



GEORGIA DEPARTMENT OF PUBLIC HEALTH/GEORGIA WIC

# Nutrition Risk Criteria Handbook

**FFY 2017**  
**Effective Aug 2016**

Georgia WIC Program  
Program Operations and Nutrition Office

## 2017 Risk Handbook Summary of Updates

**Cover Page:** Date Change

**Prenatal Women:** Pink

Page 4– Risk 201 HGB reformat

Page 5 – Risk 211 Blood Lead Level Change

Page 7 – Risk 332 Short Interpregnancy Interval (Risk Name Change)

Page 20 – Risk 602 Breastfeeding Complications or Potential Complications Adding

**Breastfeeding Women:** Green

Page 22 – Risk 201 HGB reformat

Page 23 – Risk 211 Blood Lead Level Change

Page 25 – Short Interpregnancy Interval (Risk Name Change)

**Postpartum Non-Breastfeeding Women:** Yellow

Page 42 – Risk 201 HGB reformat

Page 43 – Risk 211 Blood Lead Level Change

Page 45 – Short Interpregnancy Interval (Risk Name Change)

**Infants:** Blue

Page 60 – Risk 201 HGB reformat

Page 64 – Risk 211 Blood Lead Level Change

**Children:** Orange

Page 80 – Risk 201 HGB reformat

Page 84 – Risk 211 Blood Lead Level Change

**Appendices:** White

Page 112 – Appendix E: Inappropriate Nutrition Practices for Children.

Added undercooked, raw tofu (this is specifically added to the children and not to the prenatal foods list. This is not included in the justification; however, tofu once opened can grow bacteria and should not be used past expiration date. It appears to have been added to the children’s list in an abundance of caution.)

Page 117 & 118 –Appendix G-1 & Appendix G-2: Measuring Length / Measuring Weight Infant. Cleared up language for procedures.

Page 119 & 120 – Appendix G-3 & Appendix G-4: Measuring Height / Measuring Weight. Cleared up language for procedures.

**DATA AND DOCUMENTATION REQUIRED FOR WIC  
ASSESSMENT/CERTIFICATION**

**PRENATAL WOMEN**

Data	Prenatal Women
Height	Required
Pre-Pregnancy Weight	Required
Current Weight	Required
Hematocrit or Hemoglobin	Required
Prenatal Weight Grid Plotted	Required
Evaluation of Inappropriate Nutrition Practices	Required
Risk Factor Assessment	Required

NUTRITION RISK CRITERIA  
PREGNANT WOMEN

PREGNANT WOMEN				
CODE				PRIORITY
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p style="text-align: center;"><u>Hemoglobin</u>                      <u>Hematocrit</u></p> <p><b>1<sup>st</sup> Trimester (0-13 wks):</b>  Non-Smokers                      &lt; 11.0 g/dl                      &lt; 33.0%  Smokers                              &lt; 11.3 g/dl                      &lt; 34.0%</p> <p><b>2<sup>nd</sup> Trimester (14-26 wks):</b>  Non-Smokers                      &lt; 10.5 g/dl                      &lt; 32.0%  Smokers                              &lt; 10.8 g/dl                      &lt; 33.0%</p> <p><b>3<sup>rd</sup> Trimester (27-40 wks):</b>  Non-Smokers                      &lt; 11.0 g/dl                      &lt; 33.0 %  Smokers                              &lt; 11.3 g/dl                      &lt; 34.0%</p> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix A-1)</p>			I
101	<p>UNDERWEIGHT</p> <p>Pre-pregnancy weight is equal to a Body Mass Index (BMI) of &lt;18.5. Refer to Appendix B-1.</p> <p>High Risk: Pre-pregnancy BMI &lt;18.5</p>			I
111	<p>OVERWEIGHT</p> <p>Pre-pregnancy weight is equal to a Body Mass Index (BMI) of <math>\geq</math>25. Refer to Appendix B-1.</p> <p>High Risk: Pre-pregnancy BMI &gt;29.9</p>			I
131	<p>LOW MATERNAL WEIGHT GAIN</p> <p>Low weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.</p> <p>Refer to Appendix B-2.</p> <p>High Risk: Low Maternal Weight Gain</p>			I

PREGNANT WOMEN

CODE		PRIORITY
132	<p>GESTATIONAL WEIGHT LOSS DURING PREGNANCY</p> <ul style="list-style-type: none"> <li>• During first (0-13 weeks) trimester, any weight loss below pregravid weight; based on pregravid weight and current weight.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• During second and third trimesters (14-40 weeks gestation), <math>\geq 2</math> lbs weight loss. Based on two weight measures recorded at 14 weeks gestation or later.</li> </ul> <p>Document: Two weight measures as specified above</p> <p>High Risk: Weight loss of <math>\geq 2</math> lbs in the second and third trimesters</p>	I
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>High maternal weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</p>	I
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of <math>\geq 5</math> <math>\mu\text{g}/\text{deciliter}</math> within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of <math>\geq 5</math> <math>\mu\text{g}/\text{deciliter}</math> within the past 12 months.</p>	I
301	<p>HYPEREMESIS GRAVIDARUM</p> <p>Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.</p> <p>Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed hyperemesis gravidarum</p>	I

**PREGNANT WOMEN**

CODE		PRIORITY
302	<p><b>GESTATIONAL DIABETES</b></p> <p>Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed gestational diabetes</p>	I
303	<p><b>HISTORY OF GESTATIONAL DIABETES</b></p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I
304	<p><b>HISTORY OF Preeclampsia</b></p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders</p> <p>Document: Diagnosis and name of the physician that treated this condition in the participant's health record.</p>	I
311	<p><b>HISTORY OF PRETERM DELIVERY</b></p> <p>Any history of infant(s) born at 37 weeks gestation or less</p> <p>Document: Delivery date(s) and weeks gestation in participant's health record</p>	I

**PREGNANT WOMEN**

CODE		PRIORITY
312	<p><b>HISTORY OF LOW BIRTH WEIGHT INFANT(S)</b></p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms).</p> <p>Document: Weight(s) and birth date(s) in the participant's health record</p>	I
321	<p><b>HISTORY OF FETAL OR NEONATAL DEATH</b></p> <p>Any fetal death(s) (death greater than or equal to 20 weeks gestation) or neonatal death(s) (death occurring from 0-28 days of life).</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	I
331	<p><b>PREGNANCY AT A YOUNG AGE</b></p> <p>For current pregnancy, Conception at less than or equal to 17 years of age.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age.</p>	I
<b>332</b>	<p><b>SHORT INTERPREGNANCY INTERVAL</b></p> <p>For current pregnancy, the participant's EDC is less than 25 months after the termination of the last pregnancy.</p> <p>Document: Termination date of last pregnancy and EDC in the participant's health record</p>	I

**PREGNANT WOMEN**

CODE		PRIORITY
333	<p><b>HIGH PARITY AND YOUNG AGE</b></p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> <li>1. The woman is under age 20 at date of conception, AND</li> <li>2. She has had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.</li> </ol> <p>Document: EDC date; number of pertinent pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record</p>	I
334	<p><b>LACK OF, OR INADEQUATE PRENATAL CARE</b></p> <p>Prenatal care beginning after the 1<sup>st</sup> trimester (0-13 weeks)</p> <p>Document: Weeks gestation, in participant's health record, when prenatal care began. A pregnancy test is not prenatal care.</p>	I
335	<p><b>MULTI-FETAL GESTATION</b></p> <p>More than one (&gt;1) fetus in a current pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Multi-fetal gestation</p>	I
336	<p><b>FETAL GROWTH RESTRICTION</b></p> <p>Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight &lt;10th percentile for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <p>Fetal Growth Restriction (FGR) must be diagnosed by a physician or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis in participant's health record</p> <p>High Risk: Fetal Growth Restriction</p>	I

**PREGNANT WOMEN**

CODE	PRIORITY
<p>381 ORAL HEALTH</p> <p>Diagnosis of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <ul style="list-style-type: none"> <li>• Dental Caries</li> <li>• Periodontal Disease – Gingivitis or periodontitis</li> <li>• Tooth Loss - ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.</li> </ul> <p>Document: Oral Health Condition and name of physician, dentist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	<p align="center">I</p>
<p>400 INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix E)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	<p align="center">IV</p>
<p>401 FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be presumed to be at nutritional risk based on failure to meet the Dietary Guidelines for Americans.</p> <p>(This risk factor may be assigned only when a woman does not qualify for risk 400 or for any other risk factor.)</p>	<p align="center">IV</p>
<p>502 TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	<p align="center">I, IV</p>

**PREGNANT WOMEN**

CODE	PRIORITY
<p><b>602 BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS</b></p> <p>A breastfeeding woman with any of the following complications or potential complications for breastfeeding.</p> <p>a. severe breast engorgement      d. flat or inverted nipples  b. recurrent plugged ducts      e. cracked, bleeding or severely sore nipples  c. mastitis      f. age ≥ 40 years</p> <p>Document: Complications or potential complications in the participant's health record.  High Risk: Refer to or provide the mother with appropriate breastfeeding counseling.</p>	<p align="center"><b>I</b></p>
<p><b>801 HOMELESSNESS</b></p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedure Manual.</p>	<p align="center">IV</p>
<p><b>802 MIGRANCY</b></p> <p>Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	<p align="center">IV</p>
<p><b>901 RECIPIENT OF ABUSE</b></p> <p>Battering (abuse) within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	<p align="center">IV</p>
<p><b>902 PRENATAL WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</b></p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> <li>• mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> <li>• physical disability which restricts or limits food preparation abilities</li> <li>• current use of or history of abusing alcohol or other drugs</li> </ul> <p>Document: The women's specific limited abilities in the participant's health record.</p>	<p align="center">IV</p>
<p><b>903 Foster Care</b></p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	<p align="center">IV</p>
<p><b>904 ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</b></p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	<p align="center">I</p>

**DATA AND DOCUMENTATION REQUIRED FOR WIC  
ASSESSMENT/CERTIFICATION**

**BREASTFEEDING WOMEN**

Data	Breastfeeding and Non-Breastfeeding Woman Certified in Hospital Prior to Initial Discharge	Woman Certified in Clinic	Breastfeeding Woman Certified in Clinic $\geq$ 6 Months Postpartum
Height	Pre-pregnancy height from health record; self-reported if not available from record	Required	Required
Pre-Pregnancy Weight	Pre-pregnancy weight from health record; self-reported if not available from record	Required	Required
Current Weight	If available	Required	Required
Last Weight Before Delivery	Required	Required	Required
Hemoglobin or Hematocrit	Required (Apply 90-day rule when not available)	Required	Optional
Evaluation of Inappropriate Nutrition Practices	Required	Required	Required
Risk Factor Assessment	Required	Required	Required

NUTRITION RISK CRITERIA  
BREASTFEEDING WOMEN

BREASTFEEDING WOMEN																							
CODE		PRIORITY																					
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Hemoglobin</u></th> <th style="text-align: center;"><u>Hematocrit</u></th> </tr> </thead> <tbody> <tr> <td><b>12 to 15 years of Age:</b></td> <td></td> <td></td> </tr> <tr> <td>Non-Smokers</td> <td style="text-align: center;">&lt; 11.8 g/dl</td> <td style="text-align: center;">&lt; 35.7%</td> </tr> <tr> <td>Smokers</td> <td style="text-align: center;">&lt; 12.1 g/dl</td> <td style="text-align: center;">&lt; 36.7%</td> </tr> <tr> <td><b>15 years of Age and Older:</b></td> <td></td> <td></td> </tr> <tr> <td>Non-Smokers</td> <td style="text-align: center;">&lt; 12.0 g/dl</td> <td style="text-align: center;">&lt; 35.7%</td> </tr> <tr> <td>Smokers</td> <td style="text-align: center;">&lt; 12.3 g/dl</td> <td style="text-align: center;">&lt; 36.7%</td> </tr> </tbody> </table> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix A-1)</p>		<u>Hemoglobin</u>	<u>Hematocrit</u>	<b>12 to 15 years of Age:</b>			Non-Smokers	< 11.8 g/dl	< 35.7%	Smokers	< 12.1 g/dl	< 36.7%	<b>15 years of Age and Older:</b>			Non-Smokers	< 12.0 g/dl	< 35.7%	Smokers	< 12.3 g/dl	< 36.7%	I
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101	<p>UNDERWEIGHT</p> <p>&lt; 6 months Postpartum: Pre-pregnancy or current weight is equal to a Body Mass Index (BMI) of &lt;18.5. Refer to BMI Table, Appendix C-1.</p> <p>≥ 6 months Postpartum: Current weight is equal to a Body Mass Index (BMI) of &lt;18.5. Refer to Appendix B-1.</p> <p>High Risk: Current BMI &lt;18.5</p>	I																					
111	<p>OVERWEIGHT</p> <p><b>&lt;6 months Postpartum:</b> Pre-pregnancy weight is equal to a Body Mass Index (BMI) of ≥25. Refer to BMI Table, Appendix C-1.</p> <p><b>≥ 6 months postpartum:</b> Current weight is equal to a Body Mass Index (BMI) of ≥25. Refer to Appendix B-1.</p> <p>High Risk: Current BMI &gt;29.9</p>	I																					

## BREASTFEEDING WOMEN

CODE		PRIORITY																				
133	<p><b>HIGH MATERNAL WEIGHT GAIN</b></p> <p>Breastfeeding (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the recommended range based on Body Mass Index (BMI), as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Prepregnancy Weight Group</th> <th style="text-align: left;">Definition (BMI)</th> <th style="text-align: left;">Cut-off Value (Singleton)</th> <th style="text-align: left;">Cut-off Value (Multi-Fetal)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>&lt; 18.5</td> <td>&gt;40 lbs</td> <td>*</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>&gt;35 lbs</td> <td>&gt;54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>&gt;25 lbs</td> <td>&gt;50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>&gt;20 lbs</td> <td>&gt;42 lbs</td> </tr> </tbody> </table> <p>*There are no provisional guidelines for underweight woman with multiple fetuses. (Appendix B-2)</p> <p>Document: Pre-gravid weight and last weight before delivery</p>	Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	Underweight	< 18.5	>40 lbs	*	Normal Weight	18.5 to 24.9	>35 lbs	>54 lbs	Overweight	25.0 to 29.9	>25 lbs	>50 lbs	Obese	≥ 30.0	>20 lbs	>42 lbs	I
Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)																			
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211	<p><b>ELEVATED BLOOD LEAD LEVELS</b></p> <p>Blood lead level of <b>≥ 5</b> µg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of <b>≥ 5</b> µg/deciliter within the past 12 months.</p>	I																				
303	<p><b>HISTORY OF GESTATIONAL DIABETES</b></p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I																				

## BREASTFEEDING WOMEN

CODE	PRIORITY
<p>304 HISTORY OF PREECLAMPSIA</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I
<p>311 DELIVERY OF PREMATURE INFANT(S)</p> <p>Woman has delivered one (1) or more infants at 37 weeks gestation or less. Applies to most recent pregnancy only.</p> <p>Document: Delivery date and weeks gestation in participant's health record</p>	I
<p>312 DELIVERY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms). Applies to most recent pregnancy only.</p> <p>Document: Weight(s) and birth date in the participant's health record</p>	I
<p>321 FETAL OR NEONATAL DEATH</p> <p>A fetal death (death <math>\geq</math> 20 weeks gestation) or a neonatal death (death occurring from 0-28 days of life). Applies to most recent pregnancy only.</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	I

## BREASTFEEDING WOMEN

CODE	PRIORITY
<p>331 PREGNANCY AT A YOUNG AGE</p> <p>For most recent pregnancy, Conception at less than or equal to 17 years of age. Applies to most recent pregnancy only.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age</p>	I
<p><b>332 SHORT INTERPREGNANCY INTERVAL</b></p> <p>Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.</p> <p>Document: Termination dates of last two pregnancies in the participant's health record.</p>	I
<p>333 HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> <li>1. The woman is under age 20 at date of conception AND</li> <li>2. She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy.</li> </ol> <p>Document: Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record.</p>	I
<p>335 MULTI FETAL GESTATION</p> <p>More than one (&gt;1) fetus in the most recent pregnancy</p> <p>High Risk: Multi-fetal gestation</p>	I
<p>337 HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.</p> <p>Document: Birth weight(s) and date(s) of deliveries in the participant's health record.</p>	I

**BREASTFEEDING WOMEN**

CODE	PRIORITY
<p>339      BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A woman who gives birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect), excess vitamin A (cleft palate or lip). Applies to most recent pregnancy only.</p> <p>Document: Infant(s) congenital and/or birth defect(s) in participant's health record</p>	I
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341      NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	I

**DATA AND DOCUMENTATION REQUIRED FOR WIC  
ASSESSMENT/CERTIFICATION**

**POSTPARTUM NON-BREASTFEEDING WOMEN**

Data	Woman Certified in Hospital Prior to Initial Discharge	Woman Certified in Clinic
Height	Pre-pregnancy height from health record; self-reported if not available from record	Required
Pre-Pregnancy Weight	Pre-pregnancy weight from health record; self-reported if not available from record	Required
Current Weight	If available	Required
Last Weight Before Delivery	Required	Required
Hemoglobin or Hematocrit	Required (Apply 90-day rule when not available)	Required
Evaluation of Inappropriate Nutrition Practices	Required	Required
Risk Factor Assessment	Required	Required

NUTRITION RISK CRITERIA  
POSTPARTUM, NON- BREASTFEEDING WOMEN

POSTPARTUM NON-BREASTFEEDING WOMEN																							
CODE		PRIORITY																					
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><b>12 to 15 years of Age:</b></td> <td style="width: 30%;"><u>Hemoglobin</u></td> <td style="width: 35%;"><u>Hematocrit</u></td> </tr> <tr> <td>Non-Smokers</td> <td>&lt; 11.8 g/dl</td> <td>&lt; 35.7%</td> </tr> <tr> <td>Smokers</td> <td>&lt; 12.1 g/dl</td> <td>&lt; 36.7%</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td><b>15 years of Age and Older:</b></td> <td></td> <td></td> </tr> <tr> <td>Non-Smokers</td> <td>&lt; 12.0 g/dl</td> <td>&lt; 35.7%</td> </tr> <tr> <td>Smokers</td> <td>&lt; 12.3 g/dl</td> <td>&lt; 36.7%</td> </tr> </table> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix A-1)</p>	<b>12 to 15 years of Age:</b>	<u>Hemoglobin</u>	<u>Hematocrit</u>	Non-Smokers	< 11.8 g/dl	< 35.7%	Smokers	< 12.1 g/dl	< 36.7%	 			<b>15 years of Age and Older:</b>			Non-Smokers	< 12.0 g/dl	< 35.7%	Smokers	< 12.3 g/dl	< 36.7%	VI
<b>12 to 15 years of Age:</b>	<u>Hemoglobin</u>	<u>Hematocrit</u>																					
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Non-Smokers	< 12.0 g/dl	< 35.7%																					
Smokers	< 12.3 g/dl	< 36.7%																					
101	<p>UNDERWEIGHT</p> <p>Pre-pregnancy or current weight is equal to a Body Mass Index (BMI) of &lt;18.5. Refer to Appendix B-1.</p> <p>High Risk: Pre-pregnancy or current BMI &lt;18.5</p>	VI																					
111	<p>OVERWEIGHT</p> <p>Pre-pregnancy weight is equal to a Body Mass Index (BMI) of <math>\geq 25</math>. Refer to Appendix B-1.</p> <p>High Risk: Pre-pregnancy BMI &gt;29.9</p>	VI																					

**POSTPARTUM NON-BREASTFEEDING WOMEN**

CODE	PRIORITY																				
<p>133    HIGH MATERNAL WEIGHT GAIN</p> <p>Non-Breastfeeding (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the recommended range based on Body Mass Index (BMI), as follows:</p> <table border="1"> <thead> <tr> <th>Prepregnancy Weight Group</th> <th>Definition (BMI)</th> <th>Cut-off Value (Singleton)</th> <th>Cut-off Value (Multi-Fetal)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>&lt; 18.5</td> <td>&gt;40 lbs</td> <td>*</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>&gt;35 lbs</td> <td>&gt;54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>&gt;25 lbs</td> <td>&gt;50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>&gt;20 lbs</td> <td>&gt;42 lbs</td> </tr> </tbody> </table> <p>*There are no provisional guidelines for underweight woman with multiple fetuses. (Appendix B-2)</p> <p>Document: Pre-gravid weight and last weight before delivery</p>	Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	Underweight	< 18.5	>40 lbs	*	Normal Weight	18.5 to 24.9	>35 lbs	>54 lbs	Overweight	25.0 to 29.9	>25 lbs	>50 lbs	Obese	≥ 30.0	>20 lbs	>42 lbs	VI
Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)																		
Underweight	< 18.5	>40 lbs	*																		
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<p>211    ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 5 μg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥ 5 μg/deciliter within the past 12 months.</p>	VI																				
<p>303    HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	VI																				

**POSTPARTUM NON-BREASTFEEDING WOMEN**

CODE	PRIORITY
<p>304      HISTORY OF PREECLAMPSIA</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	VI
<p>311      DELIVERY OF PREMATURE INFANT(S)</p> <p>Woman has delivered one (1) or more infants at 37 weeks gestation or less. Applies to most recent pregnancy only.</p> <p>Document: Delivery date and weeks gestation in participant's health record</p>	VI
<p>312      DELIVERY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms). Applies to most recent pregnancy only.</p> <p>Document: Weight(s) and birth date in the participant's health record.</p>	VI
<p>321      FETAL OR NEONATAL DEATH</p> <p>A fetal death (death <math>\geq</math> 20 weeks gestation) or a neonatal death (death occurring from 0-28 days of life). Applies to most recent pregnancy only.</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN

CODE		PRIORITY
331	<p>PREGNANCY AT A YOUNG AGE</p> <p>For most recent pregnancy. Conception at less than or equal to 17 years of age. Applies to most recent pregnancy only.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age</p>	III
332	<p><b>SHORT INTERPREGNANCY INTERVAL</b></p> <p>Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.</p> <p>Document: Termination dates of last two pregnancies in the participant's health record.</p>	VI
333	<p>HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> <li>1. The woman is under age 20 at date of conception AND</li> <li>2. She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy.</li> </ol> <p>Document: Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record</p>	VI
335	<p>MULTI FETAL GESTATION</p> <p>More than one (&gt;1) fetus in the most recent pregnancy</p> <p>High Risk: Multi-fetal gestation</p>	VI

**POSTPARTUM NON-BREASTFEEDING WOMEN**

CODE	Priority
<p>337      HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.</p> <p>Document: Birth weight(s) and date(s) of deliveries in the participant's health record.</p>	VI
<p>339      BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A woman who gives birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect) , excess vitamin A (cleft palate or lip). Applies to most recent pregnancy only.</p> <p>Document: Infant(s) congenital and/or birth defect(s) in the participant's health record.</p>	VI
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341      NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	VI

**DATA AND DOCUMENTATION REQUIRED FOR  
WIC ASSESSMENT/CERTIFICATION**

**INFANTS**

Data	Documentation		
	Infant Certified in Hospital Prior to Initial Discharge	Infant 0-6 Months	Infant 6-12 Months
Length	Birth Data or other measurement	Required	Required
Weight	Birth Data or other measurement	Required	Required
Hematocrit or Hemoglobin	N/A	Optional	Required (9-12 months)
Weight for Age Plotted	Optional	Required	Required
Length for Age Plotted	Optional	Required	Required
Weight for Length Plotted	Optional	Required	Required
Evaluation of Inappropriate Nutrition Practices	Optional	Required	Required
Risk Factor Assessment	Required	Required	Required

NUTRITION RISK CRITERIA  
INFANTS

INFANTS		
CODE		PRIORITY
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p><b>6-11 month old:</b> Hemoglobin &lt;11.0g/dl Hematocrit &lt; 33.0%</p> <p>High Risk: Hemoglobin OR Hematocrit at treatment level (Appendix A-2)</p>	I
103	<p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT</p> <p>Less than or equal to the 5th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>High Risk: Less than or equal to the 2<sup>nd</sup> percentile weight-for-length when manually plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>Less than or equal to the 2.3<sup>rd</sup> percentile weight-for-length when electronically plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. For the Birth to &lt; 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	I
115	<p>High Weight-for Length</p> <p>Greater than or equal to the 98th percentile weight-for-length when manually plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p>Greater than or equal to the 97.7<sup>th</sup> percentile weight-for-length when plotted electronically on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</i></p>	I

**INFANTS**

CODE		PRIORITY
142	<p><b>PREMATURITY</b></p> <p>Infant born at <math>\leq</math> 37 weeks gestation</p> <p>Document: Weeks gestation in participant's health record</p>	I
151	<p><b>Small for Gestational Age</b></p> <p>Infants diagnosed as small for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	I
152	<p><b>Low Head Circumference</b></p> <p>Less than 2nd percentile head circumference-for-age when manually plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts* (if &lt; 38 weeks gestation use adjusted age)</p> <p>Less than 2.3rd percentile head circumference-for-age when electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts* (if &lt; 38 weeks gestation use adjusted age)</p> <p><i>* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	I
153	<p><b>LARGE FOR GESTATIONAL AGE</b></p> <p>Birth weight <math>\geq</math> 9 lbs or presence of large for gestational age diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or health care professional working under standing orders of a physician.</p> <p>Document: Weight(s) of infant in participant's health record.</p>	I

**INFANTS**

CODE	PRIORITY
<p>211      ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of <b>≥ 5</b> μg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in participant's health record. Must be within the past 12 months</p> <p>High Risk: Blood lead level of <b>≥ 5</b> μg/deciliter within the past 12 months.</p>	I
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341      NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>Presence of nutrient deficiency diseases diagnosed by a physician as self-reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	I

**DATA AND DOCUMENTATION REQUIRED FOR  
WIC ASSESSMENT/CERTIFICATION**

**CHILDREN**

Data	Certification	Half-Certification
Length or Height	Required	Required
Weight	Required	Required
Hemoglobin or Hematocrit	Required	***
Weight/Age Plotted	Required	Required
Length or Height/Age Plotted	Required	Required
Weight/Length or BMI for Age Plotted	Required	Required
Evaluation of Inappropriate Nutrition Practices	Required	Required
Risk Factor Assessment	Required	Required

\*\*\*Required when hemoglobin was low at most recent certification and for children less than 2 years old

NUTRITION RISK CRITERIA  
CHILDREN

CHILDREN		PRIORITY
CODE		
201	<p><b>LOW HEMOGLOBIN/HEMATOCRIT</b></p> <p><b>12-23 months of age:</b> Hemoglobin &lt; 11.0g/dl Hematocrit &lt; 32.9%</p> <p><b>24 months-5 years of age:</b> Hemoglobin &lt; 11.1g/dl Hematocrit &lt; 33.0%</p> <p>High Risk: Hemoglobin OR Hematocrit at treatment level (Appendix A-2)</p>	III
103	<p><b>UNDERWEIGHT or AT RISK OF UNDERWEIGHT</b> (Children 12-24 Months of Age)</p> <p>Less than or equal to the 5th percentile weight-for-length as plotted on the CDC 12 to 24 months gender specific growth charts.*</p> <p>High Risk: Less than or equal to the 2<sup>nd</sup> percentile weight-for-length when manually plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>Less than or equal to the 2.3<sup>rd</sup> percentile weight-for-length when electronically plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. For the Birth to &lt; 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p> <hr/> <p><b>UNDERWEIGHT or AT RISK OF UNDERWEIGHT</b> (Children 2-5 Years of Age)</p> <p>Less than or equal to the 10<sup>th</sup> percentile Body Mass Index (BMI) for age based on Centers for Disease Control and Prevention (CDC) age/sex specific growth charts.</p> <p>High Risk: Less than or equal to the 5th percentile Body Mass Index (BMI)-for-age as plotted on the 2000 CDC age/gender specific growth charts.</p>	III

**CHILDREN**

CODE		PRIORITY		
135	<p><b>INADEQUATE GROWTH</b></p> <p>A low rate of weight gain over a six-month period as defined by the following chart:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Age in Months at Certification</p> <ul style="list-style-type: none"> <li>▪ 12 months</li> <li>▪ &gt;12 - 60 months</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>Weight Gain in previous 6-month interval*</p> <ul style="list-style-type: none"> <li>▪ ≤ 3 pounds</li> <li>▪ ≤ 1 pound</li> </ul> </td> </tr> </table> <p>*Note: Use only for an interval of 6 months +/- 2 weeks.</p> <p>High Risk: Inadequate growth</p>	<p>Age in Months at Certification</p> <ul style="list-style-type: none"> <li>▪ 12 months</li> <li>▪ &gt;12 - 60 months</li> </ul>	<p>Weight Gain in previous 6-month interval*</p> <ul style="list-style-type: none"> <li>▪ ≤ 3 pounds</li> <li>▪ ≤ 1 pound</li> </ul>	III
<p>Age in Months at Certification</p> <ul style="list-style-type: none"> <li>▪ 12 months</li> <li>▪ &gt;12 - 60 months</li> </ul>	<p>Weight Gain in previous 6-month interval*</p> <ul style="list-style-type: none"> <li>▪ ≤ 3 pounds</li> <li>▪ ≤ 1 pound</li> </ul>			
141	<p><b>LOW BIRTH WEIGHT (children &lt; 24 months of age)</b></p> <p>Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p> <p>Document: Birth weight of participant in health record.</p>	III		
142	<p><b>PREMATURITY (Children &lt; 24 months of age)</b></p> <p>Born at 37 weeks gestation or less</p> <p>Document: Weeks gestation in participant's health record.</p>	III		
151	<p><b>Small for Gestational Age (Children 12-24 Months of Age)</b></p> <p>Children less than 24 months of age diagnosed as small for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	III		

CHILDREN		
CODE		PRIORITY
152	<p>Low Head Circumference (Children 12-24 Months of Age)</p> <p>Less than 2nd percentile head circumference-for-age as when manually plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if &lt; 38 weeks gestation use adjusted age)</p> <p>Less than 2.3rd percentile head circumference-for-age as when electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if &lt; 38 weeks gestation use adjusted age)</p> <p><i>* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	III
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of <b>&gt; 5</b> µg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of <b>&gt; 5</b> µg/deciliter within the past 12 months.</p>	III
NUTRITION RELATED MEDICAL CONDITIONS		
341	<p>NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micronutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>Presence of nutrient deficiency diseases diagnosed by a physician as self-reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	III

Inappropriate Nutrition Practices for Children

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Inappropriate beverages as primary milk source</p> <p>Routinely feeding inappropriate beverages as the primary milk source.</p>	<p>Examples of inappropriate beverages as primary milk source:</p> <ul style="list-style-type: none"> <li>• Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and</li> <li>• Imitation or substitutes milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”</li> </ul>
<p>Routinely feeding sugar-containing fluids</p> <p>Routinely feeding a child any sugar-containing fluids.</p>	<p>Examples of sugar-containing fluids:</p> <ul style="list-style-type: none"> <li>• Soda/soft drinks;</li> <li>• Gelatin water;</li> <li>• Corn syrup solutions; and</li> <li>• Sweetened tea.</li> </ul>
<p>Improper use of nursing bottles, cups, or pacifiers</p> <p>Routinely using nursing bottle, cups, or pacifiers improperly.</p>	<ul style="list-style-type: none"> <li>• Using a bottle to feed: <ul style="list-style-type: none"> <li>➢ Fruit juice, or</li> <li>➢ Diluted cereal or other solid foods.</li> </ul> </li> <li>• Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime.</li> <li>• Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier.</li> <li>• Using a bottle for feeding or drinking beyond 14 months of age.</li> <li>• Using a pacifier dipped in sweet agents such as sugar, honey, or syrups.</li> <li>• Allowing a child to carry around and drink, throughout the day, from covered or training cups.</li> </ul>
<p>Feeding practices that disregard development</p> <p>Routinely using feeding practices that disregard the developmental needs or stages of the child.</p>	<ul style="list-style-type: none"> <li>• Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request for appropriate foods).</li> <li>• Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking.</li> <li>• Not supporting a child’s need for growing independence with self-feeding (e.g.; solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils).</li> <li>• Feeding a child with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating mashed, chopped, or appropriate finger food).</li> </ul>

## Appendix E (cont'd)

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Ingestion of potentially contaminated foods</p> <p>Feeding foods to a child that could be contaminated with harmful microorganisms.</p>	<p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> <li>• Unpasteurized fruit or vegetable juices.</li> <li>• Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk</li> <li>• Raw or undercooked meat, fish, poultry, or eggs</li> <li>• Raw sprouts (alfalfa, clover, and radish)</li> <li>• Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;</li> <li>• <b>Undercooked, raw tofu</b></li> </ul>
<p>Diet very low in calories or essential nutrients</p> <p>Routinely feeding a diet very low in calories and/or essential nutrients.</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Vegan Diet;</li> <li>• Macrobiotic diet; and</li> <li>• Other diets very low in calories and/or essential nutrients.</li> </ul>
<p>Potentially harmful dietary supplements</p> <p>Feeding dietary supplements with potentially harmful consequences</p>	<p>Examples of dietary supplements which when feed in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>• Single or multiple vitamins</li> <li>• Mineral supplements; and</li> <li>• Herbal or botanical supplements/remedies/teas</li> </ul>
<p>Inadequate supplementation of essential vitamin/minerals</p> <p>Routinely not providing dietary supplements as recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirements.</p>	<ul style="list-style-type: none"> <li>• Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>• Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water contains less than 0.3 ppm fluoride.</li> <li>• Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul>
<p>Routine ingestion of non-food items (pica)</p>	<ul style="list-style-type: none"> <li>• Ashes;</li> <li>• Carpet fibers;</li> <li>• Cigarettes or cigarette butts;</li> <li>• Clay;</li> <li>• Dust;</li> <li>• Foam Rubber</li> <li>• Paint chips;</li> <li>• Soil; and</li> <li>• Starch (laundry and cornstarch)</li> </ul>

## MEASURING LENGTH

Age:

Birth to 24 months

Material/Equipment:

An accurate length board has a firm, flat horizontal surface with a measuring tape in 1/8 inch increments, an immovable headpiece at a right angle to the tape, and a smoothly moveable footboard, perpendicular to the tape.

Two (2) people required (typically one of whom is the caretaker).

Procedure:

1. Check to be sure that moveable footboard slides easily and the headboard is at the zero (0) mark.
2. Remove headwear, shoes and bulky clothing. Instruct caretaker to apply gentle traction to ensure that the child's head is firmly against the headboard so that the eyes are pointing directly upward.
3. With the child positioned so that the shoulders, back and buttocks are flat along the center of the board, the measurer should hold the child's knees together, gently pushing them down against the board with one (1) hand to fully extend the child. With the other hand the measurer should slide the footboard to the child's feet until both heels touch the footboard. Toes should be pointing directly upward. Record length.
4. Recheck length measure after reassessing head and body placement.
5. Measure length in inches to the nearest 1/8-inch. Repeat the measurement until two (2) readings agree within 1/4 inch.
6. Record the length promptly.

MEASURING WEIGHT  
("INFANT" SCALE)

Age:

Infants and children to 24 months up to 40 pounds

**Materials/Equipment:**

Scales with beam balance and non-detachable weights or digital, with a maximum weight of 40 pounds, and weigh in pound and ounce increments. (*Italics instructions are for beam balance.*)

Scales must be calibrated yearly.

**Procedure:**

1. Check scales at zero (0) position. *With weights at zero (0) position, indicator should point at zero (0). If not, use the adjustment screws to move adjustable zeroing weight until the beam is in zero (0) balance.*
2. Remove shoes and clothes. Change to dry diaper if wet, or weigh without diaper.
3. Place infant/child in center of scale (may be done sitting or lying down). Record weight if digital scale.
4. *Move the weight on the main beam away from the zero (0) position – left to right and right to left - until the indicator is centered and stationary. Record weight.*
5. Remove the child from the scale, and repeat the measurements until two (2) readings agree within one (1) ounce for a digital scale and four (4) ounces for a beam balance scale. (Some newer models of digital scales have a "reweigh" function that does not require removing the child from the scale.)
6. Record the weight promptly.

## MEASURING HEIGHT

Age:

Children two (2) years of age and older

Adults

NOTE: Once measurements are started with child standing, all subsequent measurements must be done standing.

Material/Equipment:

An accurate stadiometer for stature measurements is designed for and dedicated to stature measurement. It can be wall mounted or portable. An appropriate stadiometer requires a vertical board with an attached metric rule and a horizontal headpiece (right angle headboard) that can be brought into contact with the most superior part of the head. The stadiometer should be able to read to 0.1 cm or 1/8 in.

Procedure:

1. Remove all bulky clothing, head and footwear.
2. Position the child/adult against the measuring device, instructing the child/adult to stand straight and tall.
3. Make sure the child/adult stands flat footed with feet slightly apart and knees extended; then check for three (3) contact points: (a) shoulders, (b) buttocks, and (c) the back of the heels.
4. Lower the moveable headboard until it firmly touches the crown of the head. The child/adult should be looking straight ahead, not upward or down at the floor.
5. Read the stature to the nearest 1/8-inch.
6. Repeat the adjustment of the headboard and re-measure until two (2) readings agree within 1/4 inch.
7. Record the height promptly.

MEASURING WEIGHT  
(STANDING)

Age:

Adults, and children 2 years of age or older

Materials/Equipment:

Standard electronic scale or platform beam scale with non-detachable weights that weighs in at least 1/4 pound or 100 gram increments. (*Italics instructions are for platform beam scale.*)

Scales must be calibrated yearly

Procedure:

1. Check scales at zero (0) position. *With weights in zero (0) position indicator should point at zero (0). If not, use adjustment screws to move the adjustable zeroing weight until the beam is in zero (0) balance.*
2. Should be wearing minimal indoor clothing. Remove shoes, heavy clothing, belts, and heavy jewelry. Be sure pockets are empty.
3. Have child/adult stand in the center of the platform, arms hanging naturally. The child/adult must be free standing.
4. *Move the weight on the main beam away from the zero (0) position – left to right and right to left - until the indicator is centered and stationary. Record weight.*
5. Make sure the child/adult is still not holding on, then record to the nearest 1/4 lb.
6. Have the child/adult step off scale and return weight to zero (0). Repeat until two (2) readings agree within one (1) ounce for digital or 1/4 pound (4 ounces) for platform beam.
7. Record the weight promptly.

Sources: Pennsylvania Department of Health, Division of Women, Infants and Children (WIC), Anthropometric Training Manual. June 2010. Accessed April 22, 2015 from [http://www.nal.usda.gov/wicworks/Sharing\\_Center/PA/Anthro/lib/pdf/Anthropometric\\_Training\\_Manual.pdf](http://www.nal.usda.gov/wicworks/Sharing_Center/PA/Anthro/lib/pdf/Anthropometric_Training_Manual.pdf)