

I-WIC Assessment Guide: Infant (IBE, IBP, IFF)

The following guidance is to assist a CPA in using a participant-centered (PC) approach during the category specific WIC assessment. CPAs should be familiar with the I-WIC screens to know some questions collect specific data and others the CPA should ask open-ended questions to engage the participant/family, rather than reading each question from the I-WIC screens.

Setting the Stage & Explaining the WIC Visit

- Establish rapport and individualize visit to the family/participant (i.e. address by name, if acceptable; ask about past experiences/knowledge; cultural practices; etc.). Explain to parent/caregiver what to expect during WIC visit, time of visit, and why information is collected, possible explanation: **“Thank you for bringing (Infant’s name) to WIC today; this visit will take about (time). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your family’s overall nutrition and lifestyle practices. To start with we will complete a nutrition assessment; this will include collecting measurements, to plot your baby’s growth and screen the parent’s weight status, we check the iron on older infants, and discuss your baby’s feedings. Following, we can talk about some ideas for (Infant’s name) to continue to grow healthy, how to use the WIC benefits, and if there are community resources that may benefit your family, I will share those with you.”**
- Possible conversation starter questions:
 - “Tell me how you feel about how (Infant’s name) is feeding, growing or if there are any questions you may have today?”
 - “WIC is here for you and your baby, before we get started what do you want to share or ask to make sure we cover that today?”

Note: Upon completing the Cert Action screen, if the infant is breastfeeding and/or being Recertified and was breastfeeding at the most recent certification, then the Breastfeeding pop-up box will appear and required to be completed to determine the Breastfeeding status & appropriate category.

I-WIC Breastfeeding – Infant

Information entered on the Breastfeeding Status pop-up auto-fills on BF Information tab, page 1. Page 2, question 1 is to be answered only for infants less than one month old. The second and third questions are to be completed for all infants. BF Support & Notes refer to NPS: Documenting in WIC MIS.

Breastfeeding Information Page 2:

I-WICLab – Infant

The screenshot displays the 'Infant/Child Height/Weight' tab in the I-WICLab system. It features a 'Growth Chart' section with a table for anthropometric data. The table has columns for Non-WIC, Anthro Date, Act. Age, AGA, Weight (lbs, oz, g), Height (in, cm, ft, in), BMI, BMI/Age, Wt/Age, Ht/Age, Wt/Ln, and Reason. A single data row is visible for 02/07/2020, 1 m, 6-0, 9, 12, 21, 0, 0, N/A, N/A, 50.50, 26.11, 79.04. Below the table are buttons for 'Add' and 'Remove'. Further down, there are input fields for Birth Weight (lbs, oz, Unknown), Birth Length (in, cm, Unknown), Completed Weeks of Gestation (Unknown), Weight Change, Height Change, Time Interval, and Immunization Status (Reviewed, Referred). At the bottom, there is a 'Bloodwork' section with a table for Non-WIC, Date of Bloodwork, HGB, HCT, Lead Value, No Blood, Exemption Reasons, and Date Created. Buttons for 'Add' and 'Remove' are also present at the bottom.

Infant/Child Height/Weight Tab:

Add Anthropometric & Bloodwork Data, per system requirements. Note: WIC cannot take verbal Birth data, enter "Unknown" if not presented in writing. Add Immunization Status and Bloodwork per policy, based upon age of (older) Infant.

Growth Chart Tab:

Review growth chart. If 1st plot point, explain will continue to follow while on WIC. If several points, explain growth pattern.

As CPA moves on to Health screen, may start to ask question(s) to parent/caregiver related to growth:

- "How do you feel about your baby's growth, do you feel it is too slow, just right, or too fast?"
- "When was the last time (Infant's name) was measured at the doctor's office? What did they share about (Infant's name) growth?" (If applicable, probe to ask if diagnosed with any growth-related medical condition, i.e. Failure-to-Thrive)

Reflection on parent/caregiver's responses, such as:

- "You feel good about how your baby is growing."
- "You are happy with the growth as it is on the growth chart."
- "You feel your baby is growing too slow or too fast." (based upon parent/caregiver's response to Quest. 2)

I-WICHealth – Infant (2 pages)

1. Do you have any questions or concerns about your baby's:

☐ Appetite ☒ Breastfeeding ☒ Formula Intake

☐ Health ☐ Weight Gain/Growth ☐ No Concerns

☐ Other

2. How do you feel about your baby's growth? ☐ Too slow ☒ Just right ☐ Too fast

3. Parent present with BMI \geq 30?

*** Mother** ☐ Yes ☒ No ☐ Not present

*** Father** ☐ Yes ☐ No ☒ Not present

4. Does your baby have any health or medical issues? ☐ Yes ☒ No

5. Does your baby regularly take any of the following medications? ☐ Yes ☒ No

*** If yes, please select:**

☐ Anticlotting ☐ Hormones: Growth, Steroid, Other

☐ Blood Formation/Coagulation ☐ Insulin/Antidiabetic

☐ Cardiac/Blood Pressure/Lipid ☐ Thyroid/Antithyroid

☐ Digestive Enzymes ☐ Other

☐ Diuretic

6. Does your baby have any food related allergies? ☐ Yes ☒ No

*** If yes, please select:**

☐ Milk (Lactose Intolerant) ☐ Egg ☐ Soy ☐ Fish ☐ Tree nuts

☐ Milk (Allergy) ☐ Peanut ☐ Wheat ☐ Shellfish ☐ Other

Quest. # 2: asked when reviewed growth chart; may skip Quest. 1 to address Quest. # 3 with growth discussion. Parent present w/ BMI \geq 30, assessment methods may vary (self-reported, collect weight & height, or ask using the abbreviated BMI table*). If biological mother is pregnant or had baby in past 6 months, use pre-pregnancy weight. If foster child, check 'Not present'. Possible explanation & question(s) if use abbreviated BMI table, such as:

- **"Most families have similar eating and physical activity habits which impact how their children grow. We collected measurements for (Infant's name) and we also ask about your weight/height to see if a child's growth pattern is after the parents. Using this chart, find your height in inches, would you say your weight is higher or lower than the number listed?"**

(*Abbreviated BMI Table; see USDA RFJM risk # 114 Clarification. If parent refuses to provide measurements/data, check 'No' and document in case note.)

- **Quest. 1 "Before I ask you some health and nutrition questions, what questions or concerns do you have about your baby, such as weight gain or growth, appetite, breastfeeding or formula intake, health, or any other questions or concerns?"**
- **"What health or medical issues has your baby ever been diagnosed with? any food related allergies? has (Infant's name) been sick recently? and currently taking any medications?"**

Quest. 4 if Yes, click on 'Details' to select condition(s); probe as needed and if applicable ask further questions, such as:

- **"What did your doctor share about how to manage this condition?"**
- **(if on medication) "Tell me more about how often, when do you give it, and how long will (Infant's name) be on this medicine?"**
- **"What have you had to do differently in feeding him/her since diagnosed with ____ (medical condition, food allergy, or lactose intolerance)?"**

If infant is following a special diet, this question is on the Nutrition screen.

7. Does your baby take any of the following?

Vitamins/Minerals ☐ Yes ☒ No

Excessive/Inadequate ☐ Excessive ☐ Inadequate

Herbs, Supplements or Remedies ☐ Yes ☒ No

8. Does your baby have access to dental care? ☐ Yes ☐ No ☒ N/A

9. Does your baby have any dental problems? ☐ Yes ☐ No ☒ N/A

If yes, please select:

☐ Gingivitis

☐ Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)

☐ Periodontal Disease

☐ Tooth Decay

10. Does anyone living in the home smoke inside? ☐ Yes ☒ No

Quest. # 7: consider the following for Infant risk assessment/ assignment for inadequate Dietary Supplement risk:

- Vitamin D (not taking supplement and/or consuming < 32 oz/d Vit. D fortified formula) and
- Fluoride for Infants 6 months+ when water source insufficient, see 411 risk for specific definition/justification.

Note: assessment of Vitamin D and/or Fluoride deficiency may be assessed during the Nutrition screen; however, if applicable the CPA must return to this screen/field & mark as "Inadequate" for risk to generate.

- **"What vitamins, minerals, supplements, like herbs or home remedies do you currently offer (Infant's name)?" (if offered) "How many days a week?"**

Question 8 & 9 may be 'N/A' for most Infants; however, CPA may ask and incorporate probing about water source for possible risk of inadequate Fluoride.

Question 10:

- **"Last question related to health, currently does anyone living in your home smoke inside the home?"**
- **"Thank you for sharing that information. Again we collect that information to see if there are any referrals we can help you with and to make us aware of any health-related concerns. If it is okay with you, now I would like to move on to ask about (Infant's name) nutrition and feeding/eating habits?" (asking permission)**

I-WIC Nutrition – Infant (3 pages)

*** 1. In addition to breast milk and/or formula, do you routinely give your baby any other beverages?**

<input type="checkbox"/> Low iron formula	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> 100% Fruit juice	<input type="checkbox"/> Sugar sweetened drinks
<input type="checkbox"/> Cow's milk	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Substitute milk (rice, soy, nut)	<input type="checkbox"/> Homemade mixtures/non-dairy creamer
<input type="checkbox"/> Canned evaporated or sweetened condensed milk	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> None of the above	

*** 2. How do you prepare and handle breast milk or formula?** ☒ Sanitary ☐ Unsanitary ☐ N/A

*** 3. How do you mix the formula?** ☒ Diluted correctly ☐ Diluted incorrectly ☐ N/A

*** 4. How do you store the formula or breast milk?** ☒ Stored correctly ☐ Stored incorrectly ☐ N/A

*** 5. Does your baby:**

☐ Fall asleep/go to bed with a bottle

☐ Use a bottle that is propped when feeding

☐ Carry around and drink from a covered or training cup

☐ Use a bottle without restriction (e.g., walking around) or as a pacifier

☐ Use a bottle that has other foods (cereal, sweeteners or other solids) added to it

☐ Routinely use a bottle to drink liquids other than breast milk, formula, or water (such as fruit juice, soda, sweetened tea, etc.)

☒ None of the above

Based upon if breastfeeding, formula feeding or a combination ask appropriate questions on feeding patterns and any potential feeding issues, questions such as:

- **“In addition to breastmilk and/or formula, any other beverages that you offer your baby?”** (probe as needed)
- **If offering breastmilk, “Please share what you do if you express or pump your breastmilk, like what do you put it in, how and where do you store it, for how long, etc.?”** (probe as needed)
- **If offering formula, “Please share what formula you are offering, is it powder or liquid? Walk me through your process to prep the bottles, from cleaning bottles and nipples to mixing and storing the formula?”** (other possible probing questions: what is different when away from home?, what do you do if (Infant's name) doesn't finish it?, and any special instructions from your doctor?)
- **“How many ounces are you offering per feeding? How many times a day? How long does each feeding take? Are you burping during and after feeding?”**

Quest. #5, may need to review choices to ask age appropriate questions; question(s) to ask such as:

- **“Tell me when you do offer the bottle, how is it usually offered-- with someone holding the baby, you prop the bottle up, or given in bed? (If older infant, Infant's name) carry around the bottle and drinks as needed? Anything offered in the bottle besides formula currently?”**

Affirmation/Reflection on parent/caregiver's on feedings, such as:

- **“You are doing at great job and following safe feeding practices for your baby!”**
- **“You are confident in feeding your baby—you got this!”**
- **“You feel like you are doing everything correctly when it comes to feeding the baby.”**

6. What does your baby use to eat or drink?

☒ Breast ☒ Bottle ☐ Cup
☐ Cup with lid ☐ Spoon fed ☐ Spoon/fork
☐ Fingers ☐ Tube fed

7. Does your baby follow a special diet?

☐ Diabetic ☐ High calorie ☐ High protein/low carb ☐ Kosher
☐ Lacto-ovo ☐ Lactose free/restricted ☐ Low calorie ☐ Low cholesterol
☐ Low fat ☐ Low salt/sodium ☐ Macrobiotic ☐ PKU
☐ Vegan ☐ Vegetarian ☐ Weight loss ☒ None of the above
☐ Other

8. At what age did your baby start any foods or beverages other than breast milk or formula?

☐ Before 6 months ☐ 6 months or older ☐ Unknown ☒ N/A

9. Does your baby eat these foods every day?

*** Fruit** ☐ Yes ☐ No ☒ N/A
*** Vegetables** ☐ Yes ☐ No ☒ N/A
*** Whole grains** ☐ Yes ☐ No ☒ N/A

Page 2, Quest. # 6-9, review the questions prior to asking the parent/caregiver to determine what may already has been shared and/or per advancement in diet appropriate to the Infant's age.

Ask questions such as (to age applicable questions):

- **"Share what is used to feed the baby, breastfeeding, bottles, any cup, spoon, hand-feeding using fingers?" (probe as needed)**
- **"Is the baby following any special diet? Are you or anyone in the home on special diet that affects what you might offer the baby?"**
- **"At what age did you start (Infant's name) on any other food or beverages other than breastmilk or formula?"**
- **"Would you say (Infant's name) eats the following foods daily-- fruits, vegetables, and whole grains?"**

10. Does your baby eat raw, undercooked or unpasteurized foods?

☐ Honey ☐ Milk unpasteurized ☐ Deli meats/hot dogs not steaming
☐ Soft cheese ☐ Juice unpasteurized ☐ Meat/poultry/eggs raw/undercooked
☐ Sprouts raw ☐ Fish high in mercury ☐ Fish/shellfish raw/undercooked/smoked
☐ Donor human milk acquired directly from individuals or the Internet
☐ No ☒ N/A

11. How often do you sit together and have a meal as a family?

☐ All of the time ☒ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

12. Are there any other feeding concerns, such as the Parent/Caretaker:

☐ Does not allow baby to self-feed
☐ Ignores hunger cues
☐ Feeds foods of inappropriate consistency, size or shape
☐ Feeds foods of inappropriate texture based on developmental stage
☐ Follows a rigid feeding schedule
☒ None of the above

13. Do you have access to a refrigerator and stove/hot plate? ☒ Yes ☐ No

14. Is your baby sometimes hungry because there is not enough money to buy food or formula?

☐ Yes ☒ No

15. Was mom on WIC during the pregnancy? ☐ Yes ☐ No, would have been eligible ☒ No

Page 3, Quest. # 10, consider foods per Infant's age when asking:

- **"Some foods can have hidden potential bacteria, so we ask to see if you offer any of the following foods to your baby: (foods listed)?" Note: Food Safety Desktop tool 'Foods with hidden bacteria' may be used also.**

- **"How often do you sit together and eat as a family?"**

Quest. 12, review list and ask age appropriate questions. For example:

- **"What signs do you notice to let you know if (Infant's name) is hungry and full? Is this what you base when to feed the baby or do you follow the clock?"**
- **If any solid foods, "Are you offering any solids, if yes tell me what you are offering and how often?"**
- **"Would you say there are times when (Infant's name) is hungry because you don't have the money to buy formula or food?" If yes, "Are you getting any other food assistance?" provide referral(s) as needed.**
- **"Lastly, in order to help me determine which WIC food benefits may be the best option for you today, do you currently have access to refrigeration and a stove/hot plate for cooking?"**
- **"Please remind me, were you on WIC during this pregnancy?"**

CPA may choose to Reflect and/or Summarize, highlighting any key points from the assessment.

I-WIC Nutrition Risk – Infant

Cert Start Date	Date	Detailed Description	Heart Icon	Staff	Source	Note
2/7/2020	2/7/2020	603[1] - Breastfeeding Complex...	Heart Icon	GINNY BEL...	SYSTEM	
2/7/2020	2/7/2020	702.01[1] - Breastfeeding Infant...	Heart Icon	GINNY BEL...	MANUAL	

CPA will continue follow the I-WIC “Guided Script” for remaining screens to complete the Infant Certification.

Nutrition Risk screen is for the CPA to review following assessment to:

- 1) confirm all risks generated/appropriately assigned. If any risks listed should have not been generated, CPA can select the risk row and ‘Reason’ button to display a pop-up box to show screen/field risk generated from and CPA can go back and correct data if needed. CPA may use the ‘Risk Help’ button to open/view the Illinois I-WIC Nutrition Risk Criteria document as needed.
- 2) add manually assigned risk(if applicable); options for Infant category:
 - Foster Care (risk 903) - either transitioned into foster care or moved from one foster care home to another in the past 6 months
- 3) If no risks generated from assessment for an Infant (≥ 4 mo - ≤ 12 mo), the Presumptive Eligibility risk would generate as follows:
 - a. If the Infant is ≥ 4 months ≤ 12 months of age, risk 428 Dietary Risk Associated with Complimentary Feeding Practices would generate.

Upon completing assessment, before education, the CPA may Summarize key points from assessment to highlight any ‘change talk’, parent’s concern(s), and/or include any behavior change opportunities that CPA identified to move onto Education.