



# Nutrition Risk Factor Module

## Level I: WIC Certification Program



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# Preface

Welcome to the Nutrition Risk Factor (NRF) Module. The NRF Module is part of Level I WIC certification. This module contains a great deal of information and resources you will use. Please read the module carefully and do the practice examples. This will provide a good foundation for assigning risk factors to participants.

In order for a person to be certified on the WIC Program they must meet four criteria:

1. They must be **categorically** eligible. A person must fall into one of the categories of people who are served by the WIC Program. The person must be a pregnant, breastfeeding or postpartum woman, an infant, or a child under the age of 5 years.
2. They must meet **residency** requirements. In most cases a person must live in the county where they are served by the WIC Program.
3. They must meet **financial** guidelines. The person's household income cannot exceed 185% of the federal poverty level.
4. They must have at least one **nutrition risk factor** that qualifies them for the WIC Program. Nutrition risk factors are the subject of this module.

## How to Use This Module

This module will tell you about the nutrition risk factors (NRFs) that are used to certify participants on the WIC Program. When you have finished this module you should be able to:

- explain what a nutrition risk factor is
- explain why nutrition risk factors are used
- describe each of the nutrition risk factors
- assign the correct nutrition risk factors for participants

Before working on this module you need to have completed the Orientation and Screening Modules. The information presented in these two modules is required to effectively complete the NRF Module. This module will assume that you know how to assess a person's nutrition practices, screen them with respect to height, weight and hemoglobin, and that you have some knowledge of the Compass computer system and the panels involved to certify a participant on the WIC Program. This module generally will not teach you how to assess and counsel WIC participants related to their potential risk factors. Information about counseling and referral for the risk factors is contained in Level II certification modules.

In order for you to complete this module you will need to use the Supporting Documents located on the Colorado WIC Website: [www.coloradowic.org](http://www.coloradowic.org). The supporting documents are the Nutrition Risk Factors in Appendix A-E, the Severely Low Hemoglobin Tables, the Low Hemoglobin Tables, and the Minimum Expected Weight Gain Tables.



## SECTION I: INTRODUCTION

### What is a Nutrition Risk Factor?

A nutrition risk factor (NRF) is a condition or set of circumstances that indicate a person is **more likely** to have a nutritional problem. Nutrition risk factors help to identify the people who would most benefit from WIC services and to identify what kinds of education and referral may be needed.

Nutrition risk factors usually fall into one of several groups:

- **Measurements.** Examples include:
  - Short Stature
  - Underweight
  - Overweight
  - Inadequate or Potentially Inadequate growth
  - Inadequate or Potentially Inadequate weight gain during pregnancy
- **Iron Status.** Examples include:
  - Low Hemoglobin
  - Severely Low Hemoglobin
- **Health/Medical Conditions.** Examples include:
  - Complications of Previous Pregnancies (low birth weight, preterm delivery, etc.)
  - Food Allergy
  - Eating Disorder
  - Genetic or Congenital Disorders (cleft lip or palate, Down's Syndrome)
- **Nutrition Practices.** Examples include:
  - Consuming dietary supplements with potentially harmful consequences
  - Routinely using nursing bottles or cups improperly
  - Routinely using feeding practices that disregard the developmental needs or stage of the infant or child
- **Lifestyle.** Examples include:
  - Use of Illegal Drugs
  - Exposure to Environmental Smoke
- **Personal.** Examples include:
  - Homelessness
  - Mother on WIC

### Priority and Risk

Before discussing the NRFs in depth, this module will describe "priority" and "risk" which have been assigned for each nutrition risk factor.

#### Priority

Nutrition risk factors have each been assigned a "priority." Priorities run from 1 (one) to 6 (six), with 1 being the highest priority. Priority is important when WIC has limited funding and cannot serve all people who are eligible for the WIC Program. Priority tells us which clients need to be served first. For example, an infant who has *Inadequate or Potentially Inadequate Growth* as a nutrition risk factor would be classified as "Priority 1." This infant would be certified on WIC before a postpartum woman whose only nutrition risk factor is *Failure to Meet Dietary Guidelines* (Priority 6). Local WIC agencies work with the State WIC Office to determine which priorities they should be serving. During times of limited funding a WIC agency may be only able to serve participants who are a certain priority or higher (remember the higher the priority the lower the number).

While each risk factor has an assigned priority, the priority also depends on the category of WIC participant (i.e., pregnant, breastfeeding, infant, or child). For example, the NRF Failure to Meet Dietary Guidelines is assigned priority 4 for pregnant women, but priority 6 for non-breastfeeding, postpartum women. Look at the section labeled 'Nutrition Risk Factors' at the end of this module.

Become familiar with the format of the tables in this section. These tables list all of the nutrition risk factors by category with their assigned priorities and risks.

The Compass system contains this same information as the tables in this module and will assign the correct priority when you certify participants on the WIC Program. There are certain situations when you will want to know priority before entering information into the Compass system so you will need to become familiar with priority assignment.

**Note:** Each risk factor has an identifying code which is determined by the USDA. Most are numeric (for example the code for the Prematurity is "142"), and some contain alphabetic letter(the code for Severely Low Hemoglobin is 201b).

### **Risk - Low and High**

In addition to priority, WIC participants are also divided into low and high risk. This is done for the purpose of making sure that participants receive the nutrition education they need.

- Most WIC participants are classified as low risk. Their nutrition risk factors are important, but don't require the specialized nutrition counseling of the RD/RN. Trained WIC educators are experts at providing nutrition education for these participants.
- High-risk participants need to be seen in person by the WIC RD/RN for evaluation and counseling. This generally occurs at the participant's next visit (usually in one month). Some NRFs, such as *Breastfeeding Complications* require the participant see the WIC RD/RN within 24 hours

The WIC Compass computer system automatically determines "risk" for participants based on their assigned nutrition risk factors and category. Participants at High Risk will have a red **HR** next to their name in the Family Heading in Compass to assist in identifying them. Some risk factors, such as *Severely Low Hemoglobin/Hematocrit* and *Inadequate or Potentially Inadequate Growth* need to be assigned by WIC Staff. This module provides information you need to assess and assign risk and priority in the Nutrition Risk Factor appendices at the end of the module.

The question could be asked about why "priority" and "risk" are not the same? Aren't the highest priority participants also those at highest risk? Remember that **priority determines who is served by the WIC Program while risk determines who provides counseling for the participant.**

For example:

- A 17-year-old pregnant teen is considered priority 1 because, due to her age, she has high nutritional needs and good nutrition plays a critical role in a healthy pregnancy. She is low risk, however, because she does not require specialized counseling by an RD/RN. WIC educators are specifically trained to handle nutrition education in these cases.
- In some cases a pregnant 17-year-old could be both priority 1 and high risk. If she had gestational diabetes then she would need special counseling by the RD/RN to modify her diet for diabetes.



## PRACTICE! 1

Complete the following table by writing in the NRF number, priority (1-6), risk (low to high) and whether it is an objective or subjective risk factor for each risk factor example given. Use Appendix A or the risk factor section to find the information requested. Remember that the risk factor tables are divided into categories for pregnant women, breastfeeding women, postpartum (non-breastfeeding) women, infants and children. Be sure to look in the correct category for each example below.

| <b>Nutrition Risk Factor</b>   | <b>Number</b> | <b>Priority</b> | <b>Risk</b> |
|--|---------------|-----------------|-------------|
| Infant whose length is less than the 5th percentile for age                        |               |                 |             |
| Pregnant woman who has hyperemesis gravidarum                                      |               |                 |             |
| Pregnant woman who is not taking an iron supplement                                |               |                 |             |
| 8-month-old-infant who is consuming only iron fortified formula                    |               |                 |             |
| 13-month-old-child who is fed fruit juice in a bottle on a regular basis           |               |                 |             |
| Breastfeeding woman with mastitis  |               |                 |             |
| Child from a homeless family   |               |                 |             |
| Breastfeeding woman who is following a strict vegan diet                           |               |                 |             |
| Infant whose birth weight was 5 pounds 2 ounces                                    |               |                 |             |
| Postpartum (non-breastfeeding) teen who was 17 years old during her last pregnancy |               |                 |             |

### Assigning Overall Priority and Risk for a Participant

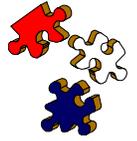
As previously discussed, each risk factor has its own assigned "priority" and "risk." In the WIC Program each participant is also assigned a "priority" and "risk". A participant is assigned the highest priority (lowest number) and highest risk that can be obtained from any one of their nutrition risk factors. The Compass system automatically determines this priority and risk for a participant.

Here is an example of how Compass would determine priority and risk for an infant being certified on the WIC Program. The infant has been assigned three nutrition risk factors:

|  |                 |           |
|--|-----------------|-----------|
| NRF 411b– Routinely using a nursing bottle improperly.....<br>(mom puts juice in the bottle) | Priority 4..... | Low Risk  |
| NRF 701– Mother on WIC.....  | Priority 2..... | Low Risk  |
| NRF 103B – Underweight.....  | Priority 1..... | High Risk |

Because NRF 103B *Underweight* is priority 1 the infant would be assigned priority 1. The infant would also be high risk since NRF103B is a high-risk nutrition risk factor. Compass assigns the participant the highest priority and highest risk that is possible from any of their individual nutrition risk factors. Priority and risk do not have to come from the same NRF.

## PRACTICE! 2



- A. What would be the priority of a breastfeeding woman who is following a strict vegan diet AND has mastitis (use the information you gathered in **Practice #1**)?

Priority\_\_\_\_\_ Risk\_\_\_\_\_

- B. What would be the priority and risk of an 8-month-old infant whose length is under the 5th percentile for age and who is consuming only iron-fortified formula (use the information that you gathered in **Practice #1**)?

Priority\_\_\_\_\_ Risk\_\_\_\_\_

### **Assigning Nutrition Risk Factors In Compass:**

**Risk factors** are identified and assigned by WIC staff during the certification visit. Some NRFs, such as *Homeless*, are assigned in the Family/Intake Branch on the Contact/Address panel. Most NRF's are assigned in the Assessment Branch. The Assessment Branch contains the Anthropometric, Pregnancy, Blood, Nutrition Interview, and Risk panels. Once the assessment has been completed in the Anthropometric, Pregnancy, Blood, and Nutrition Interviews, risk is determined in the Risk panel. Some risk factors are automatically assigned by the Compass system using information entered into the computer. Examples of risk factors assigned by Compass are *Short Stature* and *Low Hemoglobin*. The Compass computer system can determine these NRFs based on information entered on the Blood Panel or the Anthropometric Panel during the certification visit. Nutrition Practices NRF's are assigned by Compass from information entered in the Nutrition Interview panel. Medical Conditions may be assigned by checking a box next to the appropriate condition during the Nutrition Interview or from the Risk panel.

Once a participant's certification process is complete any risk factors that have been assigned to the participant cannot be removed until the next certification period. It is therefore very important to mark only the correct risk factors. Risk factors can be **added** after the initial certification either from any panel in the Assessment Branch during follow-up visits.

### **Assigning Risk Factors In Compass after the Certification Visit:**

After a participant has been certified on the WIC Program they sometimes develop new nutrition risk factors. For example, a pregnant woman may initially be certified on the WIC Program with only one nutrition risk factor, *Consuming dietary supplements with potentially harmful consequences*. Three months later when she comes into the WIC clinic for a follow up appointment she might inform you that she has just been diagnosed with gestational diabetes. This new NRF (302- *Gestational Diabetes*) needs to be added to her Compass record. Adding the new risk factor will increase her priority to "1" and her risk to "high." New NRFs may be added on the Risking Panel by selecting 'New' or from any of the panels in the Assessment Branch.

### **More Information on Assigning Risk Factors**

How do you know which risk factors to assign when certifying someone for WIC? After looking through the risk factor tables you may feel a little overwhelmed and wonder how you will ever remember all the risk factors. It is not as hard as you may think. You do not need to memorize all of the risk factors. Remember, Compass will assign most risk factors based on the information entered during the visit. Some NRF's will be assigned after evaluating the growth on the growth grids or prenatal weight gain chart. Other risk factors will be identified during the Nutrition Assessment as you move through each of the Panels under the Assessment Branch.

The Panels located in the Assessment Branch are the Pregnancy, Nutrition Interview, Anthropometric, Blood, and Risk Panel. Carefully entering the information in Compass will ensure appropriate Risk Factors are assigned.

- **Nutrition Interview:**  
The Nutrition Interviews divided into different areas depending on participant category: Health/Medical, Immunizations, Oral Health, Lifestyle, Nutrition Practices, Social Environment, and for infants Mom's WIC Participation. Checking certain boxes during the Nutrition Interview will assign those risk factors. There are text boxes in the Nutrition Interview as well. Adding important information in the text boxes will assist you during follow-up visits. Information entered in Compass during the Nutrition Interview will be visible in Nutrition Care

Plan. NRFs assigned during the Nutrition Interview will be visible on the Risking Panel.

- **Pregnancy Panel:**

You will enter the Estimated Due Date as well as the pregnant woman's prepregnancy weight here. The pre-pregnancy weight entered here and the height entered in the Anthropometric panel will allow Compass to track the gestational weight gain on the appropriate Prenatal Growth Chart. Checking the box next to *Multifetal Gestation* will assign this risk factor.

Information will be entered at the postpartum visit as well. The actual due date, total weight gain are entered here. The infant is linked to the mother on this panel during the postpartum visit

- **Blood:**

The hemoglobin or hematocrit value is entered on this panel. Low Hemoglobin is assigned by Compass. Severely Low Hemoglobin or Hematocrit are assigned by the CWA using tables found provided you in the . Participants assigned Severely Low Hemoglobin or Hematocrit will need to be seen by the WIC High Risk Counselor.

Lead levels are entered here if the client knows the results of a lead screening. Compass will assign the appropriate risk factors based on the lead level. Known may be entered if the client does not know their lead screening results.

- **Anthropometrics:**

Infant's and Children's height and weight are entered in this panel. *Inadequate or Potentially inadequate growth* is assigned on this panel by the CWA for infants or children over 1 month of age. Compass will assign *Inadequate Growth or Potentially Inadequate Growth* for infants less than one month of age who have lost more than 8% of their birth weight or who are not back to birth weight by 2 weeks of age.

Take time to review the Nutrition Interview, and growth or prenatal charts with the participant. Through discussion with the participant you may determine additional risk factors that apply and in this way you show your interest and concern for the participant's health and well-being. The infant/child growth grids and prenatal grids are also great teaching tools when discussing a child's growth pattern or a woman's prenatal weight gain. Turn the computer screen so the participant or parent/caregiver can easily see the grow charts as you discuss the growth pattern.

- **Risk:**

After the Assessment is completed, all current risks assigned will be displayed here. Clicking 'New' and then 'Determine Risk' will pull all risks forward that were identified during the assessment. If the client reveals a new risk factor during a follow-up visit, you may go right to the Risk panel to assign the new risk.

### Assigning Overall Priority and Risk for a Participant

As previously discussed, each risk factor has its own assigned "priority" and "risk." In the WIC Program each participant is also assigned a "priority" and "risk". A participant is assigned the highest priority (lowest number) and highest risk that can be obtained from any one of their nutrition risk factors. The Compass system automatically determines this priority and risk for a participant.

Here is an example of how Compass would determine priority and risk for an infant being certified on the WIC Program. The infant has been assigned three nutrition risk factors:

|          |  |            |           |
|----------|--|------------|-----------|
| NRF 411b | Routinely using a nursing bottle improperly (mom puts juice in the bottle) | Priority 4 | Low Risk  |
| NRF 701  | Mother on WIC  | Priority 2 | Low Risk  |
| NRF 103B | Underweight  | Priority 1 | High Risk |

Because NRF 103B *Underweight* is priority 1 the infant would be assigned priority 1. The infant would also be high risk since NRF103B is a high-risk nutrition risk factor. Compass assigns the participant the highest priority and highest risk that is possible from any of their individual nutrition risk factors. Priority and risk do not have to come from the same NRF.

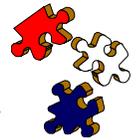
## **SECTION II: NUTRITION RISK FACTORS FOR PREGNANT WOMEN**

Now that you are familiar with the format of the risk factors in Appendices and in your Supporting Documents, it is time to start practicing assigning risk factors to each category of participant.

Good nutrition during pregnancy is crucial for the health of the mother and growing fetus. A woman needs enough nutrients to keep her own body healthy and enough nutrients for growth and development of a healthy baby. Poor nutrition can have very serious effects on the health of a mother and her developing infant. The effects of poor nutrition on a developing fetus can last for a lifetime.

Use Appendix A for risk factors that apply to Pregnant Women.

## PRACTICE! 3



Below are two case studies. Read through each case study and use Appendix A to help you list all of the nutrition risk factors that apply. Include both objective and subjective risk factors (ordinarily Compass would assign objective risk factors, but for the purposes of learning you will need to assign them here). Also indicate for each case study the assigned risk and priority for the participant.

Case #1: 25 year old, pregnant woman, first trimester, weight gain, and hemoglobin within normal ranges  
 Currently lives in a shelter for battered women  
 Drinks unpasteurized milk  
 Reports craving and eating chalk

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

Case #2: 19 year old, pregnant woman, second trimester, weight gain and hemoglobin are within normal ranges  
 Takes a prenatal vitamin plus a 500 mg vitamin C tablet per day (her doctor did not recommend the vitamin C)  
 Does not eat animal products of any kind  
 Drinks wine coolers to help her relax in the evening

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |

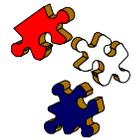
What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

### **Nutrition Risk Factors for Pregnant Women Related to Gestational Weight Gain or Loss:**

*Low Maternal Weight Gain (NRF 131), Maternal Weight Loss during Pregnancy NRF (132), and High Maternal Weight Gain (133)* are assigned based on weight gain or loss during pregnancy. The Compass computer system will assign *Maternal Weight Loss (NRF 132)* if a woman's weight is below her pre-pregnant weight or if a weight loss of 2 pounds or more between the second or third trimester is recorded.

*Low Maternal Weight Gain (NRF 131)* and *High Maternal Weight Gain (NRF 133)* is assigned by checking the appropriate box on the Anthropometric panel or from the Risk panel.

The risk factors for underweight (*NRF 101*) and overweight (*NRF 111*) are based on the woman's BMI pre-pregnancy BMI, and is assigned by the Compass computer system based on the woman's pre-pregnancy weight entered in the Pregnancy panel and the height entered on the Anthropometric panel.



## PRACTICE! 4

Below are 2 case studies of pregnant women. List the nutrition risk factors that apply to each. After each case study give the priority and risk that would be assigned to the woman.

1. Maria (certification visit)

- 20 years old
- Height = 5 feet 5 inches
- Pre-pregnancy Weight = 139 pounds
- (Pre-pregnancy BMI = 23.1)
- Weight at 24 weeks = 157 pounds (current weight)
- Prenatal care started at 3 months gestation
- Hemoglobin level was within normal range
- Pregnant with twins
- Not taking prenatal vitamins/mineral
- Drank alcohol until she found out she was pregnant, but does not drink now
- No smoking or drugs
- Was diagnosed by a physician as having diabetes mellitus one year ago

List NRFs:

|  | Priority | Risk |
|--|----------|------|
|  |          |      |
|  |          |      |
|  |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

2. Margaret (certification visit)

- Pregnant 17 year old (conceived while 16 years old) now in her 2nd trimester
- Hemoglobin level was within normal range
- Non-smoker, no drugs, no alcohol
- Height = 5 feet
- Pregravid Weight = 92 pounds
- (Pre-pregnancy BMI = 18)
- Weight at 16 weeks = 96 pounds (current weight)
- Not taking prenatal vitamin/mineral but takes Ginseng, Echinacea and Calcium because her Aunt Mae told her it was good for her
- Has nausea and vomiting
- Prenatal care began during the 2nd month

List NRFs:

|  | Priority | Risk |
|--|----------|------|
|  |          |      |
|  |          |      |
|  |          |      |
|  |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

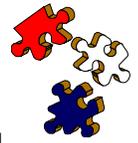
## **SECTION III: Nutrition Risk Factors for Breastfeeding and Non-Breastfeeding Postpartum Women**

Good nutrition continues to be important for the woman who has just delivered a baby. Pregnancy requires large amounts of nutrients and often depletes a woman's body of nutrient stores. This can have important health consequences for the woman who does not eat a quality diet. For the postpartum woman who breastfeeds, the demand for nutrients is even greater. The woman requires nutrients to replenish her body while continuing to need additional nutrients for the production of breast milk.

Besides helping a postpartum woman receive good nutrition, WIC provides other services. Postpartum women require screening and referral for various conditions such as low hemoglobin, substance abuse, and breastfeeding. Breastfeeding moms may need extra support such as referrals to other lactation support services to successfully breastfeed.

The nutrition risk factors for postpartum woman are very similar to the ones for pregnant women. Some are identical and others have slightly different definitions. Many of the NRFs, however, have different assigned priority and risk levels. In this section of the module we will examine those nutrition risk factors that are unique to postpartum women both breastfeeding and non-breastfeeding.

Use Appendix B for risk factors that apply to breastfeeding women and Appendix B for non-breastfeeding postpartum women.



## PRACTICE! 5

Below are two case studies of postpartum women. One woman is breastfeeding and one is not. Use the information listed below and list the nutrition risk factors that apply to each (objective and subjective). After each case study, give the priority and risk that would be assigned to the woman.

1. Matilda (recertification visit)

24-year-old breastfeeding woman complaining of sore, cracked nipples  
 First pregnancy  
 Height = 5 feet 7 inches, current weight 160 pounds (BMI = 25.1)  
 Pre-pregnancy weight 140 (Pre-pregnancy BMI = 21.9); gained 38 pounds with pregnancy  
 Hemoglobin within normal limits  
 Matilda is no longer taking prenatal vitamins.  
 Infant is 2 weeks old today and enrolled on WIC.  
 Infant's birth weight was 7 pounds 12 ounces.  
 Infant's length is under the 5th percentile for age.

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |
|            |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

2. Janet (recertification visit)

18-year-old, non-breastfeeding, postpartum woman (conceived while 17 years old)  
 First pregnancy  
 Height = 5 feet 10 inches  
 Pre-pregnancy weight = 120 pounds (Pre-pregnancy BMI = 17.2)  
 Current weight = 128 pounds (BMI = 18.4), gained 22 pounds during pregnancy  
 Hemoglobin is low, but not severely  
 Infant born at 38 weeks weighing 6 pounds  
 Began the grapefruit diet to lose her pregnancy weight.

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |
|            |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

## SECTION IV: Nutrition Risk Factors for Growth Relating to Infants and Children:

Weight for age is a sensitive indicator of acute nutritional adequacy. The rate of gain during infancy, especially early infancy is rapid, and abnormalities in rate of weight gain may often be detected in just a few months. In contrast, children beyond infancy grow more slowly and months of observation may be required to demonstrate that the rate of weight gain is unusually slow.

Evidence shows that infants and children with abnormally slow growth can benefit from nutrition and health interventions. Nutritious foods, nutrition education, and referrals to other health and social services benefit infants and children identified with slow growth. Part of the WIC assessment includes assessing and assigning Nutrition Risk Factors related to growth and referring to the High Risk Counselor when indicated.

### Assessing for NRFs Related to Growth

The following information about growth assessment is helpful in understanding growth and determining which growth-related risk factors to assign.

**NRF 103B- Underweight** – Weight-for-length less than or equal to the 5<sup>th</sup> percentile.

**NRF 103A – At Risk for Becoming Underweight** – Weight-for-length greater than the 5<sup>th</sup> percentile to less than or equal to the 10<sup>th</sup> percentile.

An infant or child under the 10<sup>th</sup> percentile weight-for-length is considered underweight and in need of nutrition intervention. Low weight-for-length is an indicator that an infant may be receiving insufficient nutrients to sustain normal growth. An infant or child below the 5<sup>th</sup> percentile is considered at greater risk and in need of more intensive intervention by the WIC High Risk Counselor. For this reason infants and children under the 5<sup>th</sup> percentile are assigned NRF 103B which makes them high risk while those between the 5<sup>th</sup> and 10<sup>th</sup> are assigned NRF 103A and are classified as low risk. While it may be “normal” for some infants or children to be below the 10<sup>th</sup> percentile **weight-for-age**, it is generally NOT considered normal for an infant or children to be below the 10<sup>th</sup> percentile **weight-for-length**. These two NRFs related to weight-for-length are assigned by the Compass system at the time of certification. If an infant or child falls below the 5<sup>th</sup> or 10<sup>th</sup> percentile after certification, these risk factors must entered in the Risk Panel.

**NRF 121B - Short Stature** – Length for age less than or equal to the 5<sup>th</sup> percentile.

**NRF 121A - Short Stature** – Length for age greater than the 5<sup>th</sup> percentile to less than or equal to the 10<sup>th</sup> percentile.

Abnormally short stature in infants and children is widely recognized as a response to a limited nutrient supply. The maintenance of basic metabolic functions takes precedence when nutrients are limited, and nutrients are diverted away from linear growth. Short stature can be related to the lack of total dietary energy or to a diet of poor quality, especially a diet lacking in nutrients such as protein. Short stature can also result from certain disease conditions. It is important, however, to recognize that for certain infants or children it is appropriate for their stature to be less than the 10<sup>th</sup> percentile. Infants or children with stature below the 10<sup>th</sup> percentile need to be evaluated to determine if their short stature is “normal” for the infant or child or due to limited

nutrition or disease. Nutrition intervention is needed when poor growth is due to diet and disease (extra nutrients may be needed in disease or nutrients may need to be delivered in special forms). NRF 121B and NRF 121A are assigned by Compass when heights and weights are entered on the Anthropometric Panel and risk is determined on the Risk Panel. If an infant or child stature falls below the 10<sup>th</sup> or 5<sup>th</sup> percentile during a certification period these risk factors need to be assigned on the Risk Panel. NRF 121B and NRF 121A are both low risk conditions.

Note: Infants and children under the age of 2 years are measured laying down or in a *recumbant* position. This measurement is considered the ‘length’. Children over the age of 2 years are measure in a standing position and this is considered a ‘height.’ Both measurements are considered the ‘stature.’

### **NRF 135 - Inadequate or Potentially Inadequate Growth for Infants (high risk)**

#### **For Infants age Birth to One Month :**

Current weight less than birth weight at 2 weeks of age or greater

**OR**

Current weight ½ pound (8 oz) less than birth weight

*Infants meeting the above criteria will be assigned NRF 135 by Compass and require further assessment and counseling by the High Risk Counselor within 24 hours.*

#### **For Infants age One Month to 12 months:**

Any weight gain that is less than the expected weight gain from the “Weight Gain Tables” using current weight and the most recent previous weight (as permitted by the tables).

*Further assessment and counseling is required by the High Risk Counselor within 30 days when the above conditions are present.*

### **NRF 135 – Inadequate or Potentially Inadequate Growth for Children (Low Risk or High Risk)**

Any weight gain that is less than the expected weight gain from the “Weight Gain Tables” using current weight and the most recent previous weight (as permitted by the tables). Children meeting these criteria are considered Low Risk.

Children are considered High Risk and require further assessment and counseling by the High Risk Counselor when the following additional criteria are met:

- Growth drops two channels in 6 months or less for weight for age, length/height for age, or weight for length/height, or BMI for age. OR
- Weight loss or not gain between two weights taken at least 3 months or no more than 6 months apart OR
- Both weight or age and length for age are less than the 5<sup>th</sup> percentile.

This NRF indicates that an infant or child may have inadequate growth. This risk factor is always considered High Risk for infants. An infant assigned this NRF will need to see the WIC RD/RN within 30 days. The Screening Module reviews the correct assessment of this risk factor using the minimum expected weight gain tables. Use of the Weight Gain Tables is also provided as part of the *Supporting Documents* for this module.

**Inadequate Growth is not automatically assigned by the Compass computer system for infants over one month old and children. Growth must be assessed at every certification, recertification, and mid-certification visit.** The age for infants in Compass is measured as months and days. The following chart may be helpful in determining the age in months and weeks when using the Minimum Expected Weight Gain Tables:

Calculate the weeks:

From 0 to 5 days = 0 weeks

From 6 to 11 days = 1 week

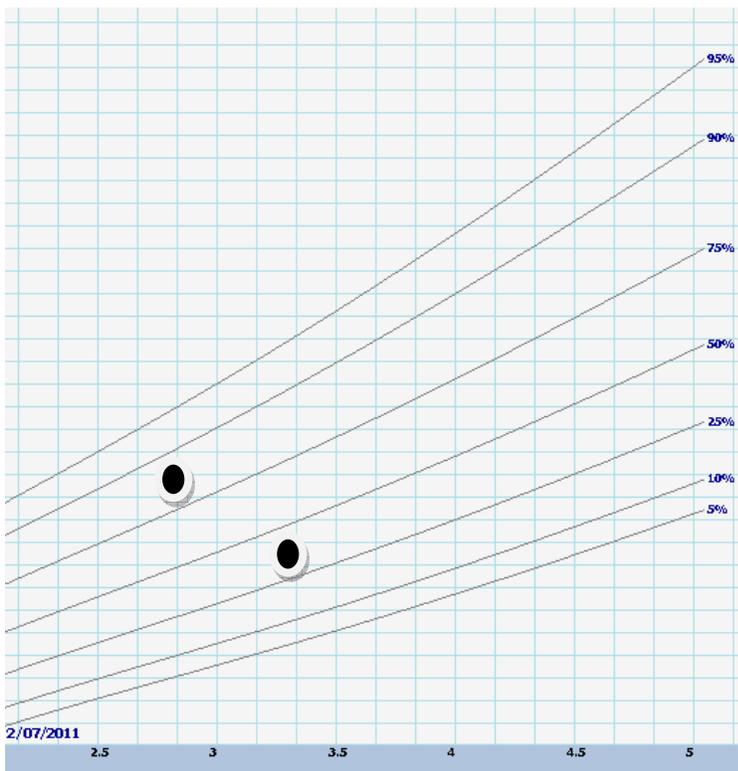
From 12 to 18 days = 2 weeks

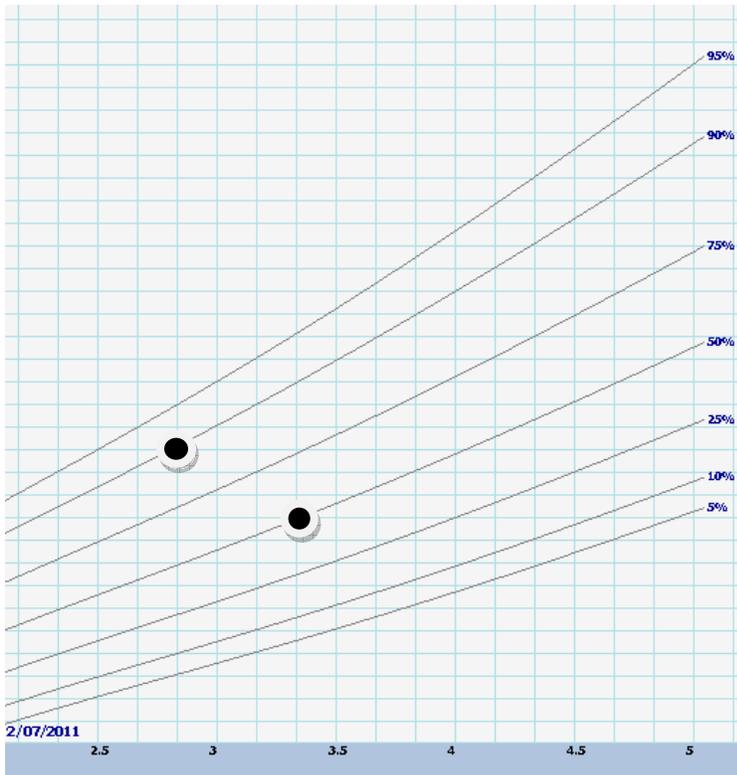
From 19 to 25 days = 3 weeks

Over 25 days, add a month and set to 0 weeks.

In the Compass computer system, age for children is measured in years and months. For children over 12 months of age the difference between the two most previous measurements will need to be determined to use the Minimum Expected Weight Gain Tables. Here is an example:

|   |                  |
|---|------------------|
| Today's age:                                  | 4 years 4 months |
| Age of previous measurements:                 | 4 years 0 months |
| Difference:                                   | 4 months         |
| Minimum Expected Weight Gain<br>Using Tables: | 8 oz or ½ pound  |



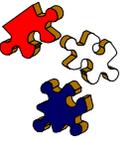


What is a channel Drop? A channel drop occurs when the plot point falls the entire width of a channel. It can be from channel line to channel line, mid-channel to mid-channel, or any combination that constitutes a full channel width

Look at the examples of 2 channel drops at the left.

When both plot points fall below the 5<sup>th</sup> percentile or the above 95<sup>th</sup> percentile there are NO channel drops. It is not appropriate to extrapolate channel lines where there are none. Other NRF's apply to infants and children who fall below the 5<sup>th</sup> or above the 95<sup>th</sup> percentiles.

## PRACTICE! 6



Below are two examples of infants being evaluated for "inadequate growth." Indicate which of the inadequate growth risk factors apply in each case. You will need to plot each infant's growth on an appropriate weight gain grid and refer to the weight gain grids in your mini-manual. (Instructions for using the "weight gain tables" are also located in your mini-manual.)

1. Infant (male)

Birth weight 8 pounds 9 ounces.

Current weight 8 pounds 7 ounces at three weeks of age.

List the NRF that applies:

2. Infant (female)

Weight at 6 months and 1 week = 17 pounds 9 ounces. Length = 26 ¼ inches.

Weight at 10 months and 3 weeks = 19 pounds 4 ounces. Length = 28 ¼ inches.

\_\_\_\_\_ ounces gained

Minimum expected weight gain \_\_\_\_\_ ounces (from weight gain tables)

List NRF that applies:

**Nutrition Risk Factor 113: Overweight** – BMI for age greater than or equal to the 95<sup>th</sup> percentile. This risk factor only applies to children over 2 years of age. This risk factor is automatically assigned in the Compass computer system from the weight and height information entered in the Anthropometric panel. This NRF is considered High Risk and children assigned this NRF are required to see the High Risk Counselor within 90 days (3 months).

**Nutrition Risk Factor 114: At Risk for Overweight:** This nutrition risk factor is assigned to children between the age of one and two years of age if the mother was receiving WIC during her pregnancy and her pre-pregnancy BMI was greater than or equal to 30. If the child is greater than or equal to 2 years of age, this NRF is assigned if the child's BMI is  $\geq 85^{\text{th}}$  and  $\leq 95^{\text{th}}$  percentiles.

## **SECTION V: Nutrition Risk Factors for Infants and Children:**

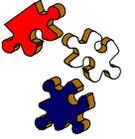
Good nutrition is critical for infants. Poor nutrition can have a greater and quicker impact on an infant's health than at any other time during their life. Infants depend on a single food (breast milk or formula) for much of their first year of life to give them nutrients they need to grow and stay healthy. Small deficiencies in their nutrition can quickly and seriously impact their growth and development.

Nutrition continues to be important as an infant becomes a child. Nutrition is important for normal growth and development. While a child's diet is more varied than an infant's diet, the child is still susceptible to nutritional deficiencies. Children are also in the process of developing food habits that will remain with them for life.

Most of the nutrition risk factors that may be assigned to children are the same as those that may be applied to infants. There are only a few that are unique to children or that have special definitions that apply only to children. You should be aware that priority and risk for many of the risk factors are different for children than they are for infants.

Use Appendix D and E for risk factors that apply to infants and children.

## PRACTICE! 7



Complete the following exercise to help you become familiar with the infant nutrition risk factors related to feeding. For each condition list the risk factor or risk factors that would apply (if any).

### **NRF# Condition**

- \_\_\_\_\_ Mother mixes infant formula with bottled water that does not contain fluoride.
- \_\_\_\_\_ Infant is fed formula from a bottle. Formula remaining in the bottle is returned to the refrigerator for later use.
- \_\_\_\_\_ Mother routinely adds sugar to the infant's bottle.
- \_\_\_\_\_ Infant is routinely fed in a car seat with the bottle propped.
- \_\_\_\_\_ 9-month-old infant is eating shaved deli meat (cold).
- \_\_\_\_\_ 5-month-old infant is getting low iron formula.
- \_\_\_\_\_ Infant cereal is added to the infant's (5 months old) bottle on a regular basis.
- \_\_\_\_\_ 1-month-old exclusively breastfed infant is fed at scheduled times every 4 hours.
- \_\_\_\_\_ 2-month-old infant is offered 4 ounces herbal remedy tea every day.
- \_\_\_\_\_ Mother mixes formula with more water to make it last all month.

Use Appendix A for risk factors that apply to children.

## SECTION VI: “Last Ditch” Nutrition Risk Factors

There are two NRFs for participants for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified. The two presumptive eligibility NRFs are described below:

### **401: Failure to Meet Dietary Guidelines**

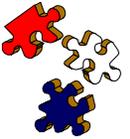
Women and children two years of age and older who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on failure to meet Dietary Guidelines for Americans. For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual’s estimated energy needs.

### **428: Dietary Risk Associated with Complementary Feeding Practices**

An infant (>4 months) or child (<24 months) who has begun to or is expected to being to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk for inappropriate complementary feeding.

**NOTE:** Only risk these two NRFs if no other risk factors apply to the participant! Compass will not allow assignment of these risk factors in the Risk panel if other NRF’s have been assigned.

## PRACTICE! 8



Below are two examples of an infant being certified on the WIC Program. For each example list the NRFs that would apply.

1. John, 6-week-old infant (certification visit).  
 Fed iron-fortified formula in a bottle, powdered formula mixed and stored appropriately.  
 Birth weight = 6 pounds 4 ounces, born at 36 weeks gestation.  
 Birth length = 18 ½ inches.  
 Current weight = 8 pounds, current length = 20¼ inches (wt/ht = 42%, ht/age = 1%)  
 Mom was on WIC when she was pregnant and is now enrolled as a postpartum woman.  
 Plot birth and current weight and length on appropriate grid to see which NRFs apply.

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |
|            |          |      |

What is his priority? \_\_\_\_\_ What is his risk? \_\_\_\_\_

2. Rachael, 9-month-old infant (certification visit)  
 Breastfed exclusively other than a bottle of corn syrup sweetened water (4 ounces) that is given before an afternoon nap.  
 No solids given.  
 Height and weight are within normal limits.  
 Infant is breastfed 8-12 times a day.

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

Below are two examples of children being certified/recertified on the WIC Program. List the NRFs that apply to each.

1. Katie, 16-month-old girl (certification visit)

Height, weight and hemoglobin within normal ranges  
 Mom reports that she took Katie to an allergy specialist (physician) who diagnosed her with allergies to peanuts, milk, and soy  
 Eats table foods, can feed herself with spoon and cup  
 Gets 28 ounces of juice per day in her bottle

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |

What is her priority? \_\_\_\_\_ What is her risk? \_\_\_\_\_

2. John, 3-year 2-month-old boy (recertification visit)

Current weight = 24 pounds 12 ounces; current height = 35 ¼ inches (ht/age = 3%)  
 (BMI = 13.6, wt/ht = 1%, wt/age = 1%)  
 Weight at 2 years 9 months 0 weeks = 24 pounds 11 ounces  
 Hemoglobin low but not severely  
 Takes a children's one-a-day multivitamin/mineral daily  
 Eats dirt any chance he gets when playing outside

Plot weight and height on appropriate grid and use weight gain tables to see which NRFs apply.

| List NRFs: | Priority | Risk |
|------------|----------|------|
|            |          |      |
|            |          |      |
|            |          |      |
|            |          |      |
|            |          |      |

What is his priority? \_\_\_\_\_ What is his risk? \_\_\_\_\_

## SECTION VII: Medical Conditions

Only the following medical conditions can be used as nutrition risk factors. To be used the condition must have been diagnosed by a physician as self reported by the applicant/participant/caregiver; or be reported or documented by a physician, or someone working under physician's orders. Staff may use the "Documentation of Medical Conditions" (form #36) as such written documentation, if desired. (Note that Lactose Intolerance, Eating Disorders, and Dental Problems can be used without a diagnosis if evidence of the condition is documented by the WIC RD/RN.) After the participant has been designated as high risk due to a medical condition at their initial certification appointment, it is at the discretion of the WIC RD/RN to designate the medical condition as high or low risk at subsequent recertification appointments. This only pertains to existing medical conditions. Any new medical condition should be designated as high risk if it falls in the following criteria:

**Nutrient Deficiency Diseases** - diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients, such as, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia.

**Gastrointestinal Disorders** - disease or condition that interferes with the intake or absorption of nutrients, limited to:

- ▶ stomach or intestinal ulcers
- ▶ small bowel enterocolitis and syndrome
- ▶ malabsorption syndromes
- ▶ inflammatory bowel disease, including ulcerative colitis or Crohn's disease
- ▶ liver disease
- ▶ pancreatitis
- ▶ gallbladder disease
- ▶ gastroesophageal reflux (GER)
- ▶ Post-Bariatric surgery

### **Diabetes Mellitus**

**Pre-Diabetes** - defined as an impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT), as diagnosed by a physician and self reported by applicant/participant.. This is for breastfeeding and non-breastfeeding women only.

**Thyroid Disorders** - hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).

### **Hypertension and Pre-Hypertension- chronic or pregnancy-induced**

**Renal Disease** - any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

**Cancer or cancer treatment** severe enough to affect nutritional status.

**Central Nervous System Disorders** - conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both, limited to:

- ▶ epilepsy
- ▶ cerebral palsy (CP)
- ▶ neural tube defects (NTD), such as spina bifida
- ▶ Parkinson's disease
- ▶ multiple sclerosis

**Genetic or Congenital Disorders** - hereditary or congenital condition at birth that causes physical or metabolic abnormality, and that currently alters nutrition status metabolically, mechanically, or both, limited to:

- ▶ cleft lip or palate
- ▶ Down's syndrome
- ▶ thalassemia major
- ▶ sickle cell anemia (not sickle cell trait)
- ▶ muscular dystrophy

**Inborn Errors of Metabolism** - gene mutations or gene deletions that alter metabolism in the body, limited to:

- ▶ phenylketonuria (PKU)
- ▶ maple syrup urine disease
- ▶ galactosemia
- ▶ hyperlipoproteinemia
- ▶ homocystinuria
- ▶ tyrosinemia
- ▶ histidinemia
- ▶ urea cycle disorders
- ▶ glutaric aciduria
- ▶ methyl malonic aciduria
- ▶ glycogen storage disease
- ▶ galactokinase deficiency
- ▶ fructoaldolase deficiency
- ▶ propionic acidemia
- ▶ hypermethioninemia
- ▶ Medium-chain acyl-CoA dehydrogenase (MCAD)

**Infectious Diseases** - a disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status, limited to: (does not include Respiratory Syncytial Virus or RSV)

- ▶ tuberculosis
- ▶ pneumonia
- ▶ meningitis
- ▶ parasitic infections
- ▶ active hepatitis (not carrier)
- ▶ bronchiolitis (3 episodes in last 6 months)
- ▶ HIV (Human Immunodeficiency Virus infection)
- ▶ AIDS (Acquired Immunodeficiency Syndrome)

**Food Allergies** - an adverse immune response to a food or hypersensitivity that causes adverse immunologic reaction as tested for and diagnosed by a physician or someone working under physician's orders, limited to wheat, corn, soy, peanuts, eggs, milk, or an entire food group.

**Celiac Disease** - inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue.

**Lactose Intolerance** - as diagnosed by a physician or someone working under physician's orders or as documented by the WIC professional (RD/RN) indicating that ingestion of dairy products cause symptoms such as nausea, diarrhea, abdominal bloating, or cramps, and the avoidance of such dairy products eliminates them.

**Eating Disorders** – disorders (anorexia nervosa and bulimia) characterized by a disturbed sense of body image and morbid fear of becoming fat as diagnosed by a physician or someone working under physician’s orders **or** as documented by the WIC RD/RN based on self-report of symptoms. Symptoms are manifested by abnormal eating patterns including, but not limited to:

- ▶ self-induced vomiting
- ▶ purgative abuse
- ▶ alternating periods of starvation
- ▶ use of drugs such as appetite suppressants, thyroid preparations or diuretics
- ▶ self-induced marked weight loss

Presence of eating disorder(s) must have been diagnosed by a physician or someone working under physician’s orders **or** evidence of such disorders must be documented by the WIC professional (RD/RN).

**Major Surgery or Burns** - major surgery (excluding C-sections, tubal ligation, tubes in ears, tonsillectomy, and adenoidectomy) or burns severe enough to compromise nutritional status as self-reported and occurring within the previous two months.

### **Juvenile Rheumatoid Arthritis**

### **Lupus Erythematosus**

**Cardiorespiratory Diseases** (including, but not limited to, any child hospitalized overnight in the past two months with RSV and severe enough to compromise nutritional status).

### **Heart Disease**

### **Cystic Fibrosis**

**Asthma** (persistent, requiring daily medication)

**Clinical Depression** (includes postpartum depression)

**Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat** - developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs, limited to:

- ▶ minimal brain function
- ▶ feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism
- ▶ birth injury
- ▶ head trauma
- ▶ brain damage
- ▶ other disabilities

**Dental Problems** may also be identified by the WIC RD/RN based on observation or self-report of symptoms. –

presence of chronic dental or oral problems, such as:

- ▶ presence of nursing or baby bottle caries (infants and children)
- ▶ severe tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality (children and all categories of women)
- ▶ gingivitis of pregnancy (pregnant women)

Condition must have been diagnosed by a health care professional **or** evidence of the condition documented by the WIC professional (RD/RN).

### **Infants and Children Only**

**Failure to Thrive (FTT)** – Presence of FTT diagnosed by a physician as self-reported by endorser/participant; or as documented by a physician or someone working under a physician’s orders. Assignment can be based on adjusted for gestational age.

**Small for Gestational Age** (for use with infants and children less than 24 months old only) – Presence of small for gestational age diagnosed by a physician as self-reported by the endorser; or as documented by a physician or someone working under physician’s orders.

### **Fetal Alcohol Syndrome**

### **Pregnant Women Only**

### **Fetal Growth Restriction**

## SECTION VIII: Practice! Answers

### Practice! 1

| <b>Nutrition Risk Factor</b>   | <b>Number</b> | <b>Priority</b> | <b>Risk</b> |
|--|---------------|-----------------|-------------|
| Infant whose length is less than the 5th percentile for age                        | 121B          | 1               | L           |
| Pregnant woman who has hyperemesis gravidarum                                      | 301           | 1               | H           |
| Pregnant woman who is not taking an iron supplement                                | 427d          | 4               | L           |
| 8-month-old infant who is consuming only iron-fortified formula                    | 411d          | 4               | L           |
| 13-month-old child who is fed fruit juice in a bottle on a regular basis           | 425b,425c     | 5               | L           |
| Breastfeeding woman with mastitis  | 602           | 1               | H           |
| Child from a homeless family   | 801           | 5               | L           |
| Breastfeeding woman who is following a strict vegan diet                           | 427b          | 4               | L           |
| Infant whose birth weight was 5 pounds 2 ounces                                    | 141A          | 1               | H           |
| Postpartum (non-breastfeeding) teen who was 17 years old during her last pregnancy | 331B          | 4               | L           |

### Practice! 2

- A. The breastfeeding woman would be priority 1 (from NRF 602) and high risk (also from NRF 602).
- B. The infant would be priority 1 (from NRF 121B) and low risk (NRF 121B & 411d are both low-risk conditions).

**Practice! 3**

Case #1:

| NRF # | Description   | Priority | Risk |
|-------|---|----------|------|
| 801   | Homelessness (lives in shelter)   | 4        | L    |
| 427e  | Ingesting foods that could be contaminated with pathogenic microorganisms | 4        | L    |
| 427c  | Pica  | 4        | L    |

What is her priority? 4What is her risk? Low

Case #2:

| NRF # | Description   | Priority | Risk |
|-------|---|----------|------|
| 427a  | Dietary Supplements with potential harmful consequences                           | 4        | L    |
| 427b  | Consuming a diet very low in calories and/or essential nutrients (she is a vegan) | 4        | L    |
| 372a  | Use of alcohol  | 1        | H    |

What is her priority? 1What is her risk? High

**Practice! 4**

## 1. Maria

| NRF # | Description  | Priority | Risk |
|-------|--|----------|------|
| 335   | Multi-fetal Gestation (she is having twins)  | 1        | L    |
| 427d  | Inadequate vitamin/mineral supplementation recognized as essential by national public health policy                                | 4        | L    |
| 343   | Diabetes Mellitus (this is not gestational diabetes since she was diagnosed over one year ago. Diagnosis was made by a physician.) | 1        | H    |

What is her priority? 1 What is her risk? High

(Priority and risk both come from NRF 343 Diabetes Mellitus. Medical conditions are always high risk when first assigned.)

Maria is a normal weight woman (BMI = 23.1). Her weight gain is above her recommended curve so her weight gain is adequate. Her weight gain is averaging 3 pounds per month so it is not excessive. (Note that women pregnant with twins are encouraged to gain 35-45 pounds total and at a rate of weight gain of 1.5 pounds per week during the 2<sup>nd</sup> half of pregnancy. Maria's weight gain is appropriate at this time.) Maria started prenatal care at 3 months (1st trimester) so cannot be risked for inadequate prenatal care. She also cannot be risked for alcohol consumption because she is not CURRENTLY drinking.

## 2. Margaret

| NRF # | Description   | Priority | Risk |
|-------|---|----------|------|
| 331b  | Pregnancy at a Young Age (16-17 years old at conception)  | 1        | L    |
| 101   | Underweight (Prepregnancy BMI < 18.5)   | 1        | L    |
| 131   | Inadequate weight Gain During Pregnancy   | 1        | H    |
| 427d  | Inadequate vitamin/mineral supplementation recognized as essential by national public health policy (not taking prenatal vitamins/iron) | 4        | L    |
| 427a  | Consuming dietary supplements with potentially harmful consequences   | 4        | L    |

What is her priority? 1 What is her risk? High

(Priority is from several risk factors and risk is from NRF 131 - Inadequate Weight Gain During Pregnancy).

Nausea and vomiting are not a risk factor unless they are part of hyperemesis gravidarum, which must be diagnosed by a physician.

**Practice! 5**

## 1. Matilda

| NRF # | Description   | Priority | Risk |
|-------|---|----------|------|
| 602   | Breastfeeding Complications or Potential Complications (sore and cracked nipples)   | 1        | H    |
| 133   | High Maternal Weight Gain (greater than 35 pounds for normal weight women)  | 1        | L    |
| 427d  | Inadequate vitamin/mineral supplementation recognized as essential by national public health policy (not taking prenatal vitamins/iron) | 4        | L    |
| 601   | Breastfeeding a Priority 1 Infant (infant with short stature)   | 1        | L    |

What is her priority? 1                      What is her risk? High  
(Priority and risk come from NRF# 602)

Overweight (NRF 48) is not risked because, since Matilda is less than 6 months post-partum, overweight status is based on her pre-pregnancy weight rather than current weight.

## 2. Janet

| NRF # | Description  | Priority | Risk |
|-------|--|----------|------|
| 331B  | Pregnancy at a Young Age (17 at conception)                      | 4        | L    |
| 101   | Underweight – Current BMI < 18.5                                 | 6        | L    |
| 201   | Low hemoglobin   | 6        | L    |
| 427b  | Consuming a diet very low in calories and/or essential nutrients | 6        | L    |

What is her priority? 4                      What is her risk? Low  
(Priority is from NRF 331B and risk comes from all NRFs which are low)

**Practice! 6**

## 1. Infant (male)

Birth Weight 8 pounds 9 ounces.

Current weight 8 pounds 7 ounces at three weeks of age.

NRF #      Description

|     |   |
|-----|---|
| 135 | Inadequate or Potentially Inadequate Growth - High risk<br>(Not back to birth weight by 2 weeks of age) |
|-----|---|

## 2. Infant (female)

Weight at 6 months and 1 week = 17 pounds 9 ounces. Length = 26¼ inches.

Weight at 10 months and 3 weeks = 19 pounds 4 ounces. Length = 28¼ inches.

NRF #      Description

|     |   |
|-----|---|
| 135 | Inadequate or Potentially Inadequate Growth - high risk |
|-----|---|

**Practice! 7**

| <u>NRF#</u>       | <u>Condition</u>  |
|-------------------|---|
| <u>411k</u>       | Mother mixes infant formula with bottled that does not contain fluoride.  |
| <u>411i</u>       | Infant is fed formula from a bottle. Formula remaining in the bottle is returned to the refrigerator for later use. |
| <u>411c, 411b</u> | Mother routinely adds sugar to the infant's bottle.   |
| <u>411b</u>       | Infant is routinely fed in a car seat with the bottle propped.  |
| <u>411e</u>       | 9-month-old infant is eating shaved deli meat (cold.)   |
| <u>411a</u>       | 5-month-old-infant is getting low iron formula.   |
| <u>411b, 411d</u> | Infant cereal is added to the infant's (5 month old) bottle on a regular basis.                                     |
| <u>411g</u>       | 1-month-old exclusively breastfed infant is fed at scheduled times every 4 hours.                                   |
| <u>411j</u>       | 2-month-old infant is offered 4 ounces herbal remedy tea every day.   |
| <u>411f</u>       | Mother mixes formula with more water to make it last all month.   |

**Practice! 8**

1. John

| NRF # | Description                        | Priority | Risk |
|-------|------------------------------------|----------|------|
| 142   | Prematurity (born before 37 weeks) | 1        | H    |
| 121B  | Short Stature (current ht/age 1%)  | 1        | L    |
| 701   | Mother on WIC                      | 2        | L    |

What is his priority? 1                      What is his risk? High  
 (Most of the NRFs make this infant priority 1 and risk is from NRF 142)

2. Rachel

| NRF # | Description  | Priority | Risk |
|-------|--|----------|------|
| 411b  | Routinely using nursing bottles improperly (feeding sweetened water)   | 4        | L    |
| 411c  | Routinely offering complementary foods or other substances that are inappropriate in type or timing (adding corn syrup to water) | 4        | L    |
| 411d  | Routinely using feeding practices that disregard the developmental needs or state of the infant (no solids at 9 months of age)   | 4        | L    |

What is her priority? 4                      What is her risk? Low

1. Katie

| NRF # | Description   | Priority | Risk |
|-------|---|----------|------|
| 353   | Food Allergy (food allergy diagnosed by a physician)  | 3        | H    |
| 425b  | Routinely feeding a child any sugar-sweetened fluids (28 oz juice/day)                                  | 5        | L    |
| 425c  | Routinely using nursing bottles, cups, or pacifiers improperly (using a bottle beyond 14 months of age) | 5        | L    |

What is her priority? 3                      What is her risk? High  
 (Medical conditions are always high risk when first assigned)

## 2. John

| NRF # | Description   | Priority | Risk |
|-------|---|----------|------|
| 103B  | Underweight (BMI for age $\leq$ 5th percentile)   | 3        | H    |
| 121A  | Short Stature (5-10th height/age)   | 3        | L    |
| 135   | Inadequate Growth (gained 1 ounce in 5 months, minimal expected weight gain is 12 ounces and both wt/age and length/age below 5 <sup>th</sup> percentile) | 3        | H    |
| 201   | Anemia  | 3        | L    |
| 425i  | Routine ingestion of nonfood items  | 3        | L    |

What is his priority? 3      What is his risk? High  
(Priority is from all NRFs and risk is from NRF 135)

## Appendix A: Nutrition Risk Factors: Pregnant Woman

| Compass Code | Name/Definition  | Priority | Risk |
|--------------|--|----------|------|
| 332          | <p><u>Closely Spaced Pregnancies</u>- Less than 24 months between the date of the last delivery, abortion, or miscarriage and the current EDD date.</p> <p><i>During pregnancy a woman's body relies partially on stored nutrients consumed prior to pregnancy and partially on the intake during pregnancy. Closely spaced pregnancies may make it difficult for a woman's body to accumulate enough nutrients for the next pregnancy. Studies have shown that women who have closely spaced pregnancies may have low birth weight infants.</i></p>   | 1        | L    |
| 334          | <p><u>Inadequate Prenatal Care</u>- Prenatal care beginning after the first trimester.</p> <p><i>Women who do not receive early and adequate prenatal care are more likely to deliver premature, growth retarded or low birth weight infants.</i></p>  | 1        | L    |
| 335          | <p><u>Multi-fetal Gestation</u>- Pregnant woman carrying more than one fetus.</p> <p><i>Multi-fetal pregnancies are associated with low birth weight, fetal growth restriction, placental and cord abnormalities, preeclampsia, low hemoglobin, shorter gestation, and increased infant mortality. The risk of pregnancy complications increases as the number of fetuses (twins, triplets) increases.</i></p> <p><i>The current weight gain guidelines for multi-fetal gestations are provisional. Therefore, the weight gain tables for singletons do not apply and NRF's 131 and 133 cannot be assessed and assigned. Rate of weight gain is tracked and a steady rate of weight gain is recommended.</i></p> | 1        | L    |
| 338          | <p><u>Breastfeeding Pregnant Woman</u>- Pregnant woman currently breastfeeding another infant or child.</p> <p><i>Breastfeeding during pregnancy creates a large demand for nutrients for the woman. The woman needs nutrients to support breastfeeding as well as nutrients to support a growing fetus.</i></p> <p><i>Hormones released during breastfeeding (specifically oxytocin) can also have adverse effects on pregnancy. Oxytocin can cause premature contractions leading to premature birth.</i></p>  | 1        | L    |

Appendix A: Nutrition Risk Factors: Pregnant Woman

|      |  |   |   |
|------|--|---|---|
|      | <i>Hormones of pregnancy can dramatically decrease a woman's milk supply, causing the infant to receive inadequate milk and thus have inadequate weight gain.</i>  |   |   |
| 371  | <p><u>Use of Cigarettes</u>- Any current daily smoking of cigarettes.</p> <p><i>Women who smoke are at risk for chronic and degenerative diseases. Smokers have lower plasma levels of vitamin C and E and smoking impairs folate status. Smoking is associated with poor intakes of vitamin A and C, folate, fiber, and iron among women. Because smoking increases oxidative stress and metabolic turnover of vitamin C the requirement for this vitamin is higher for women who smoke. Smoking is strongly associated with the birth of low birth weight infants</i></p> <p><i>To be used as a risk factor, a pregnant woman must report that she is <b>currently</b> smoking on a <b>daily</b> basis. Smoking is defined as at least one cigarette, pipe or cigar per day. During the Nutrition Interview Compass will ask about "current use of cigarettes" and "cigarette use three months prior to pregnancy". "Current use of cigarettes" information is used to assign this NRF. If a pregnant woman reports that she has smoked during her pregnancy, but has now stopped, you should not mark that she currently uses cigarettes. If the woman does not smoke on a <b>daily</b> basis you also should not mark current cigarette use.</i></p> | 1 | L |
| 904  | <p><u>Environmental Smoke Exposure</u> – Exposure to smoke from tobacco products inside the home.</p> <p><i>Environmental Tobacco Smoke (ETS) is a known human carcinogen. Women who are exposed to ETS are at risk for lung cancer and cardiovascular diseases. Prenatal or postnatal ETS exposure is related to numerous adverse health outcomes among infants and children, including sudden infant death syndrome (SIDS), upper respiratory infections, periodontal disease, increased severity of asthma/wheezing, metabolic syndrome, decreased cognitive function, lower birth weight and smaller head circumference. Infants born to women exposed to ETS during pregnancy have a small decrease in birth weight and a slightly increased risk of intrauterine growth retardation compared to infants of unexposed women.</i></p>  | 1 | L |
| 372A | <p><u>Use of Alcohol</u>- Any current use of alcohol.</p> <p><i>Drinking alcoholic beverages during pregnancy can damage the developing fetus. Excessive alcohol consumption may result in low birth weight, reduced growth rate, birth defects, and mental retardation. This is a high-risk NRF that requires referral to RD/RN.</i></p> <p><i>This information is collected during the Nutrition Interview in Compass. If a woman reports <b>ANY CURRENT</b> use of alcohol you</i></p>  | 1 | H |

Appendix A: Nutrition Risk Factors: Pregnant Woman

|      |  |   |   |
|------|--|---|---|
|      | <p><i>should mark "yes" to current alcohol consumption. If a woman reports that she consumed alcohol during this pregnancy, but has quit, you may <b>NOT</b> mark "yes" to current alcohol consumption. A woman who reports previous alcohol use during pregnancy may require further evaluation or counseling to rule out substance abuse, but the risk factor for alcohol consumption may not be assigned. During certification the Compass system will also ask about alcohol use 3 months prior to pregnancy. This information is asked for statistical purposes and is not used. to assign this risk factor.</i></p>  |   |   |
| 372B | <p><b>Use of Illegal Drugs-</b> Any current illegal drug use.</p> <p><i>Use of illegal drugs during pregnancy can damage the developing fetus. This is a high-risk NRF that requires referral to RD/RN.</i></p> <p><i>During the certification this information will be collected during the Nutrition Interview. It is important that a pregnant woman not take ANY drugs (including prescription drugs, over the counter drugs, and herbal supplements) while she is pregnant unless she first consults with her physician. Legal and natural drugs can also have negative impacts on the developing fetus.</i></p>  | 1 | H |
|      | <p><b><u>Medical Conditions (requiring MD diagnosis)</u></b><br/><b>(See Medical Conditions List for further details and codes)</b></p> <p><i>To qualify as a WIC NRF most medical conditions must be diagnosed by a physician. The WIC caregiver may bring documentation of diagnosis or can self report the diagnosis by the physician. <b>There are three exceptions:</b> lactose intolerance, eating disorders, and dental problems may be diagnosed by a WIC RD/RN. The WIC RD/RN must document the rationale for the diagnosis in the participant record.</i></p> <p><i>Many medical conditions require special counseling to modify the diet in a way that is compatible with the disease and provide adequate nutrition.</i></p> | 1 | H |
| 427a | <p><b><u>Consuming dietary supplements with potentially harmful consequences</u></b> – Examples of dietary supplements which when ingested 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</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul> <p><i>Any time a WIC participant states that they are taking dietary supplements they should be questioned to further determine what type of how much supplementation is happening.</i></p>   | 4 | L |

Appendix A: Nutrition Risk Factors: Pregnant Woman

|      |   |   |   |
|------|---|---|---|
|      | <p><i>Certain vitamins and minerals can be toxic when taken in excess amounts. Excesses of some vitamins and minerals can cause birth defects. Vitamin A and D are particularly toxic when taken in excess.</i></p> <p><i>Note: This NRF should not be assigned for supplement use if the supplement was prescribed or recommended by the participant's physician for use in their current condition (pregnancy).</i></p>   |   |   |
| 427b | <p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery. Examples include:</p> <ul style="list-style-type: none"> <li>▶ Strict vegan diet</li> <li>▶ Low-carbohydrate, high-protein diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Any other diet restricting calories and/or essential nutrients</li> </ul> <p><i>These diets may lack important nutrients needed for pregnancy.</i></p>   | 4 | L |
| 427c | <p><u>Compulsively ingesting non-food items (pica) including:</u></p> <ul style="list-style-type: none"> <li>▶ Ashes</li> <li>▶ Baking Soda</li> <li>▶ Burnt matches</li> <li>▶ Carpet fibers</li> <li>▶ Chalk</li> <li>▶ Cigarettes</li> <li>▶ Clay</li> <li>▶ Dust</li> <li>▶ Large quantities of ice and/or freezer frost</li> <li>▶ Paint chips</li> <li>▶ Soil</li> <li>▶ Starch (laundry or cornstarch)</li> </ul> <p><i>The cause of pica is not known, but pica has been related to certain nutritional deficiencies (especially iron and zinc) as well as culture, physiological changes in the body such as pregnancy and varied mental states. Pica can lead to lead poisoning (when paint chips are ingested), anemia, excess calorie consumption (when starch is ingested), poor nutrition (because the non-food item displaces nutritious foods), stomach and intestinal blockage, and parasitic infections. Consumptions of substances such as mothballs or paint chips can lead to toxic conditions that could result in death.</i></p> <p><i>Note: With respect to ice, to be considered pica ice eating must be more than an occasional craving for a glass of crushed ice. People with pica crave ice or freezer frost and consume large quantities each day (several trays of ice cubes).</i></p> | 4 | L |
| 427d | <p>Inadequate vitamin/mineral supplementation recognized as essential</p>   | 4 | L |

Appendix A: Nutrition Risk Factors: Pregnant Woman

|      |  |   |   |
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|      | <p>by national public health policy.</p> <ul style="list-style-type: none"> <li>▶ Consumption of less than 27 mg of iron as a supplement per day</li> <li>▶ Consumption of less than 150 µg of supplemental iodine per day</li> </ul> <p><i>A large proportion of women have difficulty maintaining adequate iron stores during pregnancy. It is recommended that all women take an iron supplement while pregnant to help prevent low iron stores and anemia. Most prenatal vitamin/mineral supplements contain 27 mg iron in a daily dose.</i></p> <p><i><b>Note:</b> If a woman is not taking her prenatal vitamin/mineral supplement daily (she takes periodically), this NRF should be assigned.</i></p>  |   |   |
| 427e | <p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.</p> <ul style="list-style-type: none"> <li>▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops</li> <li>▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole</li> <li>▶ Raw or undercooked meat or poultry</li> <li>▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot</li> <li>▶ Refrigerated pâté or meat spreads</li> <li>▶ Unpasteurized milks or foods containing unpasteurized milk</li> <li>▶ 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 eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog</li> <li>▶ Raw sprouts (alfalfa, clover, and radish)</li> <li>▶ Unpasteurized fruit or vegetable juice</li> </ul> <p><i>Pregnant women are especially at risk for food-borne illness, with listeriosis being the most common. Listeriosis during pregnancy can result in premature delivery, miscarriage, fetal death, and severe illness or death of a newborn from the infection. Listeriosis can be transmitted to the fetus through the placenta even if the mother is not showing signs of illness.</i></p> | 4 | L |
| 101  | <p><u>Underweight</u>-Prepregnancy BMI &lt;18.5</p> <p><i>An underweight woman is more likely to give birth to a low birth weight or growth retarded infant. These infants tend to have significantly more health problems after birth. An underweight woman is more likely to have complications during the pregnancy and delivery. These complications include higher likelihood of pre-birth hemorrhage, premature rupture of membranes necessary for pregnancy, anemia, endometritis (inflammation of the uterus lining), and cesarean delivery.</i></p>   | 1 | L |

Appendix A: Nutrition Risk Factors: Pregnant Woman

|                    |  |          |          |
|--------------------|--|----------|----------|
| <p><b>111</b></p>  | <p><u>Overweight</u>-Prepregnancy BMI <math>\geq</math>25.0</p> <p><i>An overweight woman is more likely to have complications during pregnancy and delivery. These complications include conditions such as diabetes, high blood pressure, dysfunctional labor, premature delivery, birth of a very large infant, and blood clot problems.</i></p>  | <p>1</p> | <p>L</p> |
| <p><b>131</b></p>  | <p><u>Low Maternal Weight Gain</u>- Any weight gain when weight plots below the recommended weight gain range on the “Prenatal Weight Gain Chart”.</p>   | <p>1</p> | <p>H</p> |
| <p><b>132</b></p>  | <p><u>Maternal Weight Loss During Pregnancy</u></p> <ul style="list-style-type: none"> <li>▶ any weight loss below pregravid weight during the 1<sup>st</sup> trimester.</li> <li>▶ weight loss of 2 pounds or more in the 2<sup>nd</sup> or 3<sup>rd</sup> trimesters (14-40 weeks gestation).</li> </ul> <p><i>If a woman loses one pound, then gains one pound, then again loses one pound this is not a net loss of two pounds. A loss is when the woman drops two pounds so that her current weight is 2 pounds less than a previous weight. This rule applies even if the woman is already well above her recommended weight gain curve.</i></p>                                 | <p>1</p> | <p>H</p> |
| <p><b>133</b></p>  | <p><u>High Maternal Weight Gain</u>- Any time during a singleton pregnancy when weight plots above the recommended weight gain range on the “Prenatal Weight Gain Chart”.</p> <p><i>Women who have high weight gain during pregnancy may give birth to larger than normal infants. If the infant is too large there is significant risk of injury to the woman and the infant during delivery. High maternal weight gain is associated with other complications of pregnancy including high blood pressure, preeclampsia, and toxemia. High maternal weight gain also makes it more difficult for a woman to return to her pre-pregnancy weight after the birth of her infant.</i></p> | <p>1</p> | <p>H</p> |
| <p><b>201</b></p>  | <p><u>Low Hemoglobin/Low Hematocrit</u>: refer to “Hematocrit or Hemoglobin Levels Indicating Risk” in the Supporting Documents. Levels are low enough not to necessitate a medical referral.</p> <p><i>This NRF is assigned by Compass from the value entered in the Blood panel.</i></p>   | <p>1</p> | <p>L</p> |
| <p><b>201b</b></p> | <p><u>Severely Low Hemoglobin/Hematocrit</u>: Hematocrit or hemoglobin levels high enough to necessitate a medical referral (see table).</p> <p><i>Severely low hemoglobin may have serious consequences. Low hemoglobin during pregnancy may increase the risk of prematurity, poor maternal weight gain, low birth weight, and infant mortality.</i></p>   | <p>1</p> | <p>H</p> |

Appendix A: Nutrition Risk Factors: Pregnant Woman

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|     | <p><i>Low hemoglobin impairs energy metabolism (person feels tired), temperature regulation (person feels cold), immune function (person gets sick more often), and work performance. The lower the hemoglobin level, the more severe the consequences. For this reason, the condition of low hemoglobin has been divided into low risk factors, low hemoglobin and severely low hemoglobin. Severely low hemoglobin requires much more immediate and careful attention as the consequences can have permanent effects on a developing child and can be life threatening for a pregnant woman and fetus.</i></p> <p><i>This NRF needs to be assessed and assigned in the Risk panel.</i></p>  |   |   |
| 211 | <p><u>Elevated Blood Lead Levels</u>- Blood lead level of greater than or equal to 10 micrograms/deciliter (<math>\geq 10 \mu\text{g}/\text{deciliter}</math>) within the past twelve (12) months.</p> <p><i>Elevated Blood Lead levels have adverse effects on health, especially to a person's ability to learn.</i></p> <p><i>Compass will assign NRF 211 whenever a blood lead value <math>\geq 10</math> micrograms per deciliter is entered into the computer.</i></p> <p><b>Note:</b> <i>If the participant indicates that they have had a blood lead test and they know the value you should enter the blood lead value into the computer in the Blood panel in Compass.</i></p>  | 1 | H |
| 301 | <p><u>Hyperemesis Gravidarum</u>- Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic as diagnosed by a physician and self reported by applicant/participant.</p> <p><i>Unlike "morning sickness," that many women experience during pregnancy, this condition is so severe that the woman finds it difficult to eat food or drink fluids. As a result she loses weight, becomes dehydrated and acidotic which can be a life threatening condition and requires medical attention.</i></p> <p><i>To be considered a nutrition risk factor the condition must be diagnosed by a physician or she may self-report that a physician made the diagnosis.</i></p> <p><b>Note:</b> <i>Being hospitalized for dehydration with nausea and vomiting is not sufficient to qualify for this NRF. A diagnosis of hyperemesis gravidarum must be made.</i></p> | 1 | H |
| 302 | <p>Gestational Diabetes Mellitus-any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. Presence of gestational diabetes diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p>  | 1 | H |

Appendix A: Nutrition Risk Factors: Pregnant Woman

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|---|--|---|---|
|   | <p><i>Gestational diabetes is a form of diabetes that appears during pregnancy. 90% of pregnant women with diabetes have gestational diabetes.</i></p> <p><i>An infant born to a woman with gestational diabetes has a higher risk of being born very large (which can result in complications at delivery) and having problems such as congenital abnormalities (birth defects), hypoglycemia (low blood sugar) and neonatal death.</i></p> <p><i>Diet is a very important part of treatment for gestational diabetes. Better control of gestational diabetes results in increased likelihood of healthy outcome.</i></p> <p><i><b>Note:</b> If a woman has diabetes before she is pregnant then she does not have gestational diabetes and this NRF should not be assigned. A woman who has diabetes before becoming pregnant should be assigned NRF 343 diabetes mellitus.</i></p>  |   |   |
| <p><b>303</b><br/><b>311</b><br/><b>312</b><br/><b>321A</b><br/><b>339</b><br/><b>304</b></p> | <p><u>Complications of Previous Pregnancies</u>- Presence of any of the following conditions in any previous pregnancy:</p> <ul style="list-style-type: none"> <li>▶ gestational diabetes mellitus</li> <li>▶ preterm delivery (less than 37 weeks)</li> <li>▶ delivery of low birth weight infant (5½ pounds or 2500 grams or less)</li> <li>▶ fetal death (≥ 20 weeks gestation) or neonatal death (death within 0-28 days of life) or two or more miscarriages.</li> <li>▶ delivery of infant with neural tube defect or cleft palate or lip.</li> <li>▶ preeclampsia</li> </ul> <p><i>These are all conditions that may benefit from improved nutrition. Codes can be assigned if the condition occurred in ANY previous pregnancy.</i></p> <p><i><b>Note:</b> If the woman has gestational diabetes with this pregnancy and had it in a previous pregnancy (but between pregnancies she did not have diabetes) you would assign both NRF 302 and NRF 303.</i></p> | 1 | L |
| <b>331A</b>   | <u>Pregnancy at a Young Age</u> - Less than 16 years at time of conception.  | 1 | H |
| <b>331B</b>   | <u>Pregnancy at a Young Age</u> - 16 or 17 years at time of conception.  | 1 | L |
| <b>501</b>  | <u>Possibility of Regression in Nutritional Status</u> - If the WIC professional (RD/RN), after determining the participant to be no longer at nutritional risk, and after consideration of the preventive aspects of the WIC Program, has reason to believe the participant may revert to a poor nutrition status, then they may be recertified   | 4 | L |

Appendix A: Nutrition Risk Factors: Pregnant Woman

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|     | under this code. Written documentation on why this code is being used must be present in the participant's chart. Regression may <u>not</u> be used at an initial certification. This risk factor is to be used with discretion and primarily for only one certification period, except in very rare cases where the WIC professional determines a participant if still very fragile or high risk.  |   |   |
| 502 | <u>Transfer</u> – Unknown/Known priority.   |   | L |
| 801 | <u>Homelessness</u> – A woman, infant, or child who lacks a fixed and regular night time residence; or whose primary night time residence is: A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter; or a shelter for victims of domestic violence) designated to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual not exceeding 365 days; or a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.<br><br><i>Note: Every effort should be made to reduce barriers that may prevent homeless people from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i> | 4 | L |
| 802 | <u>Migrancy</u> - A woman, infant, or child whose family's principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.<br><br><i>Data on the health and nutrition status of migrant farm workers indicate that they have significantly higher incidence of infant mortality, malnutrition and other diseases than among the general US population.</i><br><br><i>Note: Every effort should be made to reduce barriers that may prevent migrant families from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i>   | 4 | L |
| 902 | <u>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</u> -<br>Woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:<br>▶ mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);<br>▶ physically disabled to a degree which restricts or limits food preparation abilities; or<br>▶ currently using or having a history of abusing alcohol or other drugs.   | 4 | L |

Appendix A: Nutrition Risk Factors: Pregnant Woman

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|---|--|---|---|
|   | <p><i>Limited mental ability of a caregiver has been recognized as a risk factor for failure to thrive and neglect.</i></p> <p><i><b>Note:</b> Clinical depression or mental illness must be diagnosed by a physician before this NRF may be assigned. Determination of the physical disability or alcohol/drug abuse are determined by the WIC staff member who is certifying the participant. A pattern of alcohol use that inhibits the caregiver's ability to care for themselves or child may be cause to use this NRF.</i></p>   |   |   |
| 903   | <p><u>Foster Care</u>- Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p> <p><i>Foster children are among the most vulnerable individuals in the welfare system. As a group, they are sicker than homeless children and children living in the poorest sections of inner cities. As a group, foster children have a high frequency of mental and physical problems, birth defects, inadequate nutrition and growth retardation. Many have suffered from neglect, abuse and abandonment prior to entering the care system.</i></p> <p><i>This NRF cannot be assigned if the person has been continuously living in the same foster home for longer than the past 6 months.</i></p>  | 4 | L |
| <p>The following NRF may be assigned only to pregnant women for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified.</p> |  |   |   |
| 401   | <p><u>Failure to Meet Dietary Guidelines for Americans</u><br/>                 Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutritional risk based on failure to meeting <i>Dietary Guidelines for Americans</i>. For this criterion, failure to meet Dietary guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p><i>Nearly all U.S. women usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid and, therefore, would be at dietary risk based on the criterion failure to meet Dietary Guidelines. By presuming that all who meet the categorical and income eligibility requirements are at dietary risk, WIC retains its potential for preventing and correcting nutrition-related problems while avoiding serious misclassification errors that could lead to denial of services to eligible individuals.</i></p> | 4 | L |

## Appendix B: Nutrition Risk Factors: Breastfeeding Woman

| Compass Code | Name/Definition   | Priority | Risk |
|--------------|---|----------|------|
| 101          | <u>Underweight</u> - Prepregnancy or current BMI < 18.5 when a woman is < 6 months postpartum. Current BMI <18.5 when a woman is $\geq$ 6 months postpartum.  | 1        | L    |
| 111          | <u>Overweight</u> - Prepregnancy BMI $\geq$ 25.0 if a woman is <6 months postpartum. Current BMI $\geq$ 25.0 if a woman is $\geq$ 6 months postpartum.  | 1        | L    |
| 133          | <u>High Maternal Weight Gain</u> - For singleton pregnancies only, total gestational weight gain during most recent pregnancy of: <ul style="list-style-type: none"> <li>▶ greater than 40 pounds for underweight women</li> <li>▶ greater than 35 pounds for normal weight women</li> <li>▶ greater than 25 pounds for overweight women</li> <li>▶ greater than 20 pounds for obese women.</li> </ul> <p>High maternal weight gain also makes it more difficult for a woman to return to her pre-pregnancy weight after the birth of her infant.</p> | 1        | L    |
| 201          | <u>Low Hemoglobin/Low Hematocrit</u> : refer to “Hematocrit or Hemoglobin Levels Indicating Risk” in your Supporting Documents. Levels are low enough not to necessitate a medical referral.<br><br><i>This NRF is assigned by Compass from the value entered in the Blood panel.</i>   | 1        | L    |
| 201b         | <u>Severely Low Hemoglobin/Hematocrit</u> : Hematocrit or hemoglobin levels high enough to necessitate a medical referral (see table).<br><br><i>This NRF needs to be assessed and assigned in the Risk panel.</i>  | 1        | H    |
| 211          | <u>Elevated Blood Lead Levels</u> - Blood lead level of greater than or equal to 10 micrograms/deciliter ( $\geq$ 10 $\mu$ g/deciliter) within the past twelve (12) months.<br><br><i>Elevated Blood Lead levels have adverse effects on health, especially to a person’s ability to learn.</i><br><br><i>Compass will assign this NRF whenever a blood lead value <math>\geq</math>10 micrograms per deciliter is entered into the computer.</i>   | 1        | H    |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

|   |  |   |   |
|---|--|---|---|
|   | <p><i>Note: If the participant indicates they have had a blood lead test and they know the value you should enter the blood lead value in the Blood Panel.</i></p> <p><i>Most WIC participants have never had their blood tested for lead. If the blood lead level is unknown, do not answer the field in the Blood panel.</i></p>   |   |   |
| <p><b>303</b><br/><b>311</b><br/><b>312</b><br/><b>321B</b><br/><b>339</b><br/><b>304</b></p> | <p><u>Complications of Previous Pregnancies</u>- Presence of any of the following conditions during the last pregnancy:</p> <ul style="list-style-type: none"> <li>▶ gestational diabetes mellitus</li> <li>▶ preterm delivery (less than 37 weeks)</li> <li>▶ delivery of low birth weight infant (5½ pounds or 2500 grams or less)</li> <li>▶ fetal death (<math>\geq</math> 20 weeks gestation) or neonatal death (death within 0-28 days of life)</li> <li>▶ delivery of infant with neural tube defect or cleft palate or lip</li> <li>▶ preeclampsia</li> </ul> <p><i>May only be assigned if the condition occurred during the woman's most recent pregnancy.</i></p> | 1 | L |
| <b>331A</b>   | <p><u>Pregnancy at a Young Age</u>- Less than 16 years at time of conception of last pregnancy.</p> <p><i>There are two risk factors for Pregnancy at a Young Age. There is a distinction made between less than 16 and those over 16 because the risk associated with younger age is greater</i></p>  | 1 | H |
| <b>331B</b>   | <p><u>Pregnancy at a Young Age</u>- 16 or 17 years at the time of conception of last pregnancy.</p> <p><i>Having delivered a baby conceived under the age of 17 years increases the nutritional needs of the breastfeeding woman as she continues to support her own growth as well as the growth of the infant.</i></p>   | 1 | L |
| <b>332</b>  | <p><u>Closely Spaced Pregnancies</u>- Less than 24 months between the date of the last delivery, abortion, or miscarriage and the delivery date for the most recent pregnancy.</p> <p><i>During pregnancy a woman's body relies partially on stored nutrients that the woman consumed prior to pregnancy and partially on her intake during the pregnancy. Closely spaced pregnancies may make it difficult for a woman's body to accumulate enough nutrients for the next pregnancy.</i></p>  | 1 | L |
| <b>335</b>  | <p><u>Multi-fetal Gestation</u>- Breastfeeding woman who carried more than one fetus in most recent pregnancy.</p>   | 1 | H |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

|      |   |   |   |
|------|---|---|---|
|      | <i>Breastfeeding women require more support to effectively breastfeed twins or triplets. They also require more nutrition dense diets to meet the demands for increased milk production.</i>  |   |   |
| 371  | <p><u>Use of Cigarettes</u>- Any current daily smoking of cigarettes.</p> <p><i>Smoking is not healthy for the mother or her breastfeeding infant. Substances absorbed by the mother while smoking pass into breast milk and can have undesirable effects on an infant. Because smoking increases oxidative stress and metabolic turnover of vitamin C the requirement for this vitamin is higher for women who smoke.</i></p>  | 1 | L |
| 904  | <p><u>Environmental Smoke Exposure</u> – Exposure to smoke from tobacco products inside the home.</p> <p><i>Environmental Tobacco Smoke (ETS) is a known human carcinogen. Women who are exposed to ETS are at risk for lung cancer and cardiovascular diseases. Prenatal or postnatal ETS exposure is related to numerous adverse health outcomes among infants and children, including sudden infant death syndrome (SIDS), upper respiratory infections, periodontal disease, increased severity of asthma/wheezing, metabolic syndrome, decreased cognitive function, lower birth weight and smaller head circumference.</i></p>  | 1 | L |
| 372A | <p><u>Use of Alcohol</u>-</p> <ul style="list-style-type: none"> <li>▶ routine current use of 2 or more (<math>\geq 2</math>) drinks per day; or</li> <li>▶ binge drinking, i.e., drinks 5 or more (<math>\geq 5</math>) drinks on the same occasion on at least one day in past 30 days.</li> </ul> <p><i>Alcohol consumption during breastfeeding can decrease milk supply and is passed into the breast milk. Exposure to excess alcohol exposes the infant to substantial risk that can have lasting effects on their mental development. This is a high-risk NRF that requires referral to RD/RN.</i></p> <p><i><b>Note:</b> Alcohol consumption is NOT recommended during breastfeeding, however, small amounts (less than two drinks per day) occasionally consumed with meals and/or after breastfeeding an infant may only have minimal effects. All breastfeeding women should be encouraged not to drink.</i></p> <p><i>What is a drink? A drink is usually defined as one ounce of hard liquor (rum, vodka, scotch etc.), one 12-ounce beer or one 4- to 5-ounce glass of wine. If you are unsure just ask the person how many drinks they had.</i></p> <p><i>This information is collected during the Nutrition Interview.</i></p> | 1 | H |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

| Compass Code | Name/Definition   | Priority | Risk |
|--------------|---|----------|------|
| 372B         | <p><u>Use of Illegal Drugs</u>- Any current illegal drug use.</p> <p><i>Information about drug use is collected during the Nutrition Interview. It is important that a breastfeeding woman not take ANY drugs (including prescription drugs, over the counter drugs, and herbal supplements) while she is breastfeeding unless she first consults with her physician. Legal and natural drugs can also have negative impacts.</i></p>   | 1        | H    |
|              | <p><b><u>Medical Conditions</u> (requiring MD diagnosis)</b><br/> <b>(See Medical Conditions List for further details and codes)</b></p> <p><i>To qualify as a WIC NRF most medical conditions must be diagnosed by a physician. The WIC caregiver must bring documentation of diagnosis or can self report the diagnosis by the physician. <b>There are three exceptions:</b> lactose intolerance, eating disorders and dental problems may be diagnosed by a WIC RD/RN. The WIC RD/RN must document the rationale for the diagnosis in the participant record.</i></p> <p><i>Many medical conditions require special counseling to modify the diet in a way that is compatible with the disease and provide adequate nutrition.</i></p>   | 1        | H    |
| 427a         | <p><u>Consuming dietary supplements with potentially harmful consequences</u> – Examples of dietary supplements which when ingested 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</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul> <p><i>Any time a WIC participant states that they are taking dietary supplements they should be questioned to further determine what type of how much supplementation is happening.</i></p> <p><i>Certain vitamins and minerals can be toxic when taken in excess amounts. Excesses of some vitamins and minerals can cause birth defects. Vitamin A and D are particularly toxic when taken in excess.</i></p> <p><i>Note: This NRF should not be assigned for supplement use if the supplement was prescribed or recommended by the participant’s physician for use in their current condition (pregnancy).</i></p> | 4        | L    |
| 427b         | <p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery. Examples include:</p>   | 4        | L    |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

|             |  |   |   |
|-------------|--|---|---|
|             | <ul style="list-style-type: none"> <li>▶ Strict vegan diet</li> <li>▶ Low-carbohydrate, high-protein diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Any other diet restricting calories and/or essential nutrients</li> </ul>   |   |   |
| <b>427c</b> | <p><u>Compulsively ingesting non-food items (pica) including:</u></p> <ul style="list-style-type: none"> <li>▶ Ashes</li> <li>▶ Baking Soda</li> <li>▶ Burnt matches</li> <li>▶ Carpet fibers</li> <li>▶ Chalk</li> <li>▶ Cigarettes</li> <li>▶ Clay</li> <li>▶ Dust</li> <li>▶ Large quantities of ice and/or freezer frost</li> <li>▶ Paint chips</li> <li>▶ Soil</li> <li>▶ Starch (laundry or cornstarch)</li> </ul> <p><i>The cause of pica is not known, but pica has been related to certain nutritional deficiencies (especially iron and zinc) as well as culture, physiological changes in the body such a pregnancy and varied mental states. Pica can lead to lead poisoning (when paint chips are ingested), anemia, excess calorie consumption (when starch is ingested), poor nutrition (because the non-food item displaces nutritious foods), stomach and intestinal blockage, and parasitic infections. Consumptions of substances such as mothballs or paint chips can lead to toxic conditions that could result in death.</i></p> <p><i>Note: With respect to ice, to be considered pica ice eating must be more than an occasional craving for a glass of crushed ice. People with pica crave ice or freezer frost and consume large quantities each day (several trays of ice cubes).</i></p> | 4 | L |
| <b>427d</b> | <p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy. For example:</p> <ul style="list-style-type: none"> <li>▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.</li> <li>▶ Consumption of less than 150 µg of supplemental iodine per day by a breastfeeding women</li> </ul> <p><i>Non-pregnant women of childbearing age who do not consume adequate amounts of folic acid are at greater risk for functional folate deficiency, which has been proven to cause neural tube defects (NTDs), such as, spina bifida and anencephaly. Folic acid consumed from fortified foods and/or a vitamin supplement in addition to folate found naturally in food reduces this risk.</i></p>   | 4 | L |
| <b>501</b>  | <p><u>Possibility of Regression in Nutritional Status-</u> If the WIC professional (RD/RN), after determining the participant to be no</p>   | 4 | L |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

|             |  |   |   |
|-------------|--|---|---|
|             | longer at nutritional risk, and after consideration of the preventive aspects of the WIC Program, has reason to believe the participant may revert to a poor nutrition status, then they may be recertified under this code. Written documentation on why this code is being used must be present in the participant's chart. Regression may <u>not</u> be used at an initial certification. This risk factor is to be used with discretion and primarily for only one certification period, except in very rare cases where the WIC professional determines a participant is still very fragile or high risk.   |   |   |
| <b>502</b>  | <u>Transfer</u> - Unknown/Known priority.  |   | L |
| <b>601A</b> | <u>Breastfeeding a Priority 1 Infant</u> - Used for a mother who is currently breastfeeding an infant who is eligible for the WIC Program due to any of the Priority 1 nutrition risk factors.<br><br><i>Priority 1 infants are those with any growth issues (underweight, inadequate weight gain, short stature, and low birth weight), prematurity, anemia, medical conditions or breastfeeding complications.</i>   | 1 | L |
| <b>601B</b> | <u>Breastfeeding a Priority 2 Infant</u> - Used for a mother who is currently breastfeeding an infant who is eligible for the WIC Program due to any of the Priority 2 nutrition risk factors.<br><br><i>Breastfeeding infants are usually priority (unless their mother was not eligible for WIC).</i>  | 2 | L |
| <b>602</b>  | <u>Breastfeeding Complications or Potential Complications</u> - A breastfeeding woman with any of the following:<br><ul style="list-style-type: none"> <li>▶ severe breast engorgement</li> <li>▶ recurrent plugged ducts</li> <li>▶ mastitis (fever or flu-like symptoms with localized breast tenderness)</li> <li>▶ flat or inverted nipples</li> <li>▶ cracked, bleeding, or severely sore nipples</li> <li>▶ age 40 years or older</li> <li>▶ failure of milk to come in by 4 days postpartum</li> <li>▶ tandem nursing (breastfeeding two siblings who are not twins).</li> </ul><br><i>Note: It is very important that a woman who is having breastfeeding difficulties be referred to the WIC RD/RN or Lactation Management Specialist immediately for evaluation and assistance. Failure to do so immediately can result in breastfeeding failure and health concerns for infant.</i> | 1 | H |
| <b>801</b>  | <u>Homelessness</u> – A woman, infant, or child who lacks a fixed and regular night time residence; or whose primary night time residence is: A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of  | 4 | L |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

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|     | <p>domestic violence) designated to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual not exceeding 365 days; or a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</p> <p><i>Note: Every effort should be made to reduce barriers that may prevent homeless people from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p>   |   |   |
| 802 | <p><u>Migrancy</u>- A woman, infant, or child whose family’s principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p> <p><i>Data on the health and nutrition status of migrant farm workers indicate that they have significantly higher incidence of infant mortality, malnutrition and other diseases than among the general US population.</i></p> <p><i>This NRF is assigned on the <b>Contact/Address</b> panel.</i></p> <p><i>Note: Every effort should be made to reduce barriers that may prevent migrant families from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p>  | 4 | L |
| 902 | <p><u>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food-</u><br/>                 Woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:</p> <ul style="list-style-type: none"> <li>▶ mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ physically disabled to a degree which restricts or limits food preparation abilities; or</li> <li>▶ currently using or having a history of abusing alcohol or other drugs.</li> </ul> <p><i>Limited mental ability of a caregiver has been recognized as a risk factor for failure to thrive and neglect.</i></p> <p><i>Note: Clinical depression or mental illness must be diagnosed by a physician before this NRF may be assigned. Determination of the physical disability or alcohol/drug abuse are determined by the WIC staff member who is certifying the participant. A pattern of alcohol use that inhibits the caregiver’s ability to care for themselves or child may be cause to use this NRF.</i></p> | 4 | L |

Appendix B: Nutrition Risk Factors: Breastfeeding Woman

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|--|--|----------|----------|
| <p><b>903</b></p>  | <p><u>Foster Care</u>- Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p> <p><i>Foster children are among the most vulnerable individuals in the welfare system. As a group, they are sicker than homeless children and children living in the poorest sections of inner cities. As a group, foster children have a high frequency of mental and physical problems, birth defects, inadequate nutrition and growth retardation. Many have suffered from neglect, abuse and abandonment prior to entering the care system.</i></p> <p><i>This NRF cannot be assigned if the person has been continuously living in the same foster home for longer than the past 6 months.</i></p>  | <p>4</p> | <p>L</p> |
| <p>The following NRF may be assigned only to breastfeeding women for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified.</p> |  |          |          |
| <p><b>401</b></p>  | <p><u>Failure to Meet Dietary Guidelines for Americans</u><br/>                 Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutritional risk based on failure to meeting <i>Dietary Guidelines for Americans</i>. For this criterion, failure to meet Dietary guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p><i>Nearly all U.S. women usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid and, therefore, would be at dietary risk based on the criterion failure to meet Dietary Guidelines. By presuming that all who meet the categorical and income eligibility requirements are at dietary risk, WIC retains its potential for preventing and correcting nutrition-related problems while avoiding serious misclassification errors that could lead to denial of services to eligible individuals.</i></p> | <p>4</p> | <p>L</p> |

## Appendix C: Nutrition Risk Factors: Non-Breastfeeding Woman

| Compass Codes | Name/Definition  | Priority | Risk |
|---------------|--|----------|------|
| 101           | <u>Underweight</u> - Prepregnant or current BMI <18.5  | 6        | L    |
| 111           | <u>Overweight</u> - Prepregnancy BMI $\geq$ 25.0   | 6        | L    |
| 133           | <u>High Maternal Weight Gain</u> - For singleton pregnancies only, total gestational weight gain during most recent pregnancy of:<br><ul style="list-style-type: none"> <li>▶ greater than 40 pounds for underweight women</li> <li>▶ greater than 35 pounds for normal weight women</li> <li>▶ greater than 25 pounds for overweight women</li> <li>▶ greater than 20 pounds for obese women.</li> </ul>  | 6        | L    |
| 201           | <u>Low Hemoglobin/Low Hematocrit</u> : refer to “Hematocrit or Hemoglobin Levels Indicating Risk” in your Supporting Documents. Levels are low enough not to necessitate a medical referral.<br><br><i>This NRF is assigned by Compass from the value entered in the Blood panel.</i>  | 6        | L    |
| 201b          | <u>Severely Low Hemoglobin/Hematocrit</u> : Hematocrit or hemoglobin levels high enough to necessitate a medical referral (see table).<br><br><i>This NRF needs to be assessed and assigned in the Risk panel.</i>   | 6        | H    |
| 211           | <u>Elevated Blood Lead Levels</u> - Blood lead level of greater than or equal to 10 micrograms/deciliter ( $\geq$ 10 $\mu$ g/deciliter) within the past twelve (12) months.<br><br><i>Elevated Blood Lead levels have adverse effects on health, especially to a person’s ability to learn.</i><br><br><i>Compass will assign this NRF whenever a blood lead value <math>\geq</math>10 micrograms per deciliter is entered into the computer.</i><br><br><i>Note: If the participant indicates they have had a blood lead test and they know the value you should enter the blood lead value in the Blood Panel.</i><br><br><i>Most WIC participants have never had their blood tested for lead. If the blood lead level is unknown, do not answer the field in the Blood panel.</i> | 6        | H    |

Appendix C: Nutrition Risk Factors: Non-Breastfeeding Woman

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|  |   |   |   |
| <p><b>303</b><br/> <b>311</b><br/> <b>312</b><br/> <b>321C</b><br/> <b>339</b><br/> <b>304</b></p> | <p><u>Complications of Previous Pregnancies</u>- Presence of any of the following conditions during the last pregnancy:<br/> ▶ gestational diabetes<br/> ▶ preterm delivery (less than 37 weeks)<br/> ▶ delivery of low birth weight infant (5½ pounds or 2500 grams or less)<br/> ▶ fetal death (≥ 20 weeks gestation) or neonatal death (death within 0-28 days of life)<br/> ▶ delivery of infant with neural tube defect or cleft palate or lip<br/> ▶ preeclampsia</p> | 4 | L |
| <b>331A</b>  | <u>Pregnancy at a Young Age</u> - Less than 16 years at time of conception of last pregnancy.   | 4 | L |
| <b>331B</b>  | <u>Pregnancy at a Young Age</u> - 16 or 17 years at time of conception of last pregnancy.   | 4 | L |
| <b>332</b>   | <u>Closely Spaced Pregnancies</u> - Less than 24 months between the date of the last delivery, abortion, or miscarriage and the delivery date for the most recent pregnancy.  | 6 | L |
| <b>335</b>   | <u>Multi-fetal Gestation</u> - Non-breastfeeding woman who carried more than one fetus in most recent pregnancy.  | 6 | L |
| <b>371</b>   | <u>Use of Cigarettes</u> - Any current daily smoking of cigarettes.   | 6 | L |
| <b>904</b>   | <u>Environmental Smoke Exposure</u> – Exposure to smoke from tobacco products inside the home.  | 6 | L |
| <b>372A</b>  | <u>Use of Alcohol</u> -<br>▶ routine current use of 2 or more (≥2) drinks per day; or<br>▶ binge drinking, i.e., drinks 5 or more (≥5) drinks on the same occasion on at least one day in past 30 days.   | 6 | L |
| <b>372B</b>  | <u>Use of Illegal Drugs</u> - Any current illegal drug use.   | 6 | H |
|  | <b><u>Medical Conditions (requiring MD diagnosis)</u></b>   | 6 | H |

Appendix C: Nutrition Risk Factors: Non-Breastfeeding Woman

|      |   |   |   |
|------|---|---|---|
|      | <p><b>(See Medical Conditions List for further details and codes)</b><br/> <i>To qualify as a WIC NRF most medical conditions must be diagnosed by a physician. The WIC caregiver must bring documentation of diagnosis or can self report the diagnosis by the physician. <b>There are three exceptions:</b> lactose intolerance, eating disorders, and dental problems may be diagnosed by a WIC RD/RN. The WIC RD/RN must document the rationale for the diagnosis in the participant record.</i></p> <p><i>Many medical conditions require special counseling to modify the diet in a way that is compatible with the disease and provide adequate nutrition.</i></p> |   |   |
| 427a | <p><u>Consuming dietary supplements with potentially harmful consequences</u> – Examples of dietary supplements which when ingested 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</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul>   | 6 | L |
| 427b | <p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery. Examples include:</p> <ul style="list-style-type: none"> <li>▶ Strict vegan diet</li> <li>▶ Low-carbohydrate, high-protein diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Any other diet restricting calories and/or essential nutrients</li> </ul>  | 6 | L |
| 427c | <p><u>Compulsively ingesting non-food items (pica) including:</u></p> <ul style="list-style-type: none"> <li>▶ Ashes</li> <li>▶ Baking Soda</li> <li>▶ Burnt matches</li> <li>▶ Carpet fibers</li> <li>▶ Chalk</li> <li>▶ Cigarettes</li> <li>▶ Clay</li> <li>▶ Dust</li> <li>▶ Large quantities of ice and/or freezer frost</li> <li>▶ Paint chips</li> <li>▶ Soil</li> <li>▶ Starch (laundry or cornstarch)</li> </ul>  | 6 | L |
| 427d | <p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy. For example:</p> <ul style="list-style-type: none"> <li>▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.</li> </ul>  | 6 | L |

Appendix C: Nutrition Risk Factors: Non-Breastfeeding Woman

|                   |  |          |          |
|-------------------|--|----------|----------|
| <p><b>501</b></p> | <p><u>Possibility of Regression in Nutritional Status</u>- If the WIC professional (RD/RN), after determining the participant to be no longer at nutritional risk, and after consideration of the preventive aspects of the WIC Program, has reason to believe the participant may revert to a poor nutrition status, then they may be recertified under this code. Written documentation on why this code is being used must be present in the participant’s chart. Regression may <u>not</u> be used at an initial certification. This risk factor is to be used with discretion and primarily for only one certification period, except in very rare cases where the WIC professional determines a participant if still very fragile or high risk.</p>  | <p>6</p> | <p>L</p> |
| <p><b>502</b></p> | <p><u>Transfer</u>- Unknown/Known priority.</p>  |          | <p>L</p> |
| <p><b>802</b></p> | <p><u>Homelessness</u> – A woman, infant, or child who lacks a fixed and regular night time residence; or whose primary night time residence is: A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual not exceeding 365 days; or a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</p> <p><i>Note: Every effort should be made to reduce barriers that may prevent homeless people from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p> | <p>6</p> | <p>L</p> |
| <p><b>902</b></p> | <p><u>Migrancy</u>- A woman, infant, or child whose family’s principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p> <p><i>Data on the health and nutrition status of migrant farm workers indicate that they have significantly higher incidence of infant mortality, malnutrition and other diseases than among the general US population.</i></p> <p><i>Note: Every effort should be made to reduce barriers that may prevent migrant families from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p>  | <p>6</p> | <p>L</p> |
| <p><b>902</b></p> | <p><u>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</u>- Woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:</p>  | <p>6</p> | <p>L</p> |

Appendix C: Nutrition Risk Factors: Non-Breastfeeding Woman

|                   |  |          |          |
|-------------------|--|----------|----------|
|                   | <p>▶ mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</p> <p>▶ physically disabled to a degree which restricts or limits food preparation abilities; or</p> <p>▶ currently using or having a history of abusing alcohol or other drugs.</p> <p><i>Limited mental ability of a caregiver has been recognized as a risk factor for failure to thrive and neglect.</i></p> <p><i>Note: Clinical depression or mental illness must be diagnosed by a physician before this NRF may be assigned. Determination of the physical disability or alcohol/drug abuse are determined by the WIC staff member who is certifying the participant. A pattern of alcohol use that inhibits the caregiver’s ability to care for themselves or child may be cause to use this NRF.</i></p> |          |          |
| <p><b>903</b></p> | <p><u>Foster Care</u>- Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p> <p><i>Foster children are among the most vulnerable individuals in the welfare system. As a group, they are sicker than homeless children and children living in the poorest sections of inner cities. As a group, foster children have a high frequency of mental and physical problems, birth defects, inadequate nutrition and growth retardation. Many have suffered from neglect, abuse and abandonment prior to entering the care system.</i></p> <p><i>This NRF cannot be assigned if the person has been continuously living in the same foster home for longer than the past 6 months.</i></p>  | <p>6</p> | <p>L</p> |

**The following NRF may be assigned only to non-breastfeeding women for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified.**

Appendix C: Nutrition Risk Factors: Non-Breastfeeding Woman

|                   |  |          |          |
|-------------------|--|----------|----------|
| <p><b>401</b></p> | <p><u>Failure to Meet Dietary Guidelines for Americans</u><br/>                 Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutritional risk based on failure to meeting <i>Dietary Guidelines for Americans</i>. For this criterion, failure to meet Dietary guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual’s estimated energy needs.</p> <p><i>Nearly all U.S. women usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid and, therefore, would be at dietary risk based on the criterion failure to meet Dietary Guidelines. By presuming that all who meet the categorical and income eligibility requirements are at dietary risk, WIC retains its potential for preventing and correcting nutrition-related problems while avoiding serious misclassification errors that could lead to denial of services to eligible individuals.</i></p> | <p>6</p> | <p>L</p> |
|-------------------|--|----------|----------|

## Appendix D: Nutrition Risk Factors: Infants

| Compass Code | Name/Definition  | Priority | Risk |
|--------------|--|----------|------|
| 103B         | <u>Underweight</u> - Weight for length less than or equal to the 5 <sup>th</sup> percentile.   | 1        | H    |
| 103A         | <u>At Risk of Becoming Underweight</u> - Weight for length greater than the 5 <sup>th</sup> percentile to less than or equal to the 10 <sup>th</sup> percentile.   | 1        | L    |
| 121B         | <u>Short Stature</u> – Length for age less than or equal to the 5 <sup>th</sup> percentile, based on adjusted for gestational age, when applicable.  | 1        | L    |
| 121A         | <p><u>At Risk for Short Stature</u> – Length for age greater than the 5<sup>th</sup> percentile to less than or equal to the 10<sup>th</sup> percentile, based on adjusted for gestational age, when applicable.</p> <p><i>Abnormally short stature in infants is widely recognized as a response to limited nutrient supply. When nutrients are limited, basic metabolic functions take precedence over linear growth. Short stature can be related to lack of total dietary energy or to a diet of poor quality, especially a diet lacking in nutrients such as protein. Short stature can also result from certain disease conditions. For some infants stature below the 10<sup>th</sup> percentile may be appropriate. Infants with stature below the 10<sup>th</sup> need to be evaluated to determine if there short stature is “normal” for the infant or due to limited nutrition or disease.</i></p> | 1        | L    |
| 135          | <p><u>Inadequate Growth or Potentially Inadequate Growth-</u></p> <p><u>Infants birth to 1 month of age:</u><br/>Current weight less than birth weight at 2 weeks of age or greater<br/>OR<br/>Current weight is 8 oz less than birth weight<br/>Both the above criteria are assigned by Compass and require further assessment and counseling by the High Risk counselor within 24 hours.</p> <p><u>Older Infants 1 month to 12 months of age:</u><br/>Any weight gain that is less than the expected weight gain from the “Weight Gain Tables” using current weight and the most recent previous weight (as permitted by the tables)</p> <p>Further Assessment and counseling is required by the High Risk Counselor within 30 days when the above conditions are present.</p>   | 1        | H    |

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| <p><b>141A</b></p> | <p><u>Low Birth Weight</u>- Birth weight of 5 pounds 8 ounces or less (less than or equal to 2500 g).</p> <p><i>Low birth weight (LBW) is one of the most important biological predictors of infant health and development. LBW infants have more health problems and difficulties than infants who are born at higher weights. LBW remains a predictor of health and development into childhood. Infants born with LBW need optimal nutrition to complete their normal growth and development.</i></p>  | <p>1</p> | <p>H</p> |
| <p><b>141B</b></p> | <p><u>Very Low Birth Weight</u>- Birth weight of 3 pounds 5 ounces or less (less than or equal to 1500 g).</p>   | <p>1</p> | <p>H</p> |
| <p><b>142</b></p>  | <p><u>Prematurity</u>- Live birth that occurs before 37 weeks gestation.</p>   | <p>1</p> | <p>L</p> |
| <p><b>201</b></p>  | <p><u>Low Hemoglobin/Low Hematocrit</u>: refer to “Hematocrit or Hemoglobin Levels Indicating Risk” in your Supporting Documents. Levels are low enough not to necessitate a medical referral.</p> <p><i>This NRF is assigned by Compass from the value entered in the Blood panel.</i></p>  | <p>1</p> | <p>L</p> |
| <p><b>201b</b></p> | <p><u>Severely Low Hemoglobin/Hematocrit</u>: Hematocrit or hemoglobin levels high enough to necessitate a medical referral (see table).</p> <p><i>Low hemoglobin levels may have serious consequences for an infant. Low hemoglobin impairs energy metabolism (person feels tired), temperature regulation (person feels cold), immune function (person gets sick more often) and work performance. For infants even low hemoglobin can cause delays in mental and motor development. The lower the hemoglobin levels, the more severe are the consequences. For this reason, the condition of low hemoglobin has been divided into two risk factors, anemia and severe anemia. Severe anemia requires much more immediate and careful attention as the consequences can have permanent effects on a developing infant.</i></p> <p><i>This NRF needs to be assessed and assigned in the Risk panel.</i></p> | <p>1</p> | <p>H</p> |
| <p><b>211</b></p>  | <p><u>Elevated Blood Lead Levels</u>- Blood lead level or greater than or equal to 10 micrograms/deciliter (<math>\geq 10</math> us/deciliter) within the past twelve (12) months.</p> <p><i>Elevated Blood Lead levels have adverse effects on health, especially to a person’s ability to learn.</i></p> <p><i>Compass will assign this NRF whenever a blood lead value <math>\geq 10</math></i></p>   | <p>1</p> | <p>H</p> |

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|      | <p><i>micrograms per deciliter is entered into the computer.</i></p> <p><i>Note: If the participant indicates they have had a blood lead test and they know the value you should enter the blood lead value in the Blood panel.</i></p> <p><i>Most WIC participants have never had their blood tested for lead. If the blood lead level is unknown, do not answer the field in the Blood panel in Compass.</i></p>  |   |   |
| 153  | <p><u>Large for Gestational Age</u> (infants only) –Birth weight greater than or equal to 9 pounds.</p>   | 1 | L |
|      | <p>Medical Conditions (requiring MD diagnosis)<br/>(See Medical Conditions List for further details and codes)</p> <p><i>To qualify as a WIC NRF most medical conditions must be diagnosed by a physician. The WIC caregiver must bring documentation of diagnosis or can self report the diagnosis by the physician. <b>There are three exceptions:</b> lactose intolerance, eating disorders, and dental problems may be diagnosed by a WIC RD/RN. The WIC RD/RN must document the rationale for the diagnosis in the participant record.</i></p> <p><i>Many medical conditions require special counseling to modify the diet in a way that is compatible with the disease and provide adequate nutrition.</i></p>  | 1 | H |
| 411a | <p>Routinely using a substitute(s) for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples include:</p> <ul style="list-style-type: none"> <li>▶ Low iron formula without iron supplementation</li> <li>▶ Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk</li> <li>▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”</li> </ul> <p><i>During the first year of life, breastfeeding is the preferred method of infant feeding. The American Academy of Pediatrics (AAP) recommends breast milk for the first 12 months of life because of its acknowledged benefits to infant nutrition, gastrointestinal function, host defense, and psychological well-being.</i></p> <p><i>For infants fed infant formula, iron-fortified formula is generally recommended as a substitute for breastfeeding. Rapid growth and increased physical activity significantly increase the need for iron and utilizes iron stores.</i></p> <p><i>Body stores are insufficient to meet the increased iron needs making it necessary for the infant to receive a dependable source</i></p> | 4 | L |

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|                    | <p><i>of iron to prevent iron deficiency anemia. Iron deficiency anemia is associated with cognitive and psychomotor impairments that may be irreversible, and with decreased immune function, apathy, short attention span, and irritability. Feeding of low-iron infant formula can compromise an infant's iron stores and lead to iron deficiency anemia.</i></p> <p><i>Cow's milk has insufficient and inappropriate amounts of nutrients and can cause occult blood loss that can lead to iron deficiency, stress on the kidneys from a high renal solute load, and allergic reactions. Sweetened condensed milk has an abundance of sugar that displaces other nutrients or causes over consumption of calories.</i></p> <p><i>Homemade formulas prepared with canned evaporated milk do not contain optimal kinds and amounts of nutrients infants need. Goat's milk, sheep's milk, imitation milks, and substitute milks do not contain nutrients in amounts appropriate for infants.</i></p>   |          |          |
| <p><b>411b</b></p> | <p>Routinely using nursing bottles or cups improperly.</p> <ul style="list-style-type: none"> <li>▶ Using a bottle to feed fruit juice</li> <li>▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea.</li> <li>▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime.</li> <li>▶ Allowing the infant to use the bottle without restrictions (e.g., walking around with a bottle) or as a pacifier.</li> <li>▶ Propping the bottle when feeding.</li> <li>▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup.</li> <li>▶ Adding any food (cereal or other solid foods) to the infant's bottle.</li> </ul> <p><i>Inappropriate use of a bottle can damage an infant or child's teeth. Parents sometimes argue that these practices are not bad if the infant does not yet have teeth. These practices set food habits that are very hard to break as the infant or child gets older. Putting an infant to bed with a bottle also increases the likelihood of ear infections.</i></p> <p><i>Solid and sweet fluids in a bottle limit intake of formula. Solids in a bottle can also result in choking especially if the hole in a nipple is made larger to accommodate flow of solid out of the bottle.</i></p> <p><i>The AAP and the American Academy of Pedodontics recommend that juice should be offered to infants in a cup, not a bottle.</i></p> <p><b>Note:</b> NRF 411b and NRF 411i may at times identify the same condition. For example, an infant who is kept in the crib all day</p> | <p>4</p> | <p>L</p> |

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|             | <i>with a bottle of formula would qualify for NRF 411b because the bottle is being used as a pacifier and NRF 411i because the bottle is at room temperature for more than 2 hours.</i>   |   |   |
| <b>411c</b> | <p>Routinely offering complementary foods* or other substances that are inappropriate in type or timing. Examples are:</p> <ul style="list-style-type: none"> <li>▶ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier.</li> <li>▶ Any food other than breast milk or iron-fortified infant formula before 4 months of age.</li> </ul> <p><i>* Complementary foods are any foods or beverages other than breast milk or infant formula.</i></p> <p><i>Feeding solid foods too early (i.e., before 4-6 months of age) by, for example, adding dilute cereal or other solid foods to bottles deprives infants of the opportunity to learn to feed themselves. The major objection to the introduction of solids before age 4 months of age is based on the possibility that it may interfere with establishing sound eating habits and may contribute to overfeeding.</i></p>  | 4 | L |
| <b>411d</b> | <p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <ul style="list-style-type: none"> <li>▶ Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant’s hunger cues).</li> <li>▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking.</li> <li>▶ Not supporting an infant’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils).</li> <li>▶ Feeding infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul> <p><i>Infants held to rigid feeding schedules are often underfed or overfed. Caregivers insensitive to signs of hunger and satiety, or who over manage feeding may inappropriately restrict or encourage excessive intake. Findings show that these practices may promote negative or unpleasant associations with eating that may continue into later life, and may also contribute to obesity. Infants should be fed foods with a texture appropriate to their developmental level.</i></p> | 4 | L |
| <b>411e</b> | <p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples are:</p> <ul style="list-style-type: none"> <li>▶ Unpasteurized fruit or vegetable juice</li> <li>▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese</li> <li>▶ Honey (added to liquids or solid foods, used in cooking, as part</li> </ul>   | 4 | L |

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|                    | <p>of processed foods, on a pacifier, etc.)</p> <ul style="list-style-type: none"> <li>▶ Raw or undercooked meat, fish, poultry, or eggs</li> <li>▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish)</li> <li>▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot)</li> </ul> <p><i>Only pasteurized juice, which is free of microorganisms is safe for infants. Unpasteurized juice may contain pathogens, such as Escherichia coli, Salmonella, and Cryptosporidium organisms. These organisms can cause serious disease, such as hemolytic-uremic syndrome, and should never be fed to infants. Infants should not eat raw or unpasteurized milk or cheeses—unpasteurized dairy products could contain harmful bacteria, such as Brucella species, that could cause infants to contract a dangerous food borne illness. The AAP also recommends that young children should not eat soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese—these foods could contain Listeria bacteria (hard cheeses, processed cheeses, cream cheese, cottage cheese, and yogurt need not be avoided).</i></p> <p><i>Honey has been implicated as the primary food source of Clostridium botulinum during infancy. These spores are extremely resistant to heat, including pasteurization, and are not destroyed by present methods of processing honey. Botulism in infancy is caused by ingestion of the spores, which germinate into the toxin in the lumen of the bowel.</i></p> <p><i>Infants should not eat raw or undercooked meat or poultry, raw fish or shellfish, including oysters, clams, mussels, and scallops—these foods may contain harmful bacteria or parasites that could cause children to contract a dangerous food borne illness.</i></p> <p><i>Background information regarding foods that could be contaminated with harmful microorganisms is also included below:</i></p> <ul style="list-style-type: none"> <li>• <i>Raw vegetable sprouts (alfalfa, clover, bean, and radish)-- Sprouts can cause potentially dangerous Salmonella and E. coli O157 infection. Sprouts grown under clean conditions in the home also present a risk because bacteria may be present in seed. Cook sprouts to significantly reduce the risk of illness.</i></li> <li>• <i>Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) --These foods have been found to be contaminated with Listeria monocytogenes; if adequately cooked, this bacteria is destroyed.</i></li> </ul> |          |          |
| <p><b>411f</b></p> | <p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> <li>▶ Failure to follow manufacturer’s dilution instructions (to include stretching formula for household economic reasons).</li> <li>▶ Failure to follow specific instruction accompanying a</li> </ul>   | <p>4</p> | <p>L</p> |

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|             | <p>prescription.</p> <p><i>Over dilution can result in water intoxication resulting in hyponatremia; irritability; coma; inadequate nutrient intake; failure to thrive; poor growth.</i></p> <p><i>Under dilution of formula increases calories, protein, and solutes presented to the kidney for excretion, and can result in hypernatremia, tetany, and obesity. Dehydration and metabolic acidosis can occur. Powdered formulas vary in density so manufacturer's scoops are formula specific to assure correct dilution. One clue for staff to identify incorrect formula preparation is to determine if the parent/caregiver is using the correct manufacturer's scoop to prepare the formula.</i></p>  |   |   |
| <b>411g</b> | <p><u>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.</u></p> <p><u>Examples are:</u></p> <ul style="list-style-type: none"> <li>▶ Scheduled feedings instead of demand feedings</li> <li>▶ Less than 8 feedings in 24 hours if less than 2 months of age</li> <li>▶ Less than 6 feeding in 24 hours if between 2 and 6 months of age</li> </ul> <p><i>Exclusive breastfeeding provides ideal nutrition to an infant and is sufficient to support optimal growth and development in the first 6 months of life. Frequent breastfeeding is critical to the establishment and maintenance of an adequate milk supply for the infant. Inadequate frequency of breastfeeding may lead to lactation failure in the mother and dehydration, poor weight gain, diarrhea, and vomiting, illness, and malnourishment in the infant.</i></p>                                       | 4 | L |
| <b>411h</b> | <p><u>Routinely feeding a diet very low in calories and/or essential nutrients. Examples are:</u></p> <ul style="list-style-type: none"> <li>▶ Vegan diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Other diets very low in calories and/or essential nutrients</li> </ul> <p><i>Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other adverse physiological effects</i></p>  | 4 | L |
| <b>411i</b> | <p>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula. Examples are:</p> <ul style="list-style-type: none"> <li>▶ Limited or no access to a: <ul style="list-style-type: none"> <li>• Safe water supply (documented by appropriate officials)</li> <li>• Heat source for sterilization</li> <li>• Refrigerator or freezer for storage</li> </ul> </li> <li>▶ Failure to properly prepare, handle, and store bottles or storage containers of expressed breast milk or formula.</li> </ul> <p><i>Good sanitation is critical for the health of an infant. Gastrointestinal diseases caused by bacteria and viruses are a major cause of illness and death in young infants. Infants do not have a fully functioning immune system to protect them from many diseases. Infants who are fed infant formula also lack the immunological factors from breast milk that are important in</i></p> | 4 | L |

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|             | <p><i>helping to prevent gastrointestinal infections.</i></p> <p><i>Some examples may help identify this NRF:</i></p> <ul style="list-style-type: none"> <li>▪ <i>If water used to mix formulas and to clean bottles is not coming from a municipal water supply or well that has been tested for contaminants.</i></li> <li>▪ <i>If the caregiver says they have no stove in their home.</i></li> </ul> <p><i>If bottles/nipples are not washed between feedings, nipples have mold growth; bottles are not protected from contamination after washing (they are used as toys, pets have access to them).</i></p>  |   |   |
| <b>411j</b> | <p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>▶ Single or multi-vitamins</li> <li>▶ Mineral supplements</li> <li>▶ Herbal or botanical supplements/remedies/teas</li> </ul> <p><i>An infant consuming inappropriate or excessive amounts of single or multivitamin or mineral or herbal remedy not prescribed by a physician is at risk for a variety of adverse effects including harmful nutrient interactions, toxicity, and teratogenicity.</i></p>   | 4 | L |
| <b>411k</b> | <p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant’s diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> <li>▶ Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>▶ Infants who are exclusively breastfed or ingesting less than one liter or 1 quart per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.</li> </ul> <p><i>Depending on an infant’s specific needs and environmental circumstances, certain dietary supplements may be recommended by the infant’s health care provider to ensure health. For example, fluoride supplements may be of benefit in reducing dental decay for children living in fluoride-deficient areas. Vitamin D helps in the prevention of rickets for infants. It is important to refer your infants to their health care provider to see if a supplement is needed.</i></p> | 4 | L |
| <b>904</b>  | <p><u>Environmental Smoke Exposure</u> – Exposure to smoke from tobacco products inside the home.</p> <p><i>Studies suggest that the health effects of ETS exposure at a young</i></p>  | 1 | L |

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|     | <i>age could last into adulthood. These include cancer, specifically lung cancer, and cardiovascular diseases. There is strong evidence that ETS exposure to the fetus and/or infant results in permanent lung damage.</i>  |   |   |
| 502 | <u>Transfer-</u> Unknown/Known priority.  |   | L |
| 603 | <p><u>Breastfeeding Complications or Potential Complications-</u><br/>A breastfed infant with any of the following:</p> <ul style="list-style-type: none"> <li>▶ jaundice</li> <li>▶ weak or ineffective suck</li> <li>▶ difficulty latching onto mother’s breast</li> <li>▶ inadequate stooling (for age, as determined by a physician or other health care professional), or less than 6 wet diapers per day.</li> </ul> <p><i>All of the above conditions can be indicators that an infant is not getting adequate breastmilk for normal growth and development. Any infant with one of these conditions is considered high risk and should be referred to the WIC RD/RN immediately. Failure to evaluate the situation immediately and offer intervention can result in breastfeeding failure and severe health consequences for the infant</i></p> | 1 | H |
| 701 | <u>Mother on WIC or WIC Eligible-</u> Infant (up to 6-months of age) mother either on WIC or WIC eligible during pregnancy.   | 2 | L |
| 702 | <p><u>Infant of Priority 1 Breastfeeding Mother-</u> Used for an infant whose mother is currently eligible for the WIC Program as a breastfeeding woman due to any of the priority 1-nutrition risk factors.</p> <p><i>Conditions that make a breastfeeding woman a priority 1 include problems with growth, anemia, substance abuse, pregnancy complications and medical conditions. See the NRF’s for Breastfeeding Women for a complete listing.</i></p>   | 1 | L |
| 801 | <p><u>Homelessness</u> – A woman, infant, or child who lacks a fixed and regular night time residence; or whose primary night time residence is: A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual not exceeding 365 days; or a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</p> <p><i>Note: Every effort should be made to reduce barriers that may</i></p>   | 4 | L |

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|            | <i>prevent homeless people from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i>  |   |   |
| <b>802</b> | <p><u>Migrancy</u>- A woman, infant, or child whose family's principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p> <p><i>Data on the health and nutrition status of migrant farm workers indicate that they have significantly higher incidence of infant mortality, malnutrition and other diseases than among the general US population.</i></p> <p><i>Note: Every effort should be made to reduce barriers that may prevent migrant families from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p>  | 4 | L |
| <b>902</b> | <p><u>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</u>-<br/>           Woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:</p> <ul style="list-style-type: none"> <li>▶ mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ physically disabled to a degree which restricts or limits food preparation abilities; or</li> <li>▶ currently using or having a history of abusing alcohol or other drugs.</li> </ul> <p><i>Limited mental ability of a caregiver has been recognized as a risk factor for failure to thrive and neglect.</i></p> <p><i>Note: Clinical depression or mental illness must be diagnosed by a physician before this NRF may be assigned. Determination of the physical disability or alcohol/drug abuse are determined by the WIC staff member who is certifying the participant. A pattern of alcohol use that inhibits the caregiver's ability to care for themselves or child may be cause to use this NRF.</i></p> | 4 | L |
| <b>903</b> | <p><u>Foster Care</u>- Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p> <p><i>Foster children are among the most vulnerable individuals in the welfare system. As a group, they are sicker than homeless children and children living in the poorest sections of inner cities. As a group, foster children have a high frequency of mental and physical problems, birth defects, inadequate nutrition and growth retardation. Many have suffered from neglect, abuse and abandonment prior to entering the care system.</i></p> <p><i>This NRF cannot be assigned if the person has been continuously living in the same foster home for longer than the past 6 months.</i></p>  | 4 | L |

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| <p><b>The following NRF may be assigned only to infants for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified.</b></p> |   |          |          |
| <p><b>428</b></p>   | <p><u>Dietary Risk Associated with Complementary Feeding Practices</u><br/>           An infant who has begun to or is expected to being to 1) Consume complementary foods and beverages, 2) Eat independently, 3) Be weaned from breast milk or infant formula, or 4) Transition from a diet based on infant/toddler foods to be on based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.<br/> <b><u>(Infants 4 to 12 months only)</u></b></p> <p><i>Inappropriate complementary feeding practices are common and well documented in the literature. Caregivers often do not recognize signs of developmental readiness and, therefore, offer foods and beverages that may be inappropriate in type, amount, consistency, or texture. Furthermore, a lack of nationally accepted feeding guidelines for children under the age of two might lead caregivers to assume that all foods are suitable for this age range.</i></p> | <p>4</p> | <p>L</p> |

## Appendix E: Nutrition Risk Factors: Child

| Compass Code | Name/Definition  | Priority | Risk |
|--------------|--|----------|------|
| 142          | <u>Prematurity</u> - Live birth that occurs before 37 weeks gestation (only for children <24 months of age).   | 3        | L    |
| 103B         | <p><u>Underweight</u>- Weight for length less than or equal to the 5<sup>th</sup> percentile for children &lt;24 months of age. BMI for age <math>\leq 5\%</math> for children <math>\geq 24</math> months of age.</p> <p><i>A child under the 10<sup>th</sup> percentile weight-for-length or BMI-for-age is considered underweight and in need of nutrition intervention. Low weight-for-length or BMI-for-age is an indicator that a child may be receiving insufficient nutrients to sustain normal growth. A child below the 5<sup>th</sup> percentile is considered at greater risk and in need of more intensive intervention. It is generally not considered “normal” for a child to be below the 10<sup>th</sup> percentile weight-for-length or BMI-for-age, although weight-for-age or BMI-for-age less than the 10<sup>th</sup> may be “normal” for some children.</i></p> | 3        | H    |
| 103A         | <u>At Risk of Becoming Underweight</u> - Weight for length greater than the 5 <sup>th</sup> percentile to less than or equal to the 10 <sup>th</sup> percentile  | 3        | L    |
| 114          | <p><u>At Risk of Becoming Overweight</u>- (Existing Compass records indicate) biological mother is either pregnant or &lt;6 months postpartum and had a prepregnancy BMI of <math>\geq 30</math>. (children <math>\geq 12</math> and &lt; 24 months of age only).</p> <p>BMI for age greater than or equal to the 85<sup>th</sup> percentile to less than the 95<sup>th</sup> percentile (only for children <math>\geq 24</math> months of age).</p>   | 3        | L    |
| 113          | <p><u>Overweight</u>- BMI for age greater than or equal to the 95<sup>th</sup> percentile (only for children <math>\geq 24</math> months of age).</p> <p><i>Overweight can result from excessive energy intake, decreased energy expenditure, or impaired regulation of energy metabolism. BMI-for-age for children <math>\geq 24</math> months of age predicts overweight/obesity in adolescence and adulthood. Children learn about eating cues during the first years of life. In order to help avoid overweight later in life, it is important that children are helped to develop appropriate eating habits early in life.</i></p>  | 3        | H    |



Appendix E: Nutrition Risk Factors: Child

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|             | <p>Documents. Levels are low enough not to necessitate a medical referral.</p> <p><i>This NRF is assigned by Compass from the value entered in the Blood panel.</i></p>   |   |   |
| <b>201b</b> | <p><u>Severely Low Hemoglobin/Hematocrit:</u> Hematocrit or hemoglobin levels high enough to necessitate a medical referral (see table).</p> <p><i>Low hemoglobin may have serious consequences for children. Low hemoglobin impairs energy metabolism (person feels tired), temperature regulation (person feels cold), immune function (person gets sick more often) and work performance. For children, low hemoglobin can cause delays in mental and motor development. The lower the hemoglobin, the more severe are the consequences. For this reason, the condition of low hemoglobin has been divided into two risk factors. Severely Low Hemoglobin requires much more immediate and careful attention as the consequences can have permanent effects on a developing child.</i></p> <p><i>This NRF needs to be assessed and assigned in the Risk panel.</i></p> | 3 | H |
| <b>211</b>  | <p><u>Elevated Blood Lead Levels-</u> Blood lead level or greater than or equal to 10 micrograms/deciliter (<math>\geq 10 \mu\text{g}/\text{deciliter}</math>) within the past twelve (12) months.</p> <p><i>Elevated Blood Lead levels have adverse effects on health, especially to a person's ability to learn.</i></p> <p><i>Compass will assign this NRF whenever a blood lead value <math>\geq 10</math> micrograms per deciliter is entered into the computer.</i></p> <p><i>Note: If the participant indicates they have had a blood lead test and they know the value you should enter the blood lead value in the Blood Panel.</i></p> <p><i>Most WIC participants have never had their blood tested for lead. If the blood lead level is unknown, do not answer the field in the Blood Panel in Compass.</i></p>   | 3 | H |
|             | <p><u>Medical Conditions</u> (requiring MD diagnosis)<br/>(See Medical Conditions List for further details and codes)</p> <p><i>To qualify as a WIC NRF most medical conditions must be diagnosed by a physician. The WIC caregiver must bring documentation of diagnosis or can self report the diagnosis by the physician. <b>There are three exceptions:</b> lactose intolerance, eating disorders, and dental problems may be diagnosed by a WIC RD/RN. The WIC RD/RN must document the rationale for</i></p>   | 3 | H |

Appendix E: Nutrition Risk Factors: Child

|      |   |   |   |
|------|---|---|---|
|      | <p><i>the diagnosis in the participant record.</i></p> <p><i>Many medical conditions require special counseling to modify the diet in a way that is compatible with the disease and provide adequate nutrition.</i></p>   |   |   |
| 425a | <p><u>Routinely feeding inappropriate beverages as the primary milk source such as:</u></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.</li> <li>▶ Imitation or substitute milks (such as inadequate or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”</li> </ul> <p><i>Fat-free and reduced-fat milks are not recommended for children under 2 years of age. Use of reduced-fat milk may result in essential fatty acid deficiency with negative effect on mental development</i></p>  | 5 | L |
| 425b | <p><u>Routinely feeding a child any sugar-containing fluids. Examples are:</u></p> <ul style="list-style-type: none"> <li>▶ Soda/soft drinks</li> <li>▶ Fruit juice</li> <li>▶ Gelatin water</li> <li>▶ Corn syrup solutions</li> <li>▶ Sweetened tea</li> </ul> <p>Consumption of foods and beverages high in fermentable carbohydrates, such as sucrose, increases the risk of early childhood caries and tooth decay</p>   | 5 | L |
| 425c | <p><u>Routinely using nursing bottles, cups, or pacifiers improperly.</u></p> <ul style="list-style-type: none"> <li>▶ Using a bottle to feed: <ul style="list-style-type: none"> <li>• Fruit juice</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 a covered or training cup.</li> </ul> <p>Inappropriate use of a bottle can damage a child’s teeth. Use of a bottle for an extended time as a primary source of fluids may hamper normal development of feeding skills needed, as a child gets older.</p> | 5 | L |
| 425d | <p><u>Routinely using feeding practices that disregard the</u></p>  | 5 | L |

|      |   |   |   |
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|      | <p><u>developmental needs or stages of the child.</u></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 child 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 child foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul> <p><i>A caregiver that misinterprets, ignores, or overrules a young child’s innate capability to regulate food intake based on hunger, appetite and satiety, can result in poor dietary intake and impaired growth. Caregivers who consistently attempt to control their children’s food intake may give children few opportunities to learn to control their own food intake. This could result in inadequate or excessive food intake, future problems with food regulation, and problems with growth and nutritional status. Instead of using approaches such as bribery, rigid control, struggles, or short-order cooking to manage eating, a healthier approach is for parents to provide nutritious, safe foods at regular meals and snacks, allowing children to decide how much, if any, they eat.</i></p> |   |   |
| 425e | <p><u>Feeding foods to a child that could be contaminated with harmful microorganisms such as:</u></p> <ul style="list-style-type: none"> <li>▶ Unpasteurized fruit or vegetable juice</li> <li>▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese</li> <li>▶ Raw or undercooked meat, fish, poultry, or eggs</li> <li>▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish)</li> <li>▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot)</li> </ul> <p><i>Only pasteurized juice, which is free of microorganisms is safe for children. Unpasteurized juice may contain pathogens, such as Escherichia coli, Salmonella, and Cryptosporidium organisms. These organisms can cause serious disease, such as hemolytic-uremic syndrome, and should never be fed to children. Children should not eat raw or unpasteurized milk or cheeses—unpasteurized dairy products could contain harmful bacteria, such as Brucella species, that could cause young children to contract a dangerous food borne illness. The AAP also recommends that young children should not eat soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese—these foods could contain Listeria bacteria (hard cheeses, processed cheeses, cream cheese, cottage cheese, and</i></p>   | 5 | L |

Appendix E: Nutrition Risk Factors: Child

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|                    | <p><i>yogurt need not be avoided).</i></p> <p><i>Children should not eat raw or undercooked meat or poultry, raw fish or shellfish, including oysters, clams, mussels, and scallops—these foods may contain harmful bacteria or parasites that could cause children to contract a dangerous food borne illness.</i></p> <p><i>Background information regarding foods that could be contaminated with harmful microorganisms is also included below:</i></p> <ul style="list-style-type: none"> <li>• <i>Raw vegetable sprouts (alfalfa, clover, bean, and radish)-- Sprouts can cause potentially dangerous Salmonella and E. coli O157 infection. Sprouts grown under clean conditions in the home also present a risk because bacteria may be present in seed. Cook sprouts to significantly reduce the risk of illness.</i></li> <li>• <i>Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) --These foods have been found to be contaminated with <u>Listeria monocytogenes</u>; if adequately cooked, this bacteria is destroyed.</i></li> </ul> |          |          |
| <p><b>425f</b></p> | <p><u>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include:</u></p> <ul style="list-style-type: none"> <li>▶ Vegan diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Other diets very low in calories and/or essential nutrients.</li> </ul> <p><i>Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other adverse physiological effects.</i></p>   | <p>5</p> | <p>L</p> |
| <p><b>425g</b></p> | <p><u>Feeding dietary supplements with potentially harmful consequences.</u></p> <p>Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>▶ Single or multi-vitamins</li> <li>▶ Mineral supplements</li> <li>▶ Herbal or botanical supplements/remedies/teas</li> </ul> <p><i>Any time a WIC caregiver states that the child is taking dietary supplements, they should be questioned further to determine what type of supplements is being taken.</i></p> <p><i>This NRF should not be assigned if the supplement was recommended or prescribed by the participant's physician.</i></p>  | <p>5</p> | <p>L</p> |
| <p><b>425h</b></p> | <p><u>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</u></p> <ul style="list-style-type: none"> <li>▶ Providing children under 36 months of age less than 0.25 mg of</li> </ul>  | <p>5</p> | <p>L</p> |

Appendix E: Nutrition Risk Factors: Child

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|      | <p>fluoride daily when the water supply contains less than 0.3-ppm fluoride.</p> <ul style="list-style-type: none"> <li>▶ Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3-ppm fluoride.</li> <li>▶ Not providing 400 IU of vitamin D per day through food or supplements.</li> </ul> <p><i>Depending on a child's specific needs and environmental circumstances, certain dietary supplements may be recommended by the child's health care provider to ensure health. For example, fluoride supplements may be of benefit in reducing dental decay for children living in fluoride-deficient areas</i></p>  |   |   |
| 425i | <p><u>Routine ingestion of nonfood items (pica) including:</u></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</li> <li>▶ Starch (laundry or cornstarch)</li> </ul> <p><i>The cause of pica is not known, but pica has been related to certain nutritional deficiencies (especially iron and zinc) as well as culture, physiological changes in the body such a pregnancy and varied mental states.</i></p> <p><i>Pica can lead to lead poisoning (when paint chips are ingested), anemia, excess calorie consumption (when starch is ingested), poor nutrition (because the non-food item displaces nutritious foods), stomach and intestinal blockage, and parasitic infections. Consumptions of substances such as mothballs or paint chips can lead to toxic conditions that could result in death.</i></p> <p><i>Note: With respect to ice, to be considered pica ice eating must be more than an occasional craving for a glass of crushed ice. People with pica crave ice or freezer frost and consume large quantities each day (several trays of ice cubes).</i></p> | 5 | L |
| 904  | <p><u>Environmental Smoke Exposure</u> – Exposure to smoke from tobacco products inside the home.</p> <p><i>Studies suggest that the health effects of ETS exposure at a young age could last into adulthood. These include cancer, specifically lung cancer, and cardiovascular diseases. There is strong evidence that ETS exposure to the fetus and/or infant results in permanent lung damage.</i></p>   | 3 | L |
| 501  | <p><u>Possibility of Regression in Nutritional Status-</u> If the WIC professional (RD/RN), after determining the participant to be no longer at nutritional risk, and after consideration of the preventive</p>   | 5 | L |

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|     | <p>aspects of the WIC Program, has reason to believe the participant may revert to a poor nutrition status, then they may be recertified under this code. Written documentation on why this code is being used must be present in the participant's chart. Regression may <u>not</u> be used at an initial certification. This risk factor is to be used with discretion and primarily for only one certification period, except in very rare cases where the WIC professional determines a participant if still very fragile or high risk.</p>  |   |   |
| 502 | <p><u>Transfer</u>- Unknown/Known priority.</p>  |   | L |
| 801 | <p><u>Homelessness</u> – A woman, infant, or child who lacks a fixed and regular night time residence; or whose primary night time residence is: A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual not exceeding 365 days; or a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</p> <p><i>Note: Every effort should be made to reduce barriers that may prevent homeless people from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p> | 5 | L |
| 802 | <p><u>Migrancy</u>- A woman, infant, or child whose family's principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p> <p><i>Data on the health and nutrition status of migrant farm workers indicate that they have significantly higher incidence of infant mortality, malnutrition and other diseases than among the general US population.</i></p> <p><i>Note: Every effort should be made to reduce barriers that may prevent migrant families from receiving WIC benefits. Special food packages are available to help meet nutritional needs.</i></p>  | 5 | L |
| 902 | <p><u>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</u>-<br/>                 Woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:</p> <ul style="list-style-type: none"> <li>▶ mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ physically disabled to a degree which restricts or limits food preparation abilities; or</li> <li>▶ currently using or having a history of abusing alcohol or other drugs.</li> </ul>   | 5 | L |

Appendix E: Nutrition Risk Factors: Child

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|   | <p><i>Limited mental ability of a caregiver has been recognized as a risk factor for failure to thrive and neglect.</i></p> <p><b>Note:</b> <i>Clinical depression or mental illness must be diagnosed by a physician before this NRF may be assigned. Determination of the physical disability or alcohol/drug abuse are determined by the WIC staff member who is certifying the participant. A pattern of alcohol use that inhibits the caregiver's ability to care for themselves or child may be cause to use this NRF.</i></p>  |   |   |
| 903   | <p><b>Foster Care-</b> Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p> <p><i>Foster children are among the most vulnerable individuals in the welfare system. As a group, they are sicker than homeless children and children living in the poorest sections of inner cities. As a group, foster children have a high frequency of mental and physical problems, birth defects, inadequate nutrition and growth retardation. Many have suffered from neglect, abuse and abandonment prior to entering the care system. This NRF cannot be assigned if the person has been continuously living in the same foster home for longer than the past 6 months.</i></p>   | 5 | L |
| <p>The following NRF may be assigned only to children for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified.</p> |   |   |   |
| 428   | <p><b>Dietary Risk Associated with Complementary Feeding Practices</b><br/>A child who has begun to or is expected to being to 1) Consume complementary foods and beverages, 2) Eat independently, 3) Be weaned from breast milk or infant formula, or 4) Transition from a diet based on infant/toddler foods to be on based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding. <b>(Children &lt; 2 years of age)</b></p> <p><i>Inappropriate complementary feeding practices are common and well documented in the literature. Caregivers often do not recognize signs of developmental readiness and, therefore, offer foods and beverages that may be inappropriate in type, amount, consistency, or texture. Furthermore, a lack of nationally accepted feeding guidelines for children under the age of two might lead caregivers to assume that all foods are suitable for this age range.</i></p> | 5 | L |
| 401   | <p><b>Failure to Meet Dietary Guidelines for Americans</b><br/>Children who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutritional risk based on failure to meeting <i>Dietary Guidelines for Americans</i>. For this criterion, failure to meet Dietary guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. <b>(Children ≥ 2 years of age)</b></p> <p><i>Nearly all U.S. children usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid and, therefore, would be at dietary risk based on the</i></p>  | 5 | L |

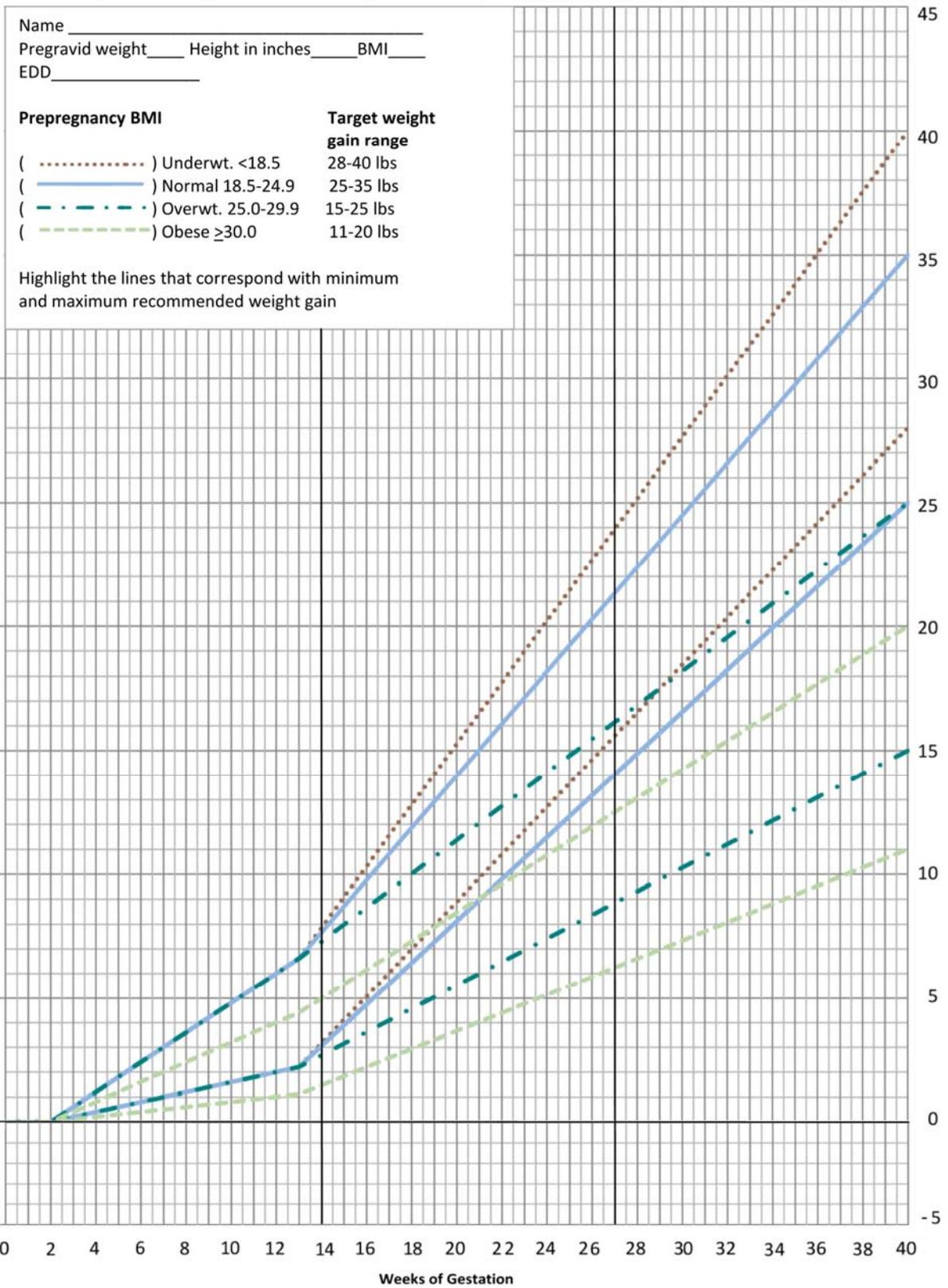
Appendix E: Nutrition Risk Factors: Child

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|  | <p><i>criteria failure to meet Dietary Guidelines. By presuming that all who meet the categorical and income eligibility requirements are at dietary risk, WIC retains its potential for preventing and correcting nutrition-related problems while avoiding serious misclassification errors that could lead to denial of services to eligible individuals.</i></p> |  |  |
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## Appendix F: Medical High Risk

| Compass Codes | Nutrition Risk Factor                                    |
|---------------|--|
| 341           | Nutrient Deficiency Diseases                             |
| 342           | Gastro-Intestinal Disorders                              |
| 343           | Diabetes Mellitus  |
| 344           | Thyroid Disorders  |
| 345           | Hypertension and Prehypertension                         |
| 346           | Renal disease  |
| 347           | Cancer or Cancer treatment                               |
| 348           | Central Nervous System Disorders                         |
| 349           | Genetic or Congenital Disorders                          |
| 351           | Inborn Error of Metabolism                               |
| 352           | Infectious Diseases (excluding RSV)                      |
| 353           | Food Allergies   |
| 354           | Celiac Disease   |
| 355           | Lactose Intolerance                                      |
| 358           | Eating Disorders   |
| 359           | Major Surgery or Burns (Excluding C-Section)             |
| 360           | Juvenile Rheumatoid Arthritis                            |
| 360           | Lupus Erythematosus                                      |
| 360           | Cardio Respiratory Diseases                              |
| 360           | Heart Disease  |
| 360           | Cystic Fibrosis  |
| 360           | Asthma – requiring daily medication                      |
| 361           | Clinical Depression                                      |
| 362           | Developmental, Sensory, or Motor Delays                  |
| 381           | Dental Problems – chronic                                |
| 134           | Failure to Thrive (Infants or Children)                  |
| 151           | Small for Gestational Age (Infants or Children <2 years) |
| 382           | Fetal Alcohol Syndrome (Infants or Children)             |
| 336           | Fetal Growth Restriction (pregnant)                      |
| 363           | Pre-diabetes   |

# PRENATAL WEIGHT GAIN CHART



Current weight and date \_\_\_\_\_  
 Weight last visit \_\_\_\_\_  
 Change since last visit \_\_\_\_\_