2010 RISK CRITERIA UPDATE

Oregon WIC Implementation date: August 2, 2010

Implementation Plan:

- Certifiers review in-service materials before August 2010
- Refer to Oregon WIC website for updated policies and risk information sheets from Nutrition and Dietary Risk training modules
- TWIST programming released August 2, 2010
What are some key risk changes?

- Prenatal weight gain guidelines
- Vitamin D for kids
- Tofu is OK!
- Updated BMI Weight definitions

Risk 101/111: New BMI Definition Weight Categories for Women

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt; 18.5</td>
</tr>
<tr>
<td>Standard weight</td>
<td>18.5-24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0-29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥ 30.0</td>
</tr>
</tbody>
</table>

TWIST will automatically select the correct weight category and risk based on information you enter in the medical data screen.
**Risk 131/133: New Weight Gain Guidelines**

<table>
<thead>
<tr>
<th>Pre-pregnancy BMI category</th>
<th>Recommended weight gain - total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>28-40 lbs.</td>
</tr>
<tr>
<td>Standard weight</td>
<td>25-35 lbs.</td>
</tr>
<tr>
<td>Overweight</td>
<td>15-25 lbs.</td>
</tr>
<tr>
<td>Obese</td>
<td>11-20 lbs.</td>
</tr>
</tbody>
</table>

TWIST will automatically select the correct weight category, prenatal weight gain grid, and risk based on information you enter in the medical data screen.

**Updated prenatal weight gain grids in TWIST**

- A prenatal weight gain grid for the obese weight category has been added.
- The grid heading will show the recommended weight gain for the weight category rather than the title of the weight category.
- There will only be two lines on the grid to show the recommended weight gain range.

(Picture does not represent actual TWIST graph... illustration is for decorative purposes only!)
New Risk Criteria

Risk 304 - History of Preeclampsia
- CPA Selected
- Diagnosed by health care provider
- Any past pregnancy
- Pregnant or postpartum women

What hints might you hear from the participant that tell you to assess further for this risk?
- “I was so sick at the end of my pregnancy that I had to go to the hospital.”
- “My baby came early after my blood pressure went way up.”
New Risk Criteria

Risk 363 - Pre- Diabetes

- CPA selected
- Diagnosed by health care provider
- High blood sugar levels that are not as high as actual diabetes
- Postpartum women only

What hints might you hear from the participant that tell you to assess further for this risk?

- “My blood sugars have been a little high so my doctor wants to retest them.”
- “I need to watch my diet because my blood sugar levels have been up.”
Deleted Risks...

- Risk 350 - Pyloric Stenosis is removed
- Risk 411.5/425.5 - Tofu is removed from the list of potentially harmful foods for infants and children

Risk Changes

- Risk 345 - Prehypertension added to Hypertension risk
  - CPA selected
  - Diagnosed by health care provider
  - All categories
345 Hypertension and Prehypertension

- What hints might you hear from participants that tell you to assess further for prehypertension?
  - “My doctor has been rechecking my blood pressure.”
  - “My blood pressure is borderline high.”

Risk Changes

- Risk 342 - Post-bariatric surgery (stomach stapling) added to Gastrointestinal disorders
  - CPA selected
  - Diagnosed by health care provider
  - All categories
Risk Changes

- Risk 425.1 - Nondairy creamer added as an example of inappropriate milk substitute for children
  - CPA Selected

Risk Changes

- Risk 427.4 – Inadequate Iron or Folic Acid Supplementation
  - Iron supplement amount for women was reduced to 27 mg/day
  - CPA selected
Coming in December

New TWIST prenatal weight gain guidelines and grids for pregnancies with more than one baby are coming in the near future!

Questions?

- Refer to “Summary of 2010 Risk Criteria Updates” handout
- Refer to IOM article in references
- Contact your nutrition consultant
Vitamin D

What’s new with Vitamin D?

- Everyone needs more than we thought
- More people are deficient than we thought
Why do we need Vitamin D?

- Builds strong bones and prevents rickets (we’ve known this for a long time!)
- Now we know it also:
  - Helps prevent infections, heart disease, autoimmune diseases, some cancers, and Type 2 diabetes (WOW!)
  - May help with irritability, muscle or joint pain, and poor growth (more wow!)

Sources

![Vitamin D Sources](image)
Can’t we get what we need from the sun?

- Not in Oregon most of the year.
- Too far north and the angle of the sun is wrong.

Even in the summer sun...

- We may not get enough Vitamin D because of:
  - Amount of time that is spent outdoors
  - What clothing is worn when outdoors
  - Use of sunscreen
  - Season of the year, time of day
  - Presence of air pollution or smog
  - Weather conditions
  - Skin pigmentation and age of skin
Do we all need supplements?

- Yes, it is so hard to get what we need from food or from the sun, we all need a supplement.

How much do we need?

- Each day:
  - Infants: 400 IU
  - Children: 400 IU
  - Teenagers: 400 IU
  - Adults: 1000 - 2000 IU
What kind of supplement?

Infants: Liquid vitamin D drops are available singly as well as in combination with other nutrients such as vitamins A, C, iron or fluoride.

Children: Chewable multivitamins are available that contain vitamin D. Some “gummy” vitamin products are not complete.

What kind of supplement?

Adults:

- Select a multivitamin that contains 1000 IU of vitamin D.
- Generic is fine.
- It is best to buy a product that says “complete” on the label.
- Prenatal vitamins contain Vitamin D.
Can you get too much?

- Upper level of safety could be increased to 10,000 IU per day
- Can’t get too much from food, sunlight, and supplements in the recommended amounts.

Risk Changes

- Risk 411.11/425.8 – Inadequate Fluoride and Vitamin D Supplementation
  - Added Vitamin D as required supplement for infants and children
  - CPA selected
  - TWIST will have question on Diet Assessment screen
New TWIST questions

On the Infant’s Diet Assessment Questionnaire:
- Is your baby receiving a Vitamin D supplement?
  - Yes (no risk assigned)
  - No but drinks 1 quart of formula daily (411.11 not assigned)
  - No (TWIST assigns risk 411.11)
  - Unknown

New TWIST questions

On the Child’s Diet Assessment Questionnaire:
- Is your child receiving a Vitamin D supplement?
  - Yes (no risk assigned)
  - No but drinks 1 quart of milk daily (425.8 not assigned)
  - No (TWIST assigns risk 425.8)
  - Unknown
A quart of milk or formula?!!!

- Since 1 quart of milk is in excess of the recommended 2 cups of milk per day for pre-school children, most children will require a vitamin D supplement.
- Since most infants are breastfed or drink less than 1 quart of formula per day, the majority of infants will also need a Vitamin D supplement.

What advice can we offer participants?

- Encourage parents to provide a Vitamin D supplement.
- Reading the label will help find vitamins that have Vitamin D in the right amount. Follow the directions on the package to make sure they give the correct amount.
- Reassure parents that supplements can be safely used in addition to Vitamin D fortified milk or formula.
- Consider offering a Vitamin D handout.
If a participant has questions or concerns, refer them to the WIC nutritionist or the child’s health care provider.

Questions?

- Refer to “Vitamin D for Staff” handout
- Refer to AAP article in references
- Contact your nutrition consultant
