failure to Thrive (FTT)

134



Category.....	<b>I, C</b>
Risk Level.....	<b>HIGH</b>



## 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.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> failure to thrive
<b>NOT at risk if:</b>	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.

<b>At risk if:</b>	<p><b>Infants from birth to 1 month of age:</b>          Excessive weight loss (<math>\geq 10\%</math>) after birth          Not back to birth weight by 2 weeks of age</p> <p><b>Infants from birth to 6 months of age:</b>          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><b>Infants &amp; Children from 6 months to 59 months of age:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Option I:</b> 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</li> <li>▪ <b>Option II:</b> A low rate of weight gain over a 6-month period (+ or - 2 weeks) as defined by the chart in Policy 675</li> </ul>
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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.....	<b>I, C (up to 24 months)</b>
Risk Level.....	<b>HIGH or MEDIUM</b>



## Risk Description

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

<b>At risk if:</b>	Birth weight is $\leq$ <b>5 pounds 8 oz</b> or $\leq$ <b>2500 grams</b>
<b>NOT at risk if:</b>	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.

<b>Change to HIGH risk level if:</b>	Birth weight is $\leq 1500$ <i>grams</i> or $\leq 3$ <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.....	<b>I, C (up to 24 months)</b>
Risk Level.....	<b>MEDIUM</b>

## Risk Description

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

<b>At risk if:</b>	Born at $\leq 37$ weeks gestation – AND – Infant or child is now $< 24$ months
<b>NOT at risk if:</b>	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.....	<b>I, C (up to 24 months)</b>
Risk Level.....	<b>LOW</b>



## 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.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> small for gestational age – AND – Infant or child is now <i>&lt; 24 months</i>
<b>NOT at risk if:</b>	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.....	<b>Infants only</b>
Risk Level.....	<b>LOW</b>



## Risk Description

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

<b>At risk if:</b>	Infant's birth weight is $\geq 9$ pounds ( $\geq 4000$ grams) – OR – <i>Health care provider diagnosed</i> large for gestational age
<b>NOT at risk if:</b>	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  $\geq 9$  pounds birthweight.
  - Based on birth weight entered on the “Medical Data” screen.
- ◆ CPA selected if diagnosed by health care provider and infant is not  $\geq 9$  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.

<b>At risk if:</b>	<b>Category:</b>	<b>Hemoglobin (Hgb) level:</b>	<b>Hematocrit (Hct) level:</b>
	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.

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#### **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.

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### ***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*

<b>Change to HIGH risk level if:</b>	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:		
	<b>Category:</b>	<b>Hemoglobin (Hgb) level:</b>	<b>Hematocrit (Hct) level:</b>
	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.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

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

<b>At risk if:</b>	Blood lead level $\geq 10$ µg/deciliter within past 12 months
<b>NOT at risk if:</b>	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><b>At risk if:</b></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><b>NOT at risk if:</b></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.....	<b>Pregnant Women</b>
Risk Level.....	<b>HIGH</b>



## 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.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> gestational diabetes – AND – Diabetes was diagnosed during this pregnancy
<b>NOT at risk if:</b>	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).

<b>At risk if:</b>	<p><i>Health care provider diagnosed</i> gestational diabetes during a previous pregnancy</p> <p><b>WP:</b> Any previous pregnancy</p> <p><b>WE, WB, WN:</b> Most recent pregnancy only</p>
<b>NOT at risk if:</b>	<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><b>WE, WB, WN:</b> 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.....	<b>ALL Women</b>
Risk Level.....	<b>LOW</b>



## **Risk Description**

History of preeclampsia as diagnosed by a health care provider.

<b>At risk if:</b>	Preeclampsia has been diagnosed by a health care provider in any past pregnancy.
<b>NOT at risk if:</b>	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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## Risk Description

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

<b>At risk if:</b>	<p>Previous pregnancy ended in a preterm birth  <math>\leq 37</math> weeks gestation</p> <p><b>WP:</b> Any previous pregnancy</p> <p><b>WE, WB, WN:</b> Most recent pregnancy only</p>
<b>NOT at risk if:</b>	<p>All previous births <math>\geq 38</math> weeks gestation                      – OR –</p> <p><b>WE, WB, WN:</b> 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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## Risk Description

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

<b>At risk if:</b>	<p>The baby from a previous pregnancy was <math>\leq 5</math> pounds, 8 ounces (<math>\leq 2500</math> grams)</p> <p><b>WP:</b> Any previous pregnancy</p> <p><b>WE, WB, WN:</b> Most recent pregnancy only</p>
<b>NOT at risk if:</b>	<p>Babies from all previous births were <math>\geq 5</math> pounds, 9 ounces</p> <p>– OR –</p> <p><b>WE, WB, WN:</b> 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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## 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.

<b>At risk if:</b>	<p><b>WP:</b> A prenatal woman with any history of fetal or neonatal loss</p> <p><b>WE, WB:</b> 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><b>WN:</b> A non-breastfeeding woman with a fetal or neonatal loss in the most recent pregnancy only</p>
<b>NOT at risk if:</b>	<p>No fetal or neonatal loss – OR – Fetal loss was earlier than 20 weeks gestation – OR – <b>WE, WB, WN:</b> 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.

<b>At risk if:</b>	$\leq 17$ years at age of conception <b>WP:</b> Current pregnancy <b>WE, WB, WN:</b> Most recent pregnancy only
<b>NOT at risk if:</b>	$\geq 18$ 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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## 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).

<b>At risk if:</b>	<p><i>Conception &lt; 16 months postpartum</i></p> <p>WP: Current pregnancy</p> <p>WE, WB, WN: Most recent pregnancy only</p>
<b>NOT at risk if:</b>	<p>Conception <math>\geq</math> 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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## Risk Description

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

<b>At risk if:</b>	<p><i>&lt; 20 years old at conception</i></p> <p>– AND –</p> <p><i>3 or more pregnancies</i> (<math>\geq 20</math> weeks gestation)</p> <p><b>WP:</b> Include current pregnancy</p> <p><b>WE, WB, WN:</b> Include most recent pregnancy</p>
<b>NOT at risk if:</b>	<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.

<b>At risk if:</b>	<p><b>TWIST-selected:</b> Prenatal care begins <i>after the first trimester</i> (after 13 weeks gestation)</p> <p><b>CPA-selected:</b> Woman <i>does not have regular or ongoing prenatal visits</i>, based on the table below</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <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;"><b><i>Must be assessed and selected by CPA</i></b></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	<b><i>Must be assessed and selected by CPA</i></b>	
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												
<b><i>Must be assessed and selected by CPA</i></b>													
<b>NOT at risk if:</b>	Prenatal care begins in the first trimester and is ongoing												

### **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.).

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

<b>At risk if:</b>	<i>Health care provider diagnosed</i> fetal growth restriction
<b>NOT at risk if:</b>	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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## Risk Description

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

<b>At risk if:</b>	<p>Infant born from previous pregnancy was <math>\geq 9</math> pounds</p> <p><b>WP:</b> Any previous pregnancy</p> <p><b>WE, WB, WN:</b> Most recent pregnancy only</p>
<b>NOT at risk if:</b>	<p>All previous births were <math>&lt; 9</math> pounds – OR –</p> <p><b>WE, WB, WN:</b> Infant <math>\geq 9</math> 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.....	<b>Pregnant Women</b>
Risk Level.....	<b>LOW</b>



## Risk Description

A breastfeeding woman who is now pregnant.

<b>At risk if:</b>	<i>Pregnant woman is currently breastfeeding</i> an infant or child
<b>NOT at risk if:</b>	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.....	<b>All Women</b>
Risk Level.....	<b>LOW</b>



## 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

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

# Nutrient Deficiency Diseases 341



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

A participant who has been diagnosed with a nutrient deficiency disease caused by insufficient dietary intake of nutrients. Examples of diseases include:

- ◆ Scurvy  
[vitamin C deficiency]
- ◆ Rickets (children)  
[vitamin D deficiency]
- ◆ Menkes Disease  
[copper deficiency]
- ◆ Hypocalcemia  
[Calcium deficiency]
- ◆ Osteomalacia (women)  
[vitamin D deficiency]
- ◆ Vitamin K deficiency
- ◆ Beri Beri  
[vitamin B1 (thiamine) deficiency]
- ◆ Pellagra  
[Niacin deficiency]
- ◆ Protein Energy Malnutrition  
[protein and calorie deficiency]
- ◆ Xerophthalmia  
[vitamin A deficiency]
- ◆ Cheilosis  
[Riboflavin, B6 (pyridoxine) or iron deficiency]

<b>At risk if:</b>	<i>Health care provider diagnosed</i> a nutrient deficiency disease
<b>NOT at risk if:</b>	Nutrient deficiency disease has NOT been diagnosed by a health care provider

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 the risk.

### ***Reason for Risk***

A nutrient deficiency is a health risk to the participant.

### ***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 nutrient deficiency disease* in the “Progress Notes.”



### ***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 nutrient deficiency diseases.

***Example***

Nhung is at the WIC clinic today for an enrollment appointment. She is a pregnant woman who recently immigrated to the United States from Vietnam. The referral form from her doctor indicates that she has been diagnosed with “PEM” – protein energy malnutrition. She qualifies for Risk 341.



# Gastro-Intestinal Disorders 342



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

A participant who has been diagnosed with a gastrointestinal disease or condition by a health care provider. Includes:

- ◆ Post-bariatric surgery
- ◆ Gastroesophageal reflux disease (GERD)
- ◆ Stomach or intestinal ulcers
- ◆ Small bowel enterocolitis and short bowel syndrome
- ◆ Malabsorption syndromes
- ◆ Inflammatory bowel disease
- ◆ Ulcerative Colitis
- ◆ Crohn’s disease
- ◆ Liver disease
- ◆ Pancreatitis
- ◆ Gall bladder or biliary tract disease

<b>At risk if:</b>	<i>Health care provider diagnosed</i> a gastrointestinal disorder
<b>NOT at risk if:</b>	Pregnant woman has nausea or vomiting associated with pregnancy – OR – Participant has “the flu” – OR – Gastrointestinal disorder has NOT been diagnosed by a health care provider

If you are unsure whether a condition is a gastro-intestinal disorder, see *More Information about Medical Conditions* or ask your supervisor.

### **Reason for Risk**

- ◆ Gastrointestinal disorders interfere with the intake or absorption of nutrients.
- ◆ In pregnant women, decreased nutrient intake can affect the proper growth of 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**

Document the *specific type of gastrointestinal disorder* in the “Progress Notes.”



### **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 gastrointestinal disorders.

### **Example**

During your certification appointment with Susie, she says she was diagnosed with Crohn’s disease 5 years ago and her doctor is worried about it getting worse during pregnancy. She qualifies for Risk 342 and is referred to the WIC nutritionist for nutrition counseling.

# Diabetes Mellitus

**343**Category.....**ALL**Risk Level.....**HIGH**

## Risk Description

A participant who has been diagnosed with Type 1 or Type 2 diabetes mellitus by a health care provider.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> Type 1 or Type 2 diabetes mellitus
<b>NOT at risk if:</b>	Diabetes mellitus has NOT been diagnosed by a health care provider – OR – Pregnant woman has gestational diabetes (see Risk 302 – Gestational Diabetes)

## Reason for Risk

People who have diabetes are at greater risk for additional health problems.

## 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 diabetes.

### ***Example***

Sara was diagnosed with Type 2 diabetes 3 years ago when she was 29 years old. She controls her diabetes with medication. She is now pregnant with her first child. Her physician has referred her to WIC. Sara will be enrolled on WIC and qualifies for Risk 343. She is referred to the WIC nutritionist for counseling.

# Thyroid Disorders

# 344



Category..... **ALL**

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



## **Risk Description**

A participant who has been diagnosed with thyroid dysfunction characterized by abnormal secretion of thyroid hormones. The conditions include but are not limited to the following:

- ◆ Hyperthyroidism
- ◆ Hypothyroidism
- ◆ Congenital Hyperthyroidism
- ◆ Congenital Hypothyroidism
- ◆ Postpartum Thyroiditis

<b>At risk if:</b>	Health care provider diagnosed a thyroid disorder
<b>NOT at risk if:</b>	Thyroid disorder has NOT been diagnosed by a health care provider

### **Reason for Risk**

Thyroid dysfunction affects metabolism and can occur in pregnant or postpartum women, during fetal development and in childhood. Pregnancy outcomes, maternal health and child development can be negatively impacted if the condition is untreated.

### **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 thyroid disorder* in the “Progress Notes”.



### **Education/Referrals**

- ◆ This is a MEDIUM risk level – **a referral to a health professional or the WIC nutritionist is recommended.**
- ◆ Encourage adequate iodine intake through the use of iodized salt and advise women to review the iodine content of their prenatal supplement.

### **Example**

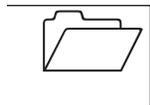
Martinelle is a pregnant woman who reports that her doctor has prescribed thyroid hormone medication for her hypothyroidism. She is assigned Risk 344 and offered a follow up appointment with the nutritionist.

# Hypertension and Prehypertension

**345**



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## **Risk Description**

A participant who has been diagnosed with high blood pressure – chronic hypertension or pregnancy-induced hypertension – by a health care provider.

<b>At risk if:</b>	Health care provider diagnosed hypertension or prehypertension.
<b>NOT at risk if:</b>	Hypertension has NOT been diagnosed by a health care provider

## **Reason for Risk**

People with hypertension (high blood pressure) are at greater risk for additional health problems.

## **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 hypertension.

### ***Example***

Anu was diagnosed with hypertension at her last prenatal appointment. She will be enrolled on WIC today with Risk 345. She is referred to the WIC nutritionist for high-risk counseling.

# Renal Disease

346



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

A participant who has been diagnosed with renal (kidney) disease, including kidney infections and persistent proteinuria, by a health care provider.

<b>At risk if:</b>	<p><i>Health care provider diagnosed</i> a renal disease, such as:</p> <ul style="list-style-type: none"> <li>▪ Pyelonephritis (kidney infection)</li> <li>▪ Persistent proteinuria</li> <li>▪ Polycystic kidneys</li> </ul>
<b>NOT at risk if:</b>	<p>Renal disease has NOT been diagnosed by a health care provider                      – OR –                      Participant has a bladder infection (cystitis)</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 the risk.

### ***Reason for Risk***

Participants with renal disease can have nutritional deficiencies and are often on special diets to control the disease. They are also at greater risk for additional health problems.

### ***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 renal disease* in the “Progress Notes.”



### ***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 renal disease.

### ***Example***

Jason was born with polycystic kidney disease. He is now 4 years old. He has been on WIC since he was a baby and still qualifies under Risk 346. He sees the WIC nutritionist for high-risk counseling.

# Cancer

347



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

A participant who has been diagnosed with cancer by a health care provider. The current condition or treatment must be severe enough to affect nutrition status.

<b>At risk if:</b>	<p><i>Health care provider diagnosed</i> cancer</p> <p>– OR –</p> <p>Participant is being treated for cancer – such as radiation or chemotherapy</p>
<b>NOT at risk if:</b>	<p>Cancer has NOT been diagnosed by a health care provider</p> <p>– OR –</p> <p>Cancer treatment has ended and the participant’s health is normal</p>

## Reason for Risk

People with cancer have a serious health risk and may be at increased 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***

Document the *specific type of cancer or treatment* in the “Progress Notes.”



### ***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 cancer.

### ***Example***

Rajit is a 3-year-old boy who was just diagnosed with leukemia. His father recently lost his job and the family was referred to WIC. They hope the food they receive will help them save on household expenses. Rajit will begin chemotherapy next week and it will last for 8 weeks. Rajit qualifies for WIC under Risk 347.

# Central Nervous System Disorders

348

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

## Risk Description

A participant who has been diagnosed with a central nervous system disorder by a health care provider. Includes:

- ◆ Epilepsy
- ◆ Cerebral palsy
- ◆ Neural tube defects (spina bifida or myelomeningocele)
- ◆ Multiple sclerosis
- ◆ Parkinson's disease

<b>At risk if:</b>	<i>Health care provider diagnosed</i> a central nervous system disorder
<b>NOT at risk if:</b>	Central nervous system disorder has NOT been diagnosed by a health care provider

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 the risk.

### **Reason for Risk**

Central nervous system disorders can affect nutrition status due to:

- ◆ Changes in how food is digested
- ◆ Problems with chewing or swallowing
- ◆ Difficulty feeding oneself

These problems can be caused by the disorder or the medication used to treat the disorder.

### **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 central nervous system disorder* in the “Progress Notes.”



### **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 central nervous system disorders.

### **Example**

Jaleel has been enrolled on WIC since he was an infant. He is at WIC today for a recertification appointment. Jaleel has epilepsy and is taking medication which interferes with his growth and appetite. He is being monitored by a physician. Jaleel is recertified today with Risk 348 and is seen by the WIC nutritionist for high-risk nutrition counseling.

# Genetic and Congenital Disorders

349



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## **Risk Description**

A participant who has been diagnosed with a genetic or congenital disorder that causes a physical or metabolic abnormality. Includes:

- ◆ Cleft lip or palate
- ◆ Down Syndrome
- ◆ Thalassemia major
- ◆ Sickle cell anemia (not sickle cell trait)

<b>At risk if:</b>	<i>Health care provider diagnosed</i> genetic or congenital disorder
<b>NOT at risk if:</b>	Genetic or congenital disorder has NOT been diagnosed by a health care provider – OR – Disorder does not cause a physical or metabolic abnormality that affects nutrition status

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 the risk.

### ***Reason for Risk***

Genetic or congenital disorders can affect nutrition status due to:

- ◆ Changes in how food is digested
- ◆ Problems with chewing or swallowing
- ◆ Difficulty feeding oneself

### ***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 genetic or congenital disorder* in the “Progress Notes.”



### ***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 genetic and congenital disorders.

### ***Example***

Joaquim is an infant who is at your clinic today to enroll in WIC. Joaquim was born with Down Syndrome. He is having some problems with nursing and is being supplemented with formula. He is enrolled on WIC today with Risk 349 and referred to the WIC nutritionist for high-risk nutrition counseling and to a lactation counselor for breastfeeding support.

# Inborn Errors of Metabolism (Metabolic Disorder) 351



Category..... **ALL**

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



## **Risk Description**

A participant who has been diagnosed with a genetic condition that alters metabolism in the body. Includes:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>◆ Phenylketonuria (PKU)</li> <li>◆ Maple Syrup Urine Disease</li> <li>◆ Homocystinuria</li> <li>◆ Tyrosinemia</li> <li>◆ Galactosemia</li> <li>◆ Glycogen Storage Disease</li> <li>◆ Fructose Aldolase Deficiency</li> <li>◆ Hyperlipoproteinuria</li> <li>◆ Homocystinuria</li> <li>◆ Medium and very long chain acyl-CoA dehydrogenase deficiency</li> <li>◆ Long chain 3-hydroxyacyl-CoA dehydrogenase deficiency</li> <li>◆ Trifunctional protein deficiency</li> <li>◆ Isovaleric acidemia</li> <li>◆ Glutaric Acidemia</li> <li>◆ Multiple carboxylase deficiency</li> <li>◆ Methylmalonic Acidemia</li> <li>◆ Propionic Acidemia</li> <li>◆ Beta-ketothiolase deficiency</li> <li>◆ Fabry disease</li> </ul> | <ul style="list-style-type: none"> <li>◆ Gauchers disease</li> <li>◆ Pompe disease</li> <li>◆ Carnitine uptake effect</li> <li>◆ Leber hereditary optic neuropathy</li> <li>◆ Mitochondrial encephalomyopathy, lactic acidosis and stroke like episodes</li> <li>◆ Mitochondrial neurogastrointestinal encephalopathy disease</li> <li>◆ Myoclonic epilepsy</li> <li>◆ Neuropathy, ataxia and retinitis pigmentosa</li> <li>◆ Pyruvate carboxylase deficiency</li> <li>◆ Zellweger Syndrome</li> <li>◆ Adrenoleukodystrophy</li> <li>◆ Citrullinemia</li> <li>◆ Argininosuccinic aciduria</li> <li>◆ Carbamoyl phosphate synthetase 1 deficiency</li> </ul> |
|--|---|

<b>At risk if:</b>	<i>Health care provider diagnosed</i> a metabolic disorder
<b>NOT at risk if:</b>	Metabolic disorder has NOT been diagnosed by a health care provider

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 the risk.

### ***Reason for Risk***

Metabolic disorders can affect nutrition status and require special diets.

### ***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 metabolic disorder* in the “Progress Notes.”



### ***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 metabolic disorders.

**Example**

Sonia is woman with PKU who is enrolling on WIC for her pregnancy. She sees a doctor who specializes in PKU and has been following a special diet for PKU since she was a baby. The doctor has referred her to WIC and is requesting that WIC provide a special formula low in phenylalanine for her to drink during pregnancy. Sonia is referred to the WIC nutritionist – she is high-risk and the nutritionist needs to evaluate the special formula request.

**Example**

Sonia is woman with PKU who is enrolling on WIC for her pregnancy. She sees a doctor who specializes in PKU and has been following a special diet for PKU since she was a baby. The doctor has referred her to WIC and is requesting that WIC provide a special formula low in phenylalanine for her to drink during pregnancy. Sonia is referred to the WIC nutritionist – she is high-risk and the nutritionist needs to evaluate the special formula request.



# Infectious Diseases

352



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

A participant who has been diagnosed with an infectious disease by a health care provider. Infectious disease must be present within the past 6 months. Includes:

- ◆ Pneumonia
- ◆ Meningitis
- ◆ Parasitic Infections
- ◆ Bronchiolitis (often referred to as RSV; 3 episodes in last 6 months)
- ◆ Hepatitis\*
- ◆ Tuberculosis\*
- ◆ HIV (Human Immunodeficiency Virus)\*\*
- ◆ AIDS (Acquired Immunodeficiency Syndrome)\*\*

<b>At risk if:</b>	<b>Health care provider diagnosed</b> an infectious disease listed above
<b>NOT at risk if:</b>	Infectious disease has NOT been diagnosed by a health care provider – OR – Participant has a cold or the flu – OR – Infant/child has ear infection

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 the risk.

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### NOTE

- \* Women with tuberculosis or hepatitis can breastfeed only if they are receiving appropriate medical treatment. See the “Breastfeeding Module” or ask a lactation consultant for more information.
  - \* Breastfeeding is not recommended for women infected with HIV/AIDS.
- 

### **Reason for Risk**

Infectious diseases can affect nutrition status.

### **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 infectious disease* in the “Progress Notes.”



### **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 infectious diseases.

### **Example**

Hadley is a 12-month-old infant who is at WIC for recertification. Her father reports that she had RSV 3 months ago and has been to the doctor for bronchiolitis 4 times since then. Hadley is recertified using Risk 352.

# Food Allergies

# 353



Category..... **ALL**

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



## Risk Description

A participant has been diagnosed with a food allergy by a health care provider. Food allergies are adverse health effects caused by a specific immune response that occurs from exposure to a specific food. Immune response may include asthma, wheezing, coughing, vomiting, nausea, diarrhea, skin rash, hives, and/or anaphylaxis.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> food allergy
<b>NOT at risk if:</b>	Food allergy has NOT been diagnosed by a health care provider

## Reason for Risk

Food allergies can restrict what a person can eat, which may affect their nutrition status. The most common causes of food allergies are cow's milk, eggs, peanuts, tree nuts (walnuts, almonds, cashews, pecans, hazelnuts), fish, shellfish (shrimp, lobster, crab, crayfish), wheat and soy.

### **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 food allergy* 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.
- ◆ Encourage ongoing follow-up with the participant’s health care provider.
- ◆ Tailor food packages to substitute or remove offending foods.
- ◆ Educate participants on maintaining adequate nutritional intake while avoiding offending foods.
- ◆ Educate participants about reading food labels and identifying offending foods and ingredients.
- ◆ See *More Information about Medical Conditions* to learn more about food allergies.

### **Example**

Jackson is a 4-year-old boy at WIC today for his enrollment appointment. He was referred to WIC by his doctor who has diagnosed him with a peanut allergy. Jackson had an anaphylactic response to peanut butter and avoids all contact with peanut products now. Jackson will be enrolled today under Risk 353.

# Celiac Disease

# 354



Category.....**ALL**

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



## Risk Description

A participant has been diagnosed with celiac disease by a health care provider. Celiac disease is an auto immune response to gluten that results in damage to the small intestine. Celiac disease is also known as:

- ◆ Celiac sprue
- ◆ Gluten-sensitive enteropathy
- ◆ Non-tropical sprue

<b>At risk if:</b>	<i>Health care provider diagnosed</i> celiac disease
<b>NOT at risk if:</b>	Celiac disease has NOT been diagnosed by a health care provider

## Reason for Risk

Celiac disease causes the small intestine to become inflamed after exposure to the protein gluten from wheat, rye, barley or any by-product of these grains. This damage results in poor absorption of nutrients in food.

### ***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.
- ◆ Guide WIC food selection based on gluten free options in the food package.
- ◆ Educate participants on meeting nutritional needs in the absence of gluten-containing foods.
- ◆ Encourage high fiber, gluten-free grain selections.
- ◆ Educate participants on planning gluten-free meals and snacks.
- ◆ Provide referrals as appropriate.
- ◆ See *More Information about Medical Conditions* to learn more about celiac disease.

### ***Example***

Tamara is enrolling on WIC for her pregnancy. During the health history, she tells you that 5 years ago she was diagnosed with celiac disease. She has been on a gluten-free diet since then. Tamara is enrolled on WIC under Risk 354 and is referred to the WIC nutritionist for high-risk counseling.

# Lactose Intolerance

**355**Category.....**ALL**Risk Level.....**LOW**

## Risk Description

A participant has been diagnosed with lactose intolerance by a health care provider.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> lactose intolerance
<b>NOT at risk if:</b>	Lactose intolerance has NOT been diagnosed by a health care provider

## Reason for Risk

Lactose intolerance occurs when a person's body does not produce enough of the enzyme lactase. Lactase is needed to digest lactose (milk sugar).

Lactose occurs in dairy products. A person with lactose intolerance who eats or drinks dairy products will have symptoms such as: nausea, diarrhea, bloating, gas or cramps. Symptoms can range from mild to severe.

People with lactose intolerance can often eat small amounts of dairy products or cooked or processed dairy products such as yogurt, cheese and cooked milk in soups, pudding, custard or hot chocolate. People who are avoiding dairy products need to eat other foods to ensure adequate calcium and vitamin D intake.

Lactose intolerance is rare in infants and usually doesn't develop until around age 2.

### ***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***

In “Notes” or “Progress Notes,” document the symptoms caused by the ingestion of dairy products and that the avoidance of dairy products eliminates the symptoms.



### ***Education/Referrals***

- ◆ Adjust WIC food packages to substitute or remove lactose-containing foods which cause symptoms for the participants.
- ◆ Educate participants on meeting nutritional needs in the absence of lactose-containing foods.
- ◆ Educate participants on planning lactose-free/lactose-reduced meals and snacks.
- ◆ See *More Information about Medical Conditions* to learn more about lactose intolerance.

### ***Example***

Monique is at WIC to be enrolled for her pregnancy. During the health history, she tells you that she is concerned about the baby growing properly because she doesn't drink milk. She tells you that she was diagnosed with lactose intolerance by a doctor 2 years ago. When she was drinking milk, she was having problems with gas, bloating and diarrhea. After she stopped drinking milk, she felt better. She now eats some yogurt and cheese, but doesn't drink plain milk. Monique would qualify for Risk 355.

# Hypoglycemia

**356**Category.....**ALL**Risk Level.....**LOW**

## Risk Description

A participant who has been diagnosed with hypoglycemia (low blood sugar) by a health care provider.

<b>At risk if:</b>	<i>Health care provider diagnosed hypoglycemia</i>
<b>NOT at risk if:</b>	Hypoglycemia has NOT been diagnosed by a health care provider

## Reason for Risk

Hypoglycemia (low blood sugar) can occur for many reasons. WIC can help participants with nutrition counseling to help prevent hypoglycemia.

## 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 hypoglycemia.

### ***Example***

Michelle had her baby 3 weeks ago and is at WIC today to be recertified as a breastfeeding woman. She tells you that she was feeling light-headed and shaky. Because she was concerned, she went to her midwife, who diagnosed her with hypoglycemia, based on a blood test the midwife did in the office. Michelle is now trying to eat more frequently. Michelle is recertified using Risk 356.

# Drug Nutrient Interactions 357



Category.....**ALL**

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



## Risk Description

A participant who is using an over-the-counter medication or prescription drug that is known to interfere with food intake or nutrient utilization and has a negative effect on their nutrition status.

<b>At risk if:</b>	Participant is taking an over-the-counter medication or prescription drug that <i>affects their nutrition status</i>
<b>NOT at risk if:</b>	Participant is taking an over-the-counter medication or prescription drug but it is NOT affecting their nutrition status

For the most current information on drug nutrient interactions, refer to a current drug reference, such as:

- ◆ Physician's Desk Reference (available online [www.pdrhealth.com](http://www.pdrhealth.com))
- ◆ Pharmacist or physician
- ◆ Food Medication Interactions
- ◆ Drug inserts

Breastfeeding women should refer to:

- ◆ *Medications and Mothers' Milk - 2006* (available online at [www.ibreastfeeding.com](http://www.ibreastfeeding.com))

If you are unsure if a medication qualifies for this risk, ask your supervisor.

### **Reason for Risk**

Nutrition deficiency caused by an over-the-counter medication or prescription drug is usually slow to develop and occurs most often in long-term drug treatment of chronic disease.

Possible side effects of drugs that could affect nutrition include, but are not limited to:

- ◆ Altered taste sensation
- ◆ Stomach irritation
- ◆ Reduced appetite
- ◆ Diarrhea or constipation
- ◆ Change in nutrition metabolism
- ◆ Enzyme changes
- ◆ Vitamins poorly absorbed
- ◆ More vitamins excreted in the urine

### **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 drug* in the “Progress Notes.”



### **Education/Referrals**

This is a HIGH risk level – a referral to the WIC nutritionist is required.

***Example***

Joey is 18 months old and has been on antibiotics for recurrent ear infections. His stools are loose and foul smelling. His mother tells you that he usually doesn't eat much while he is on antibiotics. Joey would qualify for Risk 357 as the antibiotic is affecting his food intake and digestion.



# Eating Disorders

**358**Category..... **All Women**Risk Level..... **HIGH**

## Risk Description

A woman who has been diagnosed at any time with an eating disorder.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> an eating disorder
<b>NOT at risk if:</b>	Eating disorder has NOT been diagnosed by a health care provider

## Reason for Risk

Eating disorders affect a woman's nutritional status. Symptoms of eating disorders include, but are not limited to:

- ◆ Self-induced vomiting
- ◆ Purgative abuse (laxative abuse)
- ◆ Alternating periods of starvation
- ◆ Use of drugs, such as appetite suppressants, thyroid preparations or diuretics
- ◆ Significant, self-induced weight loss

### ***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 eating disorder* in the “Progress Notes.”

### ***Education/Referrals***

This is a HIGH risk level – a **referral to the WIC nutritionist is required.**



### ***Example***

Janice was diagnosed with an eating disorder when she was 18 years old. When she was 20, she became pregnant and enrolled on WIC. She reported at that time that her eating disorder was easier to control since she became pregnant, because she was motivated to have a healthy baby. She is now at the WIC clinic for recertification. During the certification appointment, she tells you that she has started to purge again because she is concerned that she hasn't lost enough weight since the birth of her baby. Janice is recertified with Risk 358 and is referred to the nutritionist for high-risk counseling.

# Recent Major Surgery, Trauma or Burns

**359**



Category.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## **Risk Description**

A participant who had:

- ◆ Major surgery – It is considered major surgery if a body cavity (brain, chest or abdomen) was opened during the surgery. Cesarean section (c-section) is included.
- ◆ Trauma – Serious accident or injury (broken bones, multiple stitches, etc.)
- ◆ Burns – Burns must require medical treatment
- ◆ All conditions must be severe enough to affect nutrition status. This could include minor surgeries with major complications, if nutrition status is affected.

<b>At risk if:</b>	<p><i>Participant had major surgery (including c-section), trauma, or burns</i></p> <p>&lt; 2 months ago as self-reported</p> <p>– OR –</p> <p>&gt; 2 months ago and needing continued nutritional support as diagnosed by a health care provider</p>
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<b>NOT at risk if:</b>	Participant had minor surgery: <ul style="list-style-type: none"><li>▪ Laparoscopic surgery</li><li>▪ Mole removal</li><li>▪ Biopsy</li><li>▪ Oral surgery</li><li>▪ Ear tubes</li><li>▪ Tonsillectomy</li></ul>
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***Reason for Risk***

Recovery from major surgery, trauma or burns requires good nutrient 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***

Document the *specific type of surgery, trauma or burns* in the “Notes” or “Progress Notes,” except for Caesarian Section when documented in the health history questionnaire.



***Education/Referrals***

Additional protein, calories and good vitamin and mineral intake can help replace nutrients lost during the recovery from surgery or injury.

***Example***

Nannette is at WIC for her recertification appointment as a breastfeeding woman. Her baby is 6 weeks old. Nannette had a c-section delivery. She would qualify for Risk 359

## Other Medical Conditions 360



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



### Risk Description

A participant who has been diagnosed with a medical disease or condition that affects their nutrition status. Conditions in this risk are not included in any other risk. Includes:

- ◆ Juvenile rheumatoid arthritis (JRA)
- ◆ Lupus erythematosus
- ◆ Cardiorespiratory diseases
- ◆ Heart disease
- ◆ Cystic fibrosis
- ◆ Persistent asthma (moderate or severe) **requiring daily medication or daily breathing treatment**

<b>At risk if:</b>	<b>Health care provider diagnosed</b> a medical condition that affects nutrition status
<b>NOT at risk if:</b>	Medical condition has NOT been diagnosed by a health care provider – OR – Minor medical condition does not affect nutrition status (example: heart murmur)

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 the risk.

### **Reason for Risk**

These conditions (or the medications needed to treat these conditions) are stressful to the body and can prevent adequate growth and nutrient stores.

### **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 medical disease or condition* in the “Progress Notes.”



### **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 other medical conditions.

### **Example**

Nazlee is a 12 month old at WIC today for recertification. She has cystic fibrosis. She is recertified with Risk 360 and referred to the WIC nutritionist for high-risk counseling.

# Depression

# 361



Category.....	<b>Women</b>
Risk Level.....	<b>Medium</b>



## Risk Description

A pregnant or postpartum woman who has been diagnosed with clinical depression, including postpartum depression.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> depression
<b>NOT at risk if:</b>	Depression has NOT been diagnosed by a health care provider.

## Reason for Risk

Depression is common during pregnancy and the postpartum period. Depression has a variety of symptoms including deep feelings of sadness, appetite changes, changes in sleep patterns, increased fatigue, irritability, feelings of worthlessness or inappropriate guilt and loss of interest in daily activities. Depression impacts health and well-being by interfering with the mother's ability to provide quality care for herself or her child.

### ***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***

In “Notes” or “Progress Notes,” document the type of depression experienced by the participant and any treatment or intervention that she may be receiving.



### ***Education/Referrals***

- ◆ Support treatment prescribed by the participant’s health care provider.
- ◆ Encourage food choices that promote nutritional well-being.
- ◆ Educate about the risk and signs of depression especially during the third trimester of pregnancy and during the early postpartum period.
- ◆ Provide breastfeeding education and support.
- ◆ Make referrals to appropriate mental health and social service programs. In Oregon, Postpartum Support International is one site for information at [www.postpartum.net](http://www.postpartum.net). A support warm line can be accessed at 800-944-4PPD (1-800-944-4773).

### ***Example***

#### **At Risk**

Samantha is not eating or sleeping well. She does not feel like taking care of her baby and feels like she is worthless. Samantha reports that she has been diagnosed with postpartum depression by her doctor. Samantha would qualify for Risk 361.

#### **Not at Risk**

Grace is feeling nervous about being pregnant. She is worried about being a good parent. She plans to talk to her doctor about her feelings at her first doctor’s appointment next week. Grace would not qualify for Risk 361.

# Developmental, Sensory or Motor Delays Interfering with Eating 362



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## ***Risk Description***

A participant who has a developmental, sensory or motor disability that restricts the ability to chew or swallow food.

– OR –

A participant who requires a tube feeding to meet nutritional needs (a tube inserted into the stomach – through the nose, down the throat and into the stomach, or directly into the stomach through an opening in the abdomen).

Includes:

- ◆ Minimal brain function
- ◆ Developmental delays
- ◆ Autism
- ◆ Birth injury
- ◆ Head trauma
- ◆ Brain damage

<b>At risk if:</b>	Participant has a developmental, sensory or motor delay that <i>interferes with the ability to eat</i>
<b>NOT at risk if:</b>	Participant has a developmental, sensory or motor delay, but is able to eat foods appropriate for their age

### ***Reason for Risk***

Participants with this risk may have nutritional deficiencies due to their problems eating.

### ***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 *type of developmental, sensory or motor delay* in the “Progress Notes.”



### ***Education/Referrals***

This is a HIGH risk level – a referral to the WIC nutritionist is required.

### ***Example***

Justin is a 12-month-old boy at WIC today for his recertification appointment. Justin had a difficult birth and had a brain injury due to lack of oxygen at birth. He has been receiving about half of his formula through tube feeding. He is able to suck, but not effectively enough to take all of his feedings by mouth. He cannot eat solid foods. He is recertified with Risk 362 and referred to the WIC nutritionist for high-risk counseling.

# Pre-Diabetes

# 363



Category.....	<b>Postpartum Women</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

Pre-diabetes was diagnosed by a health care provider.

<b>At risk if:</b>	Pre-diabetes has been diagnosed by a health care provider in any past pregnancy.
<b>NOT at risk if:</b>	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***

- ◆ None.

### ***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.

# Maternal Smoking

# 371



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

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



## Risk Description

Any daily smoking of tobacco products – cigarettes, pipes or cigars.

<b>At risk if:</b>	<p><i>Woman is smoking any tobacco products daily</i></p> <ul style="list-style-type: none"> <li>▪ Cigarettes</li> <li>▪ Pipes</li> <li>▪ Cigars</li> </ul>
<b>NOT at risk if:</b>	<p>Woman is not smoking daily – OR – Woman was smoking previously, but is no longer smoking – OR – Woman is using chewing tobacco</p>

## Reason for Risk

Smoking during pregnancy is a health risk to the fetus and can cause birth complications. Smoking can decrease the production of breast milk. Women who smoke are at risk for chronic diseases.

### ***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 woman to a smoking cessation program.

### ***Example***

Autumn is a pregnant woman applying for WIC. She reports that she smokes a half of a pack of cigarettes a day. She would qualify for WIC with Risk 371.

# Alcohol or Illegal and/or Illicit Drug Use 372



Category.....	<b>All Women</b>
Risk Level.....	<b>MEDIUM</b>



## **Risk Description**

<b>At risk if:</b>	<p><b>WP:</b> <i>Alcohol or illegal/illicit drug use at any point during pregnancy</i></p> <p><b>WE, WB, WN:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Routine current use of 2 or more</i> drinks per day</li> <li>▪ <i>Binge drinking</i> – 5 or more drinks on the same occasion on at least one day in the past 30 days</li> <li>▪ <i>Heavy drinking</i> – 5 or more drinks on the same occasion on five or more days in the previous 30 days</li> <li>▪ <i>Any illegal/illicit drug use</i> (includes, but not limited to marijuana, cocaine, heroin, methamphetamine) any time since birth of baby</li> </ul>
<b>NOT at risk if:</b>	<p>Woman is NOT drinking alcohol or taking drugs – OR –</p> <p><b>WE, WB, WN:</b> Woman occasionally has one drink per day, or only drug and alcohol use was during pregnancy</p>

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**NOTE**

Women meeting this risk criteria should not breastfeed if alcohol and/or drug use continues.

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***Reason for Risk***

Drinking alcohol or using drugs during pregnancy is a health risk to the fetus and can cause birth complications. Drug use and heavy alcohol use are contraindicated during breastfeeding because the substances are passed to the nursing baby via breast milk.

***How is Risk Assigned?***

- ◆ CPA-selected.
- ◆ Based on the answers to the Health History questions about drug and alcohol use.



***Additional Documentation***

Document the *specific type of drug or alcohol use* 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.
- ◆ Breastfeeding and pregnant women with this risk should be advised that drugs and heavy alcohol use are harmful during pregnancy and should be referred to alcohol or drug cessation programs as necessary.
- ◆ It is considered safe for breastfeeding women to have an occasional alcoholic drink. See the “Breastfeeding Module” or a lactation consultant for more information.

***Example***

June is a pregnant woman applying for WIC. During the health history she tells you that she smokes marijuana occasionally with her friends. She says that she has researched the risks and is not interested in quitting. June would qualify for Risk 372



# Oral Health Problems

**381**



Category.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## **Risk Description**

Participants with oral health conditions that include but are not limited to:

- ◆ Tooth decay
- ◆ Periodontal disease such as gingivitis or periodontitis
- ◆ Tooth loss
- ◆ Ineffectively replaced teeth
- ◆ Oral infections

<b>At risk if:</b>	<b>Health care provider diagnosed</b> an oral health condition.
<b>NOT at risk if:</b>	Oral health condition has NOT been diagnosed by a health care provider.

## **Reason for Risk**

Oral health conditions can affect the ability to eat food in adequate quality and quantity to maintain good health. For pregnant women, oral infections can be a health risk 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***

Document the *specific type of oral health condition* in the “Notes” or “Progress Notes.”



### ***Education/Referrals***

Refer the participant to dental services as needed. Encourage participants and care providers to:

- ◆ Avoid bottles in bed.
- ◆ Wean from the bottle by 14 months.
- ◆ Limit sugary foods and sweetened beverages.
- ◆ Limit fruit juice to 4-6 ounces daily.
- ◆ Consume/provide a varied balanced diet during pregnancy and throughout childhood.
- ◆ Brush teeth twice daily and floss at least once each day.
- ◆ Talk to the dentist about fluoride supplements. Use fluoride toothpaste.

Establish a dental home no later than 12 months of age and see a dentist every 6 months.

### ***Example***

April is a pregnant woman who has come in to be enrolled in WIC. While you are talking about her diet, she tells you that she avoids some foods that are hard to chew because she has a broken tooth and several teeth with cavities that need to be filled. She has already seen a dentist and has an appointment for dental work tomorrow. April would qualify for Risk 381.

# Fetal Alcohol Syndrome (FAS)

382



Category.....	<b>I, C</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

An infant or child who has been diagnosed with fetal alcohol syndrome, based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> fetal alcohol syndrome
<b>NOT at risk if:</b>	Fetal alcohol syndrome has NOT been diagnosed by a health care provider

## Reason for Risk

Fetal alcohol syndrome may affect the child's growth and development.

## 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* to learn more about fetal alcohol syndrome.

### ***Example***

Tynana is a 2 year old foster child who transferred into your clinic last month. This month she is at WIC for her recertification. During the recertification appointment, the foster mother tells you that Tynana was diagnosed with fetal alcohol syndrome when she was a baby. She is slightly delayed developmentally and her growth is slow. She is assigned Risk 382.

## Dietary Risks

401 – 428

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Category.....	<b>ALL</b>
Risk Level.....	<b>VARIOUS</b>

### ***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

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# Preventive Maintenance

501

Category.....	<b>I, C, WE, WB, WN</b>
Risk Level.....	<b>LOW</b>



## 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.

<b>At risk if:</b>	Participant could have a <i>regression in nutrition status</i> if they do not receive WIC benefits for the next certification period
<b>NOT at risk if:</b>	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.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## 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

<b>At risk if:</b>	<i>VOC card does not show nutrition risk</i> used for certification – OR – Participant was certified using a risk that Oregon does not use
<b>NOT at risk if:</b>	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.....	<b>Breastfeeding Women only (WE, WB)</b>
Risk Level.....	<b>LOW</b>



## Risk Description

A breastfeeding woman whose breastfeeding infant has been determined to be at nutritional risk (except Risk 701 & 702).

<b>At risk if:</b>	The <i>infant has been certified on WIC</i> with a nutrition risk
<b>NOT at risk if:</b>	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.....	<b>Breastfeeding Women only (WE, WB)</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

A breastfeeding woman with any of the following problems or potential problems.

<b>At risk if:</b>	<p><i>Woman has any of the following breastfeeding complications or potential complications:</i></p> <ul style="list-style-type: none"> <li>▪ Severe breast engorgement</li> <li>▪ Recurrent plugged ducts</li> <li>▪ Mastitis (fever or flu-like symptoms with localized breast tenderness)</li> <li>▪ Flat or inverted nipples</li> <li>▪ Cracked, bleeding or severely sore nipples</li> <li>▪ 40 years of age or older</li> <li>▪ No mature milk by 4 days postpartum</li> <li>▪ Tandem nursing (breastfeeding two siblings who are not twins)</li> </ul>
<b>NOT at risk if:</b>	<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.....	<b>Infants only</b>
Risk Level.....	<b>MEDIUM</b>



## **Risk Description**

A breastfeeding infant with any of the following problems or potential problems.

<b>At risk if:</b>	<p><i>Infant has the following breastfeeding complications or potential complications:</i></p> <ul style="list-style-type: none"> <li>▪ Jaundice</li> <li>▪ Weak or ineffective suck</li> <li>▪ Difficulty latching onto mother's breast</li> <li>▪ Inadequate stooling (for age as determined by a health care professional)</li> <li>▪ Less than 6 wet diapers per day</li> </ul>
<b>NOT at risk if:</b>	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.

<b>At risk if:</b>	Infant is <i>&lt; 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
<b>NOT at risk if:</b>	Infant is $\geq 6$ 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).

<b>At risk if:</b>	The <i>mother of the breastfeeding infant has been certified on WIC</i> with a nutrition risk
<b>NOT at risk if:</b>	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.

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# Infant of Woman with Alcohol or Drug Use or Mental Retardation

703



Category.....	<b>Infants only</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

An infant born to a woman with mental retardation, or alcohol or drug use during the most recent pregnancy.

<b>At risk if:</b>	<p>Infant's mother is <i>diagnosed with mental retardation</i> by a health care provider or psychologist</p> <p>– OR –</p> <p>Infant's mother <i>used alcohol or illegal/illicit drugs</i> during this pregnancy (self-reported or documented by health care provider)</p>
<b>NOT at risk if:</b>	<p>WIC suspects the mother is mentally retarded, but there is no proof</p> <p>– OR –</p> <p>WIC suspects the woman used alcohol or drugs during pregnancy, but woman has not self-reported or it has not been documented.</p>

### 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

<b>At risk if:</b>	Participant <i>lacks a fixed and regular nighttime residence</i> as defined above
<b>NOT at risk if:</b>	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.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## 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.

<b>At risk if:</b>	Participant <i>has a family member who works in seasonal agriculture</i> as defined above
<b>NOT at risk if:</b>	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.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## **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.”

<b>At risk if:</b>	<p><b><i>Participant experienced abuse within the past 6 months</i></b> as defined above</p> <p>Abuse may be:</p> <ul style="list-style-type: none"> <li>▪ Self-reported by the participant or parent/guardian</li> <li style="text-align: center;">– OR –</li> <li>▪ Documented by a social worker, health care professional or in other appropriate documents</li> <li style="text-align: center;">– OR –</li> <li>▪ Reported from consultation with a social worker, health care professional or other appropriate personnel</li> </ul>
<b>NOT at risk if:</b>	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.....	<b>I, C</b>
Risk Level.....	<b>HIGH</b>



## 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

<b>At risk if:</b>	CPA assesses that the primary caregiver is <i>unable to make appropriate feeding decisions or is unable to prepare food</i>
<b>NOT at risk if:</b>	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.....	<b>ALL WOMEN</b>
Risk Level.....	<b>HIGH</b>



## 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

<b>At risk if:</b>	CPA assesses that the woman is <i>unable to make appropriate feeding decisions or is unable to prepare food</i>
<b>NOT at risk if:</b>	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.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## 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

<b>At risk if:</b>	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
<b>NOT at risk if:</b>	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

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Category.....	<b>ALL</b>
Risk Level.....	<b>LOW</b>



## Risk Description

Environmental tobacco smoke (ETS) is defined as exposure to smoke from tobacco products inside their home.

<b>At risk if:</b>	<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"> <li>▪ Cigarettes</li> <li>▪ Pipes</li> <li>▪ Cigars</li> </ul>
<b>NOT at risk if:</b>	<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"> <li>▪ Babysitter</li> <li>▪ Grandparent</li> </ul>

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### NOTE

ETS is also known as passive, secondhand or involuntary smoke.

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### ***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.