2.0 Eligibility/Certification ***Effective Date: 9/15/2023***

2.16 Hematological Assessment for Anemia

PURPOSE: To maintain a consistent testing method for assessment of anemia risk.

A. POLICY

1. A Clinical Laboratory Improvement Amendment (CLIA) Certificate or Certificate of Waiver is required for any clinic conducting hematological tests. Refer to the WIC Laboratory Manual for further explanation.

2. Local WIC agencies must perform hemoglobin tests according to standard procedures established in the MDHHS WIC Division Laboratory Manual, to screen for anemia as part of the nutritional status assessment.

3. Referral data (hemoglobin or hematocrit) may be used from a laboratory or health care provider if a hemoglobin test is not performed in the WIC clinic.

    a. Use of Referral Data Taken Prior to the WIC Appointment.

        i. Referral data must reflect the participant's categorical status (i.e., a hematological test taken during pregnancy cannot be used for a postpartum client), and it must meet the screening schedule requirements for each client category (see #4 below).

        ii. If referral data is received prior to an appointment, it should not be entered in the MI-WIC "Bloodwork" grid until the day of the appointment. On the day of the appointment, enter the date the test was performed in the "Date of Bloodwork" field and check the "Non-WIC Data" box.

    b. Use of Referral Data Obtained After the WIC Appointment.

        i. The hematological test for anemia may be deferred for up to 90 days from the date of certification. (See "Pending" under #7 below.)
        ii. Hemoglobin or hematocrit referral data may be used provided it was obtained within the specified time period for the client's category (see #4 below).
        iii. If testing is deferred to the health care provider, staff must inform the client and/or caregiver of a client that hematological testing is free at the WIC clinic, whereas there may be a cost if obtained outside of WIC.
        iv. Referral data must be entered in MI-WIC when received. Staff must enter the date the test was performed in the MI-WIC "Date of Bloodwork" field, check the "Non-WIC Data" box, and assign any new risks – refer to Policy 2.13, Nutrition Risk Determination.

v. The local agency must document attempts to obtain deferred hematological data and implement a policy with procedures to ensure receipt of deferred referral data.

4. Testing must be performed using the following schedule based on client category: (See Policy 2.17, Certification Periods.)

   a. Infants.
      i. For infants initially certified before 9 months of age, one hematological test must be performed between 9 and 12 months of age. For most infants, this test will occur at the first recertification appointment, around 12 months of age.
      ii. Infants initially certified 9 months of age or later must have a hematological test performed at this certification. (See Guidance below for additional information.)
      iii. Bloodwork is not required for infants less than 9 months of age. (See Guidance below for additional information.)

   b. Children- 13 to 24 months of age.
      i. Children must have a minimum of one hematological test performed between 13 and 24 months of age; ideally this test will occur 6 months after the infant test. For most children, this will occur at the 18-month child mid-certification health evaluation (CEVAL) visit. (See Policy 2.24, Mid-Certification Health Evaluation.)
      ii. If the hematological test result is below the cutoff value, a follow-up test must be performed approximately 6 months later (i.e., the next recertification/CEVAL or other appointment, depending on the date of the test). (See Policy 2.13A Michigan Nutrition Risk Criteria.)

   c. Children- Two to five years.
      i. Hematological tests are required approximately every 12 months for children with a previous test result at or above the cutoff value for age. (See Policy 2.13A Michigan Nutrition Risk Criteria.)
      ii. For clients initially certified as children, hematological tests are required at the initial certification and approximately every 12 months if their previous test result was at or above the cutoff value for age. (See Policy 2.13A Michigan Nutrition Risk Criteria.)
      iii. For children with a hematological level below the cutoff value, follow-up tests must be performed at approximately 6-month intervals (not to exceed two tests per certification period) until a normal result is obtained and documented. (See Policy 2.13A Michigan Nutrition Risk Criteria.)

d. Pregnant clients must have one hematological test during their pregnancy.

e. Postpartum clients must have one hematological test following termination of pregnancy. No additional test is required during the certification period.

f. When a client fails to provide referral data, despite efforts by the local agency to assist the client in obtaining it, the client is not to be terminated from the Program. In such cases, the local agency must document in MI-WIC the attempts made to obtain the data.

5. All clients with results below the hematological cutoff value must be informed of results. When screening indicates a result below the cutoff value, staff must refer the client to a health care provider for assessment, monitoring, and advice on supplementation, if applicable. With the client's permission, the Competent Professional Authority (CPA) will provide education on dietary interventions that support optimal hemoglobin level and tailor the food package as/if indicated.

6. If a hemoglobin level obtained in WIC is critically low (<8 g/dL), staff must perform a retest and document both tests in the client record. (See Guidance below for additional information on retesting procedure.)

7. Exemptions to the hematological testing requirement must be documented in MI-WIC. Options include:

   a. Not Required by Policy
      i. For infants at their mid-certification infant evaluation (IEVAL).
      ii. For children at recertification or evaluation when the previous hematological test was at or above the cutoff value or when not required based on above policy.

   b. Medical Condition
      i. A client has a medical condition that would make a hematological testing result inaccurate or difficult to obtain such as hemophilia, fragile bone disease (osteogenesis imperfecta), sickle cell anemia or a serious skin disease in which the blood collection procedure could cause harm to the client. Documentation of medical condition is required in MI-WIC.

   c. Religious Objections

   d. Severe Risk to Staff
      i. For instance, a client who is kicking, biting, and placing staff at high risk of injury. This should be a rare occurrence.

e. Pending
   i. When hematological data is required by policy, no referral data is available, and WIC has not performed the test and is deferring data collection up to 90 days past a certification/recertification appointment.
   ii. Documentation of any attempts to obtain deferred test results is required in MI-WIC. Local agencies that choose this option must have in place a written policy with procedures to ensure bloodwork data are received and documented within 90 days. (See Guidance below for additional information.)

8. The date and result of all hematological tests must be recorded in the "Bloodwork" grid in MI-WIC, in addition to the log requirements specified in the WIC Laboratory Manual.

9. Local agencies must assure that all staff who perform hematological testing receive laboratory training. (See Policy 1.07A Staff Training Plan.)

B. GUIDANCE

1. A hematological test prior to the 9-to-12-month age range is not required but is permitted when there are indications the infant may be at risk for anemia. Risk factors may include but are not limited to preterm infants, formula fed infants who have not been fed iron-fortified formula, and/or breastfed infants who have not had adequate iron-containing complementary foods introduced at an appropriate age.

2. If the WIC staff person performing a hemoglobin test suspects any limitations would affect accurate test results, a retest may be performed but is not required. Document details in MI-WIC.

3. It is recommended that local agencies encourage healthcare providers to use the "WIC Anthropometric and Laboratory Information Request" form (MDHHS-5916) when providing referral data.

4. For a mid-certification health evaluation or other appointment type when hematological data is due and not available at the time of the appointment, staff can use the Exemption Reason of "Pending" in the MI-WIC "Bloodwork" grid to assist in tracking and follow-up of clients with overdue testing.

References:

American Academy of Pediatrics (AAP), Committee on Practice and Ambulatory Medicine, Recommendations For Preventive Pediatric Health Care (RE9535), March 2000.
USDA Bloodwork Requirements, Federal Register, Volume 64, No. 241, December 16, 1999.
CDC, Recommendations to Prevent and Control Iron Deficiency in the United States MMWR, April 3, 1998 / 47 (RR-3); 1-36

Institute of Medicine, 1993, Iron Deficiency Anemia; Recommended Guidelines for the Prevention, Detection and Management Among U.S. Children and Women of Childbearing Age. National Academy Press, Washington, D.C.

USDA: Guidance for Providing Quality WIC Nutrition Services During Extended Certification Periods. August 29, 2011.

Infant Nutrition and Feeding: A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). April 2019.

MDHHS WIC Division Laboratory Manual

MDHHS WIC Anthropometric and Laboratory Information Request form (MDHHS-5916)

7 CFR 246.7 (d)(1)

7 CFR 246.25 Records and Reports (a) (1)

Cross Reference:

1.07A Staff Training Plan
2.13 Nutrition Risk Determination
2.13A Michigan Nutrition Risk Criteria
2.17 Certification Periods
2.24 Mid-Certification Health Evaluation