Hyperemesis Gravidarum 301

Category	**Pregnant Women**
Risk Level	**HIGH**

Risk Description

Severe nausea and vomiting during pregnancy to the extent that the woman becomes dehydrated and acidotic. Must be diagnosed by a health care provider.

At risk if:	***Health care provider diagnosed*** hyperemesis gravidarum – AND – Vomiting is severe enough to cause severe dehydration and acidosis – OR – Woman has been hospitalized for hyperemesis gravidarum
NOT at risk if:	Woman reports that she has severe vomiting, but has NOT been diagnosed by a health care provider – OR – Woman has occasional vomiting, but is able to eat and drink enough to prevent dehydration and acidosis

If you are unsure whether she has hyperemesis gravidarum, see *More Information about Medical Conditions* or ask your supervisor.

Reason for Risk

Dehydration and acidosis can be harmful to the fetus.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required**.
- See *More Information about Medical Conditions* for more information about hyperemesis gravidarum.

Example

Louise is 9 weeks pregnant. Last week she was hospitalized for dehydration due to severe nausea and vomiting due to her pregnancy. In the hospital she received IV fluids. She is taking a medication to help prevent the severe nausea and vomiting. She is now able to eat and drink small amounts. She eats small amounts of food throughout the day. She has started to regain the weight she lost before her hospitalization. She is enrolled using Risk 301.

Gestational Diabetes 302

Category	**Pregnant Women**
Risk Level	**HIGH**

Risk Description

A pregnant woman who has been diagnosed with gestational diabetes by a health care provider. Gestational diabetes is a type of diabetes which begins during pregnancy and usually goes away following birth.

At risk if:	***Health care provider diagnosed*** gestational diabetes – AND – Diabetes was diagnosed during this pregnancy
NOT at risk if:	Woman reports that she has gestational diabetes, but has NOT been diagnosed by a health care provider – OR – Woman had diabetes before pregnancy began (see *Risk 343 – Diabetes Mellitus*)

Reason for Risk

Women with diabetes during pregnancy have a greater risk of birth complications and Type 2 diabetes after pregnancy. Babies born to women with diabetes are at greater risk of health complications.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required**.
- See *More Information about Medical Conditions* for more information about gestational diabetes.

Example

Svetlana is 30 weeks pregnant. She was referred to WIC by the local prenatal clinic. She was recently diagnosed with gestational diabetes. She is receiving nutrition counseling from the nutritionist at the prenatal clinic. She has brought a note from the clinic with the information about the diet they are recommending for gestational diabetes. Because Svetlana is high-risk, she is referred to the WIC nutritionist for counseling.

History of Gestational Diabetes 303

Category	**All Women**
Risk Level	**LOW**

Risk Description

A woman who had gestational diabetes during a past pregnancy. (Gestational diabetes is a type of diabetes that develops during pregnancy).

At risk if:	***Health care provider diagnosed*** gestational diabetes during a previous pregnancy **WP**: Any previous pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	Woman had diabetes during a previous pregnancy, but it was NOT gestational diabetes (see *Risk 343 – Diabetes Mellitus*) – OR – **WE, WB, WN**: Gestational diabetes was not during the most recent pregnancy

Reason for Risk

Women with previous gestational diabetes are more likely to have gestational diabetes in the current pregnancy. Women with diabetes during pregnancy have a greater risk of birth complications and Type 2 diabetes after pregnancy.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

Verify that the woman is receiving prenatal care.

Example

Jennifer is 14 weeks pregnant and was on WIC during her previous pregnancy. She was diagnosed with gestational diabetes during her previous pregnancy and used insulin to control her blood sugar. She is hopeful that she can control her blood sugar without insulin during this pregnancy. She hasn't seen a nutritionist yet for this pregnancy, and because she remembers how helpful the WIC nutritionist was during her last pregnancy, she has asked to see the WIC nutritionist again. An individual follow-up appointment is scheduled for Jennifer with the nutritionist.

History of Preterm Delivery 311

Category	**All Women**
Risk Level	**LOW**

Risk Description

A woman who had an infant at less than or equal to 37 weeks gestation.

At risk if:	Previous pregnancy ended in a preterm birth ***≤ 37 weeks gestation*** **WP**: Any previous pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	All previous births ≥ 38 weeks gestation – OR – **WE, WB, WN:** Preterm birth was NOT the most recent pregnancy

Reason for Risk

A woman who had a preterm birth in a previous pregnancy is more likely to have another preterm birth.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

Verify that the woman is receiving prenatal care.

Example

Julia was on WIC during her pregnancy. She gave birth 4 weeks ago and is now at WIC for her recertification appointment. She reports that her son, Byron, was born at 37 weeks gestation. He is fine now and is exclusively breastfeeding. She is recertified under Risk 311.

History of Low Birth Weight (LBW) 312

Category	**All Women**
Risk Level	**LOW**

Risk Description

A woman who gave birth to an infant weighing less than or equal to 5 pounds, 8 ounces.

At risk if:	The baby from a previous pregnancy was ***≤ 5 pounds, 8 ounces (≤ 2500 grams)*** **WP**: Any previous pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	Babies from all previous births were ≥ 5 pounds, 9 ounces – OR – **WE, WB, WN**: Low birth weight baby was NOT from the most recent pregnancy

Reason for Risk

A woman who has a history of giving birth to a low birth weight baby in a previous pregnancy is more likely have another low birth weight baby.

How is Risk Assigned?

WP:

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

WE, WB, WN:

- TWIST-selected.
- Based on the answer to the Health History question about baby's birth weight.

Additional Documentation

No special requirements.

Education/Referrals

If prenatal woman, verify that she is receiving prenatal care.

Example

Suzanne was on WIC during her last pregnancy. At that time, she gave birth to a baby who weighed 5 pounds, 3 ounces. He is now 2 years old. She is now at WIC to enroll for a new pregnancy. During the health history questions, you note that she had a previous baby that was low birth weight. She would qualify for Risk 312.

History of Fetal or Neonatal Loss 321

Category	**All Women**
Risk Level	**LOW**

Risk Description

Fetal Loss: Death of the fetus during pregnancy at more than or equal to 20 weeks gestation.

Neonatal Loss: Death of the infant at 0 – 28 days of life.

At risk if:	**WP**: A prenatal woman with any history of fetal or neonatal loss **WE, WB:** A breastfeeding woman's most recent pregnancy was a multiple birth resulting in the loss of one or more infants and the live birth of one or more infants. She is currently breastfeeding an infant from the most recent pregnancy **WN:** A non-breastfeeding woman with a fetal or neonatal loss in the most recent pregnancy only
NOT at risk if:	No fetal or neonatal loss – OR – Fetal loss was earlier than 20 weeks gestation – OR – **WE, WB, WN:** Had a fetal or neonatal loss for a previous pregnancy, NOT the most recent

Reason for Risk

A woman who has a history of fetal or neonatal loss in a previous pregnancy is more likely have another fetal or neonatal loss. Women with a history of fetal and neonatal loss may have a diet low in folic acid.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub-Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- Taking folic acid supplements throughout childbearing years may prevent future fetal loss.
- Folic acid supplementation is most effective when it is taken before conception and throughout pregnancy.

Example

Georgia was pregnant with twins. At 22 weeks gestation, one of the twins was miscarried. She remained pregnant with the other twin until 35 weeks gestation. She is currently breastfeeding the surviving twin. Georgia qualifies for Risk 321.

Pregnancy at a Young Age 331

Category	**All Women**
Risk Level	**HIGH or MEDIUM**

Risk Description

A woman who conceived her pregnancy age 17 years or younger.

At risk if:	***≤ 17 years at age of conception*** **WP**: Current pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	≥ 18 years at age of conception

Reason for Risk

A pregnant teenager needs additional foods to help support her own growth as well as the growth of the baby.

How is Risk Assigned?

- TWIST-selected.
- TWIST uses the woman's date of birth to determine her age and the estimated delivery date to determine the date of conception.

Additional Documentation

- TWIST always automatically assigns a medium risk level for this risk.
- If the woman is 15 years old or younger, the CPA must manually change the risk level to high.

Change to HIGH risk if:	≤ 15 years at age of conception

Determining Age at Conception

To determine high risk, you may need to calculate age at conception by using a "pregnancy wheel."

1. On the pregnancy wheel, match the EDD (due date) on the outer wheel to the "40 weeks" mark on the inner wheel.
2. The date of conception is the date on the outer wheel that now matches the "2 weeks" mark. "0 weeks" is the first day of the last menstrual period.
3. Using the client's birth date, determine her age at the date of conception. Did she reach her 16th birthday before the date of conception?

Education/Referrals

- If this is a HIGH risk level – **a referral to the WIC nutritionist is required**.
- If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

Example

Pamela just turned 16 years old two days ago and is 17 weeks pregnant. She is enrolled using Risk 331. She will see the WIC nutritionist to talk about what to eat to have a healthy pregnancy and to maintain her own growth.

Closely Spaced Pregnancy 332

Category	**All Women**
Risk Level	**LOW**

Risk Description

A woman's current or most recent pregnancy was conceived less than 16 months after the end of her last pregnancy (birth or fetal loss).

At risk if:	***Conception < 16 months postpartum*** **WP**: Current pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	Conception ≥ 16 months postpartum

Reason for Risk

A woman needs time to build up stores of nutrients in her body after pregnancy. If pregnancies are too close together, her body may not have enough nutrient stores for a healthy pregnancy.

How is Risk Assigned?

- TWIST-selected.
- Based on the answer to the Health History question about closely spaced pregnancies, as calculated by the certifier.

Additional Documentation

No special requirements.

Education/Referrals

Good nutrition is important, as the woman's nutrient stores may still be depleted from her previous pregnancy.

Example

Angelica was on WIC during her first pregnancy. She is at WIC today for her baby's recertification appointment. Her baby, Max, is 12 months old. During the appointment, Angelica tells you that she is pregnant again and wants to sign up for WIC for herself. Angelica is enrolled on WIC for her current pregnancy and qualifies for Risk 332.

High Parity and Young Age 333

Category	**All Women**
Risk Level	**LOW**

Risk Description

A woman who is under 20 years old at the time of conception and has had 3 or more pregnancies (≥ 20 weeks gestation) regardless of birth outcome, including this pregnancy.

At risk if:	***< 20 years old at conception*** – AND – ***3 or more pregnancies*** (≥ 20 weeks gestation) **WP**: Include current pregnancy **WE, WB, WN:** Include most recent pregnancy
NOT at risk if:	20 years or older – OR – Less than 3 pregnancies – OR – One of the 3 pregnancies did not reach 20 weeks

NOTE

Age at conception must be calculated by using a "pregnancy wheel."

Determining Age at Conception

1. On the pregnancy wheel, match the EDD (due date) on the outer wheel to the "40 weeks" mark on the inner wheel.
2. The date of conception is the date on the outer wheel that now matches the "2 weeks" mark. "0 weeks" is the first day of the last menstrual period.
3. Using the client's birth date, determine her age at the date of conception. Did she reach her 20th birthday before the date of conception?

Reason for Risk

A woman needs time to build up stores of nutrients in her body after pregnancy. A young woman, who may still be growing, has increased nutrition needs for her own growth. A woman who has had many pregnancies at a young age may not have enough nutrient stores for a healthy pregnancy.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *age at conception* for each pregnancy in the "Notes" or "Progress Notes."

Education/Referrals

Good nutrition is important, as the woman's nutrient stores may still be depleted from her previous pregnancy.

Risk 333 continued

Example

Alexandra is 19 years old. She has 3 children under the age of 5 on WIC. She is pregnant for the fourth time. She would qualify for WIC under Risk 333.

Lack of or Inadequate Prenatal Care 334

Category	**Pregnant Women**
Risk Level	**LOW**

Risk Description

A woman who has not had adequate prenatal care based on the guidelines below.

At risk if:	**TWIST-selected:** Prenatal care begins ***after the first trimester*** (after 13 weeks gestation) **CPA-selected:** Woman ***does not have regular or ongoing prenatal visits***, based on the table below
NOT at risk if:	Prenatal care begins in the first trimester and is ongoing

Weeks gestation:	Number of visits
22 – 29	1 or less
30 – 31	2 or less
32 – 33	3 or less
34 or more	4 or less
Must be assessed and selected by CPA	

Reason for Risk

Prenatal care (appointments with a health care provider) can help women remain healthy during pregnancy. Women with inadequate prenatal care may have more pregnancy and birth complications.

How is Risk Assigned?

- **TWIST-selected** if the answer to the health history question indicates that she started prenatal care after the first trimester.
- **CPA-selected** when CPA assesses ongoing prenatal care and selects the risk on the "Risk Factors" screen.

Additional Documentation

If the risk is CPA-selected based on assessment of ongoing prenatal visits, document the *number of visits and weeks gestation* in the "Notes" or "Progress Notes."

Education/Referrals

- Referral to OHP.
- Referral to health care providers in your clinic area.

Example

Janis is at the WIC clinic in Eugene to enroll for her pregnancy. She is 22 weeks pregnant. She heard about WIC from a friend. She moved to Eugene about two months ago, but hasn't seen a doctor since she arrived. She saw a doctor for her pregnancy one time when she was 12 weeks pregnant and lived in Corvallis. Janis can be enrolled on WIC based on the criteria for inadequate prenatal care. Although she saw a doctor during her first trimester, she has only seen a doctor one time in 22 weeks of pregnancy. She should be referred to OHP and a health care provider in Eugene.

Multiple Fetus Pregnancy 335

Category	**All Women**
Risk Level	**MEDIUM**

Risk Description

A pregnancy with more than one fetus (twins, triplets, etc.).

At risk if:	***2 or more fetus pregnancy (twins or more)*** **WP**: Current pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	Singleton pregnancy (1 fetus) – OR – **WE, WB, WN**: Multiple birth was NOT most recent pregnancy

Reason for Risk

A woman with a multiple fetus pregnancy needs more food and nutrients to have a healthy pregnancy.

How is Risk Assigned?

- TWIST-selected.
- **WP**: Based on "Twins or More" checkbox on the "Medical Data" screen.
- **WE, WB, WN**: Based on answer to the Health History question about multiple fetus pregnancy.

Additional Documentation

Document *number of fetuses* (twins, triplets, etc.) in the "Notes" or "Progress Notes."

Education/Referrals

- This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- Recommended weight gain for twin pregnancy is 35-45 pounds.
- Recommended weight gain for triplet pregnancy is 50 pounds.

Example

Star is pregnant with twins. She would qualify for WIC under Risk 335.

Fetal Growth Restriction 336

Category	**Pregnant Women**
Risk Level	**LOW**

Risk Description

A pregnant woman who has been diagnosed with fetal growth restriction by a health care provider.

At risk if:	***Health care provider diagnosed*** fetal growth restriction
NOT at risk if:	Woman reports that she has fetal growth restriction, but it was NOT diagnosed by a health care provider

Reason for Risk

Fetal growth restriction (also called Intrauterine Growth Restriction – IUGR) is diagnosed when the fetus does not show normal growth during the pregnancy. While there are many causes, it is sometimes caused by poor nutrition and smoking.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

See *More Information about Medical Conditions* to learn more about fetal growth restriction.

Example

Joanne is 18 weeks pregnant and is at the WIC clinic today for an enrollment appointment. She brought with her a referral form from her doctor which states that she has been diagnosed with IUGR. Joanne would qualify for Risk 336. She tells you that the doctor has recommended that she stop smoking and eat better foods. You work together to set up goals for Joanne and refer her to smoking cessation resources.

History of a Birth of a Large for Gestational Age Infant 337

Category	**All Women**
Risk Level	**LOW**

Risk Description

History of a birth of an infant weighing 9 or more pounds.

At risk if:	Infant born from previous pregnancy was ***≥ 9 pounds*** **WP**: Any previous pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	All previous births were < 9 pounds – OR – **WE, WB, WN**: Infant ≥ 9 pounds was NOT from the most recent pregnancy

Reason for Risk

A woman who had a large for gestational age infant in the past is more likely to have one during the next pregnancy and is at greater risk for diabetes.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

Verify the woman is receiving prenatal care.

Example

Sally is being enrolled today for her current pregnancy. During the health history, she states that when her son was born 2 years ago, he weighed 10 pounds. She can be enrolled under Risk 337.

Pregnant Woman Currently Breastfeeding 338

Category	**Pregnant Women**
Risk Level	**LOW**

Risk Description

A breastfeeding woman who is now pregnant.

At risk if:	***Pregnant woman is currently breastfeeding*** an infant or child
NOT at risk if:	Pregnant woman is NOT breastfeeding or has recently weaned

Reason for Risk

A woman who is pregnant and breastfeeding has higher nutrition needs.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

Refer for breastfeeding counseling, if needed.

Example

Tian has an 11 month old infant, James. She has been on WIC since the beginning of her pregnancy with James. She has been exclusively breastfeeding James and comes regularly to the breastfeeding support group. Two months ago, Tian started a new job and James stays with his grandma for 6 hours during the day. Tian pumps her milk and provides bottles of breast milk for the grandma to feed to James. This month, during the breastfeeding support group, Tian asks a question about pregnancy and breastfeeding because she thinks she might be pregnant. Tian and the breastfeeding specialist talk about breastfeeding during pregnancy. After a pregnancy test at the prenatal clinic, Tian is recertified at WIC as a prenatal woman. She qualifies for Risk 338 because she plans to continue to breastfeed James until he is at least 1 year old.

History of a Birth with a Congenital Birth Defect 339

Category	**All Women**
Risk Level	**LOW**

Risk Description

History of a birth of an infant with a congenital birth defect related to inappropriate nutritional intake (such as inadequate zinc, inadequate folic acid or excess vitamin A). Includes:

- Spina bifida
- Anencephaly
- Other neural tube defects
- Cleft lip
- Cleft palate

At risk if:	Infant born from previous pregnancy with one of the congenital birth defects above **WP**: Any previous pregnancy **WE, WB, WN**: Most recent pregnancy only
NOT at risk if:	Infant born from previous pregnancy had problems that were not nutrition related – OR – **WE, WB, WN**: Infant was NOT from the most recent pregnancy

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning risk.

Reason for Risk

A woman who had an infant with a nutrition related congenital birth defect in the past is more likely to have one during the next pregnancy.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- Taking folic acid supplements throughout childbearing years may prevent future birth defects.
- Folic acid supplementation is most effective when it is taken before conception and throughout pregnancy.
- See *More Information about Medical Conditions* to learn more about nutrition related congenital birth defects.

Example

Gladys is at WIC to be enrolled for a new pregnancy. Her first child, born 6 years ago, had spina bifida. Her doctor at the time recommended that she take folic acid supplementation daily to help prevent another neural tube defect if she had another baby. She has been taking folic acid supplementation for the past 6 years on a regular basis. She can be enrolled under Risk 339.

Nutrient Deficiency Diseases 341

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with a nutrient deficiency disease caused by insufficient dietary intake of nutrients. Examples of diseases include:

- Scurvy [vitamin C deficiency]
- Rickets (children) [vitamin D deficiency]
- Menkes Disease [copper deficiency]
- Hypocalcemia [Calcium deficiency]
- Osteomalacia (women) [vitamin D deficiency]
- Vitamin K deficiency
- Beri Beri [vitamin B1 (thiamine) deficiency]
- Pellagra [Niacin deficiency]
- Protein Energy Malnutrition [protein and calorie deficiency]
- Xerophthalmia [vitamin A deficiency]
- Cheilosis [Riboflavin, B6 (pyridoxine) or iron deficiency]

At risk if:	***Health care provider diagnosed*** a nutrient deficiency disease
NOT at risk if:	Nutrient deficiency disease has NOT been diagnosed by a health care provider

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

A nutrient deficiency is a health risk to the participant.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of nutrient deficiency disease* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about nutrient deficiency diseases.

Example

Nhung is at the WIC clinic today for an enrollment appointment. She is a pregnant woman who recently immigrated to the United States from Vietnam. The referral form from her doctor indicates that she has been diagnosed with "PEM" – protein energy malnutrition. She qualifies for Risk 341.

Gastro-Intestinal Disorders 342

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with a gastrointestinal disease or condition by a health care provider. Includes:

- Stomach or intestinal ulcers
- Malabsorption syndromes
- Inflammatory bowel disease
- Gallbladder disease
- Small bowel enterocolitis and syndrome
- Gastroesophageal reflux (GERD)
- Ulcerative Colitis
- Crohn's disease
- Liver disease
- Pancreatitis
- Removal of part of small intestine

At risk if:	***Health care provider diagnosed*** a gastrointestinal disorder
NOT at risk if:	Pregnant woman has nausea or vomiting associated with pregnancy – OR – Participant has "the flu" – OR – Gastrointestinal disorder has NOT been diagnosed by a health care provider

There may be other conditions that qualify for this risk. For any

condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

- Gastrointestinal disorders interfere with the intake or absorption of nutrients.
- In pregnant women, decreased nutrient intake can affect the proper growth of the fetus.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of gastrointestinal disorder* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* for more information about gastrointestinal disorders.

Example

During your certification appointment with Susie, she says she was diagnosed with Crohn's disease 5 years ago and her doctor is worried about it getting worse during pregnancy. She qualifies for Risk 342 and is referred to the WIC nutritionist for nutrition counseling.

Diabetes Mellitus 343

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with Type 1 or Type 2 diabetes mellitus by a health care provider.

At risk if:	***Health care provider diagnosed*** Type 1 or Type 2 diabetes mellitus
NOT at risk if:	Diabetes mellitus has NOT been diagnosed by a health care provider – OR – Pregnant woman has gestational diabetes (see Risk 302 – Gestational Diabetes)

Reason for Risk

People who have diabetes are at greater risk for additional health problems.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* for more information about diabetes.

Example

Sara was diagnosed with Type 2 diabetes 3 years ago when she was 29 years old. She controls her diabetes with medication. She is now pregnant with her first child. Her physician has referred her to WIC. Sara will be enrolled on WIC and qualifies for Risk 343. She is referred to the WIC nutritionist for counseling.

Hypertension 345

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with high blood pressure – chronic hypertension or pregnancy-induced hypertension – by a health care provider.

At risk if:	***Health care provider diagnosed*** chronic hypertension (on-going / long-term high blood pressure) **Pregnant women only:** Pregnancy-induced hypertension (high blood pressure as a result of the pregnancy) – OR – Eclampsia or pre-eclampsia
NOT at risk if:	Hypertension has NOT been diagnosed by a health care provider

Reason for Risk

People with hypertension (high blood pressure) are at greater risk for additional health problems.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* for more information about hypertension.

Example

Anu was diagnosed with pregnancy-induced hypertension at her last prenatal appointment. She will be enrolled on WIC today with Risk 345. She is referred to the WIC nutritionist for high-risk counseling.

Renal Disease 346

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with renal (kidney) disease, including kidney infections and persistent proteinuria, by a health care provider.

At risk if:	***Health care provider diagnosed*** a renal disease, such as: ▪ Pyelonephritis (kidney infection) ▪ Persistent proteinuria ▪ Polycystic kidneys
NOT at risk if:	Renal disease has NOT been diagnosed by a health care provider – OR – Participant has a bladder infection (cystitis)

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

Participants with renal disease can have nutritional deficiencies and are often on special diets to control the disease. They are also at greater risk for additional health problems.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of renal disease* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about renal disease.

Example

Jason was born with polycystic kidney disease. He is now 4 years old. He has been on WIC since he was a baby and still qualifies under Risk 346. He sees the WIC nutritionist for high-risk counseling.

Cancer 347

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with cancer by a health care provider. The current condition or treatment must be severe enough to affect nutrition status.

At risk if:	***Health care provider diagnosed*** cancer – OR – Participant is being treated for cancer – such as radiation or chemotherapy
NOT at risk if:	Cancer has NOT been diagnosed by a health care provider – OR – Cancer treatment has ended and the participant's health is normal

Reason for Risk

People with cancer have a serious health risk and may be at increased nutrition risk.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of cancer or treatment* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about cancer.

Example

Rajit is a 3-year-old boy who was just diagnosed with leukemia. His father recently lost his job and the family was referred to WIC. They hope the food they receive will help them save on household expenses. Rajit will begin chemotherapy next week and it will last for 8 weeks. Rajit qualifies for WIC under Risk 347.

Central Nervous System Disorders 348

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with a central nervous system disorder by a health care provider. Includes:

- Epilepsy
- Cerebral palsy
- Neural tube defects (spina bifida or myelomeningocele)
- Multiple sclerosis
- Parkinson's disease

At risk if:	***Health care provider diagnosed*** a central nervous system disorder
NOT at risk if:	Central nervous system disorder has NOT been diagnosed by a health care provider

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

Central nervous system disorders can affect nutrition status due to:

- Changes in how food is digested
- Problems with chewing or swallowing
- Difficulty feeding oneself

These problems can be caused by the disorder or the medication used to treat the disorder.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of central nervous system disorder* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about central nervous system disorders.

Example

Jaleel has been enrolled on WIC since he was an infant. He is at WIC today for a recertification appointment. Jaleel has epilepsy and is taking medication which interferes with his growth and appetite. He is being monitored by a physician. Jaleel is recertified today with Risk 348 and is seen by the WIC nutritionist for high-risk nutrition counseling.

Genetic and Congenital Disorders 349

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with a genetic or congenital disorder that causes a physical or metabolic abnormality. Includes:

- Cleft lip or palate
- Down Syndrome
- Thalassemia major
- Sickle cell anemia (not sickle cell trait)

At risk if:	***Health care provider diagnosed*** genetic or congenital disorder
NOT at risk if:	Genetic or congenital disorder has NOT been diagnosed by a health care provider – OR – Disorder does not cause a physical or metabolic abnormality that affects nutrition status

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

Genetic or congenital disorders can affect nutrition status due to:

- Changes in how food is digested
- Problems with chewing or swallowing
- Difficulty feeding oneself

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of genetic or congenital disorder* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required**.
- See *More Information about Medical Conditions* to learn more about genetic and congenital disorders.

Example

Joaquim is an infant who is at your clinic today to enroll in WIC. Joaquim was born with Down Syndrome. He is having some problems with nursing and is being supplemented with formula. He is enrolled on WIC today with Risk 349 and referred to the WIC nutritionist for high-risk nutrition counseling and to a lactation counselor for breastfeeding support.

Pyloric Stenosis 350

Category	**Infants only**
Risk Level	**HIGH**

Risk Description

- For infants only
- An infant who has been diagnosed with pyloric stenosis (a gastrointestinal obstruction with abnormal gastrointestinal function affecting nutrition status)

At risk if:	***Health care provider diagnosed*** pyloric stenosis
NOT at risk if:	Pyloric stenosis has NOT been diagnosed by a health care provider – OR – Parent or guardian reports that the infant has projectile vomiting but has not been diagnosed by a health care provider

Reason for Risk

Symptoms of pyloric stenosis appear within the first few weeks of life. Pyloric stenosis is a narrowing of the digestive tract between the stomach and small intestine which causes the infant to vomit after meals. This can progress to frequent projectile vomiting. The frequent vomiting can cause dehydration and can affect normal growth.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about pyloric stenosis.

Example

Giselle is a 5 week old baby at WIC for her enrollment appointment. Her mother reports that Giselle had frequent projectile vomiting and diarrhea and was not gaining weight. Giselle's doctor diagnosed pyloric stenosis and she had surgery last week to correct the problem. Giselle is doing much better now. Giselle would qualify for Risk 350.

Inborn Errors of Metabolism (Metabolic Disorder) 351

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with a genetic condition that alters metabolism in the body. Includes:

- Phenylketonuria (PKU)
- Galactosemia
- Hyperlipoproteinuria
- Homocystinuria
- Tyrosinemia
- Histidinemia
- Urea Cycle Disorders
- Glutaric Aciduria
- Methylmalonic Acidemia
- Glycogen Storage Disease
- Galactokinase Deficiency
- Fructoaldolase Deficiency
- Propionic Acidemia
- Hypermethioninemia

At risk if:	***Health care provider diagnosed*** a metabolic disorder
NOT at risk if:	Metabolic disorder has NOT been diagnosed by a health care provider

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

Metabolic disorders can affect nutrition status and require special diets.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of metabolic disorder* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about metabolic disorders.

Example

Sonia is woman with PKU who is enrolling on WIC for her pregnancy. She sees a doctor who specializes in PKU and has been following a special diet for PKU since she was a baby. The doctor has referred her to WIC and is requesting that WIC provide a special formula low in phenylalanine for her to drink during pregnancy. Sonia is referred to the WIC nutritionist – she is high-risk and the nutritionist needs to evaluate the special formula request.

Infectious Diseases 352

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with an infectious disease by a health care provider. Infectious disease must be present within the past 6 months. Includes:

- Pneumonia
- Meningitis
- Parasitic Infections
- Bronchiolitis (often referred to as RSV; 3 episodes in last 6 months)
- Hepatitis*
- Tuberculosis*
- HIV (Human Immunodeficiency Virus)**
- AIDS (Acquired Immunodefiency Syndrome)**

At risk if:	***Health care provider diagnosed*** an infectious disease listed above
NOT at risk if:	Infectious disease has NOT been diagnosed by a health care provider – OR – Participant has a cold or the flu – OR – Infant/child has ear infection

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

NOTE

* Women with tuberculosis or hepatitis can breastfeed only if they are receiving appropriate medical treatment. See the "Breastfeeding Module" or ask a lactation consultant for more information.

** Breastfeeding is not recommended for women infected with HIV/AIDS.

Reason for Risk

Infectious diseases can affect nutrition status.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of infectious disease* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about infectious diseases.

Example

Hadley is a 12-month-old infant who is at WIC for recertification. Her father reports that she had RSV 3 months ago and has been to the doctor for bronchiolitis 4 times since then. Hadley is recertified using Risk 352.

Food Allergies 353

Category	**ALL**
Risk Level	**MEDIUM**

Risk Description

A participant who has been diagnosed with a food allergy by a health care provider. This must include an adverse immune response to a food or a hypersensitivity that causes an adverse immunologic reaction.

At risk if:	***Health care provider diagnosed*** food allergy – AND – Cannot tolerate any of the food Immune response is present: ▪ Asthma ▪ Upper and lower respiratory infections ▪ Vomiting, bloody diarrhea, colic ▪ Anaphylactic shock ▪ Skin rash
NOT at risk if:	Food allergy has NOT been diagnosed by a health care provider – OR – Can tolerate small amounts of food NOTE: Milk-based formula intolerance does NOT automatically mean that the infant is allergic to milk. Also see *Risk 354 – Celiac Disease* or *Risk 355 – Lactose Intolerance*

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

Food allergies can restrict what a person can eat, which may affect their nutrition status.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of food allergy* in the "Notes" or "Progress Notes."

Education/Referrals

- This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- See *More Information about Medical Conditions* to learn more about food allergies.

Example

Jackson is a 4-week-old boy at WIC today for his enrollment appointment. He was referred to WIC by his doctor who has diagnosed him with a milk allergy. Jackson was not gaining adequate weight and had bloody diarrhea while he was taking a milk-based formula. He also had a skin rash. His doctor switched him to a soy-based formula and his symptoms have improved. Jackson will be enrolled today under Risk 353.

Celiac Disease 354

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with celiac disease by a health care provider. Celiac disease is also known as:

- Celiac sprue
- Gluten enteropathy
- Gluten sensitivity
- Non-tropical sprue

At risk if:	***Health care provider diagnosed*** celiac disease
NOT at risk if:	Celiac disease has NOT been diagnosed by a health care provider

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

Celiac disease causes the small intestine to become inflamed after the woman eats wheat, rye, barley or any by-product of these grains.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about celiac disease.

Example

Tamara is enrolling on WIC for her pregnancy. During the health history, she tells you that 5 years ago she was diagnosed with celiac disease. She has been on a wheat-free diet since then. Tamara is enrolled on WIC under Risk 354 and is referred to the WIC nutritionist for high-risk counseling.

Lactose Intolerance 355

Category	**ALL**
Risk Level	**LOW**

Risk Description

A participant who has been diagnosed with lactose intolerance by a health care provider.

At risk if:	***Health care provider diagnosed*** lactose intolerance
NOT at risk if:	Lactose intolerance has NOT been diagnosed by a health care provider

Reason for Risk

Lactose intolerance occurs when a person's body does not produce enough of the enzyme lactase. Lactase is needed to digest lactose (milk sugar).

Lactose occurs only in dairy products. A person with lactose intolerance who eats or drinks dairy products will have the following symptoms: nausea, diarrhea, bloating, or cramps. It can be mild or severe.

People with lactose intolerance can often eat small amounts of dairy products or cooked or processed dairy products such as yogurt, cheese and cooked milk in soups, pudding, custard or hot chocolate. People who are avoiding dairy products need to eat other foods to ensure adequate calcium and vitamin D intake.

Lactose intolerance is rare in infants and usually doesn't develop until around age 2.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

In "Notes" or "Progress Notes," document that the ingestion of dairy products causes the symptoms listed above and that the avoidance of dairy products eliminates the symptoms.

Education/Referrals

- See *More Information about Medical Conditions* to learn more about lactose intolerance.
- A food package with lactose-reduced milk may be needed.

Example

Monique is at WIC to be enrolled for her pregnancy. During the health history, she tells you that she is concerned about the baby growing properly because she doesn't drink milk. She tells you that she was diagnosed by a doctor 2 years ago with lactose intolerance. When she was drinking milk, she was having problems with gas, bloating and diarrhea. After she stopped drinking milk, she felt better. She now eats some yogurt and cheese, but doesn't drink plain milk. Monique would qualify for Risk 355.

Hypoglycemia 356

Category	**ALL**
Risk Level	**LOW**

Risk Description

A participant who has been diagnosed with hypoglycemia (low blood sugar) by a health care provider.

At risk if:	***Health care provider diagnosed*** hypoglycemia
NOT at risk if:	Hypoglycemia has NOT been diagnosed by a health care provider

Reason for Risk

Hypoglycemia (low blood sugar) can occur for many reasons. WIC can help participants with nutrition counseling to help prevent hypoglycemia.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

See *More Information about Medical Conditions* to learn more about hypoglycemia.

Example

Michelle had her baby 3 weeks ago and is at WIC today to be recertified as a breastfeeding woman. She tells you that she was feeling light-headed and shaky. Because she was concerned, she went to her midwife, who diagnosed her with hypoglycemia, based on a blood test the midwife did in the office. Michelle is now trying to eat more frequently. Michelle is recertified using Risk 356.

Drug Nutrient Interactions 357

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who is using an over-the-counter medication or prescription drug that is known to interfere with food intake or nutrient utilization and has a negative effect on their nutrition status.

At risk if:	Participant is taking an over-the-counter medication or prescription drug that ***affects their nutrition status***
NOT at risk if:	Participant is taking an over-the-counter medication or prescription drug but it is NOT affecting their nutrition status

For the most current information on drug nutrient interactions, refer to a current drug reference, such as:

- Physician's Desk Reference (available online www.pdrhealth.com)
- Food Medication Interactions
- Pharmacist or physician
- Drug inserts

Breastfeeding women should refer to:

- *Medications and Mothers' Milk - 2006* (available online at www.ibreastfeeding.com)

If you are unsure if a medication qualifies for this risk, ask your supervisor.

Reason for Risk

Nutrition deficiency caused by an over-the-counter medication or prescription drug is usually slow to develop and occurs most often in long-term drug treatment of chronic disease.

Possible side effects of drugs that could affect nutrition include, but are not limited to:

- Altered taste sensation
- Stomach irritation
- Reduced appetite
- Diarrhea or constipation
- Change in nutrition metabolism
- Enzyme changes
- Vitamins poorly absorbed
- More vitamins excreted in the urine

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific drug* in the "Progress Notes."

Education/Referrals

This is a HIGH risk level – **a referral to the WIC nutritionist is required.**

Example

Joey is 18 months old and has been on antibiotics for recurrent ear infections. His stools are loose and foul smelling. His mother tells you that he usually doesn't eat much while he is on antibiotics. Joey would qualify for Risk 357 as the antibiotic is affecting his food intake and digestion.

Eating Disorders 358

Category	**All Women**
Risk Level	**HIGH**

Risk Description

A woman who has been diagnosed at any time with an eating disorder, such as anorexia nervosa or bulimia, and currently exhibits abnormal eating patterns (see list below, under Reason for Risk).

At risk if:	***Health care provider diagnosed*** an eating disorder
NOT at risk if:	Eating disorder has NOT been diagnosed by a health care provider

Reason for Risk

Eating disorders affect a woman's nutritional status. Symptoms of eating disorders include, but are not limited to:

- Self-induced vomiting
- Purgative abuse (laxative abuse)
- Alternating periods of starvation
- Use of drugs, such as appetite suppressants, thyroid preparations or diuretics
- Significant, self-induced weight loss

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document *the specific eating disorder* in the "Progress Notes."

Education/Referrals

This is a HIGH risk level – **a referral to the WIC nutritionist is required.**

Example

Janice was diagnosed with an eating disorder when she was 18 years old. When she was 20, she became pregnant and enrolled on WIC. She reported at that time that her eating disorder was easier to control since she became pregnant, because she was motivated to have a healthy baby. She is now at the WIC clinic for recertification. During the certification appointment, she tells you that she has started to purge again because she is concerned that she hasn't lost enough weight since the birth of her baby. Janice is recertified with Risk 358 and is referred to the nutritionist for high-risk counseling.

Recent Major Surgery, Trauma or Burns 359

Category	**ALL**
Risk Level	**LOW**

Risk Description

A participant who had:

- Major surgery – It is considered major surgery if a body cavity (brain, chest or abdomen) was opened during the surgery. Cesarean section (c-section) is included.
- Trauma – Serious accident or injury (broken bones, multiple stitches, etc.)
- Burns – Burns must require medical treatment
- All conditions must be severe enough to affect nutrition status

At risk if:	***Participant had major surgery (including c-section), trauma, or burns*** < 2 months ago as self-reported – OR – > 2 months ago and needing continued nutritional support as diagnosed by a health care provider
NOT at risk if:	Participant had minor surgery: ▪ Laparoscopic surgery ▪ Mole removal ▪ Biopsy

Reason for Risk

Recovery from major surgery, trauma or burns requires good nutrient intake.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of surgery, trauma or burns* in the "Notes" or "Progress Notes."

Education/Referrals

Additional protein, calories and good vitamin and mineral intake can help replace nutrients lost during the recovery from surgery or injury.

Example

Nannette is at WIC for her recertification appointment as a breastfeeding woman. Her baby is 6 weeks old. Nannette had a c-section delivery. She would qualify for Risk 359.

Other Medical Conditions 360

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has been diagnosed with a medical disease or condition that affects their nutrition status. Conditions in this risk are not included in any other risk. Includes:

- Juvenile rheumatoid arthritis (JRA)
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis
- Persistent asthma (moderate or severe) **requiring daily medication or daily breathing treatment**

At risk if:	***Health care provider diagnosed*** a medical condition that affects nutrition status
NOT at risk if:	Medical condition has NOT been diagnosed by a health care provider – OR – Minor medical condition does not affect nutrition status (example: heart murmur)

There may be other conditions that qualify for this risk. For any condition not on the list, check with a health professional or WIC nutritionist before assigning the risk.

Reason for Risk

These conditions (or the medications needed to treat these conditions) are stressful to the body and can prevent adequate growth and nutrient stores.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of medical disease or condition* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about other medical conditions.

Example

Nazlee is a 12 month old at WIC today for recertification. She has cystic fibrosis. She is recertified with Risk 360 and referred to the WIC nutritionist for high-risk counseling.

Developmental, Sensory or Motor Delays Interfering with Eating 362

Category	**ALL**
Risk Level	**HIGH**

Risk Description

A participant who has a developmental, sensory or motor disability that restricts the ability to chew or swallow food.

– OR –

A participant who requires a tube feeding to meet nutritional needs (a tube inserted into the stomach – through the nose, down the throat and into the stomach, or directly into the stomach through an opening in the abdomen).

Includes:

- Minimal brain function
- Developmental delays
- Autism
- Birth injury
- Head trauma
- Brain damage

At risk if:	Participant has a developmental, sensory or motor delay that ***interferes with the ability to eat***
NOT at risk if:	Participant has a developmental, sensory or motor delay, but is able to eat foods appropriate for their age

Reason for Risk

Participants with this risk may have nutritional deficiencies due to their problems eating.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *type of developmental, sensory or motor delay* in the "Progress Notes."

Education/Referrals

This is a HIGH risk level – **a referral to the WIC nutritionist is required.**

Example

Justin is a 12-month-old boy at WIC today for his recertification appointment. Justin had a difficult birth and had a brain injury due to lack of oxygen at birth. He has been receiving about half of his formula through tube feeding. He is able to suck, but not effectively enough to take all of his feedings by mouth. He cannot eat solid foods. He is recertified with Risk 362 and referred to the WIC nutritionist for high-risk counseling.

Maternal Smoking 371

Category	**Pregnant & Breastfeeding Women**
Risk Level	**LOW**

Risk Description

Any daily smoking of tobacco products – cigarettes, pipes or cigars.

*Does not apply to non-breastfeeding, postpartum women (WN).

At risk if:	***Woman who is smoking any tobacco products daily*** ▪ Cigarettes ▪ Pipes ▪ Cigars
NOT at risk if:	Woman is not smoking daily – OR – Woman was smoking previously, but is no longer smoking – OR – Woman is a non-breastfeeding postpartum woman (WN) – OR – Woman is using chewing tobacco

Reason for Risk

Smoking during pregnancy is a health risk to the fetus and can cause birth complications. Smoking can decrease the production of breast milk.

How is Risk Assigned?

- TWIST-selected.
- Based on the answer to the Health History question about smoking.

Additional Documentation

No special requirements.

Education/Referrals

Refer woman to a smoking cessation program.

Example

Autumn is a pregnant woman applying for WIC. She reports that she smokes a half of a pack of cigarettes a day. She would qualify for WIC with Risk 371.

Alcohol or Illegal and/or Illicit Drug Use 372

Category	**All Women**
Risk Level	**MEDIUM**

Risk Description

At risk if:	**WP:** ***Alcohol or illegal/illicit drug use at any point during pregnancy*** **WE, WB, WN:** ▪ ***Routine current use of 2 or more*** drinks per day ▪ ***Binge drinking*** – 5 or more drinks on the same occasion on at least one day in the past 30 days ▪ ***Heavy drinking*** – 5 or more drinks on the same occasion on five or more days in the previous 30 days ▪ ***Any illegal/illicit drug use*** (includes, but not limited to marijuana, cocaine, heroin, methamphetamine) any time since birth of baby
NOT at risk if:	Woman is NOT drinking alcohol or taking drugs – OR – **WE, WB, WN:** Woman occasionally has one drink per day, or only drug and alcohol use was during pregnancy

NOTE

Women meeting this risk criteria should not breastfeed if alcohol and/or drug use continues.

Reason for Risk

Drinking alcohol or using drugs during pregnancy is a health risk to the fetus and can cause birth complications. Drug use and heavy alcohol use are contraindicated during breastfeeding because the substances are passed to the nursing baby via breast milk.

How is Risk Assigned?

- TWIST-selected.
- Based on the answers to the Health History questions about drug and alcohol use.

Additional Documentation

Document the *specific type of drug or alcohol use* in the "Notes" or "Progress Notes."

Education/Referrals

- This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- Breastfeeding and pregnant women with this risk should be advised that drugs and heavy alcohol use are harmful during pregnancy and should be referred to alcohol or drug cessation programs as necessary.

Risk 372 continued

- It is considered safe for breastfeeding women to have an occasional alcoholic drink. See the "Breastfeeding Module" or a lactation consultant for more information.

Example

June is a pregnant woman applying for WIC. During the health history she tells you that she smokes marijuana occasionally with her friends. She says that she has researched the risks and is not interested in quitting. June would qualify for Risk 372.

Dental Problems 381

Category	**ALL**
Risk Level	**LOW**

Risk Description

Dental problems which impair the ability to ingest food in adequate quantity or quality.

All Women: Includes:

- Tooth decay
- Periodontal disease
- Tooth loss
- Ineffectively replaced teeth

Pregnant Women: Includes the above and gingivitis (gum disease) of pregnancy

Infants and Children: Includes:

- Nursing or baby bottle caries (baby bottle tooth decay)
- Smooth surface decay of the upper front teeth and the primary molars

At risk if:	***Dental problems affect the ability to eat regular foods***
NOT at risk if:	Dental problems do NOT affect the ability to eat regular foods

Reason for Risk

Dental problems can affect a person's ability to eat certain foods and may prevent them from eating a nutritious diet. For pregnant women, dental infections can be a health risk to the fetus.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of dental problem* in the "Notes" or "Progress Notes."

Education/Referrals

Refer the participant to dental services as available.

Example

April is a pregnant woman who has come in to be enrolled in WIC. While you are talking about her diet, she tells you that she avoids some foods that are hard to chew because she has a broken tooth and a tooth that probably needs a filling. April would qualify for Risk 381.

Fetal Alcohol Syndrome (FAS) 382

Category	**I, C**
Risk Level	**HIGH**

Risk Description

An infant or child who has been diagnosed with fetal alcohol syndrome, based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.

At risk if:	***Health care provider diagnosed*** fetal alcohol syndrome
NOT at risk if:	Fetal alcohol syndrome has NOT been diagnosed by a health care provider

Reason for Risk

Fetal alcohol syndrome may affect the child's growth and development.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements.

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- See *More Information about Medical Conditions* to learn more about fetal alcohol syndrome.

Example

Tynana is a 2 year old foster child who transferred into your clinic last month. This month she is at WIC for her recertification. During the recertification appointment, the foster mother tells you that Tynana was diagnosed with fetal alcohol syndrome when she was a baby. She is slightly delayed developmentally and her growth is slow. She is assigned Risk 382.

Dietary Risks 401 – 499

Category	**ALL**
Risk Level	**VARIOUS**

Risk Description

Risks 401 – 499 are **dietary risks** and are not covered in this training module.

For more information about the **dietary risks** see:

- *Job Aid: Risk List for Infants and Children*
- *Job Aid: Risk List for Women*
- Policy 675: Risk Criteria Codes and Descriptions

Preventive Maintenance 501

Category	**I, C, WE, WB, WN**
Risk Level	**LOW**

Risk Description

A participant who has previously been certified eligible for WIC, who has no other nutrition risk and may have a regression in nutrition status without WIC benefits

- Not every risk can lead to the possibility of regression
- Cannot be used two times in a row

NOTE

Cannot be used for pregnant women.

At risk if:	Participant could have a ***regression in nutrition status*** if they do not receive WIC benefits for the next certification period
NOT at risk if:	CPA determines that there is NOT the possibility of regression

Reason for Risk

Regression means that the participant may once again become at risk if they no longer participate on WIC. Risk 501 may be used to allow participants time to build their nutrient stores and prevent regression.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *reason for possible regression* in the "Notes" or "Progress Notes."

Education/Referrals

Provide nutrition education to prevent the condition from returning.

Example

Tedd was certified last time with Risk 201 – Low Hemoglobin/Low Hematocrit. At his recertification, the CPA does not identify any risks. The CPA could decide to recertify Tedd using *Risk 501 – Preventative Maintenance* to help build Tedd's nutrient stores and prevent him from becoming anemic again.

Transfer of Certification 502

Category	**ALL**
Risk Level	**LOW**

Risk Description

When a person is transferring into your WIC agency with a valid Verification of Certification (VOC) card, use Risk 502 when:

- The VOC card does not indicate their nutrition risk
  – OR –
- The original agency certified the participant using a risk that Oregon does not use

At risk if:	***VOC card does not show nutrition risk*** used for certification – OR – Participant was certified using a risk that Oregon does not use
NOT at risk if:	VOC card has a valid risk code in use in Oregon

Reason for Risk

All participants shall be transferred into your agency if they have a valid VOC card. See Policy 653 – *Transfers Into and Out of State* for more information.

How is Risk Assigned?

CPA selects this risk on the "Nutrition Risks" pop-up from the "Transfer Information" screen.

Additional Documentation

No special requirements.

Education/Referrals

Refer participant to local services as needed.

Example

Randy and his mom come to your clinic because they have just moved to your town from Arizona. The WIC office in Arizona gave to them VOC cards before they left. Using the information from the VOC cards, you transfer Randy and his mom into your WIC clinic. Their VOC cards do not have nutrition risk information listed on them, so they are transferred using Risk 502. You give Randy's mom information on OHP and other services in your area.

Breastfeeding Mother of Infant at Nutritional Risk 601

Category	**Breastfeeding Women only (WE, WB)**
Risk Level	**LOW**

Risk Description

A breastfeeding woman whose breastfeeding infant has been determined to be at nutritional risk (except Risk 701 & 702).

At risk if:	The ***infant has been certified on WIC*** with a nutrition risk
NOT at risk if:	The infant was certified using only Risk 701 or 702

Reason for Risk

A breastfeeding mother needs to stay in good health to support the at-risk infant.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements because the infant's risk is documented in the infant's TWIST record.

Education/Referrals

Continuing to breastfeed provides the best nutrition for the baby.

Example

Suriya's baby is 2 weeks old. She is at WIC today for her recertification appointment. Her baby was just enrolled on WIC with *Risk 141 – Low Birth Weight*. Suriya is recertified using Risk 601.

NOTE

See Job Aid *Clarification for Using Risks 601, 701, and 702* for further explanation.

Breastfeeding Complications or Potential Complications (Woman) 602

Category	**Breastfeeding Women only (WE, WB)**
Risk Level	**MEDIUM**

Risk Description

A breastfeeding woman with any of the following problems or potential problems.

At risk if:	***Woman has any of the following breastfeeding complications or potential complications:*** ▪ Severe breast engorgement ▪ Recurrent plugged ducts ▪ Mastitis (fever or flu-like symptoms with localized breast tenderness) ▪ Flat or inverted nipples ▪ Cracked, bleeding or severely sore nipples ▪ 40 years of age or older ▪ No mature milk by 4 days postpartum ▪ Tandem nursing (breastfeeding two siblings who are not twins)
NOT at risk if:	Woman does NOT have breastfeeding complications – OR – Woman has breast fullness as her milk comes in that does NOT interfere with the baby's milk intake and goes away after feeding

Reason for Risk

Breastfeeding complications can have an impact on the milk intake of the infant.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of breastfeeding problem* in the "Notes" or "Progress Notes."

Education/Referrals

- This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- Refer the woman for breastfeeding counseling, if available.
- See the "Breastfeeding Module" for more information about breastfeeding risks.

Example

Sonia's baby is 2 weeks old. She is at WIC today for her recertification appointment. She tells you that she has very sore nipples and that it is getting harder to nurse. Sonia is recertified with Risk 602. She is referred to the WIC nutritionist who also has advanced lactation training.

Breastfeeding Complications or Potential Complications (Infant) 603

Category	**Infants only**
Risk Level	**MEDIUM**

Risk Description

A breastfeeding infant with any of the following problems or potential problems.

At risk if:	***Infant has the following breastfeeding complications or potential complications:*** ▪ Jaundice ▪ Weak or ineffective suck ▪ Difficulty latching onto mother's breast ▪ Inadequate stooling (for age as determined by a health care professional) ▪ Less than 6 wet diapers per day
NOT at risk if:	Infant does NOT have breastfeeding complications

Reason for Risk

Breastfeeding complications can have a serious impact on the infant's health.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of breastfeeding complication* in the "Notes" or "Progress Notes."

Education/Referrals

- This is a MEDIUM risk level – a referral to a health professional or WIC nutritionist is recommended.
- Refer the infant's mother to breastfeeding counseling, if available.
- See the *Breastfeeding Module* for more information about breastfeeding risks.

Example

Wesley is 2 ½ weeks old. He is at WIC today for his enrollment appointment. Wesley's mom tells you that she is having trouble getting Wesley to latch on to the breast. She came in last week to see the breastfeeding counselor, but she still is not sure that she is doing it right. Wesley has 6 wet diapers per day. Wesley would qualify for Risk 603 because he is having difficulty latching on. Wesley's mom is referred back to the breastfeeding counselor.

Infant Born to WIC Mom or WIC-Eligible Mom 701

Category	**Infants (under 6 months)**
Risk Level	**LOW**

Risk Description

An infant under 6 months old who was born to a mother on WIC during pregnancy or born to a mother who would have been eligible for WIC during pregnancy because of an anthropometric, biochemical or clinical/medical risk.

At risk if:	Infant is < ***6 months old*** – AND – The infant's mother was on WIC during pregnancy – OR – The infant's mother was not on WIC, but had an anthropometric (100s), biochemical (200s), or clinical/medical (300s) nutrition risk that would have qualified her for WIC
NOT at risk if:	Infant is ≥ 6 months old – OR – Infant's mother did not have a nutrition risk during pregnancy

Reason for Risk

WIC can help prevent health risks associated with babies born to women at risk.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.
- Based on information from the mother's TWIST record and information from the mother about health risks during pregnancy.
- For women not on WIC during pregnancy, asking questions from the Health History questionnaire can be helpful in determining if they would have been WIC-eligible.

Additional Documentation

If the mom was not on WIC during her pregnancy, document the risk that would have qualified her for WIC, in the "Notes" or "Progress Notes." Otherwise, no additional documentation is necessary.

Education/Referrals

Provide referrals as needed.

Example

Chinh is a 3-week-old infant who is at WIC for enrollment. His mother was not on WIC during pregnancy. Because his mother is 17 years old, she would have had a nutrition risk to qualify for WIC. Chinh can be enrolled with Risk 701.

NOTE

See Job Aid *Clarification for Using Risks 601, 701, and 702* for further explanation.

Breastfeeding Infant of Woman at Nutritional Risk 702

Category	**Infants only**
Risk Level	**LOW**

Risk Description

A breastfeeding infant whose mother has been determined to be at nutritional risk (except Risk 601).

At risk if:	The ***mother of the breastfeeding infant has been certified on WIC*** with a nutrition risk
NOT at risk if:	The mother of the breastfeeding infant was certified using Risk 601

Reason for Risk

A breastfeeding infant may be at risk as the mother's milk supply may be affected by nutrition risk.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

No special requirements because the mother's risk is documented in the mother's TWIST record.

Education/Referrals

If needed, refer the mother to breastfeeding counseling.

Example

Willow was born 10 days ago. Her mother was just recertified as a breastfeeding woman because she had closely spaced pregnancies. Willow is enrolled using Risk 702.

NOTE

See Job Aid *Clarification for Using Risks 601, 701, and 702* for further explanation.

Infant of Woman with Alcohol or Drug Use or Mental Retardation 703

Category	**Infants only**
Risk Level	**HIGH**

Risk Description

An infant born to a woman with mental retardation, or alcohol or drug use during the most recent pregnancy.

At risk if:	Infant's mother is ***diagnosed with mental retardation*** by a health care provider or psychologist – OR – Infant's mother ***used alcohol or illegal/illicit drugs*** during this pregnancy (self-reported or documented by health care provider)
NOT at risk if:	WIC suspects the mother is mentally retarded, but there is no proof – OR – WIC suspects the woman used alcohol or drugs during pregnancy, but woman has not self-reported or it has not been documented.

NOTE

Infant may also qualify for Risk 902.

Reason for Risk

Mothers with mental retardation or who are using alcohol or drugs are more likely to neglect the infant and may not recognize the infant's feeding cues.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.
- Based on information from the mother's TWIST record and/or information from the mother about alcohol or illegal/illicit drug use during pregnancy.

Additional Documentation

Document *the specific type of problem* in the "Progress Notes."

Education/Referrals

This is a HIGH risk level – **a referral to the WIC nutritionist is required.**

Example

Martzie's baby was born last week. Martzie was on WIC during her pregnancy and she has Down Syndrome. She usually comes to her WIC appointments with her mom because her mom helps care for her. Martzie's baby would qualify for Risk 703.

Homelessness 801

Category	**ALL**
Risk Level	**LOW**

Risk Description

A participant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence)
- An institution that provides a temporary residence for individuals intended to be institutionalized
- A temporary accommodation of not more than 365 days in the residence of another individual
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

At risk if:	Participant ***lacks a fixed and regular nighttime residence*** as defined above
NOT at risk if:	Participant has their own, regular nighttime residence

Reason for Risk

Participants who are homeless may lack food storage and preparation facilities which puts them at nutrition risk.

How is Risk Assigned?

- TWIST-selected.
- Based on "yes" answer to the homeless question on the "WIC Intake" screen.

Additional Documentation

No special requirements.

Education/Referrals

Participants who are homeless may need a food package with foods that don't require refrigeration or one which allows the purchase of foods in small quantities.

Example

Keita is a pregnant woman at WIC for her enrollment appointment. During WIC intake, she tells you that she is staying with some friends, sleeping on their couch. She is hoping to move into her own apartment soon. Keita would qualify for Risk 801, and is referred to an agency to assist her in finding housing.

Migrancy 802

Category	**ALL**
Risk Level	**LOW**

Risk Description

A participant who is a member of a family which contains at least one person whose works primarily in seasonal agriculture. The family member must have worked in seasonal agriculture within the last 24 months and must establish temporary housing during the work season.

At risk if:	Participant ***has a family member who works in seasonal agriculture*** as defined above
NOT at risk if:	Participant has a family member who works in agriculture year-round in one location and has a permanent, full-time home

Reason for Risk

Families who are migrant workers may lack food storage and preparation facilities which puts them at nutritional risk.

How is Risk Assigned?

- TWIST-selected.
- Based on "yes" answer to the migrant question on the "WIC Intake" screen.

Additional Documentation

No special requirements.

Education/Referrals

Participants who are migrant workers may need a food package with foods that don't require refrigeration or one which allows the purchase of foods in small quantities.

Example

Joel is a 2-year-old boy at WIC for his recertification appointment. During the WIC intake, his mom tells the CPA that his dad works all over the state, depending on where the next crop needs to be harvested. They will be in your town for the next 6 weeks, and then they will be moving to a nearby county for work. Joel is recertified using Risk 802. The CPA provides the mother with information on how to transfer her WIC to the new location when she moves.

Recipient of Abuse 901

Category	**ALL**
Risk Level	**LOW**

Risk Description

All Women: A woman who has experienced battering within the past 6 months. Battering is defined as "a violent assault on a woman."

Infants and Children: An infant or child who has experienced child abuse or neglect within the past 6 months. Child abuse or neglect is defined as "any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker."

At risk if:	***Participant experienced abuse within the past 6 months*** as defined above Abuse may be: ▪ Self-reported by the participant or parent/guardian – OR – ▪ Documented by a social worker, health care professional or in other appropriate documents – OR – ▪ Reported from consultation with a social worker, health care professional or other appropriate personnel
NOT at risk if:	WIC suspects abuse, but does not have proof

Reason for Risk

Participants who have experienced abuse have a greater risk of health and nutrition problems.

How is Risk Assigned?

- TWIST-selected.
- Based on the answer to the Health History question about abuse.

Additional Documentation

No special requirements.

Education/Referrals

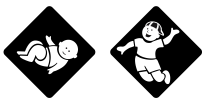
See the *Violence Prevention Resource Manual (OHD 1996)* for more information.

Example

Kalina was referred to WIC from the local domestic violence shelter. She is pregnant and just left her husband who was abusing her. She is enrolled on WIC with Risk 901.

Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food 902★

★ *See next page for Risk 902 –Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food*



Category	**I, C**
Risk Level	**HIGH**

Risk Description

An infant or child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:

- ≤ 17 years of age
- Mentally disabled or delayed
- Has a mental illness such as clinical depression (diagnosed by a physician or psychologist)
- Has a physical disability which restricts or limits food preparation abilities
- Currently using or having a history of using alcohol or other drugs

At risk if:	CPA assesses that the primary caregiver is ***unable to make appropriate feeding decisions or is unable to prepare food***
NOT at risk if:	CPA determines that the caregiver has one of the examples listed above, but is still able to provide food for her infant/child

Infants may also qualify for Risk 703.

Reason for Risk

An infant or child in this situation may become malnourished without appropriate support for the mother.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific type of problem* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- Referrals to other programs may be needed to ensure the health and safety of the infant/child.

Example

Hillary and her boyfriend are at WIC to enroll their baby. Hillary is 15 years old and her boyfriend is 16 years old. They live on their own. During the certification appointment, you find out that they have been mixing the baby's formula incorrectly. They also are not sure about when to feed the baby, and you observe in clinic that the baby is showing feeding cues and Hillary and her boyfriend are not responding to the cues to feed the baby. Hillary's baby would qualify for Risk 902. After providing specific instructions about mixing the formula and feeding cues, you arrange for community health nurse follow-up.

Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food 902★

★ *See previous page for Risk 902 – Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food*

Category	**ALL WOMEN**
Risk Level	**HIGH**

Risk Description

A woman who is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:

- ≤ 17 years of age
- Mentally disabled or delayed
- Has a mental illness such as clinical depressions (diagnosed by a health care provider or psychologist)
- Has a physical disability which restricts or limits food preparation abilities
- Currently using or having a history of using alcohol or other drugs

At risk if:	CPA assesses that the woman is ***unable to make appropriate feeding decisions or is unable to prepare food***
NOT at risk if:	CPA determines that the woman has one of the examples listed above, but is able to prepare food

Reason for Risk

A woman in this situation may become malnourished without appropriate support.

How is Risk Assigned?

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.

Additional Documentation

Document the *specific problem* in the "Progress Notes."

Education/Referrals

- This is a HIGH risk level – **a referral to the WIC nutritionist is required.**
- A woman with this risk may need follow-up from other community services.

Example

Lynsey is pregnant and at WIC to be enrolled. During the certification appointment she confides in you that she has been really depressed lately and isn't eating very much. She doesn't go grocery shopping and doesn't cook food, just snacks occasionally on what she can find in the cupboard. She tells you that her doctor has referred her to a psychologist for her depression. Lynsey would qualify for Risk 902.

Foster Care 903

Category	**ALL**
Risk Level	**LOW**

Risk Description

- A participant who has entered the foster care system during the previous 6 months
- A participant who has moved from one foster care home to another foster care home during the previous 6 months
- Cannot be used 2 times in a row if the participant remains in the same foster care home
- Can be used as the only risk code if a thorough assessment finds no other risks

At risk if:	Participant has ***entered foster care*** in the past 6 months – OR – Participant has ***moved foster care homes*** in the past 6 months
NOT at risk if:	This risk was used last certification and at the recertification the participant is in the same foster home

Reason for Risk

Participants in the foster care system are at greater risk of health and nutrition risk due to the transient nature of their health care.

Sources of Assessment Information

- CPA-selected.
- Select this risk from the "Select Risks/Sub Risks" pop-up during the Health History or on the "Risk Factors" screen.
- Based on information from "WIC Intake" during income screening.

Additional Documentation

No special requirements.

Education/Referrals

Refer to community resources as needed.

Example

Nathan is a baby who was placed in foster care last week. His foster mother is at WIC today to enroll him. Nathan has medical risks that qualify him for WIC, and he will also be enrolled with Risk 903.