**In-service Guide: 2015 Risk Criteria Update**

**Focus**

**Target Audience:** WIC staff that complete risk assessment to determine eligibility for WIC participants

**Goal:** USDA has updated risk criteria for implementation during 2015. In Oregon, we will be adding one new risk and implementing updates for two other risks by March 2, 2015. This session is intended to enhance understanding of the conditions covered by these risks:

- 361 Depression (new to Oregon WIC)
- 381 Oral Health Conditions (formerly known as Dental Problems)
- 411.9 Improper Handling of Expressed Breast Milk or Formula

**Timeline:**
- Complete the in-service individually or as a group by March 2, 2015.
- Estimated time for an individual to complete the in-service: 1/2 hour
- Estimated time for a group session: 3/4 hour (depending on the amount of discussion)

**Key Content Points:**
- Point 1: Identify key updates to three WIC risk criteria.
- Point 2: Review changes to risk factor information sheets.

**Objectives:** By the end of the session...
- Objective 1: Staff will be able to appropriately assign new Risk 361, *Depression*, and identify one referral resource for moms who are concerned about postpartum depression.
- Objective 2: Staff will be able to state the basic characteristics of Risk 381, *Oral Health Conditions*.
- Objective 3: Staff will be able to describe two of the new criteria for assigning Risk 411.9, *Improper Handling of Expressed Breast Milk or Formula*.
Planning

Materials:
- In-service guide
- Copies of updated risk information sheets
- Perinatal Mood and Anxiety Disorders power point (optional resource)
- Materials will be posted on the Oregon WIC website at http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/training.aspx

References:
- March of Dimes Overview and FAQ: http://www.marchofdimes.org/pregnancy/postpartum-depression.aspx#
- Handout: Prevent Early Childhood Cavities (57-726)
- Infant Formula training module: Chapter 1-2, Infant formula mixing and storage
- Breastfeeding Level 2 training module: Chapter 7-2, Counseling Guidelines for Distributing Breast Pumps, sections on Storing Breast milk and Feeding Stored Breast milk
- Handout: Breastfeeding and Work or School – Pumping and Storage (57-753)

Considerations:
Consider utilizing your WIC nutritionist as a resource for this in-service. Updated risk information sheets and job aids in the Nutrition Risk and the Dietary Risk training modules will be available for reference on the Oregon WIC website by February 2, 2015. Contact your state nutrition consultant with questions about this in-service.

Outline

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<th>Time</th>
<th>Learning activity</th>
<th>Objective covered</th>
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<tr>
<td>2 min</td>
<td>Introduction: USDA has updated risk criteria for implementation during 2015. In Oregon, this means we will be adding one new risk and implementing updates for two other risks</td>
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|      | by March 2, 2015. This in-service is intended to enhance understanding for assignment of these risks:  
|      |   - 361 Depression (new to Oregon WIC)  
|      |   - 381 Oral Health Conditions (formerly known as Dental Problems)  
|      |   - 411.9 Improper Handling of Expressed Breast Milk or Formula  
|      | To complete this in-service: review the risk information sheets for each risk and consider the discussion questions on the in-service guide.                                                                                                                                                                      | 1                 |
| 20 min | **Activity 1:** Review new risk information sheet for Risk 361 Depression.  
|      |   - **What are the criteria for assigning this risk?**  
|      | Risk 361 Depression is assigned if a health care provider has diagnosed depression or if the participant self-reports that she has been diagnosed with depression. Self-reporting is different from self-diagnosis. Individual reports of feeling depressed or demonstration of the signs or symptoms of depression without a provider’s diagnosis should trigger referrals to local services but would not qualify for assignment of Risk 361.  
|      | Risk 361 is does not apply to infants or children. Risk 902 Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Foods is an appropriate risk assignment for an infant or child of a depressed parent.  
<p>|      | <strong>TWIST Update:</strong> This is a new manually assigned risk in TWIST. The TWIST risk level will be medium when this risk is assigned. Document the type of depression that has been diagnosed when assigning this risk.                                                                                                                                                   |                   |</p>
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|      | • What is one referral resource for new moms who are concerned about postpartum depression?  
Postpartum Support International at [www.postpartum.net](http://www.postpartum.net). A support warm line can be accessed at 800-944-4PPD (1-800-944-4773). |                  |
|      | • What local services are available? For example: home visiting nurses, new mom support groups or mental health counseling. |                  |
|      | Additional discussion:  
What have you heard about postpartum depression?  
The state WIC office hosted a webinar on postpartum depression in 2012. An updated version of the power point on Perinatal Mood and Anxiety Disorders is available to review along with this in-service (this is an optional resource). |                  |
|      | Why should screening for depression be part of a complete nutrition assessment?  
In the United States, psychological disorders, including depression, are often underdiagnosed and undertreated. This is especially true for low income women. Depression can lead to problems with physical health and well-being and interfere with parenting abilities.  
WIC eligible women are more vulnerable to the onset of depression since they all experience the postpartum period. The incidence of postpartum depression in new mothers can range from 12 to 25 %. Screening prenatal and postpartum women during WIC nutrition assessment can help to identify participants who are depressed or at risk of depression so we can refer them to appropriate services. It is easy to focus on the infant during a postpartum visit. Checking in with mom to see how she feels is one way we can pay closer attention to our postpartum mothers. |                  |
WIC support can be helpful in encouraging follow through with treatment and minimizing the isolation that many experience with depression.

**What questions might be used to screen for depression?**

Examples:
- How is your appetite? What have you been eating?
- How are you sleeping?
- What help do you have with taking care of the baby?
- How are you doing emotionally? What are your moods like?
- What is being a mother like for you? Is it what you expected?
- Who is a support to you?

**What symptoms might a woman describe if she is depressed?**

Mom might report that she:
- Has little or no appetite
- Is experiencing insomnia, excessive or unusual fatigue
- Has little support, feels isolated, alone
- Feels fearful, anxious, has mood swings or irritability/anger, crying jags
- Feels uncomfortable with or detached from the baby
- Is overwhelmed by parenting

**If we feel that a new mom is depressed or at risk of depression, what should we do?**

Since we are not mental health professionals, it is not our role to provide intervention. We can offer referrals, support and encouragement. Our regular nutrition education plus access to nutritious foods may also lessen the effects of depression by improving mom’s overall health.
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<td><strong>Should risk 361 be assigned if mom says she is depressed but has not been diagnosed by a health care provider?</strong> No, assign risk 361 after the diagnosis has been confirmed but document mom’s statement in progress notes and make appropriate referrals.</td>
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<td>5 min</td>
<td><strong>Activity 2:</strong> Review the updated risk information sheet for Risk 381 Oral Health Conditions. New information is highlighted. The title of this risk was formerly “Dental Problems”. It has been revised to more accurately reflect the conditions covered by this risk.</td>
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<td><strong>TWIST Update:</strong> Document specific type of oral health condition in TWIST when this risk is assigned. The TWIST risk level remains low for this manually assigned risk.</td>
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<td><strong>What are two oral health conditions that qualify for this risk?</strong> Diagnosis of tooth decay, periodontal disease, tooth loss and oral infections are qualifying conditions for this risk. Dental caries are thought to be the most prevalent infectious disease in US children. More than 40% have some tooth decay by the time they reach kindergarten.</td>
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<td><strong>What impact could these conditions have on overall health?</strong> Oral health influences general health and well-being affecting growth and development of children and healthy pregnancy outcomes. Speech development, appearance, dietary intake, feeding skills and immune systems are impacted when oral health issues are present.</td>
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<td><strong>Additional discussion:</strong> What aspects of oral health should be discussed during a nutrition assessment? Use screening questions to determine the following:</td>
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### Time | Learning activity | Objective covered
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• Parent or care provider’s understanding of the importance of good dental health  
• Participant’s access to dental care for routine checkups and treatment if needed  
• Consistency of effective oral hygiene practices  
• Impact that current dental concerns, if present, have on eating

**What oral health education should be offered to help prevent dental problems?**

Encourage the following:  
• Avoid sleeping with a bottle. Any bottle taken to bed should contain only water. (See Risks 425.3 and 411.2)  
• Gradually introduce a cup between 6 and 12 months of age and wean from the bottle by 14 months of age. (See Risk 425.3)  
• Limit sugary foods and drinks. (See Risks 425.2 and 411.2)  
• Limit the intake of 100% fruit juice to 4-6 ounces per day.  
• Brush and floss teeth at least once every day. Wipe the gums of infants with a soft washcloth or soft toothbrush.  
• Use fluoride toothpaste (“pea-size” for 2-5 year olds and “a smear” for under age 2 years).  
• Talk to the dentist about fluoride supplements if living in area without fluoridated water.

5 min | **Activity 3:** Review updated criteria for assigning Risk 411.9 *Improper Handling of Expressed Breast Milk or Formula.*  
**New information is highlighted.** The sanitation recommendations for preparation, handling and storage of expressed breast milk and formula were revised.  

**TWIST Update:** Document specific issues in TWIST. The TWIST risk level will be low when this risk is assigned.

3
**Time** | **Learning activity** | **Objective covered**  
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• What are three examples of the inappropriate sanitation when preparing, handling or storing expressed breast milk?  
Thawing in a microwave, refreezing, adding fresh breast milk to frozen, feeding thawed breast milk more than 24 hours after thawing or saving breast milk from a used bottle for another feeding.  
• What is the potential impact of poor sanitation when using bottles?  
Lack of appropriate food safety practices when using perishable breast milk or formula could cause foodborne illness including gastrointestinal infection.  
Additional discussion:  
What does a family need in order to appropriately prepare and store expressed breast milk or formula?  
• Access to a safe water supply for formula preparation  
• A heat source for sterilizing bottles  
• Adequate refrigeration to safely store expressed breast milk and prepared formula  
• A basic understanding of food safety  
What questions should be asked during a nutrition assessment to determine if this risk needs to be assigned?  
• How do you prepare the formula?  
• What do you do with leftover formula?  
• How do you store the expressed breast milk?  
• How do you reheat expressed breast milk?  
• How do you clean your breast pump equipment?  
Summary: The better our understanding of WIC risk criteria, the easier and more accurate our assessment and assignment of risk factors will be.