

2.0 Eligibility/Certification

Effective Date: 10/13/09

2.15 Anthropometric Risk Determination

PURPOSE: To maintain a consistent method for anthropometric risk determination.

A. POLICY:

1. A Competent Professional Authority (CPA) shall determine if a person is at nutritional risk through an assessment of height (stature or length), weight, and head circumference up to 24 months, at each certification, recertification and infant nutrition/health evaluation. The interpretation of growth charts and prenatal weight gain grids shall be the responsibility of the CPA.
2. Anthropometric measurements shall be performed by trained staff according to standard procedures established in the Anthropometric Measurement Procedures Manual (DCH-0730).
3. Each clinic where anthropometric measurements are taken shall have equipment that meets the standards specified in the Anthropometric Measurement Procedures Manual (DCH-0730).
4. At a minimum, height (stature or length) and weight measurements shall be performed and/or documented in the client's record at the time of certification. Head circumference shall be measured and/or documented for all infants and children up to 24 months.
5. Anthropometric test results shall be recorded in English measurement values precisely as the instruments provide the measures, then rounded to the nearest ounce for weight, or rounded to the nearest 1/16 inch for height or head circumference and documented in MI-WIC. Metric measurements shall be entered exactly as measured into MI-WIC.

Note for MI-WIC: If measurements or reported values are a combination of English and Metric, the English values may be entered first, checking "Unk" for the values in Metric, click the save button, then select Metric, uncheck the "Unk" and proceed to enter and save the Metric values. MI-WIC will provide a plot on the sex- and age-appropriate growth charts or prenatal weight gain grid.

6. Accurate Birth Weight, Weeks Gestation, Last Menstrual Period (LMP) and/or Expected Delivery Date (EDD) must be entered in MI-WIC in order for accurate calculations of percentiles and for accurate plotting on the appropriate growth charts and prenatal grid. CPA's should confirm or use their clinical judgment and make the final determination of Weeks Gestation and EDD.
7. If a measurement value is unknown, or if the measurement could not be taken using acceptable measurement procedures (i.e. missing limbs, braces, body cast, or uncooperative child, etc.), then check the "Unk" checkbox in MI-WIC and record a note on that row explaining the reason the measurement value was not given. These measurements may be recorded in the comments section and may be plotted manually for education purposes.

8. Determination of any WIC risk code shall only be based on assessment using the CDC Growth Charts or prenatal weight gain grid.
 - a. All infants shall be assessed for growth using the CDC Growth Charts: United States Birth to 36 Months, once they have reached 40 weeks gestation-adjusted age, including those that are Very Low Birth Weight (VLBW, \leq 1500 grams).
 - b. Premature infants ($<$ 37 weeks gestation) that have not reached the equivalent of 40 weeks gestation-adjusted age (GAA), should be measured and recorded, but will not show as plotted on the CDC Birth to 36 Month Growth Charts.
 - c. For Infants and Children, when using a recumbent length board, plotting will be based on the CDC Growth charts (Birth to 36 Months). The MI-WIC System will use gestation-adjusted age if the infant or child was premature ($<$ 37 weeks), as long as recumbent length board measurement is used up to 36 months of age.
 - d. For Children over 2 years, when stature height is used, MI-WIC will plot on the CDC Growth Charts: United States Ages 2 – 5. Adjustment for prematurity will not be done in MI-WIC when plotting on the 2-5 year charts.
 - e. Pregnant Women’s measurements will be plotted on the Prenatal Weight Gain Grid, appropriate for their pre-gravid weight category.
9. Optional charts provided in MI-WIC for educational purposes:
 - a. Infants may also be assessed for growth using the WHO Breastfed growth charts.
 - b. Infants that were VLBW (\leq 1500 grams) may also be assessed for growth using the Infant Health and Development Program (IHDP) VLBW growth chart.
 - VLBW infants display a growth pattern that differs from LBW and normal weight infants. Use of the IHDP VLBW chart allows for comparison of the growth of the VLBW infant to other VLBW infants. It is strongly recommended to use the IHDP VLBW chart when assessing growth and educating caregivers on the growth of their VLBW infants.
 - Caution: Messages given to caregivers about WIC risk should take into account that the risk was based on comparison to the growth of non-VLBW infants. The risks of very low birth weight and prematurity should be stressed. Do not emphasize the risks of short stature and low weight-for-age or length-for-age when the risk has been assigned due to using the CDC Growth Chart.
10. Use of Referral data

Although referral data is acceptable within the appropriate timeframes, whenever possible, attempt to measure infants, children, and women to obtain current anthropometric measurements. If using referral data, the following applies:

- a. Anthropometric measurements from a referring agency shall include the date of the measurement. Weight must be specified to the nearest ounce for infants and children up to 24 months. Weight for children over 24 months and women should be specified to the nearest ounce, but must be at least to the nearest ¼ pound. Height and head circumference should be specified to the nearest 1/16 inch, but must be at least to the nearest 1/8 inch.
- b. If referral measurements are questionable, take new measurements.
- c. Women. Weight and stature shall be measured not more than 60 days prior to the current certification for program participation, provided that such data for persons certified as pregnant is a reflection of their current category, and such data for persons certified as postpartum and breastfeeding women shall be collected after the end of their pregnancy.
- d. Infants and Children. Weight, length, stature, and head circumference shall be measured not more than 60 days prior to certification. For MDCH WIC Division recommendation on infant data, see 2.15 GUIDANCE, #2.

B. GUIDANCE:

1. It is recommended that the date of birth, birth length, weight, and head circumference (if known) be documented in the Anthropometric grid in MI-WIC.
2. Infant data more than 30 days old may not reflect the infant's current growth pattern. MDCH-WIC Division recommends that local agencies use anthropometric data that was taken 30 days or less prior to certification of infants. However, the MDCH-WIC Division recommends that whenever possible, measurements should be taken in the WIC clinic.
3. Local agencies should assure that all clerical, technical and professional staff who perform measurements receive anthropometric training locally or as provided by the State.

References:

MDCH-WIC Division: Anthropometric Measurement Procedures (DCH-0730)
Federal Regulations, Section 246.7

Cross References:

2.13 Nutrition Risk Criteria