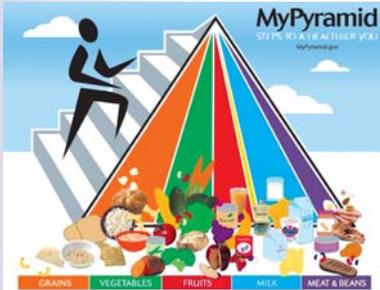




Relevant WIC Nutrition Assessment Information Tables



The relevant WIC nutrition assessment information tables identify information to be collected during a comprehensive WIC nutrition assessment in order to:

1. Identify WIC nutrition risk criteria;
2. Meet existing Program regulations, such as immunization and lead screening status; and
3. Address issues that affect the overall health of the participant, such as access to health care, physical activity, and food security.

This listing of information ensures the identification of all allowable nutrition risk criteria as of Revision 8 of the WIC Policy Memorandum 98-9¹, as well as the collection of necessary information to guide the nutrition services provided by WIC staff. State agencies **MUST** have a policy in place for collecting relevant nutrition assessment information for all nutrition risk criteria used in their State agency.

There are five individual tables - one per each participant category. For ease of use, the tables are organized by the different components of a comprehensive nutrition assessment such as anthropometric, biochemical, clinical, dietary, environment and family (the “ABCDs”). Within these assessment categories, the information is broken out by health, nutrition, fitness, and lifestyle parameters that are captured by specific or a group of WIC nutrition risk criteria and/or other contributing risk factors that affect the overall achievement of a positive health outcome for the WIC participants.

Next to the relevant information to be assessed (“*What to Assess*” = health, nutrition, fitness and lifestyle parameters) and specific data items to be collected (“*What to Collect*”), that measure or define these parameters, are risk criteria assignment directions complete with troubleshooting information and suggestions for further assessment. Each row of the table presents a logical order to follow (e.g., collect information; determine if risk (or condition) exists, and collect additional information in case the risk does exist). A sample portion of a table is illustrated below with a description of each column of the relevant nutrition assessment tables.

¹ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Programs Division, WIC Policy memorandum 98-9, Revision 8. Alexandria, VA (projected issuance date: January 2005).

Sample Portion of A Relevant Nutrition Assessment Information Table

What to Assess (Relevant Information)	What to Collect (Specific Data Items)	What to Do	
		Assign Risk:	Suggestions for Further Assessment*
Describes the type of information to collect (e.g., growth pattern, current medical conditions, nutrition practices, etc.).	Lists the specific nutrition data elements or information to collect (e.g., current height and weight, blood iron level, etc.).	Lists relevant (Federal) risk code. N/A will appear if there is no risk code associated with the information.	Lists additional assessment information to obtain if a risk or condition is identified. This is an opportunity to apply critical thinking skills to the assessment process to clarify, interpret, and synthesize the collected information; to arrive at conclusions and make linkages to other risks or conditions; and to better identify the participant's needs.

It is important to keep the following in mind when reviewing the tables:

- The most recent revision to FNS WIC Policy Memorandum, Nutrition Risk Criteria 98-9, should be used as a companion document. The WIC Policy Memorandum 98-9 defines each criterion (risk code) listed in the tables and must be used to determine if the risk should be assigned. The codes used for nutrition risk criteria are the Federal nutrition risk codes.
- The tables are not ready-to-use assessment tools or forms, but rather a comprehensive list of relevant nutrition assessment information, from which a State agency can compare to its current protocols and revise as necessary.
- There is no implied order or priority for the collection of relevant nutrition assessment information, i.e., the State agency may organize the order of information collection.
- The 500 series of risk criteria (Regression/Transfer/Presumptive Eligibility) included in WIC Policy Memorandum 98-9 are not included in the tables due to the administrative nature of these criteria. However, these criteria should be assigned as appropriate.

Appendix A

- A suggested intervention (or nutrition education message) is not included in the table. The scope and focus of VENA is the assessment process as outlined in earlier sections of this document.
- The suggested probing items listed in the column “*Suggestions for Further Assessment*” are dependent on State agency protocols, staffing and resources. The same holds true for referrals and therefore no referral information is included in the tables.
- The tables do not indicate the necessity of medical documentation vs. self report for a particular risk criterion, since this will vary by State; such documentation is a State agency option.
- The nutrition risks, *Failure to meet Dietary Guidelines for Americans* (risk code 401) and (risk code 428) can only be assigned after a COMPLETE assessment to include an assessment for inappropriate nutrition practices (risks 411, 425 and 427).
- No specific recommendations are included to address the nutrition assessment of low-risk and high-risk participants. WIC State agencies may develop protocols for triage procedures for risk identification according to the State’s need for or benefit from such procedures.
- References on how to effectively engage the participant in the nutrition assessment process to facilitate collection of the relevant nutrition assessment information are included in the Appendix E, *Resources*.

Relevant WIC Nutrition Assessment Information for a Pregnant Woman

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Pregravid Weight Status	Pregravid weight and height. If pregravid weight and/or height are unknown, use first trimester weight and height to assess BMI.	101 Underweight 111 Overweight	
Maternal Weight Gain Pattern	Current height for BMI calculation. Current weight for BMI calculation. Current weeks gestation. Past weights and dates of measurement, if available. Number of fetuses. If unable to get an accurate weight or height, consider using alternative measurement techniques. (See Appendix E.)	131 Low maternal weight gain 132 Maternal weight loss during pregnancy 133 High maternal weight gain	Assess possible contributors to weight gain (e.g., knowledge and attitudes regarding weight gain, prenatal care health care, provider's weight gain recommendations, physical activity level, appetite, energy intake and frequency of meals and snacks, pica, medical condition or recent illness, stress, depression, history of disordered eating or chronic dieting, severe dental caries, smoking or other substance use or abuse, and domestic abuse).

*Further assessment and referral is based on agency protocol.



Relevant WIC Nutrition Assessment Information for a Breastfeeding Woman

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Weight Status	<p>Current height for BMI calculation.</p> <p>Current weight for BMI calculation.</p> <p>If <6 months postpartum, pregravid weight and height or BMI. If pregravid weight and height or BMI are not available, probe if useful for assessment or counseling purposes.</p> <p>If unable to get an accurate weight or height, consider using alternative measurement techniques. (See Appendix E.)</p>	<p>101 Underweight</p> <p>111 Overweight</p>	<p>Assess contributors to low or high BMI (e.g., weight control/loss diet, dieting history; smoking; physical activity; body image maternal age, and depression).</p> <p>Ask about physical activity recommendations from health care provider.</p> <p>Ask about knowledge/attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills).</p>
Weight Gain with Most Recent Pregnancy	<p>Total gestational weight gain.</p> <p>If total weight gain is not available, probe if useful for assessment or counseling purposes.</p>	<p>133 High maternal weight gain</p>	<p>Assess postpartum weight retention.</p>

*Further assessment and referral is based on agency protocol.

Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Weight Status	<p>Current height for BMI calculation.</p> <p>Current weight for BMI calculation.</p> <p>If <6 months postpartum, pregravid weight and height or BMI. If pregravid weight and height or BMI are not available, probe if useful for assessment or counseling purposes.</p> <p>If unable to get an accurate weight or height, consider using alternative measurement techniques. (See Appendix E.)</p>	<p>101 Underweight</p> <p>111 Overweight</p>	<p>Assess contributors to low or high BMI (e.g., weight control/loss diet, dieting history; smoking; physical activity; body image maternal age, and depression).</p> <p>Ask about physical activity recommendations from health care provider.</p> <p>Ask about knowledge/attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills).</p>
Weight Gain with Most Recent Pregnancy	<p>Total gestational weight gain.</p> <p>If total weight gain is not available, probe if useful for assessment or counseling purposes.</p>	<p>133 High maternal weight gain</p>	<p>Assess postpartum weight retention.</p>

*Further assessment and referral is based on agency protocol.

Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Weight Status	<p>Current height for BMI calculation.</p> <p>Current weight for BMI calculation.</p> <p>If <6 months postpartum, pregravid weight and height or BMI. If pregravid weight and height or BMI are not available, probe if useful for assessment or counseling purposes.</p> <p>If unable to get an accurate weight or height, consider using alternative measurement techniques. (See Appendix E.)</p>	<p>101 Underweight</p> <p>111 Overweight</p>	<p>Assess contributors to low or high BMI (e.g., weight control/loss diet, dieting history; smoking; physical activity; body image maternal age, and depression).</p> <p>Ask about physical activity recommendations from health care provider.</p> <p>Ask about knowledge/attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills).</p>
Weight Gain with Most Recent Pregnancy	<p>Total gestational weight gain.</p> <p>If total weight gain is not available, probe if useful for assessment or counseling purposes.</p>	<p>133 High maternal weight gain</p>	<p>Assess postpartum weight retention.</p>

*Further assessment and referral is based on agency protocol.

Relevant WIC Nutrition Assessment Information for a Child (1 Year to 5 Years of Age)

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Growth Pattern	Current age. Current weight. Current length. Gestational age at birth. If unable to get an accurate weight or length, consider using alternative measurement techniques. (See Appendix E.)	103 Underweight or at risk of becoming underweight 121 Short stature or at risk of short stature 113 Overweight(> 2yrs of age) 114 (> 2yrs of age)At risk of becoming overweight	Determine possible contributors (e.g., nutritional, medical, developmental or social factors that may affect growth).
	Biological mother's current BMI OR if pregnant or has had baby within past 6 months, pregravid BMI. Biological father's current BMI.	114 At risk of becoming overweight	Assess caregiver(s)' knowledge and attitudes regarding development of good eating habits, satiety cues and nutrition.
	2 weights taken at least 3 months apart OR 2 weights taken at least 6 months (+ or - 2 weeks) apart.	135 Inadequate growth	Assess health, nutrition, cultural and economic contributors to growth pattern (e.g., medical condition or recent illness, developmental delay, feeding problems/inappropriate practices, and possible abuse or neglect.)
Birth Weight/ Gestational age at birth (children < 24 months calories, of age)	Birth weight. Gestational age at birth. Diagnosis of small for gestational age.	141 Low birth weight 142 Prematurity 151 Small for gestational age	Assess caregiver's knowledge of feeding needs and ability to follow feeding instructions. Assess child's need for additional special formula, or human milk fortifier.

*Further assessment and referral is based on agency protocol.

