

Infant's Dietary Risks

Chapter **4**

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Risk Info Sheets: 411

4-1 Infant's Dietary Risks

Items needed

- ◆ The *Risk Info Sheets* listed below:
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 - ◆ 411.2 – *Inappropriate Use of Bottles or Cups*
 - ◆ 411.3 – *Early Introduction of Beverages or Solid Foods*
 - ◆ 411.4 – *Inappropriate Feeding Practices*
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 - ◆ 411.11 – *Inadequate Fluoride or Vitamin D Supplementation*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*
- ◆ *Job Aid: Completing a Diet Assessment for Exclusively Breastfed Infants*
- ◆ *Job Aid: Completing a Diet Assessment for Infants Receiving Formula*
- ◆ *Observation Tool: Diet Assessment of an Infant*
- ◆ Access to TWIST Practice database for case studies

Objectives

After completing this lesson, you will be able to:

- ◆ Determine an infant's dietary risk, based on a complete diet assessment.
- ◆ Identify 11 inappropriate nutrition practices for infants.
- ◆ List probing questions to clarify information specific to an infant's dietary risks.

Overview



It is important to find out about an infant's dietary practices so that you are able to provide the best, tailored nutrition education and counseling. All infants share one common dietary risk called "*Inappropriate Nutrition Practices for Infants*". This risk is further defined by 11 different sub-risks, each of which identifies a particular feeding practice that may result in impaired nutrient status, disease, or health problems. Each of these sub-risks is described in a *Risk Info Sheet* at the end of this lesson.

Read the *Risk Info Sheets* for the each of the following dietary risks for infants:

- ◆ 411.1 – Use of Substitutes for Breast Milk or Formula
- ◆ 411.2 – Inappropriate Use of Bottles or Cups
- ◆ 411.3 – Early Introduction of Beverages or Solid Foods
- ◆ 411.4 – Inappropriate Feeding Practices
- ◆ 411.5 – Feeding Potentially Harmful Foods
- ◆ 411.6 – Incorrect Dilution of Formula
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- ◆ 411.8 – Feeding Very Low Calorie or Nutrient Diet
- ◆ 411.9 – Improper Handling of Expressed Breast Milk or Formula
- ◆ 411.10 – Inappropriate Use of Dietary Supplements
- ◆ 411.11 – Inadequate Fluoride or Vitamin D Supplementation

**Practice activity**

Write your answer to the following questions.



1. Which of these risks is only appropriate for exclusively breastfed infants?

2. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
411.1 – Use of Substitutes for Breast Milk or Formula	
411.2 – Inappropriate Use of Bottles or Cups	
411.3 – Early Introduction of Beverages or Solid Foods	
411.4 – Inappropriate Feeding Practices	
411.5 – Feeding Potentially Harmful Foods	
411.6 – Incorrect Dilution of Formula	
411.7 – Infrequent Breastfeeding	
411.8 – Feeding Very Low Calorie or Nutrient Diet	
411.9 – Improper Handling of Expressed Breast Milk or Formula	
411.10 – Inappropriate Use of Dietary Supplements	
411.11 – Inadequate Fluoride or Vitamin D Supplementation	

3. Eric is 11 months old. Eric's mom is working full time, but is continuing to pump breast milk for Eric to have while she is working. Eric's grandmother often lets the breast milk sit at room temperature for 12 hours. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
4. Sonya is 6 months old. Sonya's mom cannot afford to buy an adequate amount of formula. Sonya's mom mixes the formula according to the directions but is only able to give Sonya two 8-oz. bottles a day. When Sonya is hungry between feedings, Sonya's mom gives her cereal and water. Would Sonya qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
5. Dashawn is 8 months old. He is able to sit upright and turn his head. Dashawn enjoys eating cereal on his own. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
6. Sasha is 3 months old. He is very happy when he is drinking from his bottle. Sasha's foster mom wants him to be happy, but doesn't have enough time to hold the bottle up for him all day. Instead, she has found a way to prop the bottle for Sasha. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
7. Kate is 3½ months old. She is exclusively breastfed, so her mom offers her a bottle of water daily to make sure she's properly hydrated. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
8. Jimmy is a breastfeeding 5-month-old boy. His mom is very well organized, and feeds him every 6 hours on the hour. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO

9. Petru is a 7-month-old, formula fed infant. His father explains to you that he lost the manufacturer's scoop to prepare his formula, but that the one that came with his coffee is just about the same size. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
10. Tai is 9 months old. Since both of her parents are vegan, they prefer to feed Tai rice milk. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
11. Hakim is 4 months old. He lives in a community that does not have fluoridated water. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
12. Sakura is 11 months old. Sakura's parents are so proud that their daughter already seems to love eating sushi, especially raw tuna. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
13. Ion is a 5-month-old, exclusively breastfed infant. He typically nurses six times a day. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
14. Gina is 1 month old. Gina's mom tells you that she has been giving Gina calcium supplements because she wants to be sure that Gina's bones are strong. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
15. Callyn is 8 months old and usually drinks 24 ounces of formula per day mixed with fluoridated water. She is eating a variety of baby foods and does not take any vitamin drops. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
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Asking about an infant's feeding behaviors

As you learned in lesson 1-5, **Step ①** in a diet assessment involves asking the participant about the 3 topic areas related to feeding behaviors: attitudes, actions relating to food, and any supplements might be used. Discussion items within each topic area vary from one participant category to another. Let's take a moment to review the topic areas and examples of discussion items for infants.

Attitudes

This topic area addresses how the parent or caregiver thinks or feels about their infant's diet. When talking to a parent or caregiver you might hear them talk about how breastfeeding is going, or their concerns about their infant's eating or mealtimes. They may express concerns about what foods their infant likes or does not like to eat. Here are some examples of what you might hear from a parent or caregiver.



Feeding relationships

"I don't want to give her a bottle when she cries, because then she will be spoiled."

Recognition of feeding cues

"The baby is always hungry."

Breastfeeding success/concerns

"She never seems to be full."

"My husband is so supportive of my breastfeeding."

"I am worried he isn't getting enough."

Feeding success/concerns

“He really seems to sleep through the night when I put cereal in his bottle.”

Interaction during feeding

“Sometimes I put him in front of the TV with the bottle propped if I have things to do.”

“He loves it when I sing to him while he eats.”

Actions

This topic area relates to what the infant is doing. A parent or caregiver might talk about how often the infant eats, how meal times are structured, or about foods their infant is or is not eating.



Feeding Behaviors

“He won't go to bed without a bottle.”

“He is too thin...I want to get him to eat more so I make sure he finishes his bottle.”

“She spits up all the time”

Introduction of solids/cup

"It's hard to teach him how to use a sippy cup."

"He won't open his mouth when I try to feed him."

"He is ready for solids."

Food Preferences

"If she doesn't like the taste, I can't pry open her lips."

"She will eat fruits, but not vegetables."

"She only eats prunes if I warm them up."

Frequency of nursing

"I feel like all I do is breastfeed."

"I have a hard time waking her up to nurse."

"He wants to nurse 12 times a day."

Breastfeeding skills

"My baby is biting me when she nurses."

"He won't take my breast."

Preparation of formula

“Sometimes if I am running out of formula, I will use a little powdered milk to stretch it out.”

Formula tolerance

“He always spits up after I give him a bottle.”

“My baby is constipated.”

Amount of formula offered, quantity consumed

“He only drinks like three or four ounces at a time.”

“I can't seem to get him to finish his bottle.”

“She eats so much, I am afraid she is going to get fat.”

Appropriate use of bottle

“He likes going to bed with his bottle.”

Supplementation

Supplementation is the topic area covered when a participant shares information with you about whether or not their infant receives fluoride, Vitamin D or other supplements.

Use of supplements

“My baby doesn’t get any supplements.”

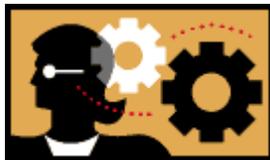
Herbal remedies

“I am drinking Mother’s Milk tea to increase my milk supply for the baby.”

“I give my baby chamomile tea for her colic.”

Completing the diet assessment

The two Job Aids, *Completing a Diet Assessment for Exclusively Breastfed Infants* and *Completing a Diet Assessment for Infants Receiving Formula*, will help you complete all the steps in the diet assessment.



Critical Thinking: Step ④ is when you compare the data you have collected with the information you have heard.

To complete the diet assessment, you will carefully consider the information you have gathered and whether any additional information is needed. You will also prioritize the proposed topic(s) to discuss with the infant’s caregiver, as part of their nutrition education.

Remember, the last step (**Step ⑤**) in the diet assessment is to complete the appropriate documentation in TWIST.

The following skill check will help you practice completing a diet assessment for an infant.

**Skill check****Part 1**

Review the Job Aids *Completing a Diet Assessment for Exclusively Breastfed Infants* and *Completing a Diet Assessment for Infants Receiving Formula*. Make note of the topics that are covered in each. Read the questions from the TWIST Diet Questionnaire and the sample probing questions for each category.

Part 2

On the Job Aids, write questions in your own words that you would feel comfortable asking. Write down probing questions you would use to get more information. It is okay to start with the questions in TWIST, and the probes listed, if you feel comfortable using them.

Part 3

Review your questions with your Training Supervisor.

Part 4

Have your Training Supervisor arrange a time for you to observe a more experienced CPA certifying from each of these categories.

Part 5

Use the Observation Tool to take notes on:

- a) questions and probes that the CPA used to get information from the participant;
- b) what topics were covered; and
- c) what dietary risks were assigned, if any.

Think about the information you heard and whether it covered the “Critical Thinking” questions from the Observation Tool and Job Aids.

Note what nutrition education topics were proposed by the certifier to the participant.

Part 6

After the certification is over, discuss what you observed with the CPA. Check with the CPA to see if what you heard was correct, and if you understood what was discussed.

Part 7

Have your Training Supervisor arrange a time for you to work with a more experienced CPA. You will do the dietary assessment during the certification of an infant. (Alternative – You may want to role-play a dietary assessment or you may want to work directly with your Training Supervisor.)

Part 8

Ask the CPA to use the observation tool to observe you, as you practice using the questions and probes that you developed.

Part 9

Discuss how the observations went and what you learned with your Training Supervisor. Discuss the “Critical Thinking” questions. Review the dietary risks that were assigned and nutrition education topics were suggested to the participant.

Case study

Complete *Case Studies C* and *D*, which are located in the *Case Studies* section of the module.

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 4.
 2. Check your answers to the written *Practice Activities* and *Skill Checks*.
 3. Check your answers to *Case Study C* and *Case Study D*.
 4. Discuss your observations of the diet assessment process and what you learned. Review your completed *Observation Tool*.
 5. Discuss the diet assessment questions that you wrote to use with children.
 6. Role-play a diet assessment of an infant.
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Use of Substitutes for Breast Milk or Formula

411.1

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



Risk Description

Routinely using substitutes for breast milk or iron fortified formula as the primary nutrient source for infants under one year of age.

At risk if:	Infant is routinely being fed a substitute for breast milk or formula such as: <ul style="list-style-type: none"> ▪ Low iron formula without iron supplementation ▪ Cow’s milk ▪ Goat’s milk ▪ Canned evaporated milk ▪ Sweetened condensed milk ▪ Rice or soy based imitation milk products ▪ Other “homemade concoctions”
NOT at risk if:	Infant’s primary source of nutrients is breastmilk or iron fortified formula

Reason for Risk

Feeding a low iron formula can compromise an infant’s iron stores. Cow’s milk, goat’s milk, imitation milk and homemade formulas have insufficient and inappropriate amounts of nutrients for infants and can cause iron deficiency, stress on the kidneys and allergic reactions.

Considerations for Assigning Risk

How old is the infant? How is the substitute offered? How often is the substitute offered? How much of the substitute is consumed? Why is the substitute being offered?



Additional Documentation

Document the *specific substitute offered* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Brielle is a seven-month-old infant who is at WIC to be enrolled. She was recently weaned from breastfeeding and her mother is feeding her whole cow’s milk because formula is too expensive. Brielle would qualify for Risk 411.1.

Not at Risk

Maeve is an eleven and a half month old child at WIC for recertification. During the assessment, Maeve’s mother shares that she is in the process of gradually introducing whole milk into her diet. She offers two ounces of whole milk in a cup one time each day. Maeve would **not** qualify for 411.1.

Inappropriate Use of Bottles or Cups

411.2

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



Risk Description

Routinely using bottles or cups improperly.

At risk if:	<p>Infant is routinely using bottles or cups improperly. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Using a bottle to drink juice ▪ Feeding any sugary drinks such as soda, Kool-Aid®, sports drinks, gelatin water or sweetened tea in a bottle or cup ▪ Allowing the infant to fall asleep or to be put to bed with a bottle at naps or bedtime ▪ Allowing the infant to use a bottle without restriction such as walking around with a bottle or using a bottle as a pacifier ▪ Propping the bottle while feeding ▪ Allowing the infant to carry around and drink from a covered training cup throughout the day ▪ Adding any food such as cereal or other solids to the bottle
NOT at risk if:	Infant is using bottles or cups properly

Reason for Risk

Prolonged use of baby bottles during the day or night and routinely eating high sugar substances contributes to tooth decay. Solid foods such as cereal should not be put into a bottle for feeding because it does not encourage the infant to eat solid foods in a more developmentally appropriate way.

Considerations for Assigning Risk

Is the infant currently using a nursing bottle or cup improperly? How long has the infant been using the nursing bottle or cup improperly? How often does the child use the nursing bottle or cup improperly?



Additional Documentation

Document the *specific inappropriate use* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Beth is an 8-month-old infant who is at WIC to be enrolled. During the appointment, Beth’s mom tells you that Beth likes to drink her juice out of a bottle and has some every day. Beth would qualify for Risk 411.2.

Not at Risk

Sunday is a 10-month-old infant who is at WIC to be enrolled. During the appointment, Sunday’s mother shares that Sunday occasionally takes a sip of sweetened ice tea out of her mother’s glass during the summer. Her mother does not typically offer tea to Sunday. Sunday would **not** qualify for Risk 411.2

Early Introduction of Beverages or Solid Foods 411.3

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



Risk Description

Routinely offering foods or other substances that are inappropriate for the infant's stage of development.

At risk if:	Infant is being offered food or beverage (other than breast milk or iron fortified formula) before 4 months of age -OR- Sugar, honey, or syrup is added to any food, beverage or pacifier.
NOT at risk if:	Infant is being fed appropriately for age

Reason for Risk

Feeding solid foods or beverages too early interferes with establishing good eating habits and can contribute to overfeeding. Digestion of solids is inefficient and potentially harmful for infants prior to four months of age. Sweetening agents added to food, beverages or pacifiers can promote the development of childhood caries. Introducing other beverages to an exclusively breastfed infant may reduce the number of times the infant nurses.

Considerations for Assigning Risk

How old is the infant? What type of food is being offered? How often is the food offered? Why is the food being offered?



Additional Documentation

No special requirements.



Education/Referrals

Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Miralyn is a two-month-old infant who is at WIC to be enrolled. In addition to frequent breastfeeding, she is being fed cereal by spoon one time each day. Miralyn's mother does not feel that Miralyn will get enough to eat without the cereal. Miralyn would qualify for risk 411.3.

Not at risk

April is a one-month-old infant who is at WIC for certification. During the appointment, April's mother shares that April's grandma came for a visit from out of state and gave April a spoon full of cereal while she was babysitting. April's mother does not feed cereal to April and plans to introduce solids at age 6 months. April would **not** qualify for Risk 411.3.

Inappropriate Feeding Practices 411.4

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



Risk Description

Routinely using feeding practices that disregard the developmental needs or stage of the infant.

At risk if:	<p>A feeding practice that disregards the developmental need of the infant is routinely being used. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to or disregarding the infant's cues for hunger or fullness ▪ Feeding foods of inappropriate consistency, size or shape that puts the infant at risk for choking ▪ Not supporting an infant's need for increased independence with self-feeding, such as solely spoon feeding an infant who is able and ready to finger feed and/or trying to self-feed with appropriate utensils ▪ Feeding an infant foods with inappropriate textures based on his/her developmental stage, such as feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods
NOT at risk if:	<p>Appropriate feeding practices are used to feed the infant</p>

Reason for Risk

Infants are born with the ability to regulate their food intake based on hunger, appetite and fullness. The “feeding relationship” between a caregiver and an infant influences an infant’s ability to develop eating skills and to eat a nutritionally adequate diet. A poor feeding relationship can result in poor dietary intake and impaired growth.

Considerations for Assigning Risk

What is the current age and developmental stage of the infant? How long has the feeding practice been used? Will the feeding practice continue to be used? Why is the feeding practice being used?



Additional Documentation

Document the *specific inappropriate feeding practice* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Caden is a 10-month-old infant and is at WIC to be enrolled. During the appointment, Caden’s mom tells you she feeds him only strained baby foods, even though he has 6 teeth, because he is so messy when he tries to feed himself. Caden would qualify for Risk 411.4.

Not at Risk

Jerry is an 11-month-old infant at WIC for certification. Jerry is learning to feed himself with a variety of finger foods. Jerry’s father says that sometimes Jerry gags when he takes too big of a bite but that most of the time, he enjoys eating and trying new foods. Jerry would **not** qualify for 411.4.

Feeding Potentially Harmful Foods

411.5

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



Risk Description

Feeding foods to an infant that could be contaminated with harmful microorganisms.

At risk if:	<p>Infant is fed potentially harmful foods. Examples of potentially harmful foods include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Raw or undercooked meat, poultry, fish or shellfish ▪ Raw or undercooked eggs, or foods containing raw or lightly cooked eggs, including: salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog ▪ Hot dogs, lunch meat, processed meats and other deli style meat or poultry (unless reheated until steaming hot) ▪ Unpasteurized milk or foods containing unpasteurized milk ▪ Any soft cheese or fresh cheeses made with unpasteurized milk, such as: feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela ▪ Unpasteurized fruit or vegetable juices ▪ Raw vegetable sprouts such as alfalfa, clover,
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	<p>bean or radish</p> <ul style="list-style-type: none"> ▪ Honey added to liquids or foods, used in cooking as part of processed foods or on a pacifier
NOT at risk if:	Infant is fed foods that are not contaminated.

Reason for Risk

In order to prevent food-borne illness, the American Academy of Pediatricians recommends that certain foods should not be fed to young children and infants.

Considerations for Assigning Risk?

Is the infant currently eating the potentially harmful food? How long has the infant been fed the food? How often is the infant fed the food? How much of the food does the infant eat?



Additional Documentation

Document the *specific food* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Maria is a 2-month-old infant at WIC to be recertified. During the diet assessment, Maria’s dad tells you that he adds honey to Maria’s bottle of water to get her to drink more water. Maria would qualify for Risk 411.5.

Not at Risk

Bryce is a 6-month-old infant at WIC for his mid-certification health assessment. He is breastfed but is beginning to be introduced to commercially prepared baby foods. He is not being offered any other foods or beverages at this time. Bryce would **not** qualify for Risk 411.5.

Incorrect Dilution of Formula 411.6

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



Risk Description

Routinely feeding inappropriately diluted formula.

At risk if:	Infant is being fed formula that is being diluted incorrectly, including: <ul style="list-style-type: none"> ▪ Failure to follow manufacturer's dilution instructions ▪ Failure to follow specific instructions accompanying a formula prescription
NOT at risk if:	Infant is being fed formula that has been correctly diluted -OR- Infant receives no formula

Reason for Risk

Incorrect preparation of formula can have severe health consequences for infants. Over-dilution of formula can result in excess water intake and inadequate nutrient intake, causing failure to thrive and poor growth. Under-dilution of formula can result in dehydration and metabolic acidosis from excess intake of protein and minerals.

Considerations for Assigning Risk

How often is formula prepared incorrectly? How well does the parent understand the manufacturer's directions for mixing formula?

NOTE

Be sure to determine if the parent is using the correct manufacturer's scoop for preparation of powdered formula.



Additional Documentation

Document the *specific issue with formula dilution* in “Notes” or “Progress Notes.”



Education/Referrals

Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Perry is a six-month-old infant who is at WIC for his mid-certification health assessment. He is a formula fed infant. During Perry's assessment, it is determined that his powdered formula is being overdiluted by mixing two scoops of formula to six ounces of water in each bottle. His mother reports that the family budget is tight and adding extra water helps to stretch the formula and make it last longer. Perry would qualify for Risk 411.6.

Not at Risk

Cherry is a two-month-old infant at WIC for her certification appointment. She is a formula fed infant. During her assessment, it is determined that her concentrated formula is being mixed by adding three ounces of concentrated formula to three ounces of warm water. Her mother is very careful to follow the directions on the formula can with every bottle. Cherry would **not** qualify for Risk 411.6.

Infrequent Breastfeeding

411.7

Category.....	Exclusively Breastfed Infants
Risk Level.....	LOW



Risk Description

Routinely limiting the frequency of nursing, for the exclusively breastfed infant, when breast milk is the sole source of nutrients.

At risk if:	Exclusively breastfed infant's intake is limited to: <ul style="list-style-type: none"> ▪ Scheduled feedings (instead of demand feedings) ▪ Less than 8 feedings in 24 hours (if less than 2 months of age) ▪ Less than 6 feedings in 24 hours (if between 2 and 6 months of age)
NOT at risk if:	Exclusively breastfed infant is fed frequently and on demand -OR- Infant is not exclusively breastfed

Reason for Risk

Exclusive breastfeeding provides ideal nutrition for an infant during the first 6 months of life. Frequent breastfeeding is necessary for the mother to establish and maintain an adequate milk supply and to ensure that an infant achieves optimal growth and development. Infrequent breastfeeding can result in dehydration, poor weight gain, illness and malnourishment for the infant.

Considerations for Assigning Risk

How old is the infant? How often does infrequent breastfeeding occur? How is the infant's growth and weight gain? How many wet and soiled diapers does the infant have each day? Why is the infrequent nursing occurring?



Additional Documentation

No special requirements.



Education/Referrals

- ◆ An immediate referral to the WIC breastfeeding specialist is recommended.
- ◆ Provide breastfeeding counseling appropriate for participant's concerns.

Example

At Risk

Renee is a 4-week-old infant who is at WIC for enrollment. She is exclusively breastfed 6 times per day as her mother is trying to keep her on a schedule. Renee would qualify for Risk 411.7.

Not at Risk

Arielle is a 4-month-old infant at WIC for enrollment. She is exclusively breastfed and her mother is concerned that Arielle breastfed only 4 times yesterday instead of her usual 8 feedings. This pattern seems to occur when Arielle has immunizations. Today, her appetite seems back to normal and her mother is feeding her on demand. Arielle would **not** qualify for Risk 411.7.

Feeding Very Low Calorie or Nutrient Diet

411.8

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



Risk Description

Routinely feeding a diet very low in calories and/or essential nutrients.

At risk if:	<p>Infant is routinely fed a diet very low in calories and/or essential nutrients. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Vegan diet ▪ Macrobiotic diet ▪ Diet is very low in calories and/or essential nutrients ▪ Inadequate formula
NOT at risk if:	<p>Infant is fed a diet with appropriate calories and/or nutrients</p>

Reason for Risk

Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development and may lead to other adverse physiological effects. The more limited the diet, the greater the health risk.

Considerations for Assigning Risk

What diet is being offered? Is the infant currently being fed the diet? How long has the infant been fed the diet? Will the diet continue to be fed to the child? Is this an older infant? Is the child being weaned?



Additional Documentation

Document the *specific diet* in “Notes” or “Progress Notes.”



Education/Referrals

- ◆ A referral to the WIC nutritionist is recommended.
- ◆ Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Skye is an 11-month-old infant who is at WIC enrollment. During the appointment, Skye’s mom tells you she is a strict vegan and plans to raise Skye with the same diet. She has been offering only fruits and vegetables to Skye as finger foods. She does not plan to offer Skye any animal or dairy products after weaning from breastfeeding is completed. Skye would qualify for Risk 411.8.

Not at Risk

Darren is a 6-month-old infant at WIC for his mid-certification health assessment. Darren’s mother shares that she and Darren’s father are on strict low calorie diets for weight loss but they are confident this will not interfere with the introduction of solids and finger feeding for Darren. Darren would **not** qualify for Risk 411.8.

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, but are not limited to:

- 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 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 instruction

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 Nutrition & Feeding 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 diet 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 qualifies for Risk 411.9.

Not at Risk

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

Inappropriate Use of Dietary Supplements

411.10

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



Risk Description

Feeding dietary supplements that may be toxic or have potentially harmful consequences when ingested in excess of recommended dosages.

At risk if:	<p>Infant is fed dietary supplements in excess of recommended dosages. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Single or multi-vitamins ▪ Mineral supplements ▪ Herbal or botanical supplements/remedies/teas
NOT at risk if:	<p>Infant is not taking dietary supplements -OR- Infant use of dietary supplements is appropriate</p>

For more information on inappropriate use of dietary supplements, refer to:

- ◆ American Academy of Pediatrics, Committee on Nutrition. Pediatric Nutrition Handbook. 5th edition.

Reason for Risk

An infant taking inappropriate or excessive amounts of dietary supplements such as, single or multivitamins or minerals, or botanical (including herbal) remedies or teas not prescribed by a physician is at risk for adverse effects such as harmful nutrient interactions, toxicity, and physical malformations.

Considerations for Assigning Risk

Is the infant currently taking the supplement? How long has the infant been taking the supplement? How much of the supplement does the infant take? Why is the supplement being offered?



Additional Documentation

Document the *inappropriate use of dietary supplements* in the “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Travis is a six-month-old infant at WIC for his mid-certification health assessment. During the diet assessment, you learn that Travis is being given a double dose of infant vitamin drops every day. Travis’ mom thinks that one dose is not enough and wants to be sure he is very healthy. Travis would qualify for Risk 411.10.

Not at Risk

Violet is an eight-month-old infant at WIC for enrollment. Violet’s father reports that Violet is given one dose of liquid infant vitamins one time per week in addition to breastfeeding. Violet would **not** qualify for 411.10.

Inadequate Fluoride or Vitamin D Supplementation 411.11

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



Risk Description

Routinely not providing fluoride or Vitamin D, which are recognized as essential, when an infant's diet alone cannot meet nutrient requirements.

At risk if:	<p>For fluoride: Infant is age 6 months and older -AND- The water supply is not fluoridated -AND- Infant is not receiving prescribed fluoride supplements</p> <p>For Vitamin D: Infant drinks less than 1 quart of Vitamin D fortified formula per day AND Infant is not receiving Vitamin D supplements</p>
NOT at risk if:	<p>For fluoride: Infant is under 6 months of age -OR- Infant receives fluoridated water -OR- Infant receives prescribed fluoride supplement when water supply is not fluoridated</p>

	<p>For Vitamin D: Infant drinks 1 quart of Vitamin D fortified formula per day OR Infant receives Vitamin D supplement</p>
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Reason for Risk

Fluoride supplements may be beneficial in reducing dental decay for infants living in a fluoride deficient area. The American Academy of Pediatrics recommends that infants receive 400 IU of Vitamin D per day through a combination of Vitamin D fortified formula or supplements. Vitamin D supplements are beneficial in prevention of rickets, infections, heart disease, auto immune diseases, some forms of cancer, type 2 diabetes and Vitamin D deficiency.

Considerations for Assigning Risk

Is the infant currently taking a fluoride supplement or drinking fluoridated water? How long has the infant not been taking a fluoride supplement? How much Vitamin D fortified formula does the infant drink each day? Does the infant receive a Vitamin D supplement?



Additional Documentation

No special requirements.



Education/Referrals

A referral to a dental health professional or health care provider is recommended.

Example

At Risk

Callendra is a 7-month-old formula fed infant at WIC for her mid-certification health assessment. She drinks 36 ounces of Vitamin D fortified formula each day. The water in Callendra's community is not fluoridated and she is not taking a fluoride supplement. Callendra would qualify for Risk 411.11.

Not at Risk

Rhianne is a 9-month-old exclusively breastfed infant at WIC for enrollment. Rhianne lives in a community without fluoridated water so her parents give her daily fluoride and Vitamin D supplements that they received from her health care provider. Rhianne would **not** qualify for Risk 411.11.
