Risk Description

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

<table>
<thead>
<tr>
<th>At risk if:</th>
<th>Health care provider diagnosed depression.</th>
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</thead>
<tbody>
<tr>
<td>NOT at risk if:</td>
<td>Depression has NOT been diagnosed by a health care provider.</td>
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</tbody>
</table>

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.

Reason for Risk

Depression impacts health and well-being by interfering with the mother’s ability to provide quality care for herself or her child.

Considerations for Assigning Risk

- 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. 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.
Oral Health Conditions

Category: ALL
Risk Level: LOW

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

At risk if: Health care provider diagnosed an oral health condition

NOT at risk if: 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.
Improper Handling of Expressed Breast Milk or Formula  411.9

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

Risk Description

Routinely using inappropriate sanitation in the preparation, handling and storage of expressed breast milk or formula.

At risk if:
Expressed breast milk or formula is prepared, handled or stored with inappropriate sanitation. Examples include:
• Limited or no access to a safe water supply
• Limited or no access to a heat source for sterilization
• Limited or no access to a refrigerator or freezer for storage

Failure to properly prepare, handle or store bottles, storage containers or breast pumps properly. Examples include:

Breast Milk
• Thawing in a microwave
• Refreezing
• Adding freshly expressed unrefrigerated breast milk to frozen breast milk
• Adding refrigerated breast milk to frozen milk in an amount that is greater than the amount of frozen milk
• Feeding thawed breast milk more than 24 hours after thawing
• Saving breast milk from a used bottle for another feeding
• Failure to clean the breast pump per manufacturer’s
**Formula:**
- Storing at room temperature for more than one hour
- Failure to store prepared formula per manufacturer’s instructions
- Using formula in a bottle one hour after the start of a feeding
- Saving formula from a used bottle for another feeding
- Failing to clean the bottle properly

**NOT at risk if:** Expressed breast milk or formula is prepared, handled and stored in a sanitary manner

For more information on proper handling and storage of breast milk or formula, refer to:
- Breastfeeding Module
- Infant Formula Module

**Reason for Risk**

Infant formula and expressed breast milk are perishable foods and must be prepared, handled and stored in a sanitary manner, in order to be safe for infant consumption.

**Considerations for Assigning Risk**

What resources for preparation and storage are available in the home? What level of understanding do the parents have regarding food safety?

**Additional Documentation**

Document the specific issue in the “Notes” or “Progress Notes”.

**Education/Referrals**

Provide appropriate counseling for participant’s concerns.

**Example**

At Risk
Mitchell is a 6-month-old formula fed infant at WIC for his mid-certification health assessment. Mitchell’s family uses untreated, untested well water for all household needs including preparation of Mitchell’s formula. Mitchell would qualify for Risk 411.9.

**Not at Risk**

Pearl is a one month old fully breastfed infant who is at WIC for enrollment. Pearls’ mother plans to go back to work in two months so she is expressing breast milk and freezing each batch separately in small clean glass bottles in her freezer. Pearl would **not** qualify for Risk 411.9.