

Michigan WIC Manually Assigned Risks (MAR) Tool

The local agency shall use the same procedure to screen all applicants to maintain a consistent and equitable method for risk determination, including the following manually assigned risks. (MI-WIC Policy 2.13)

All

- Allergies to Food (353.01)** - if requires major diet modification to provide optimal nutrition
Nutrition History Q10 — Food allergies
- Drug-Nutrient Interactions (357.01)** - if the medication could compromise nutritional status
Medical Info Tab Q2 — Medicines/drugs
- Feeding dietary supplements with potentially harmful consequences (411.10/425.07/427.01)** - inappropriate/excessive amounts vitamin/mineral/herbal remedy not prescribed by doctor. See list of herbal teas (in MI-WIC Risk Help).
Nutrition History Q12—Excessive vit/min determined or use of herbal remedy or teas that are inappropriate
- Limited Ability to Make Feeding Decisions (902.01)** – woman ≤ 17 years, infant/child of primary caregiver ≤ 17 years, mentally disabled/delayed or mental illness, or current or history of alcohol or drug abuse

Women — Pregnant/Breastfeeding/Postpartum

- Alcohol or Illegal Drug Use (372.01)** - if street drugs are used (Alcohol use is system assigned)
Medical Info Tab-Q2 ...medicines or street drugs?
- Breastfeeding Complications (602.01)** – severe breast engorgement, recurrent plugged ducts, flat/inverted nipples, mastitis, cracked/bleeding/severely sore nipples, failure of milk to come in by day 4, thrush
Breastfeeding Assessment Tab 2 — Problem/complication determined
- Foster Care (903)** - if PG, BE, BP, or NPP
Family Information Screen
- History of Spontaneous Abortion, Fetal or Neonatal Loss (321.01)** - for PG client with a history of 2+ miscarriages
Pregnancy info Tab Q6—Miscarriage indicated and if 2 or more
- Inadequate vitamin/mineral supplementation (427.04)**
 - Inadequate *Iodine*: PG, BE, or BP not taking 150 micrograms supplement daily,
 - Inadequate *Iron*: PG and taking < 27 mg supplement daily.
 - Inadequate *folic acid*: BE, BP, or NPP taking < 400 mcg from fortified foods and/or supplement dailyMedical Info Tab Q5 — ...taking vitamins or minerals?
Nutrition History Q13 — Document inadequate iodine, iron or folic acid supplement when indicated
- Recipient of Abuse (901.01)** – Battering (violent physical assaults) within past 6 months (self-reported or documented by a social worker, health care provider, or another appropriate document)

Infants Only

- Breastfeeding Complications (603.01)** - breastfed infant with *latching* difficulties.
Breastfeeding Assessment Tab 1 — Problem/complications with latching determined
- Routinely feeding inappropriately diluted formula (411.06)**
Document if applicable.

Infants/Children

- Recipient of Abuse (901.01)** – abuse and/or neglect (any act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation by parent or caregiver) within past 6 months
- Routinely not providing dietary supplements needed (411.11(I)/425.08(C))**
 - (I) Inadequate *Fluoride* ≥ 6 mos & taking < 0.25 mg fluoride when water source has < 0.3 ppm fluoride
 - (C) Inadequate *Fluoride*: No fluoridated water source or supplement
 - (I) Inadequate *Vitamin D*: Exclusively BF and not taking 400 IU Vit D or IFF or IBP and not getting 1 liter (1 quart) Vit D formula per day and not taking 400 IU Vit D supplement.
 - (C) Inadequate *Vitamin D*: Not receiving Vit D supplement (400 IU/day) unless drinking 1 quart or 32 oz (excess) milk or formula per day.Nutrition History Q12 (I) & Q13 (C) — Document inadequate Vit D or Fluoride supplement when indicated

Important Discussion Topics (not captured in MI-WIC)

Sample leading question/statement for staff in determining other nutrition education, referrals, and some manually assigned risks.

Nutrition/Physical Activity

All

- ~ What is mealtime/snack time like for your family? (Probe: when, where, what, with whom, division of responsibility)
- ~ What makes you most happy about your child's eating?
- ~ What physical activities do you/your family do? (Probe: activity level, likes/dislikes)

Women

- ~ How is your appetite?
- ~ How do you feel about your weight? How would you like things to be as far as your eating and/or weight?
- ~ Do you have any concerns about your weight? How would you like your eating habits to be?

Infant/Children

- ~ What has your doctor said about your infant/child's growth? How does the doctor think he/she is growing?
- ~ How do you feel about your child's growth? What do you think?
- ~ Do you have any concerns about your infant/child's growth?

Infant Feeding

Breastfeeding

- ~ How is breastfeeding going? Tell me about breastfeeding. Probe: latch, supply, breast changes/health, engorgement, sore nipples, recurrent plugged ducts, flat or inverted nipples, mastitis, thrush
- ~ What would make breastfeeding easier for you when you go back to school/work? Tell me about your plan.

Formula Feeding

- ~ Tell me about how you prepare formula. What have you been told about how to prepare formula?

All Infants

- ~ What does your baby do/How does your baby tell you he/she is hungry/full?
- ~ How much water do you think your baby drinks in 24 hours?

Assistance/Referrals

Lead/Environmental Issues

Lead

- ~ Tell me about where you live. What year was your home built? If prior to 1978, may be exposed to lead. Probe: chipping paint, any current remodeling, possible environmental contamination/location
- ~ Probe other potential lead exposure: family/friends (know anyone with lead poisoning or high lead readings); work conditions (auto repair, plumbing, pottery); home remedies used.

Water Supply

- ~ Tell me about your water supply. How do you get your water? Probe fluoride, nitrates/well water

What appliances do you have in your home?

- ~ Probe: Access to refrigeration, stove/range, hotplate, microwave

Food Security/Safety/Access

Women

- ~ What do meals look like at the end of the month? Probe: run out of food, cut size of meals, budget, etc.
- ~ How easy is it for you to get transportation for prenatal/WIC appointments, and other things your family needs?

Personal Safety

Women

- ~ Tell me about any physical harm or feelings of threat or fear in your current relationship. (Consider 901.01 risk code)
- ~ Tell me about any concerns/fear you have of returning to your current home.