

**PURPOSE:** To maintain a consistent method for determination of risks based on anthropometric data.

#### **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 or child nutrition/health evaluation (IEVAL, CEVAL). 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 using 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 data shall be recorded in English measurement values precisely as provided by the instrument's measurement, rounded to the nearest ounce for weight and rounded to the nearest 1/16 inch for height or head circumference, then documented in MIWIC. Metric measurements shall be entered exactly as measured into MI-WIC.
6. Determination of WIC risk codes based on anthropometric data shall only be based on assessment using WHO/CDC Growth Charts or prenatal weight gain grid.
  - a. Assessment of growth of all infants is based on WHO Growth Charts: United States Birth to <24Months, once they have reached 40 weeks gestation-adjusted age, including those that are Very Low Birth Weight (VLBW, < 1500 grams).

Anthropometric measurements of premature infants (< 37 weeks gestation) that have not reached the equivalent of 40 weeks gestation-adjusted age (GAA) should be performed and recorded. Plotting of measurements in MI-WIC on the WHO Birth to <24 Month Growth Charts will occur when 40 weeks gestation –adjusted age is reached. Gestation age-adjustment occurs through 23 months of age. Gestation-adjustment is discontinued after the age of 24 months.

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.

- b. Pregnant Women's measurements will be plotted on the Prenatal Weight Gain Grid, appropriate for their pre-gravid weight category.
7. Optional charts provided in MI-WIC for educational purposes:  
Infants born < 1500 grams may also be assessed for growth using the Infant Health and Development Program (IHDP) VLBW growth chart. The IHDP charts provide growth curves of infants born weighing less than 1500 grams.
8. Use of Referral data  
Although referral data is acceptable within the appropriate timeframes, whenever possible, current anthropometric measurements should be performed by trained WIC staff. 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, new measurements should be taken.
  - 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 or nutrition/health evaluation. 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 because of rapid growth during this age. However, the MDCH-WIC Division recommends that whenever possible, measurements should be taken by the WIC staff.

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.
4. **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.
5. **Note for MI-WIC:** The “Unk” check box in the Anthropometric grid when checked is utilized if a measurement is not known or cannot be taken. Double-click in the Comment field to enter the reason for not being able to obtain a measurement.
6. **Note for MI-WIC:** If a 24month through 36 month old child’s height is measured recumbently, check the “?” in the Anthropometric grid, enter a note that the measurements were recumbent in the ‘Comment’ field. MI-WIC will plot the measurements; however risk will not be assigned based on that measurement. If the measurement could not be taken using acceptable measurement procedures (i.e. cast, uncooperative child, missing limbs, braces, etc.), then check the “?” checkbox in MI-WIC, enter the measurements and record a note on that row explaining the reason the measurement procedure was not acceptable.
7. 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 measurement percentiles and accurate plotting on appropriate growth charts or prenatal grid.  
  
CPA’s either confirm or use clinical judgment in making the final determination of Weeks Gestation and EDD. EDD cannot be changed after EOD (end of day) Processing. If an error has been made in EDD, a request for modification can be submitted for review to the Dujour line 1-800-942-1636, #1, and #2.
8. The growth pattern of VLBW infants differs from that of low-birth weight and normal birth weight infants and use of the IHDP VLBW chart allows for comparison of the growth of the VLBW infant to other VLBW infants. The IHDP VLBW chart, however, is not a standardized chart, therefore, is recommended for educational purposes only.

#### References:

- MDCH-WIC Division: Anthropometric Measurement Procedures (DCH-0730) (rev. 7/27/10)
- Federal Regulations, Section 246.7
- USDA: Guidance for Providing Quality WIC Nutrition Services during Extended Certification Periods. August 29, 2011.

#### Cross References:

- 2.13 Nutrition Risk Criteria