

2.13A Nutrition Risk Criteria

Exhibit 2.13A - Michigan Risk Codes

100 Risk Series - Anthropometric Risk

Risk Category Criteria

101 PG Prepregnancy underweight, any of the following:

- Prepregnancy Body Mass Index (BMI) below 18.5

Body Mass Index (BMI) Table for Determining Weight Classification for Pregnant Women (1)

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI ≥30.0
58"	<89	89-118	119-142	>142
59"	<92	92-123	124-147	>147
60"	<95	95-127	128-152	>152
61"	<98	98-131	132-157	>157
62"	<101	101-135	136-163	>163
63"	<105	105-140	141-168	>168
64"	<108	108-144	145-173	>173
65"	<111	111-149	150-179	>179
66"	<115	115-154	155-185	>185
67"	<118	118-158	159-190	>190
68"	<122	122-163	164-196	>196
69"	<125	125-168	169-202	>202
70"	<129	129-173	174-208	>208
71"	<133	133-178	179-214	>214
72"	<137	137-183	184-220	>220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults, National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Note: Use the MI-WIC System Prenatal Weight Gain Grid

100 Risk Series - Anthropometric Risk

Risk Category Criteria

- 102 BE BP NPP Postpartum underweight, any of the following:
- Non-breastfeeding women and breastfeeding women who are less than 6 months postpartum, prepregnancy or current Body Mass Index (BMI) below 18.5
 - Breastfeeding women 6 months or more postpartum, current Body Mass Index (BMI) below 18.5

BMI Table for Determining Weight Classification for Non-Pregnant Women (1)

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI ≥ 30.0
58"	<89	89-118	119-142	>142
59"	<92	92-123	124-147	>147
60"	<95	95-127	128-152	>152
61"	<98	98-131	132-157	>157
62"	<101	101-135	136-163	r>163
63"	<105	105-140	141-168	>168
64"	<108	108-144	145-173	>173
65"	<111	111-149	150-179	>179
66"	<115	115-154	155-185	>185
67"	<118	118-158	159-190	>190
68"	<122	122-163	164-196	>196
69"	<125	125-168	169-202	>202
70"	<129	129-173	174-208	>208
71"	<133	133-178	179-214	>214
72"	<137	137-183	184-220	>220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
103	IBE IBP IFF C1-C4	<p><u>At-risk of becoming underweight</u></p> <ul style="list-style-type: none"> • Infants and Children less than 24 months: At or above the 6th percentile for weight-for-length and at or below the 10th percentile for weight-for-length. • Children at or above 24 months: At or above the 6th percentile and at or below the 10th percentile Body Mass Index (BMI)-for-age or Weight for Length for a child using the Birth to 36 Month Growth Chart when length has been measured on the recumbent board. <p>Note: All anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.</p>
104+	IBE IBP IFF C1-C4	<p><u>High-risk underweight</u></p> <ul style="list-style-type: none"> • Infants and Children less than 24 months: At or below the 5th percentile weight-for-length. • Children at or above 24 months: At or below the 5th percentile Body Mass Index (BMI)-for-age or Weight for Length for a child using the Birth to 36 Month Growth Chart when length has been measured on the recumbent board. <p>Note: All anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.</p>
111	PG	<p><u>Prepregnancy overweight, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Prepregnancy Body Mass Index (BMI) at or above 25.0 <p>Note: Use the BMI Table for Determining Weight Classification for Pregnant Women found at Risk 101. Also use the MI-WIC System Prenatal Weight Gain Grid.</p>
112	BE, BP, NPP	<p><u>Postpartum overweight, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Non-Breastfeeding women and breastfeeding women who are less than 6 months postpartum, prepregnancy Body Mass Index (BMI) at or above 25. • Breastfeeding women who are 6 months or more postpartum, current Body Mass Index (BMI) at or above 25. <p>Note: Use the BMI Table for Determining Weight Classification for Non-Pregnant Women found at Risk Code 102. Prepregnancy weight is a better indicator of weight status than postpartum. EXCEPTION: BMI <18.5 any time during 6 month postpartum is considered possible indicator of poor nutritional intake for women and a risk if pregnancy occurs again.</p>

100 Risk Series - Anthropometric Risk

Risk Category Criteria

113+ C2–C4 High risk overweight

- Children 2-5 years of age: At or above the 95th percentile Body Mass Index (BMI)-for-age or $\geq 95^{\text{th}}$ percentile weight-for-length

Note: Use the CDC Growth Charts: United States DCH-0313 a-d.

114 IBE, IBP At-risk of becoming overweight
 IFF,
 C1-C4

Have one or more risk factors for being at-risk of becoming overweight. The risk factors are limited to:

- Children at or above 24 months of age:
 at or above the 85th and below the 95th percentile Body Mass Index (BMI)-for-age
- Infants less than 12 months of age and born to a woman who was obese (BMI at or over 30) at the time of conception or at any point in the first trimester of the pregnancy (BMI must be based on ***self reported, by the mother***, pre-pregnancy weight and height or on a measured weight and height documented by staff or other health care provider, see BMI Table below).
- Children: At or over 12 months of age and having a biological mother who is obese (BMI at or above 30) at the time of certification (BMI must be based on ***self reported, by the mother***, weight and height or on weight and height measurements taken by staff at the time of certification. If the mother is pregnant or has had a baby within the past 6 months, use her prepregnancy weight to assess for obesity since her current weight will be influenced by pregnancy related weight gain, see BMI Table below.)
- Infants or Children: Having a biological father who is obese (BMI at or above 30) at the time of certification (BMI must be based on ***self reported, by the father***, weight and height or on weight and height measurements taken by staff at the time of certification, see BMI Table below).

Note: Use the CDC Growth Charts: United States DCH-0313 a-d. When determining the parental BMI use the Abbreviated Body Mass Index (BMI) Table below.

100 Risk Series - Anthropometric Risk

Abbreviated Body Mass Index (BMI) Table*

Height	Inches	Weight (lbs) equal to BMI 30
4' 10"	58	143
4' 11"	59	148
5' 0"	60	153
5' 1"	61	158
5' 2"	62	164
5' 3"	63	169
5' 4"	64	174
5' 5"	65	180
5' 6"	66	186
5' 7"	67	191
5' 8"	68	197
5' 9"	69	203
5' 10"	70	209
5' 11"	71	215
6' 0"	72	220
6' 1"	73	227
6' 2"	74	233
6' 3"	75	240

*This table may be used to determine parental (male or female) obesity (BMI \geq 30).

Note: When using the parental BMI to meet the risk, record it in the client record.

121 IBE, IBP, IFF, C1 Short stature or At Risk of Short Stature (Infants and Children)

At or below the 10th percentile length or stature-for-age.

Note: For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age. For information about adjusting for gestational age, (see Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment). Use the CDC Growth Charts: United States DCH-0313 a-d.

PG = Pregnant Woman
 BE, BP = Breastfeeding woman
 NPP = Non-lactating woman
 I BE, IBP, IFF = Infant
 C1 – C4 = Child

+ (plus sign) = High nutritional risk which requires being scheduled to see an RD
 RD = Registered Dietitian
 CPA = Competent Professional Authority

100 Risk Series - Anthropometric Risk

Risk Category Criteria

131+ PG Low maternal weight gain, any of the following:

- Weight gain is below shaded area for any woman on MI-WIC Prenatal Weight Gain Grid
- Singleton pregnancy, second and third trimesters:
 - Category A (underweight) pregnant woman gaining less than 4 pounds per month
 - Category B (normal weight) pregnant woman gaining less than 3.2 pounds per month
 - Category C (overweight) pregnant woman gaining less than 2 pounds per month
 - Category D (obese) pregnant woman gaining less than 1.6 pounds per month.

Note: Use the Pregnant Woman’s Health and Diet Questions & MI-WIC Weight Gain Grid.

Weight gain and risk assessment should include evaluation of weight gain pattern with 2 or more repeated measures whenever possible. See Risk Code 335, Multi-fetal for Information on more than one fetus.

132+ PG Maternal weight loss during pregnancy, any of the following:

- First trimester (0-13 weeks gestation): any weight loss below pregravid weight
- Second or third trimester (14-40 weeks gestation): weight loss of 2 or more pounds

Note: Use the Pregnant Woman’s Health and Diet Questions & MI-WIC Weight Gain Grid.

133 PG
BE, BP,
NPP High maternal weight gain, any of the following:
Pregnant woman (singleton pregnancy): all trimesters, all weight groups

- Weight gain of 7 or more pounds per month

Breastfeeding or non-lactating woman (most recent pregnancy only)

- Gestational weight gain exceeding upper limit of the Institute of Medicine’s recommended range based on Body Mass Index (BMI) as follows:

<u>Prepregnancy</u> <u>Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>
Category A (underweight)	BMI <18.5	more than 40 pounds
Category B (normal weight)	BMI 18.5 to 24.9	more than 35 pounds
Category C (overweight)	BMI 25.0 to 29.9	more than 25 pounds
Category D (obese)	BMI <u>≥30.0</u>	more than 20 pounds

Note: Use the Pregnant Woman’s Health and Diet Questions & MI-WIC Weight Gain Grid.

Weight gain and risk assessment should include evaluation of weight gain pattern with 2 or more repeated measures whenever possible. See Risk Code 335, Multi-fetal for Information on more than one fetus. Use the BMI Table for Determining Weight Classification for Non-Pregnant women found at Risk Code 102.

PG	= Pregnant Woman	+ (plus sign)	= High nutritional risk which
BE, BP	= Breastfeeding woman		requires being scheduled to see an RD
NPP	= Non-lactating woman	RD	= Registered Dietitian
I BE, IBP, IFF	= Infant	CPA	= Competent Professional Authority
C1 – C4	= Child		

100 Risk Series - Anthropometric Risk

Risk **Category** **Criteria**
 134+ IBE, IBP, Failure-to-thrive
 IFF, C1-C4

- Diagnosed failure-to-thrive

Note: For Premature Infants see Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.

135+ IBE, IBP, Inadequate Growth
 IFF, C1-C4

Infants from birth to 1 month of age, any of the following:

- excessive weight loss after birth
- not back to birth weight by 2 weeks of age

Infants from birth to 6 months of age:

If the 1st of the two weight-for-age plots is below the 25th percentile and the 2nd plot is at a percentile less than the previous plot, then perform the calculations to determine if the criteria is met for risk code 135.

If the 1st of the two weight-for-age plots is at or above the 25th percentile and the 2nd plot is a 5 percentile or more drop from the 1st plot, then perform the calculations to determine if the criteria is met for risk code 135.

Based on 2 weights taken at least 1 month apart, the infant’s actual weight gain is less than the calculated expected minimal weight gain based on the table below.

Age	Minimal Expected Weight Gain			
Birth - 1 mo	18 gm/day	4 2 oz/wk	19 oz mo	1 lb 3 oz/mo
1 - 2 mo	25 gm/day	6 1/4 oz /wk	27 oz/mo	1 lb 11 oz/mo
2 - 3 mo	18 gm/day	4 2 oz/wk	19 oz/mo	1 lb 3 oz/mo
3 - 4 mo	16 gm/day	4 oz/wk	17 oz/mo	1 lb 1 oz/mo
4 - 5 mo	14 gm/day	3 2 oz/wk	15 oz/mo	
5 - 6 mo	12 gm/day	3 oz/wk	13 oz/mo	

PG	= Pregnant Woman	+ (plus sign)	= High nutritional risk which requires being scheduled to see an RD
BE, BP	= Breastfeeding woman	RD	= Registered Dietitian
NPP	= Non-lactating woman	CPA	= Competent Professional Authority
I BE, IBP, IFF	= Infant		
C1 – C4	= Child		

100 Risk Series - Anthropometric Risk

Risk Category Criteria

Infants & Children from 6 months to 59 months of age:

If the 1st of the two weight-for-age plots is below the 25th percentile and the 2nd plot is at a percentile less than the previous plot, then perform the calculations to determine if the criteria is met for risk code 135.

If the 1st of the two weight-for-age plots is at or above the 25th percentile and 2nd plot is a 5 percentile or more drop from the 1st plot, then perform the calculations to determine if the criteria is met for risk code 135.

Option I: Based on 2 weights taken at least 3 months apart, the infant’s or child’s actual weight gain is less than the calculated expected weight gain based on the table below.

Age	Minimal Expected Weight Gain				
6 - 12 mos	9 gm/day	2 1/4 oz/wk	or	9 2 oz/mo	3 lbs 10 oz/6 mos
12 - 59 mos	2 2 gm/day	0.6 oz/wk	or	2.7 oz/mo	1 lb/6 mos

Option II: A low rate of weight gain over a six (6) month period (+ or - 2 weeks) as defined by the following chart.

Age in months at end Of 6 month interval	Weight gain per 6 month Interval in pounds
6	≤ 7
9	≤ 5
12	≤ 3
18 - 60	≤ 1

Note: Use the CDC Growth Charts: United States DCH-0313 a-d.

<p>PG = Pregnant Woman BE, BP = Breastfeeding woman NPP = Non-lactating woman I BE, IBP, IFF = Infant C1 – C4 = Child</p>	<p>+ (plus sign) = High nutritional risk which requires being scheduled to see an RD RD = Registered Dietitian CPA = Competent Professional Authority</p>
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100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
141+	IBE, IBP, IFF, C1	<p><u>Low birth weight and currently under 24 months of age</u></p> <ul style="list-style-type: none"> • Birth weight at or less than 2500 gm. (at or less than 5 lb. 8 oz.) <p><u>Very low birth weight (VLBW) for infants and children under 24 months of age</u></p> <ul style="list-style-type: none"> • Birth weight defined as at or less than 1500 gm. (at or less than 3 lb. 5 oz.) <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
142+	IBE, IBP, IFF, C1	<p><u>Prematurity</u></p> <ul style="list-style-type: none"> • Infant or child born less than 37 weeks gestation (infants and children less than 24 months old.) <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
151+	IBE, IBP, IFF, C1	<p><u>Small-for-gestational age (SGA) and currently under 24 months of age:</u></p> <ul style="list-style-type: none"> • Diagnosed presence of small-for-gestational age <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
152	IBE, IBP, IFF	<p><u>Low head circumference</u></p> <ul style="list-style-type: none"> • Below the 5th percentile head circumference-for-age <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
153+	IBE, IBP, IFF	<p><u>Large for gestational age, any of the following:</u></p> <ul style="list-style-type: none"> • Birth weight at or above 9 pounds • Diagnosed presence of large for gestational age <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>

PG	= Pregnant Woman	+	(plus sign)	= High nutritional risk which
BE, BP	= Breastfeeding woman			requires being scheduled to see an RD
NPP	= Non-lactating woman		RD	= Registered Dietitian
I BE, IBP, IFF	= Infant		CPA	= Competent Professional Authority
C1 – C4	= Child			

200 Risk Series - Biochemical Risk

Risk	Category	Criteria
201	PG, BE, BP NPP, IBE, IBP, IFF, C1 – C4	<p><u>Low hematocrit (hct.)/ low hemoglobin (hgb.) cutoff value:</u> <i>At the time the blood test was taken, any value less than (<) the blood values listed in the following chart.</i></p> <p>Note: For any woman who smokes the blood value criterion must be based on the number of cigarettes smoked and the trimester of pregnancy (if appropriate).</p> <ul style="list-style-type: none"> • One pack of cigarettes equals 20 cigarettes.

Status	Non-smoking		Any smoking up to 19 cigarettes/day		Smoking 20 to 39 cigarettes/day		Smoking 40 or more cigarettes/day	
	Hct. %	Hgb. gm.	Hct. %	Hgb. gm.	Hct. %	Hgb. gm.	Hct. %	Hgb. gm.
BN Postpartum- at/over age 15	<36.0	<12.0	<37.0	<12.3	<38.0	<12.5	<38.0	<12.7
BN Postpartum- under age 15	<36.0	<11.8	<37.0	<12.1	<38.0	<12.3	<38.0	<12.5
P First trimester (0 thru 13 weeks)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
P Second trimester (14 thru 26 weeks)	<32.0	<10.5	<33.0	<10.8	<34.0	<11.0	<34.0	<11.2
P Third trimester (27 weeks or more)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
I 6 thru 11 months	<33.0	<11.0						
C 12 thru 23 months	<33.0	<11.0						
C 24 thru 59 months	<33.0	<11.1						

Risk	Category	Criteria
211+	PG, BE, BP, NPP, IBE, IBP, IFF C1 – C4	<p><u>Elevated blood lead levels:</u></p> <ul style="list-style-type: none"> • Venous blood lead level at or above 10 micrograms per deciliter within the past 12 months.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
301+	PG	<p><u>Hyperemesis gravidarum</u></p> <ul style="list-style-type: none"> Diagnosed severe nausea and vomiting to the extent that a pregnant woman becomes dehydrated and acidotic
302+	PG	<p><u>Gestational diabetes</u></p> <ul style="list-style-type: none"> Diagnosed presence of either insulin dependent or diet-controlled glucose or carbohydrate intolerance (gestational diabetes). Condition first occurs or is recognized during pregnancy, is usually temporary and may be controlled with diet or medication (insulin). Self-reported diagnosis should lead to more in-depth questions to validate or involve referral to a medical professional.
303	PG, BE, BP, NPP	<p><u>History of diagnosed gestational diabetes, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> Pregnant woman: any history of gestational diabetes in previous pregnancy Breastfeeding woman: most recent pregnancy Non-lactating woman: most recent pregnancy
304	PG, BE, BP, NPP	<p><u>History of Preeclampsia</u></p> <ul style="list-style-type: none"> Pregnancy-induced hypertension - Condition resolves on delivery. Note: Preeclampsia generally occurs >20th week and includes proteinuria (protein in urine). Nutrition should include appropriate weight gain, adequate calcium & vitamin D intake, physical activity.
310+	PG	<p><u>History of preterm delivery</u></p> <ul style="list-style-type: none"> Pregnant woman: any history of birth of an infant less than 37 weeks gestation
311	BE, BP, NPP	<p><u>History of preterm delivery (most recent pregnancy)</u></p> <ul style="list-style-type: none"> Birth of an infant less than 37 weeks gestation Breastfeeding woman: most recent pregnancy Non-lactating woman: most recent pregnancy

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
312+	PG	<p><u>History of low birth weight</u></p> <ul style="list-style-type: none"> • Pregnant woman: any history of low birth weight infant at or less than 5 lbs 8oz (at or less than 2500 grams)
313	BE, BP, NPP	<p><u>History of low birth weight (most recent pregnancy)</u></p> <ul style="list-style-type: none"> • Low birth weight infant at or less than 5 lbs 8oz (at or less than 2500 grams) • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy
321	PG, BE, BP, NPP	<p><u>History of spontaneous abortion, fetal or neonatal loss, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diagnosed <u>spontaneous abortion (miscarriage)</u> is the spontaneous termination of a gestation at less than 20 weeks gestation or less than 500 grams. Diagnosed <u>fetal death</u> is the spontaneous termination of a gestation at greater than or equal to 20 weeks. Diagnosed <u>neonatal death</u> is a death of an infant within 0 to 28 days of life. • Pregnant woman: any history of fetal or neonatal death OR 2 or more spontaneous abortions. • Breastfeeding woman: most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. • Non-lactating woman: most recent pregnancy.
331	PG, BE, BP, NPP	<p><u>Pregnancy at a young age, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Conception at or less than 17 years of age • Pregnant woman: current pregnancy • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>												
332	PG, BE, BP, NPP	<p><u>Closely spaced pregnancies, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Conception before 16 months postpartum • Pregnant woman: current pregnancy • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy 												
333	PG, BE, BP, NPP	<p><u>High parity and young age, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Under age 20 at date of conception and has had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome • Pregnant woman: current pregnancy • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy 												
334	PG	<p><u>Lack of or inadequate prenatal care, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Prenatal care beginning after the first trimester (after 13 weeks) <table border="1" style="margin-left: 40px;"> <thead> <tr> <th><u>Weeks of gestation</u></th> <th><u>Number of prenatal visits</u></th> </tr> </thead> <tbody> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </tbody> </table>	<u>Weeks of gestation</u>	<u>Number of prenatal visits</u>	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less
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300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
335	PG, BE, BP, NPP	<p><u>Multifetal gestation, any of the following:</u></p> <ul style="list-style-type: none"> • Pregnant woman: more than 1 fetus in current pregnancy • Breastfeeding woman: more than 1 fetus, most recent pregnancy • Non-lactating woman: more than 1 fetus, most recent pregnancy <p>Note:</p> <ul style="list-style-type: none"> • Steady weight gain of 1.5 pounds per week, during 2nd and 3rd trimesters is linked with lowest risk. • Provisional risk guidelines for overall weight gain for twin pregnancy are: <ul style="list-style-type: none"> ○ Category B (normal weight) 37-54 pounds total ○ Category C (overweight) 31-50 pounds total ○ Category D (obese) 25-42 pounds total ○ Triplets 50 pounds total, regardless of initial weight ○ 4 or more – no provisional guidelines are available
336+	PG	<p><u>Fetal growth restriction</u></p> <ul style="list-style-type: none"> • Diagnosed fetal growth restriction
337	PG, BE, BP, NPP	<p><u>History of birth of a large-for-gestational age infant, any of the following:</u></p> <ul style="list-style-type: none"> • History of birth of an infant weighing at or more than 9 pounds or 4000 grams OR • Diagnosed large-for-gestational age infant • Pregnant woman: any history • Breastfeeding woman: most recent pregnancy or history of birth of an infant weighing at or more than 9 pounds or 4000 grams (infant qualifies with risk code 153 Large for Gestational Age) • Non-lactating woman: most recent pregnancy or history of birth of an infant weighing at or more than 9 pounds or 4000 grams (infant qualifies with risk code 153 Large for Gestational Age)
338	PG	<p><u>Pregnant woman currently breastfeeding</u></p> <ul style="list-style-type: none"> • Breastfeeding woman now pregnant

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
339+	PG, BE, BP, NPP	<p><u>History of birth with nutrition-related congenital or birth defect</u> (any history for pregnant woman, most recent pregnancy for breastfeeding and non-lactating woman):</p> <ul style="list-style-type: none"> • Woman who has given birth to an infant diagnosed with a congenital or birth defect associated with inappropriate nutritional intake, such as inadequate zinc (low birth weight), excessive vitamin A (cleft palate or lip), inadequate folic acid (neural tube defect) • Pregnant woman: any history of birth with nutrition-related congenital or birth defect • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy
341+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Nutrient deficiency diseases, any of the following:</u></p> <ul style="list-style-type: none"> • Diagnosed nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients • Diseases include, but not limited to, protein energy malnutrition, scurvy, rickets, beri beri, hypocalcemia, osteomalacia, vitamin K deficiency, pellagra, cheilosis, Menkes disease, xerophthalmia
342+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Gastro-intestinal disorders, any of the following:</u></p> <ul style="list-style-type: none"> • Diagnosed disease(s) or condition(s) that interferes with intake, digestion or absorption of nutrients or that may increase nutrient losses. • Conditions include, but are not limited to: • Post-bariatric surgery • Gallbladder disease • Gastroesophageal reflux (GER)/Esophagitis • Inflammatory bowel disease (ulcerative colitis or Crohn’s disease, celiac) • Liver disease • Pancreatitis • Small bowel syndrome and/or enterocolitis • Stomach (peptic) or intestinal ulcers, GI fistula

Self-reported diagnosis should be validated by follow-up or referral to a medical professional. Request additional information and guidelines from State WIC office.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
343+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Diabetes mellitus</u> <ul style="list-style-type: none"> Diagnosed presence of diabetes mellitus
344+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Thyroid disorders</u> <ul style="list-style-type: none"> Diagnosed hyperthyroidism Diagnosed hypothyroidism
345+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Hypertension, Chronic & Prehypertension (includes chronic, prehypertension and pregnancy-induced)</u> <ul style="list-style-type: none"> Presence of hypertension as diagnosed by a physician or self-reported documented by physician or health care worker and including chronic or pregnancy-induced hypertension. Presence of hypertension - Blood pressure readings between 130/80 to 139/89 mm Hg.
346+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Renal disease</u> <ul style="list-style-type: none"> Diagnosed presence of renal disease including pyelonephritis and persistent proteinuria EXCLUDES urinary tract infections involving the bladder
347+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Cancer</u> <ul style="list-style-type: none"> Diagnosed presence of cancer. The current condition, or treatment for the condition, must be severe enough to affect nutritional status.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
348+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Central nervous system disorders</u></p> <ul style="list-style-type: none"> • Diagnosed condition which affects energy requirements and may affect the individual’s ability to feed self that alters nutritional status metabolically, mechanically, or both • Includes, but not limited to: <ul style="list-style-type: none"> • Cerebral palsy • Epilepsy • Multiple sclerosis (MS) • Neural tube defects (NTD), such as: <ul style="list-style-type: none"> • Spina bifida • Myelomeningocele • Parkinson’s disease
349+	PG, BE, BP, NPP, IBE, IBP, IFF,	<p><u>Genetic and congenital disorders, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diagnosed presence of genetic and congenital disorders that cause physical or metabolic abnormality • Current condition must alter nutrition status metabolically, mechanically or both • Includes, but not limited to: <ul style="list-style-type: none"> • Cleft lip or palate • Down syndrome • Muscular dystrophy (MD) • Sickle cell anemia (<u>not</u> sickle cell trait) • Thalassemia major

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
351+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Inborn errors of metabolism</u></p> <ul style="list-style-type: none"> • Diagnosed inborn error(s) of metabolism • Gene mutations or gene deletions that alter metabolism in the body • Includes, but not limited to: <ul style="list-style-type: none"> • Fructoaldolase deficiency • Galactokinase deficiency • Galactosemia • Glutaric aciduria • Glycogen storage disease • Histidinemia • Homocystinuria • Hyperlipoproteinemia • Hypermethioninemia • Maple syrup urine disease • Medium-chain acyl-CoA dehydrogenase (MCAD) • Methylmalonic acidemia • Phenylketonuria (PKU) • Propionic acidemia • Tyrosinemia • Urea cycle disorders

PG = Pregnant Woman
 BE, BP = Breastfeeding woman
 NPP = Non-lactating woman
 IBE, IBP, EFF = Infant
 C1 – C4 = Child

+ (plus sign) = High nutritional risk which requires being scheduled to see an RD
 RD = Registered Dietitian
 CPA = Competent Professional Authority

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
352+	PG, BE, BP, NPP, IBE, IBP, IFF C1 – C4	<p><u>Infectious disease</u></p> <ul style="list-style-type: none"> • Diagnosed infectious disease that must be present now or within the past 6 months • Disease caused by growth of pathogenic micro-organisms in the body severe enough to affect nutritional status • Includes, but not limited to: <ul style="list-style-type: none"> • AIDS (Acquired Immunodeficiency Syndrome) • Bronchiolitis (3 episodes in last 6 months) • Hepatitis • HIV (Human Immunodeficiency Virus infection) • Meningitis • Parasitic infections • Pneumonia • Tuberculosis • EXCLUDES frequent colds, ear infections
353+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Food allergies</u></p> <ul style="list-style-type: none"> • Diagnosed adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction <p>NOTE: This applies when the diagnosed food intolerances or allergies require major dietary modification to provide optimal nutrition.</p>
354+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Celiac disease</u></p> <ul style="list-style-type: none"> • Diagnosed celiac disease • Inflammatory condition of the small intestine caused by ingestion of wheat • Also known as celiac sprue, gluten enteropathy, non-tropical sprue.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
355	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Lactose intolerance</u>, <i>any of the following</i>:</p> <ul style="list-style-type: none"> • Diagnosed lactose intolerance • Symptoms documented by CPA - Documentation should indicate that ingestion of dairy products causes gastrointestinal disturbances such as: abdominal bloating, cramps, diarrhea, and nausea and the avoidance of such dairy products eliminates them.
356+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Hypoglycemia</u></p> <ul style="list-style-type: none"> • Diagnosed hypoglycemia
357+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Drug-nutrient interaction</u></p> <ul style="list-style-type: none"> • Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised • Nutrition-related side effects of drugs may include, but are not limited to: <ul style="list-style-type: none"> • Altered taste sensation • Gastric irritation • Appetite suppression • Altered GI motility • Altered nutrient metabolism and function, including enzyme inhibition, vitamin antagonism, and increased urinary loss

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
358+	PG, BE, BP, NPP	<p><u>Eating disorders (Anorexia and Bulimia)</u></p> <ul style="list-style-type: none"> • Diagnosed eating disorders or evidence of such disorders documented by CPA • Anorexia nervosa and bulimia are characterized by a disturbed sense of body image and morbid fear of becoming fat • Symptoms are manifested by abnormal eating patterns and including, but not limited to: <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss
359+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Recent major surgery, trauma, burns</u></p> <ul style="list-style-type: none"> • Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status • Any occurrences: <ul style="list-style-type: none"> • Within the past two (2) months may be self reported • More than two (2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician

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BE, BP	= Breastfeeding woman	RD	= Registered Dietitian
NPP	= Non-lactating woman	CPA	= Competent Professional Authority
IBE, IBP, EFF	= Infant		
C1 – C4	= Child		

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
360+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Other medical conditions</u></p> <ul style="list-style-type: none"> • Diagnosed diseases or conditions with nutritional implications that are not included in any of the other medical conditions • Current condition or treatment for the condition must be severe enough to affect nutritional status • Includes, but not limited to: <ul style="list-style-type: none"> • Asthma*, persistent (moderate or severe) requiring daily medication • Cardiorespiratory diseases • Cystic fibrosis • Heart disease • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus <p>*NOTE: This criterion usually is not applicable to infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under risk code #352, Infectious Disease.</p>
361+	PG, BE, BP, NPP, C1-C4	<p><u>Depression</u></p> <ul style="list-style-type: none"> • Presence of clinical depression diagnosed by physician, psychologist, certified social worker or advanced practice registered nurse, or as reported or documented by a physician or someone working under physician=s orders.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
362+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Developmental delays, sensory or motor delays interfering with ability to eat</u></p> <ul style="list-style-type: none"> • Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs • Includes, but not limited to: <ul style="list-style-type: none"> • Birth injury • Brain damage • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Head trauma • Minimal brain function • Other disabilities
363+	BE, BP, NPP	<p><u>Pre-Diabetes</u></p> <ul style="list-style-type: none"> • Diagnosed Impaired Fasting Glucose (IFG) [Fasting plasma glucose of 100-125 mg/dl.] OR Impaired Glucose Tolerance (IGT) [Plasma glucose of levels of 140-199 mg/dl after a 2-hour glucose tolerance test]. • Client self-reported diagnosis should be validated by referral to a medical professional. • Client at high risk for cardiovascular disease and Type 2 diabetes. • Risk reduced by WIC foods high in fiber and low in fat like whole grains, fruits and vegetables and low fat dairy products.
371	PB, BE, BP, NPP	<p><u>Maternal smoking</u></p> <ul style="list-style-type: none"> • Any daily smoking of tobacco products such as cigarettes, pipes or cigars

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300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
372	PG, BE BP, NPP	<p><u>Alcohol or illegal drug use</u></p> <p>Pregnant woman:</p> <ul style="list-style-type: none"> Any alcohol use Any illegal drug use <p>Breastfeeding and non-lactating woman:</p> <ul style="list-style-type: none"> Routine current intake of 2 or more drinks per day <ul style="list-style-type: none"> Serving or standard sized drink is: <ul style="list-style-type: none"> 12 fluid ounces of beer or wine cooler 5 ounces of wine 1 2 fluid ounces of hard liquor, vermouth, cordials or liqueurs Binge drinking: <ul style="list-style-type: none"> Consumes 5 or more drinks on the same occasion on at least one day in the past 30 days Heavy drinking: <ul style="list-style-type: none"> Consumes 5 or more drinks on the same occasion on five or more days in previous 30 days Any illegal drug use
381	PG, BE, BP, NPP, IBE, IBP, EFF, C1 – C4	<p><u>Dental problems</u></p> <ul style="list-style-type: none"> Diagnosed dental problem or adequate documentation by CPA Includes, but not limited to: <ul style="list-style-type: none"> X Presence of nursing or baby bottle tooth decay
	IBE, IBP, IFF, C1 – C4 only	<ul style="list-style-type: none"> Smooth surface decay of maxillary anterior teeth and primary molars
	PG, BE, BP, NPP, C1-C4	<p>X Tooth decay</p> <ul style="list-style-type: none"> Periodontal disease Tooth loss and/or ineffectively replaced teeth which impair ability to ingest food in adequate quantity or quality
	PG only	<p>X Gingivitis of pregnancy</p>
382+	IBE, IBP, IFF, C1-C4	<p><u>Fetal alcohol syndrome</u></p> <ul style="list-style-type: none"> Diagnosed fetal alcohol syndrome

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	The 400 Risk Series reflects the Institute of Medicine (IOM) guidance that all U.S. women and children are at risk of failing to meet the US Dietary Guidelines. 24 hour recall or food frequency are not to be used to determine client eligibility. Assign appropriate 400 Risk Series numbers based on determination found from the age appropriate <i>Health and Diet Questions</i> .
401	PG, BE, BP, NPP, C2-C4	<p>(New, 10/07) Criterion #401, Failure to Meet Dietary Guidelines for Americans: The definition was revised to reflect the Institute of Medicine (IOM) recommendation for a presumed dietary risk for women and children 2 years of age and older.</p> <ul style="list-style-type: none"> ✓ Note: This criterion applies only to women and children older than 2 years of age due to the fact that the <i>Dietary Guidelines</i> do not include recommendations for infants and young children birth to 2 years. ✓ This criterion may only be assigned after a complete assessment has been performed to assess for risk (including #425.1 – 425.9, Inappropriate Nutrition Practices for Children) and no other risk is identified.

411.1	IBE, IBP, IFF	<p><u>Inappropriate infant feeding practices, routine use of any of the following:</u> Infant not fed breast milk or iron-fortified formula</p> <ul style="list-style-type: none"> • During first 12 months of life, routinely using a substitute for breast milk or for FDA approved iron-fortified formula as primary nutrient source. • Examples: <ul style="list-style-type: none"> ○ Low iron formula w/o iron supplement before 6 months; ○ Feeding cow’s milk, goat’s milk, sheep’s milk, imitation milks, substitute milks or homemade concoctions in place of breast milk or FDA-approved infant formula during the first year of life.
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No dependable source of iron for infants older than 6 months of age

- No routine age-appropriate iron source after 6 months of age, such as:
- Iron-fortified cereals
- Iron-fortified infant formula (at least 10 mg of iron per liter of formula prepared at standard dilution)
- Infant meats
- Oral iron supplements

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.2	IBE, IBP, IFF, C1-C4	<p><u>Inappropriate use of baby bottles – using nursing bottles or cups improperly</u></p> <ul style="list-style-type: none"> • Routine use of the bottle to feed liquids other than breast milk, formula, or water and any sugar containing fluids. This includes: <ul style="list-style-type: none"> • Fruit juice • Soda/pop • Soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea • Other sugar-containing beverages • Diluted cereal or other solid foods • Allowing the infant/child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier • Propping the bottle • Using the bottle for feeding or drinking beyond 14 months of age • Adding any food (cereal or other solid foods) to the infant’s bottle • Allowing the infant/child to fall asleep at naps or bedtime with the bottle • Allowing an infant to carry around and drink throughout the day from a covered or training cup
411.3	IBE, IBP, IFF	<p>Routinely offering complementary foods or other substances that are inappropriate foods/feeding schedule (Inappropriate type or timing of food substances). <i>Complementary foods are any foods or beverages other than breast milk or infant formula.</i></p> <ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; • Any food other than breast milk or iron-fortified infant formula before 4 months of age. • Addition of solid food(s) into the daily diet before four (<4) months of age.

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.4	IBE, IBP, IFF	<p><u>Routinely Using Inappropriate Feeding Practices and Early introduction of solid food</u></p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant’s hunger cues). • Not supporting an infant’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). • Routinely using feeding practices that disregard developmental needs of infant such as no solids before 7 months, no spoon, no finger feeding by 7-9 months, • Feeding foods of inappropriate consistency, size, or shape that put the infant at risk of choking.
411.5	IBE, IBP, IFF	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms</p> <p>Examples of potentially harmful foods for an infant are:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; • Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); • Raw or undercooked meat, fish, poultry, or eggs; • Raw vegetable sprouts (alfalfa, clover, bean, and radish); • Undercooked or raw tofu; and • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.6	IBE, IBP, IFF	<p><u>Improper dilution of formula, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Routine over dilution of formula (failure to follow manufacturers dilution instructions or specific instructions accompanying a prescription) • Routine under dilution of formula (failure to follow manufacturers dilution instructions or specific instructions accompanying a prescription)
411.7	IBE, IBP, IFF	<p><u>Limiting frequency of breastfeeding when breast milk is sole source of nutrients</u></p> <p>Examples of the fully breastfed infant (i.e., <u>NOT consuming any solid foods</u>) who is routinely taking:</p> <ul style="list-style-type: none"> • 0-7 weeks of age: less than 8 feedings in 24 hours • 8 weeks or older: less than 6 feedings in 24 hours • Scheduled feedings instead of demand feedings
411.8+	IBE, IBP, IFF	<p><u>Highly restrictive diets – feeding diet very low in calories or essential nutrients, <i>any of the following</i>:</u></p> <p>Severely limited intake of important food sources of nutrients (example: fruit and nut diet)</p> <p>High risk eating pattern</p> <p>Inappropriate, infrequent or highly restrictive feeding schedules (such as infrequent breastfeeding, infant held to rigid feeding schedule, withholding food, overfeeding) or forcing an infant to eat a certain type and/or amount of food.</p> <p><u>Vegan diets, <i>ALL of the following</i>:</u></p> <ul style="list-style-type: none"> • Consuming only foods of plant origin • No animal products (no meat, poultry, fish, eggs, milk, cheese or other dairy products) • Avoidance of foods made with animal product ingredients

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.9	I	<p><u>Routinely using inappropriate sanitation in preparation, handling and storage of expressed breast milk or formula.</u></p> <ul style="list-style-type: none"> • Limited or no access to safe water supply with no stove for sterilizing or refrigerator/freezer for storage • Failure to handle or store expressed breast milk properly including: <ul style="list-style-type: none"> ✓ Feeding fresh breast milk stored in the refrigerator for more than 48 hours. ✓ Feeding previous thawed frozen breast milk stored in the refrigerator longer than 24 hours. ✓ Feeding breast milk remaining in a bottle used for an earlier feeding. ✓ Thawing breast milk in a microwave ✓ Refreezing breast milk ✓ Storing frozen breast milk longer than 6 months. • Improper preparation, handing and/or storage of bottles or containers of formula including: <ul style="list-style-type: none"> ✓ Feeding formula stored at room temperature for 1 hours or longer ✓ Feeding formula prepared from concentrate stored in the refrigerator longer than 48 hours. ✓ Feeding formula prepared from powder stored in the refrigerator longer than 24 hours. ✓ Feeding formula remaining in a bottle one hour after the start of the feeding ✓ Re-feeding formula remaining from an earlier feeding
411.10	I	<p><u>Inappropriate or excessive intake of dietary supplements</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: <ul style="list-style-type: none"> ✓ Herbal remedies ✓ Mineral or botanical supplements/remedies/teas ✓ Multi or single vitamins
411.11	I	<p><u>Vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements • Examples include but are not limited to: <ul style="list-style-type: none"> ✓ Infants and children age 6 months through 35 months not taking 0.25 mg. of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ✓ Breastfed and non-breastfed infants who are ingesting less than 1 quart (32 ounces) per day of Vitamin D-fortified formula and are not taking a supplement of 400 IU of Vitamin D.

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
425.1	C1-C4	<p>Routine consumption or feeding of inappropriate beverages as the primary milk source</p> <ul style="list-style-type: none"> • Non-fat or reduced fat milk between 12 and #24 months only, • Sweetened condensed milk, • Imitation, substitute or non-fortified milks such as inadequately or unfortified rice- or soy-beverages, non-dairy creamer or other “homemade concoctions.”
425.2	C1-C4	<p>Routinely feeding a child any sugar containing fluids, such as</p> <ul style="list-style-type: none"> • Soda/pop • Soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea
425.3	C1-C4	<p><u>Inappropriate use of baby bottles – using nursing bottles or cups improperly</u></p> <ul style="list-style-type: none"> • Routine use of the bottle to feed liquids other than breast milk, formula, or water. This includes: <ul style="list-style-type: none"> • Fruit juice • Diluted cereal or other solid foods • Allowing the infant/child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier • Propping the bottle • Using the bottle for feeding or drinking beyond 14 months of age • Allowing the infant/child to fall asleep at naps or bedtime with the bottle • Using a pacifier dipped in sweet agents such as sugar, honey or syrups. • Routinely using cups that are “sippy” rather than open mouth cups.

400 Risk Series - Dietary Risk

Risk Category Criteria

- 425.4 C1-C4 Inappropriate feeding practices for children that disregard developmental needs, *any of the following*:
- Routinely using feeding practices that disregard developmental needs of child such as:
 - Not supporting growing independence with spoon,
 - No finger feeding,
 - Forcing food,
 - Not feeding when hungry,
 - Not supporting self-feeding,
 - Not feeding texture appropriate foods,
 - Putting at risk of choking
 - Not supporting a child’s need for growing independence with self-feeding (e.g., spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils.
 - Feeding inappropriate consistency size or shape to < 4 year old,
 - Feeding or offering a child primarily pureed or liquid food when the child is ready and capable of eating foods of an appropriate texture (mashed, chopped or appropriate finger foods.)
- 425.5 C1-C4 Feeding foods to a child that could be contaminated with harmful microorganisms
 Examples of potentially harmful foods for a child:
- Unpasteurized fruit or vegetable juice;
 - Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;
 - Raw or undercooked meat, fish, poultry, or eggs;
 - Raw vegetable sprouts (alfalfa, clover, bean, and radish);
 - Undercooked or raw tofu; and
 - Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).
- 425.6+ C1-C4 Highly restrictive diets, *any of the following*:
- Severely limited intake of calories and important food sources of essential nutrients (example: fruit and nut diet)
 - High risk eating pattern
- Vegan diets, *ALL of the following*:
- Consuming only foods of plant origin
 - No animal products (no meat, poultry, fish, eggs, milk, cheese or other dairy products)
 - Avoidance of foods made with animal product ingredients

400 Risk Series - Dietary Risk

Risk **Category** **Criteria**

- 425.7 C1-C4 Inappropriate or excessive intake of dietary supplements
- Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic:
 - Herbal remedies or botanical supplements/ remedies/ teas
 - Mineral supplements
 - Multi or single vitamins
- 425.8 C1-C4 Vitamin/mineral supplementation
- Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements
 - Examples include but are not limited to:
 - When water supply contains less than 0.3 ppm fluoride and:
 - Children age 6 months through 35 months not taking 0.25 mg of fluoride daily
 - Children age 36 to 60 months not taking 0.5 mg of fluoride daily.
 - Children who are taking less than 1 quart per day of Vitamin D-fortified milk and are not taking 400 IU supplement of Vitamin D. Note: for children 2 years and older the recommendation is 2 cups (16 oz.) low-fat milk per day.
- 425.9 C1-C4 Routine ingestion of non-food items - Pica:
- Current craving for or consumption of non-food substances such as:
 - Ashes
 - Baking soda
 - Carpet fibers
 - Cigarettes or cigarette butts
 - Chalk
 - Clay or dirt
 - Dust
 - Coffee grounds
 - Foam Rubber
 - Ice (excessive intake which replaces an adequate diet)
 - Paint chips
 - Soil
 - Starch (laundry, cornstarch)
 - Wood

400 Risk Series - Dietary Risk

Risk	Category	Criteria
427.1	PG, BE, BP, NPP	<p><u>Inappropriate or excessive intake of dietary supplements</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: • Herbal remedies or botanical supplements/ remedies/ teas • Mineral supplements • Multi or single vitamins
427.2+	PG, BE, BP, NPP	<p><u>Highly restrictive diets, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diet very low in calories including impaired absorption following bariatric surgery • Severely limited intake of important food sources of nutrients (example: fruit and nut diet) • High risk eating pattern <p><u>Vegan diets, <i>ALL of the following:</i></u></p> <ul style="list-style-type: none"> • Consuming only foods of plant origin • No animal products (no meat, poultry, fish, eggs, milk, cheese or other dairy products) • Avoidance of foods made with animal product ingredients
427.3	PG, BE, BP, NPP	<p><u>Routine ingestion of non-food items - Pica:</u></p> <ul style="list-style-type: none"> • Current craving for or consumption of non-food substances such as: <ul style="list-style-type: none"> • Ashes • Baking soda • Carpet fibers • Cigarettes or cigarette butts • Chalk • Clay or dirt • Dust • Coffee grounds • Foam Rubber • Ice (excessive intake which replaces an adequate diet) • Paint chips • Soil • Starch (laundry, cornstarch) • Wood

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
427.4	BE, BP, NPP	<p><u>Vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements • Examples include but are not limited to: <ul style="list-style-type: none"> • Pregnant women taking less than 27 mg of supplemental iron daily. • Non-pregnant women consuming less than 400 mcg. of folic acid (synthetic) from fortified foods and/or supplements daily. • Pregnant and lactating women consuming less than 150 ug. of supplemental iodine per day.
427.5	PG, BE, BP, NPP	<p>Examples of potentially harmful foods for a pregnant or lactating woman:</p> <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops; • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; • Refrigerated pâté or meat spreads; • Unpasteurized milk or foods containing unpasteurized milk; • Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; • Raw sprouts (alfalfa, clover, and radish); or • Unpasteurized fruit or vegetable juices.

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
428	IBE, IBP, IFF, C1-C4	Inappropriate 4-23 Mo. Old Feeding (Dietary Risk Associated with Complementary Feeding Practices)

Use for 4-23 months after a complete nutrition assessment is performed.

- ✓ This criterion may only be assigned after a complete assessment has been performed to assess for risk (including #411.1 – 411.11, Inappropriate Feeding Practices for Infants or #425.1 – 425.9, Inappropriate Nutrition Practices for Children) and no other risk is identified.

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IBE, IBP, EFF	= Infant		
C1 – C4	= Child		

500 Risk Series - Fear of Regression/Transfer

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
501	BE, BP, NPP, C1-C4	<p><u>Possibility of regression at subsequent certification:</u></p> <ul style="list-style-type: none"> • Fear of regression in nutritional status without WIC Program benefits after a risk code from the 100, 200, 300, 400, 800 or 900 Risk Series <i>when no other risk code is identified</i>. Risk #501 <u>cannot follow</u> a certification with <u>only</u> risk from the 500, 600, or 700 Risk Series. <p>EXCEPTION: Risk code 501 does not apply to previous risk(s) with respect to a pregnancy only condition. These risk conditions are directly associated with the pregnancy. For example, gestational diabetes is not a condition to which a new mother could regress.</p> <ul style="list-style-type: none"> • A WIC re-certification assessment shall be completed to rule out the existence of another risk factor before assigning risk code 501. • The client’s record, e.g. health and diet questions form, shall contain a written statement identifying the risk factor to which the client may regress.
502	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Transfer of out-of-state certification:</u> (refer to Policies 3.03, 4.05 and 4.10 for additional information)</p> <ul style="list-style-type: none"> • An individual transferring from an out-of-state WIC Program with a current Identification and Verification of Certification (ID/VOC) document. • ID/VOC document is valid until the certification period expires, and is accepted as proof of eligibility for Program benefits. • If receiving local agency has waiting lists for participation, the transferring individual shall be placed on the list ahead of all other waiting applicants.

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600 Risk Series - Breastfeeding Woman/Infant Dyad

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
601	BE, BP	<p><u>Breastfeeding mother of infant at nutritional risk 100-300 Risk Series</u></p> <ul style="list-style-type: none"> • A lactating woman whose breastfed infant is eligible for WIC with an anthropometric, biochemical or clinical/health/medical risk. (See <u>Status I</u>, 100 thru 300 Risk Series, Policy 2.04.)
602	BE, BP	<p><u>Lactating woman with breastfeeding complications or potential complications, <i>any of the following</i>.*</u></p> <ul style="list-style-type: none"> • 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 • At or older than 40 years of age • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding 2 siblings who are not twins)

*NOTE: If the breastfeeding complication is current, this risk code is an indication for a referral to the Breastfeeding Peer Counselor, Lactation Consultant or Health Care Provider.

600 Risk Series - Breastfeeding Woman/Infant Dyad

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
603	IBE, IBP, IFF	<p><u>Breastfed infant with breastfeeding complications or potential complications, <i>any of the following</i>:</u>*</p> <ul style="list-style-type: none"> • Breastfeeding jaundice (an exaggeration of physiologic jaundice and an indicator of inadequate breastfeeding) • Weak or ineffectual suck • Difficulty latching onto mother=s breast • Inadequate stools for age as determined by a physician or other health care professional • Less than 6 wet diapers per day
604	BE, BP	<p><u>Breastfeeding mother of infant at nutritional risk 400 Risk Series</u></p> <ul style="list-style-type: none"> • A lactating woman whose breastfed infant is eligible for WIC with a dietary risk only. (See <u>Status I</u>, 400 Risk Series, Policy 2.04.)

*NOTE: If any of the above are a current breastfeeding complication, this is an indication for an immediate referral to the Health Care Provider.

660	IBE, IBP, IFF	<p><u>Infant health/nutrition evaluation</u></p> <p>Not a risk code, an indicator code. Risk 660 records the infant's subsequent health/nutrition evaluation visit. Do not place risk 660 in the first box of the risk code data field on CDE form. There must be another risk code in the first box of the risk code data field.</p> <p>NOTE: Infants who are enrolled into the WIC Program between birth and 5 months of age need a health/nutrition evaluation at their mid-certification.</p>
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700 Risk Series - Infant Enrolled Due to Maternal Risk

Risk	Category	Criteria
700	Risk Series	Note: Based on whether the infant is receiving breastmilk daily at time of enrollment into the WIC Program. Once assigned, this Risk does not change.
701	IBE, IBP, IFF	<p><u>Non-Breastfed infant of a mother enrolled in WIC during pregnancy or not enrolled but would have been eligible with 100-300 Risk series (birth through 5 months)</u></p> <ul style="list-style-type: none"> • A non-breastfed infant of a mother who was enrolled in WIC during pregnancy with any risk • A non-breastfed infant of a mother who was not on WIC during pregnancy but would have been eligible to be a WIC client with an anthropometric, biochemical, or clinical/health/medical risk. (See <u>Status P</u>, 100 through 300 Risk Series, Policy 2.04.) • A non-breastfed infant entering WIC from birth through 5 months receiving a mid-certification Nutrition and Health evaluation, should be assessed for risk and after a complete assessment has been performed and if no other risk is found, should be assigned #428 Dietary Risk Associated with Complementary Feeding. • A non-breastfed infant entering WIC after 5 months should not be assigned a risk of #701. A complete assessment should be performed and if no other risk is found, should be assigned #428 Dietary Risk Associated with Complementary Feeding.
702	IBE, IBP, IFF	<p><u>Breastfed infant of a WIC eligible or enrolled mother 100-300 Risk Series (birth through 11 months)</u></p> <p>A breastfed infant of a lactating mother who was enrolled or eligible to be a WIC client any time during pregnancy, or who is currently eligible for WIC with an anthropometric, biochemical or clinical/health/medical risk. (See <u>Status PB</u>, 100 through 300 Risk Series, Policy 2.04.)</p>
703	IBE, IBP, IFF	<p><u>Infant born of a woman with mental retardation or alcohol or drug abuse during most recent pregnancy, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diagnosed mental retardation by a physician or psychologist • Documentation or self-report of alcohol use during most recent pregnancy • Documentation or self-report of illegal drug use during most recent pregnancy

700 Risk Series - Infant Enrolled Due to Maternal Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
704	IBE, IBP, IFF	<p><u>Breastfed infant of a WIC eligible or enrolled mother 400 Risk Series (birth through 11 months)</u></p> <p>A breastfed infant of a lactating mother who was enrolled or eligible to be a WIC participant any time during pregnancy, or who is currently eligible for WIC with a dietary risk. (See <u>Status PB</u>, 400 Risk Series, Policy 2.04.)</p>

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800 Risk Series - Homelessness/Migrancy

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
801	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Homelessness</u>, <i>any of the following</i>:</p> <ul style="list-style-type: none"> • Woman, infant or child who lacks a fixed and regular nighttime residence • Woman, infant or child whose primary nighttime residence is: • A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • An institution that provides 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
802	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Migrant</u></p> <ul style="list-style-type: none"> • Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

<p>PG = Pregnant Woman BE, BP = Breastfeeding woman NPP = Non-lactating woman IBE, IBP, EFF = Infant C1 – C4 = Child</p>	<p>+ (plus sign) = High nutritional risk which requires being scheduled to see an RD RD = Registered Dietitian CPA = Competent Professional Authority</p>
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900 Risk Series - Other Nutritional Risks

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
901	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Recipient of abuse</u></p> <ul style="list-style-type: none"> Battering within past 6 months as self reported or as documented by a social worker, health care provider or another appropriate document “Battering” refers to violent physical assaults on women Child abuse and/or neglect within past 6 months <p>Child abuse/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.”</p> <ul style="list-style-type: none"> Refer to Michigan WIC Policy 7.02 Referrals for additional information.
902	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Woman or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food</u></p> <ul style="list-style-type: none"> Woman (postpartum, lactating or non-lactating) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food Examples may include individuals who are: <ul style="list-style-type: none"> At or below 17 years of age with limited ability to care for and feed infant and/or child. Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist). Physically disabled to a degree which restricts or limits food preparation abilities. Currently using or having a history of abusing alcohol or other drugs.
903	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Foster care, any of the following:</u></p> <ul style="list-style-type: none"> Entering the foster care system during the previous 6 months Moving from one foster care home to another foster care home during the previous 6 months.

900 Risk Series - Other Nutritional Risks

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
904	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Exposure to Environmental Tobacco Smoke</u> Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. (Also known as passive, secondhand or involuntary smoke.)

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