

Core WIC Training

Nutrition Risk Assessment

Washington WIC Program

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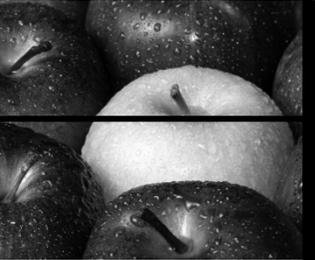
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DOH 960-328 April 2023





NUTRITION RISK ASSESSMENT

By the end of this training you will have:

- Explored the nutrition risk criteria, where they come from and why they are important
- Reviewed risk assessment and assignment policies
- Discovered general requirements and overarching principles for assessing and assigning nutrition risk criteria
- Determined when to use the “Not Meeting Dietary/Feeding Guidelines” risks
- Explored WIC nutrition risk criteria and discovered the link to nutrition conditions and WIC’s impact to improve, control or eliminate them
- Viewed how to document risk information in Cascades
- Assessed and identified risk factors based on case study information
- Utilized tools to assist in nutrition risk assessment

Staff Tools provided in the Appendix:

- “Answer” keys for scenarios

This training provides WIC staff with an opportunity to become familiar with WIC's nutrition risk criteria and how to assess for and assign them.

Why: Understanding WIC's nutrition risk criteria and assigning risk is an integral part of the WIC assessment for determining eligibility, identifying nutrition education and referrals needs, high risk status and what steps to take as a result.

What: By the end of this training you will have:

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- Reviewed risk assessment and assignment policies
- Discovered general requirements and overarching principles for assessing and assigning nutrition risk criteria
- Determined when to use the "Not Meeting Dietary/Feeding Guidelines" risks
- Explored WIC nutrition risk criteria and discovered the link to nutrition conditions and WIC's impact to improve, control or eliminate them
- Viewed how to document risk information in Cascades
- Assessed and identified risk factors based on case study information
- Utilized tools to assist in nutrition risk assessment

Materials Needed:

- Nutrition Risk Criteria - *Participant Copy*
- Washington State WIC Nutrition Program Policy and Procedure Manual: [Volume 1, Chapter 14 – Nutrition Risk Criteria](#).

Reference Materials:

- Washington State WIC Nutrition Program Policy and Procedure Manual: [Volume 1, Chapter 14 – Nutrition Risk Criteria](#).
- [Staff Tool: Nutrition Risk Factors](#) (Excel spreadsheet)
- [Staff Tool: Professional Discretion High Risk \(PDHR\)](#)
- [Staff Tool: Select Washington Nutrition Risks for Clients Who Transfer from Out-of-State](#)
- [Staff Tool: Drug-Nutrient Interactions](#)
- [Staff Tool: Facts for WIC Staff about Feeding Donor Milk](#)

WIC NUTRITION RISK CRITERIA

Each participant must be “at nutrition risk” to be eligible for the WIC Nutrition Program. This unique feature of the WIC Program requires the Competent Professional Authority (CPA/certifier) to assess each participant’s nutrition status and eating or feeding practices to determine eligibility.

In this section we will review and explore WIC’s nutrition risk criteria and how to assess for and assign nutrition risks in a participant’s file.

Part 1: Where WIC’s risks come from and why they are important

The nutrition risks used in the Washington State WIC Nutrition Program come from a standardized federal list of nutrition risk factors that each state must use. The National Academy of Medicine (NAM) researched all the risk factors and determined the conditions that greatly impact the nutritional health of women, infants and children.

WIC Nutrition Risk Criteria are:

- Based on sound science – the risks are reviewed every year and compared to current research.
- Practical for WIC clinic application –WIC staff don’t have to perform complicated or expensive tests to determine if a risk applies.
- Nutrition linked or related – each risk has been shown to have an impact on health and nutrition.
- Conditions that can be Improved, Controlled, or Eliminated by the person’s participation in WIC either because of WIC foods, nutrition education or referrals.

What information is new to you?

Part 2: Risk assessment and assignment policies

The following table lists key policies related to when and how the CPA assesses and assigns WIC's nutrition risk criteria for a participant.

Policy	Rationale
<p>1. When to assess for and assign nutrition risk factors</p> <p>The CPA is required to assess for and assign nutrition risk factors at the following times:</p> <ul style="list-style-type: none"> • Initial certification • Presume Eligible - Complete Assessment • Subsequent certification • Mid-certification health assessment <p>Additional risk factors can be added at any time during the certification, for example, at a nutrition education contact or a follow-up</p> <p><u>WIC Manual Reference:</u> Volume 1, Chapter 14 – Nutrition Risk Criteria Volume 1, Chapter 18 – Certification</p>	<p>The CPA must assess for and assign nutrition risks at these times to certify the participant is eligible for the WIC Program.</p> <p>Mark additional risks in Cascades at any time so the participant's nutrition information is current. This helps WIC provide the most appropriate nutrition education and referrals for the participant.</p>
<p>2. Assess for <u>all</u> risk factors</p> <p>The CPA must ask (or get the answers to) ALL of the required assessment questions for the participant's category in order to provide a complete nutrition risk assessment.</p> <p><u>WIC Manual Reference:</u> Volume 1, Chapter 11 – Assessment</p>	<p>It is important for the CPA to assess for and assign all risks that apply to the participant to address the highest priority issues.</p>
<p>3. Talk about the participant's nutrition needs</p> <p>The CPA talks with the participant or the participant's caregiver about the participant's nutrition needs. Use issues and concerns identified during the assessment to start the conversation and identify resources that may be helpful.</p> <p><u>WIC Manual References:</u> Volume 1, Chapter 14 – Nutrition Risk Criteria Volume 1, Chapter 18 – Certification</p>	<p>Document any topics covered during the conversation as well as the participant's goals and plans for follow-up.</p>
<p>4. Match the priority of breastfeeding moms and babies</p> <p>Breastfeeding adults and infants must be assigned the same priority; the highest for which either of them qualify.</p> <p><u>WIC Manual Reference:</u> Volume 1, Chapter 5 – Priority System and Waiting Lists</p>	<p>If funding becomes limited, WIC must take lower priority participants off the program ("bumping"). We want to make sure the breastfeeding pair has the highest priority that applies to them.</p>

What questions do you have?

Part 3: General guidelines for assessing for and assigning nutrition risks

Some **general guidelines** for applying WIC’s nutrition risk criteria include:

1. Current condition or history

Nutrition risk factors must be **current conditions** the participant is experiencing, **unless the risk definition specifically allows history** of the condition.

The risk title has (Hx) when history is allowed.

2. Diagnosis of medical conditions

A medical provider must diagnose the medical condition. The CPA doesn’t need to see medical documentation of the condition – a participant can “self-report” the diagnosis.

Self-reporting a diagnosis is different than self-diagnosis.

Self-reporting a diagnosis – the person reports having a medical condition a health care provider diagnosed. The person might say something like, “My doctor says I have...”

- You don’t need to check if the diagnosis was based on the same or similar values as WIC’s risk criteria (for example when the doctor diagnosis anemia).
- The doctor’s value is often lower or more strict than WIC’s because WIC is a preventative health program.

Self-diagnosis – the person says they have a medical condition but it hasn’t been diagnosed by a medical provider. The certifier **can’t** select a nutrition risk factor based on a person’s self-diagnosis of a medical condition.

Questions to ask when you’re not sure there’s a health care provider’s diagnosis:

- Do you see a doctor for this condition?
- Did a doctor diagnose this condition?
- Do you take medication or follow a special diet for this condition?

3. Dietary/Nutrition Impact

For some conditions **the CPA may need to assess the dietary or nutrition impact to determine if the risk factor applies**. For example, to mark the risks “Oral Health Conditions” or “Food Allergy (severe diet impact)” the CPA must determine if the condition is severe enough to have a dietary or nutrition impact.

4. Defining “Routinely”

Many nutrition or dietary risk definitions use the phrase “routine use” or “routine consumption.” **Routinely means a practice that happens often enough to have an impact on a participant’s nutrition or health status**. The CPA asks questions to determine if the practice is often enough to impact health and nutrition.

Using the general guidelines for assessing and assigning nutrition risks

Review the following scenarios and mark True or False based on the **general guidelines** for assessing risk listed on page 4.

1. Juanita is pregnant for the fourth time. The doctor diagnosed Juanita with gestational diabetes in the second pregnancy. You would mark the risk “Gestational Diabetes (HX)” for Juanita because the (Hx) allows for having a history of gestational diabetes.

True False

2. John is a 2 year old child. The parent reports giving John soda pop “sometimes.” The CPA needs to ask questions about how often John drinks soda and determine if it’s a routine practice that impacts nutrition before marking the dietary risk “Feeding Sugar-containing Drinks”.

True False

3. Suong is a non-breastfeeding postpartum participant who reports having hypoglycemia. Suong hasn’t seen a doctor, but reads a lot about nutrition and is following a diet for hypoglycemia and feels much better. The certifier would mark “Hypoglycemia” as a risk for Suong without a doctor’s diagnosis because the participant knows a lot about nutrition.

True False

4. Gurjot is a 3 ½ year old child who has a medical diagnosis for an allergy to carrots. Gurjot isn’t allergic to any other foods. The certifier would mark “Food Allergy (severe diet impact)” because of the severe diet impact of being allergic to carrots.

True False

5. Jennifer is a breastfeeding participant who is having a hard time eating due to having eight cavities. The CPA can mark the risk “Oral Health Conditions” because of the impact to Jennifer’s eating.

True False

6. Darius is an infant who was diagnosed as being preterm by the doctor. Darius’ birth weight was 7 ½ pounds and growth today is near the 50th percentile. The certifier wouldn’t mark the risk “Preterm or Early Term Delivery ≤ 38 Weeks Gestation” because there must’ve been a mistake with the diagnosis - Darius couldn’t have been preterm with the good birth weight and growth.

True False

Click [here](#) to check your answers in the Appendix.

Part 4: Not Meeting Dietary Guidelines

The certifier (CPA) completes a **full assessment** which includes:

- Assessing weight gain or growth
- Assessing the hemoglobin value, and
- Getting answers to all the required (bolded) Assessment Questions

If the CPA doesn't find a risk after completing the assessment, **WIC regulations consider the person at nutrition risk for "Not Meeting Dietary Guidelines" or "Not Meeting Feeding Guidelines"**.

Risks of Last Resort:

"Not Meeting Dietary Guidelines" (risk factor for women and children over 2)
 According to the National Academy of Medicine (NAM) "evidence exists to conclude that nearly all low-income women in the childbearing years and children ages 2 – 5 are at dietary risk, are vulnerable to nutrition insults, and may benefit from WIC's services."

"Not Meeting Feeding Guidelines" (risk factor for infants 4 – 12 mos and children 12 – 23 mos)
 For infants and children to age 2 the NAM found that "The WIC Program plays a key role not only in the **prevention** of nutrition-related health problems, but also in the **promotion** of lifelong healthy eating behaviors. The process of introducing complementary foods provides a unique opportunity for WIC staff to assist caregivers in making appropriate feeding decisions for young children that can have lifelong implications."

What do you think about these statements by the National Academy of Medicine?

Selecting the "risks of last resort" in Cascades

- ✓ When there are no other risk factors identified at the certification, Cascades selects the "risk of last resort" in the participant's file.
- ✓ When the **"Not Meeting Dietary Guidelines"** or **"Not Meeting Feeding Guidelines"** risk is used, it **must be the only risk selected for the participant at the certification appointment.**
- ✓ The CPA can identify and add additional risk(s) in the participant's file after the certification appointment.



Part 5: Exploring the Risk Criteria

Risks are divided into 4 main categories:

1. Anthropometric and Hematological risks

- **Risks determined by inadequate growth or weight gain**

Examples: high pregnancy weight gain, low birth weight or very low birth weight

- **Risks determined by bloodwork values**

Examples: low hemoglobin values, high blood lead levels

Cascades auto-calculates most of these risks based on measurement and blood work values entered on the Anthro/Lab screen.

2. Health and Medical risks

- **Diagnosed medical conditions that have a nutrition impact.**

Examples: cancer, thyroid disorders, infectious diseases, and celiac disease.

3. Dietary and Non-Medical/ Risks

- **Conditions or living situations that can make a person more likely to have inadequate nutrition, inappropriate dietary habits, or dietary deficiencies.**

Examples: homelessness, very restrictive diets and inappropriate use of the bottle or cup.

4. Other

Examples: Breastfeeding Infant of Woman at Nutrition Risk (Priority 1, 2, or 4), Regression

Typically used to match priority or keep a person on WIC due to a previous condition.

Priorities

There are 7 WIC priorities, with priority 1 the highest. Priority is set at the federal level.

Priority	Participants
Priority 1	Pregnant, Breastfeeding, Infant – Anthropometric, hematological, or health/medical risks
Priority 2	Infants - Infants of WIC moms (or moms who could have been on WIC)
Priority 3	Children - Anthropometric, hematological, or health/medical risks
Priority 4	Pregnant, Breastfeeding, Infant - Dietary or non-medical risks
Priority 5	Children - Dietary or non-medical risks
Priority 6	Postpartum - All risks
Priority 7	Breastfeeding, Children – Rarely used (transfer from out-of-state participants)

High Risk (HR) factors

Each state determines which risk factors are considered “high risk.” The high risk factors are conditions which make the participant **more vulnerable** to have a nutrition deficiency.

- Participants who have a high risk factor must see the registered dietitian nutritionist (RDN) for more in-depth counseling and development of a high risk care plan (HRCP).
- The participant sees the RDN one time per certification unless the RDN feels additional follow up is needed, or a new high risk factor is identified later in the certification period.

Professional Discretion High Risk (PDHR)

CPAs can use professional discretion to mark a participant as high risk and refer to the RDN.

- Select the High Risk “Yes” box on the Certification Summary screen and briefly describe the reason on the Sticky Note and write more information in the participant’s Individual Care Plan.
- Cascades will display the High Risk icon (**H**) on the in the Carousel.

▼ Certification Details	
Start Date 4/18/2023	End Date 2/29/2024
Priority I	High Risk <input type="radio"/> Yes <input checked="" type="radio"/> No 

Washington WIC’s Nutrition Risk Criteria

See [Volume 1, Chapter 14 – Nutrition Risk Criteria](#) for the complete list of nutrition risks and lists of risks by category.

Part 6: Discovering the nutrition link and WIC's positive impact**Activity:**

As we've learned, all the nutrition **risk criteria are nutrition related** and are those conditions that **WIC can positively impact** either through **WIC foods, nutrition education or referrals**.

Choose one risk from each of the participant category risk summary lists located in [Volume 1, Chapter 14 – Nutrition Risk Criteria](#).

Look the risk up in the chapter and answer the following question:

1. Participant **category** and **risk title**: (example: Category – Pregnant; risk title – Gestational Diabetes)
2. How does this risk **relate to nutrition**?
3. **How can WIC improve, control or eliminate the condition?** (WIC foods, nutrition education, referrals, etc.)
4. What is particularly **interesting** about the risk?

Part 7: Assessing and Identifying Nutrition Risk Factors from Case Studies**Activity:****Nutrition Risk Case Studies:**

1. Review and complete the participant case studies on pages 11 - 14.
2. **Look up the potential nutrition risk factors in the WIC manual ([Volume 1, Chapter 14 – Nutrition Risk Criteria](#))** to see if the participant’s information meets the definitions of the risk factors.

The **potential** risk factors are listed for you to look up in Chapter 14.

3. **Determine which nutrition risks apply** for each participant.

Circle which risks apply to the participant.

Place a star ☆ by any of the participant’s risks that are “high risk.” The WIC manual will tell you if the risk is “high risk” and the risk summary sheets list high risk factors in bold.

PDHR? If the participant doesn’t have any high risk factors, **would you want to make the participant high risk due to professional discretion?**

After you complete the scenarios, check the answers in the [Appendix](#).

Participant # 1: Yanthi T. Jazmine (Breastfed infant) Parent is Allora T. Jazmine

You are certifying a 6-week-old breastfed infant named Yanthi. Here's what you learned from the parent's answers to the Infant Assessment Questions.

Yanthi is healthy with no medical conditions other than a diagnosis of small for gestational age (SGA) at birth. The pediatrician says Yanthi's doing well and checks growth regularly. Yanthi isn't on any medications or supplements.

Yanthi is breastfeeding well and receives Allora's milk most of the time. Allora's spouse feeds breastmilk from an informal breastmilk sharing website to the baby when Allora is out running errands or needs a break.

Allora hasn't given Yanthi any food, but Allora's mom said to put honey on the pacifier because it's a natural food and thinks it would be good for the baby. Allora is thinking about trying it.

Neither parents smoke and the family typically isn't around those who smoke. Allora didn't mention any other concerns or issues.

Here are the risks that might apply for Yanthi. Use [Ch. 14 - Nutrition Risk Criteria](#) to look up the risks to see if they apply based on the information provided in the scenario.

Inadequate Vitamin/Mineral Supplementation Small for Gestational Age

Potentially-Contaminated Foods – Infants and Children Unsafe Handling/Storage of Breastmilk/Formula

Circle the risks above that apply to Yanthi based on this information.

Put a star by any risks that are "high risk"

If no risks are high risk, would you choose Professional Discretion High Risk (PDHR) for this participant?

[Check which risks apply to Yanthi.](#)

The CPA already completed Allora's breastfeeding certification and selected the risk "Inadequate Iodine Supplementation (< 150 mcg)". Since this is a breastfeeding pair, we'll need to make sure Allora's and Yanthi's priorities match. We'll see how to do this later in this module.

Participant # 2: Marsha Washington (Pregnant)

Marsha is a pregnant participant who was presumed eligible (PE) last month and is in for the PE - Complete Assessment appointment. Here's the information from the assessment.

Marsha first saw the doctor at about 9 weeks into the pregnancy. Everything is going well so far, except for a little nausea and vomiting.

This is Marsha's 3rd pregnancy. Marsha has a 4 years old child who weighed 7 lbs. 3 ounces and didn't have any health issues at birth. Marsha's last pregnancy was 10 months ago and ended in a miscarriage (spontaneous abortion) at 12 weeks gestation.

Marsha doesn't take any medications but is taking prenatal vitamins and iron supplements. Marsha wasn't sure if the prenatal vitamin has iodine or how much.

Marsha doesn't have any food allergies and doesn't eat soft cheeses, undercooked meat, runny eggs, or drink raw milk.

Marsha brought in a 48 ounce cup of ice to the WIC appointment and stated having cravings for ice and eats at least 3 or 4 of these cups of ice each day. Marsha doesn't crave or eat any other non-food items like clay or starch. The hemoglobin value was 9.9.

Marsha had several drinks early in the pregnancy before knowing about the pregnancy, but hasn't had any alcohol since. Marsha stated no drug use. Marsha doesn't smoke and no one in the house smokes.

Here are the page numbers in [Ch. 14 - Nutrition Risk Criteria](#) where you can look up the nutrition risks that might apply for Marsha.

<i>Alcohol or Drug Use</i>	<i>Severe Nausea/Vomiting</i>
<i>Inadequate Vitamin/Mineral Supplementation</i>	<i>Spontaneous Abortion(Hx), Fetal Death (Hx), or Neonatal Death (Hx)</i>
<i>Lack of or Inadequate Prenatal Care</i>	<i>Two Pregnancies in Two Years</i>
<i>Pica</i>	<i>Low Hemoglobin/Hematocrit</i>

Circle the risks above that apply to Marsha based on this information.

Put a star by any risks that are "high risk"

If no risks are high risk, would you choose PDHR for this participant?

[Check which risks apply to Marsha.](#)

Participant # 3: John T. Williams (Child) Judy T. Garman – Foster parent

John is a 3 year old who's been in foster care since birth. Here's the information from the subsequent certification appointment.

John moved from another foster home to this one about 2 months ago. The foster parent tells you John was diagnosed with Neonatal Abstinence Syndrome (NAS) at birth.

John has asthma and uses an inhaler "as needed." When you ask how often that is, the foster parent reports about 4 times a week. John doesn't take any other medications. The social worker told the foster parent that John was treated for bronchitis 3 times in the last 6 months.

The foster parent thinks John has lactose intolerance because of issues with diarrhea and gas when John drinks too much milk and those issues go away with lactose free milk. The foster parent doesn't plan to take John to the doctor for this since WIC provides lactose free milk.

John takes a daily multi-vitamin and mineral supplement and their water has fluoride. The foster parent gives John a cup of sweet tea to carry around and refills it several times a day.

Here are the page numbers in [Ch. 14 - Nutrition Risk Criteria](#) where you can look up the nutrition risks that might apply for John.

<i>Other Medical Conditions (Impacts nutr. status)</i>	<i>Inappropriate Use of Bottle/Cup</i>
<i>- Asthma</i>	
<i>Feeding Sugar-containing Drinks</i>	<i>Infectious Disease - Acute</i>
<i>Foster Care (new/change in home past 6 months)</i>	<i>Lactose Intolerance</i>
	<i>Neonatal Abstinence Syndrome (≤ 6 mos)</i>

Circle the risks above that apply to John based on this information.

Put a star by any risks that are "high risk"

If no risks are high risk, would you choose PDHR for this participant?

[Check which risks apply to John.](#)

Participant # 4: Octavia T. Child (Non-breastfeeding Postpartum)

Octavia is in the clinic today for a subsequent certification from pregnant to postpartum.

The baby was born full term, healthy, and a good weight. Octavia had gestational diabetes during the pregnancy but the blood sugar levels have been good since giving birth.

The doctor checked Octavia’s iron level at a recent postpartum check up and diagnosed iron deficiency anemia and prescribed an iron supplement. When you check the hemoglobin value in the clinic it looks fine.

Octavia takes a prescribed low dose aspirin pill, iron supplement and a prenatal vitamin with folic acid every day. Octavia states using recreational marijuana.

Octavia is trying to lose weight and is following a very limited low calorie diet.

Octavia mentioned feeling very sad, lonely and even desperate sometimes since having the baby, but hasn’t talked to the doctor about it and hasn’t seen a counselor.

Here are the page numbers in [Ch. 14 - Nutrition Risk Criteria](#) where you can look up the nutrition risks that might apply for Octavia.

Depression

Gestational Diabetes (Hx)

Drug-Nutrient Interaction

Nutrient Deficiency or Disease

Alcohol or Drug Use

Very Restrictive Diet – Adults

Circle the risks above that apply to Octavia based on this information.

Put a star by any risks that are “high risk”

If no risks are high risk, would you choose PDHR for this participant?

[Check which risks apply to Octavia.](#)

Part 8: Documenting Risks in Cascades

The CPA asks the required Assessment Questions and documents the participant's information.

Cascades assesses information entered on many screens in the system and assigns risks.

- **Family Demographics** – Homelessness, Migrant
- **Participant Demographics** – Foster Care
- **Health Information** – Health & Medical conditions
- **Anthro/Lab** – Weight gain, growth, low iron
- **Family Assessment** – Environmental tobacco smoke exposure
- **Dietary & Health** – Inappropriate Nutrition Practices
- **Assigned Risk Factors** – Select any additional risks not entered on other screens

Every time you open the **Assigned Risk Factors** screen Cascades runs the “Risk Factor Assessment Engine” and assesses for risks.

- Most risks are auto-assigned by the system.
- There are a few risks you may need to enter manually on the Assigned Risk Factors screen if you haven't entered information on other screens for Cascades to assess.

Cascades suggests or assigns the risk factors.

Staff must **SAVE** the Assigned Risk Factors screen to save the risk factors in the participant's record.

After completing a comprehensive assessment and selecting and saving all appropriate risks, the CPA presses the “**Certify**” button on the Certification Summary screen.

Cascades calculates:

1. If the person is eligible for WIC
2. The certification start and end dates
3. Priority and High risk status

In the example above Yanthi is a Priority 1 infant. The breastfeeding adult must also be Priority 1.

- Select the breastfeeding adult’s file and check the priority.
- Cascades should already select the risk “Breastfeeding Mother of Infant at Nutritional Risk” with the correct priority to match the infant.
- The CPA saves the Assigned Risk Factors screen to save the adult’s risk(s) and priority.

Allora Jazmine’s Assigned Risk Factors screen showing the Priority 1 “Breastfeeding Mother of Infant at Nutritional Risk” risk selected to match Yanthi’s priority.

Assigned Risk Factors					Total Items: 2
Risk Code	Description	High Risk	Priority	Assigned By	Comments
601	Breastfeeding Mother of Infant at Nutritional Risk		I	System	
427.4	Inadequate Vitamin/Mineral Supplementation		IV	System	

Part 9: Continuing to Learn WIC's Nutrition Risk Criteria

In this session we have:

- **Explored the risk criteria**, where they come from and why they are important.
- **Reviewed risk assessment and assignment policies** and overarching principles.
- **Discovered the nutrition link** between the risks and WIC's positive impact.
- **Determined when to use the "Not Meeting Dietary/Feeding Guidelines" risks.**
- **Practiced** identifying some of the nutrition risks using participant scenarios.

Activity:

As you've discovered, nutrition risk eligibility is a unique feature of the WIC Program and there are a lot of nutrition risks to learn!

What did you learn in this session that will be **helpful to you in your role** in the clinic?

How will you continue your learning about WIC's nutrition risk criteria? List 3 things you will do in the next six months.

Assessing a participant's individual nutrition, growth and health concerns through the nutrition risk assessment helps WIC tailor the participant's education, referrals and food package.

Staff and participants work together to help Washington WIC families grow healthy!

APPENDIX

Using the general guidelines for assessing and assigning nutrition risks

Here are the answers to the participant scenarios on page 5.

1. Juanita is pregnant for the fourth time. The doctor diagnosed Juanita with gestational diabetes in the second pregnancy. You would mark the risk “Gestational Diabetes (HX)” for Juanita because the (Hx) allows for having a history of gestational diabetes.
True False
2. John is a 2 year old child. The parent reports giving John soda pop “sometimes.” The CPA needs to ask questions about how often John drinks soda and determine if it’s a routine practice that impacts nutrition before marking the dietary risk “Feeding Sugar-containing Drinks”.
True False
3. Suong is a non-breastfeeding postpartum participant who reports having hypoglycemia. Suong hasn’t seen a doctor, but reads a lot about nutrition and is following a diet for hypoglycemia and feels much better. The certifier would mark “Hypoglycemia” as a risk for Suong without a doctor’s diagnosis because the participant knows a lot about nutrition.
True False
4. Gurjot is a 3 ½ year old child who has a medical diagnosis for an allergy to carrots. Gurjot isn’t allergic to any other foods. The certifier would mark “Food Allergy (severe diet impact)” because of the severe diet impact of being allergic to carrots.
True False
5. Jennifer is a breastfeeding participant who is having a hard time eating due to having eight cavities. The CPA can mark the risk “Oral Health Conditions” because of the impact to Jennifer’s eating.
True False
6. Darius is an infant who was diagnosed as being preterm by the doctor. Darius’ birth weight was 7 ½ pounds and growth today is near the 50th percentile. The certifier wouldn’t mark the risk “Preterm or Early Term Delivery \leq 38 Weeks Gestation” because there must’ve been a mistake with the diagnosis - Darius couldn’t have been preterm with the good birth weight and growth.
True False

Participant # 1: Yanthi T. Jazmine (Breastfed infant) Mom is Allora T. Jazmine

You are certifying a 6-week-old breastfed infant named Yanthi. Here's what you learned from the parent's answers to the Infant Assessment Questions.

Yanthi is healthy with no medical conditions other than a diagnosis of small for gestational age (SGA) at birth. The pediatrician says Yanthi's doing well and checks growth regularly. Yanthi isn't on any medications or supplements.

Yanthi is breastfeeding well and receives Allora's milk most of the time. Allora's spouse feeds breastmilk from an informal breastmilk sharing website to the baby when Allora is out running errands or needs a break.

Allora hasn't given Yanthi any food, but Allora's mom said to put honey on the pacifier because it's a natural food and thinks it would be good for the baby. Allora is thinking about trying it.

Neither parents smoke and the family typically isn't around those who smoke. Allora didn't mention any other concerns or issues.

Here are the nutrition risks that apply for Yanthi.

Inadequate Vitamin/Mineral Supplementation

Small for Gestational Age

Potentially-Contaminated Foods – Infants and Children

Unsafe Handling/Storage of Breastmilk/Formula

Circle the risks above that apply to Yanthi based on this information: **See above.**

Notes:

- ***Yanthi is exclusively breastfed and doesn't take a vitamin D supplement. The Inadequate Vitamin D Supplementation (< 400 IU) risk applies (Inadequate Vitamin/Mineral Supplementation).***
- ***The doctor diagnosed Yanthi as Small for Gestational Age.***
- ***Since Yanthi gets breastmilk from a casual internet website, the two risks "Potentially Contaminated Foods" and "Unsafe Handling/Storage of Breastmilk/Formula" apply.***

Put a star by any risks that are "high risk" **None of Yanthi's risk are high risk.**

If no risks are high risk, would you choose PDHR for this participant? **This would be the CPA's discretion if there were any important nutrition issues for the dietitian to address.**

Yanthi's is Priority 1 but the breastfeeding adult has a Priority 4 dietary risk. The CPA needs to update mom's priority to Priority 1 by selecting the risk "Breastfeeding a Priority 1 Infant."

Participant # 2: Marsha T. Washington (Pregnant)

Marsha is a pregnant participant who was presumed eligible (PE) last month and is in for the PE - Complete Assessment appointment. Here's the information from the assessment.

Marsha first saw the doctor at about 9 weeks into the pregnancy. Everything is going well so far, except for a little nausea and vomiting.

This is Marsha's 3rd pregnancy. Marsha has a 4 years old child who weighed 7 lbs. 3 ounces and didn't have any health issues at birth. Marsha's last pregnancy was 10 months ago and ended in a miscarriage (spontaneous abortion) at 12 weeks gestation.

Marsha doesn't take any medications but is taking prenatal vitamins and iron supplements. Marsha wasn't sure if the prenatal vitamin has Iodine or how much.

Marsha doesn't have any food allergies and doesn't eat soft cheeses, undercooked meat, runny eggs, or drink raw milk.

Marsha brought in a 48 ounce cup of ice to the WIC appointment and stated having cravings for ice and eats at least 3 or 4 of these cups of ice each day. Marsha doesn't crave or eat any other non-food items like clay or starch. The hemoglobin value was 9.9.

Marsha had several drinks early in the pregnancy before knowing about the pregnancy, but hasn't had any alcohol since. Marsha stated no drug use. Marsha doesn't smoke and no one in the house smokes.

Here are the nutrition risks that apply for Marsha.

Alcohol or Drug Use

Severe Nausea/Vomiting

Inadequate Vitamin/Mineral Supplementation

Spontaneous Abortion(Hx), Fetal Death (Hx), or Neonatal Death (Hx)

Lack of or Inadequate Prenatal Care

Two Pregnancies in Two Years

★

Pica

Low Hemoglobin/Hematocrit

★

Circle the risks above that apply to Marsha based on this information. **See above.**

Notes:

- **Alcohol Use during pregnancy = any amount even if it was early in the pregnancy and the person didn't know they were pregnant. Be sure to make a note that the participant stopped drinking when they found out about the pregnancy.**
- **We can't mark the Inadequate Iodine Supplementation (Inadequate Vitamin/Mineral Supplementation) risk since we don't know if it applies.**
- **Be sure to mark Pica and document the non-food item, ice.**
- **The spontaneous abortion (miscarriage) risk only applies to pregnant participants with a history of 2 or more.**
- **The Two Pregnancies/Two Years risk is specific to live births and doesn't include participants who had miscarriages or stillbirths.**

Put a star by any risks that are "high risk" **The very low hemoglobin value and Pica are high risk.** If no risks are high risk, would you choose PDHR for this participant? **Marsha is high risk.**

Participant # 3: John T. Williams (Child) Judy T. Garman – Foster parent

John is a 3 year old who's been in foster care since birth. Here's the information from the subsequent certification appointment.

John moved from another foster home to this one about 2 months ago. The foster parent tells you John was diagnosed with Neonatal Abstinence Syndrome (NAS) at birth.

John has asthma and uses an inhaler "as needed." When you ask how often that is, the foster parent reports about 4 times a week. John doesn't take any other medications. The social worker said John was treated for bronchitis 3 times in the last 6 months.

The foster parent thinks John has lactose intolerance because of issues with diarrhea and gas when John drinks too much milk and those issues go away with lactose free milk. The foster parent doesn't plan to take John to the doctor for this since WIC provides lactose free milk.

John takes a daily multi-vitamin and mineral supplement and their water has fluoride. The foster parent gives John a cup of sweet tea to carry around and refills it several times a day.

Here are the nutrition risks that apply for John.

Other Medical Conditions (Impacts nutr. status) - Asthma	Foster Care (new/change in home past 6 months)
Feeding Sugar-containing Drinks	Infectious Disease - Acute ★
Inappropriate Use of Bottle/Cup	Lactose Intolerance
	Neonatal Abstinence Syndrome (≤ 6 mos)

Circle the risks above that apply to John based on this information. **See above.**

Notes:

- **We can't mark Other Medical Conditions for Asthma because John doesn't use daily medication.**
- **The Foster Care risk applies because of the change in foster homes within the past 6 months.**
- **Feeding Sugar-Containing Drinks applies for routinely putting sweet tea in the cup; and unlimited use of the cup meets the definition of Inappropriate Use of the Bottle/Cup.**
- **Bronchitis 3x in 6 months meets the definition for Infectious Disease – Acute.**
- **We can't mark Lactose Intolerance because there isn't a diagnosis for this medical condition.**
- **We can't select Neonatal Abstinence Syndrome because John is older than 6 months. This would be good to note in his file.**

Put a star by any risks that are "high risk" **John is high risk for the Infectious Disease risk.**

If no risks are high risk, would you choose PDHR for this participant? **John is high risk.**

Participant # 4: Octavia T. Child (Postpartum)

Octavia is in the clinic today for a subsequent certification from pregnant to postpartum.

The baby was born full term, healthy, and a good weight. Octavia had gestational diabetes during the pregnancy but the blood sugar levels have been good since giving birth.

The doctor checked Octavia’s iron level at a recent postpartum check up and diagnosed iron deficiency anemia and prescribed an iron supplement. When you check the hemoglobin value in the clinic it looks fine.

Octavia takes a prescribed low dose aspirin pill, iron supplement and a prenatal vitamin with folic acid every day. Octavia states using recreational marijuana..

Octavia is trying to lose weight and is following a very limited low calorie diet.

Octavia mentioned feeling very sad, lonely and even desperate sometimes since having the baby, but hasn’t talked to the doctor about it and hasn’t seen a counselor.

Here are the nutrition risks that apply for Octavia

Depression

Gestational Diabetes (Hx)

Drug-Nutrient Interaction

Nutrient Deficiency or Disease ★

Alcohol or Drug Use

Very Restrictive Diet – Adults ★

Circle the risks above that apply to Octavia based on this information. **See above.**

Notes:

- **Unfortunately we can’t mark Depression without a diagnosis by a medical provider. However, staff should make a referral for counseling or mental health services and follow up with Octavia.**
- **The daily low dose of aspirin doesn’t cause a drug-nutrient interaction.**
- **Even though marijuana is legal in Washington, recreational marijuana meets the federal risk definition of drug use. Be sure to document the drug for future follow-up.**
- **Gestational Diabetes (Hx) and Iron Deficiency Anemia are both diagnosed medical conditions.**
- **Mark Very Restrictive Diet due to the very low calorie diet.**

Put a star by any risks that are “high risk” **Very Restrictive Diet and Nutrient Deficiency or Disease are high risk.**

If no risks are high risk, would you choose PDHR for this participant? **Octavia is high risk.**