

Training Outline

Recorded PowerPoint – approx. 2 hours

7 question SSM

Review of IL WIC Policy & Addenda

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Infant IWIC Risk Factor Training

Illinois Department of Human Services  
Illinois WIC Program  
FY22

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Objectives

- Describe USDA WIC Nutrition Risk and IWIC Nutrition Risk criteria related to Infant participants.
- Demonstrate use of Value Enhanced Nutrition Assessment (VENA) during the WIC assessment process.

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Keep In Mind

This training is designed to be self-paced.

Take time to review each section carefully.

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### Required Training Resources & Materials

- USDA Value Enhanced Nutrition Assessment (VENA) Guidance
  - <https://wic.works.fns.usda.gov/resources/value-enhanced-nutrition-assessment-vena-guidance>
- Illinois WIC Policy
  - <https://www.springfieldul.org/cht/resources/wic-policy-and-procedure-manual>
- USDA WIC Nutrition Risks & IWIC Nutrition Risk Criteria
  - <https://www.springfieldul.org/cht/resources/illinois-wic-cpa-resources>

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### Know Your Resources

This training will focus heavily on the **USDA WIC Nutrition Risks** and the **IWIC Nutrition Risk Criteria** found here: <https://www.springfieldul.org/cht/resources/illinois-wic-cpa-resources>

Take time now to review each document before moving forward.

The slide displays two documents side-by-side. On the left is a table titled '353 Food Allergies' with columns for 'Food Allergen' and 'Canned Food'. On the right is a list titled 'WIC Nutrition Risk Criteria' with various categories and sub-points.

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### USDA Nutrition Risk Criteria

- Align with the health outcome-based approach.
- Each risk includes a definition, cut-off value, scientific justification, targeted WIC nutrition messages, and references.
- Categories include anthropometric, biochemical, breastfeeding, clinical/health/medical, dietary, and other.

*VENA focuses on the participant's Strengths, Positive Practices, and Motivations.*

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This slide provides detailed information about food allergies and nutrition risk criteria. It includes a table for '353 Food Allergies' and a list of 'WIC Nutrition Risk Criteria'. Red boxes highlight specific sections of the text and table.

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## Self-Reported Diagnosis (SRD)

**Self-Reported Diagnosis (SRD):** Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.

### 353 Food Allergies

#### Definition/Cut-off Value

Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. (1)

Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.

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## IWIC Nutrition Risk Criteria

Shortened version of the USDA Risk, includes:

- USDA risk criteria
- Category & Priority level
- High risk designation
- Risk definition / interpretation
- IWIC Screen and question / answer that generates the risk in IWIC

USDA Nutrition Risk Criteria	Category (Priority)	High Risk?	Definition/Interpretation	IWIC Screen/Question
101 Presence of Early Onset Diabetes	High (1)	Yes	Presence of Diabetes	Screen 101 Question: Reported Early Onset Diabetes
102 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 102 Question: Reported Diabetes
103 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 103 Question: Reported Diabetes
104 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 104 Question: Reported Diabetes
105 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 105 Question: Reported Diabetes
106 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 106 Question: Reported Diabetes
107 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 107 Question: Reported Diabetes
108 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 108 Question: Reported Diabetes
109 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 109 Question: Reported Diabetes
110 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 110 Question: Reported Diabetes
111 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 111 Question: Reported Diabetes
112 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 112 Question: Reported Diabetes
113 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 113 Question: Reported Diabetes
114 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 114 Question: Reported Diabetes
115 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 115 Question: Reported Diabetes
116 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 116 Question: Reported Diabetes
117 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 117 Question: Reported Diabetes
118 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 118 Question: Reported Diabetes
119 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 119 Question: Reported Diabetes
120 Presence of Diabetes	High (1)	Yes	Presence of Diabetes	Screen 120 Question: Reported Diabetes

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System-generated during Certification  
or  
Manually assigned by the CPA

## IWIC Risk Factors

USDA Risk #	Risk Criteria	Participant Category			
		Pregnant	Non-pregnant	Infant	Child
131	Low Maternal Weight Gain (Singleton pregnancy - Method 2 (DW))	X			
132	High Maternal Weight Gain (Singleton pregnancy - Method 2 (DW))	X			
134	Lack of or Inadequate Prenatal Care (Method 2 only)	X			
903	Foster Care	X	X	X	X

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WIC asks many questions. How can you keep the participant in mind?

*Incorporate questions into the conversation in a way that supports engagement and client autonomy:*

- Take a few minutes to build rapport.
- Explain why you are asking these questions
  - To offer education or referrals; to help family be as healthy as possible; etc.
- Try to make the questions as conversational as possible.
- Ask the questions in your own words.
- Use reflective listening.
- Let them know you'll summarize the information they share at the end and provide time for them to ask you questions.

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### Risks Generated from the Lab Screen

103 Underweight or At Risk of Underweight (Infants and Children)	Infant - [1] Child - [3]	X X	<p><b>Underweight:</b> Infant or Child less than 2 years old: weight for recumbent length less than or equal to the 2.3<sup>rd</sup> percentile.</p> <p><b>Child 2 to 5 years old:</b> BMI less than or equal to the 5<sup>th</sup> percentile. Only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p> <p><b>At Risk of Underweight:</b> Infant or Child less than 2 years old: weight for recumbent length more than the 2.3<sup>rd</sup> to less than or equal to the 5<sup>th</sup> percentile.</p> <p><b>Child 2 to 5 years old:</b> BMI greater than the 5<sup>th</sup> to less than or equal to 10<sup>th</sup> percentile.</p>	Screen: Lab
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115 High Weight for Length (Infants and Children < 24 months)	Infant - [1] Child - [3]	X X	Infant or Child less than 2 years old with high weight for recumbent length $\geq$ to the 97.7 <sup>th</sup> percentile.	Screen: Lab
121 Short Stature or At Risk of Short Stature (Infants and Children)	Infant - [1] Child - [3]		<p><b>Short Stature:</b> Infant or Child less than 2 years old: with recumbent length for age <math>\leq</math> the 2.3<sup>rd</sup> percentile. Child 2 to 5 years old with standing height for age <math>\leq</math> the 5<sup>th</sup> percentile.</p> <p><b>At Risk of Short Stature:</b> Infant or Child less than 2 years old: with recumbent length for age greater than the 2.3<sup>rd</sup> to less than or equal to the 5<sup>th</sup> percentile.</p> <p>For infant/child born less than or equal to 37 weeks gestation, the assignment of this risk is based on adjusted gestational age.</p> <p>Child 2 to 5 years old with standing height for age greater than the 5th to less than or equal to the 10<sup>th</sup> percentile.</p>	Screen: Lab

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135 Slow or Altered Growth Pattern	Infant - [1]	X	This risk only applies to infants $\leq$ 6 months of age.  Birth to 2 weeks of age: • Excessive weight loss after birth: $\geq$ 7% of birth weight 2 weeks to 6 months of age: • Any weight loss, based on two weights taken at least 8 weeks apart.	Screen: Lab
141 Low Birth Weight and Very Low Birth Weight	Infant - [1] Child - [3]	X	<p><b>Very Low Birth Weight (VLBW):</b> Infant or child under 2 whose birth weight is less than 3 pounds 5 ounces or 1500 grams.</p> <p><b>Low Birth Weight (LBW):</b> Infant or child under 2 whose birth weight is than 5 pounds 8 ounces or 2500 grams.</p>	Screen: Lab
142 Prem or Early Term Delivery	Infant - [1] Child - [3]		<p><b>Prem or Early Term Delivery:</b> Infant or Child less than 2 years old, born at &lt;37 weeks gestation.</p> <p><b>Early Term Delivery:</b> Infant or Child less than 2 years old, born 37 to &lt;39 weeks gestation.</p>	<p>Screen: Lab</p> <p>Question: Completed Weeks Gestation Answer that generates risk: 136</p> <p>Screen: Lab</p> <p>Question: Completed Weeks Gestation Answer that generates risk: 137-16</p>
153 Large for Gestational Age	Infant - [1]		Infant whose birth weight is more than 9 pounds (4000 grams) or is above the 90th percentile for gestational age.	Screen: Lab

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### Lab Risks – cont.

201 Low Hemoglobin/low Hematocrit	Program - [2] Newborn - [2] Infant - [3] Child - [3]	X X X X	<p><b>High Risk:</b> will be generated when the most recent hemoglobin value is <math>\leq</math> 10.0 g/dL (newborn &lt; 24 hrs), and the first date meets the criteria listed below for the pediatric's category and age.</p>	Screen: Lab and Health (Smoking Status)																																																																																										
			<table border="1"> <thead> <tr> <th rowspan="2">Pregnant Women</th> <th colspan="2">1-12 Wks</th> <th colspan="2">13-24 Wks</th> <th colspan="2">25-36 Wks</th> </tr> <tr> <th>Hgb (g/dL)</th> <th>Hct (%)</th> <th>Hgb (g/dL)</th> <th>Hct (%)</th> <th>Hgb (g/dL)</th> <th>Hct (%)</th> </tr> </thead> <tbody> <tr> <td>First Trimester (0-13 Weeks or 0-16 Wks)</td> <td>10.0</td> <td>31.0</td> <td>11.3</td> <td>34.0</td> <td>11.5</td> <td>34.5</td> </tr> <tr> <td>14-16 Wks Trimester (14-16 Wks or 16-17 Wks)</td> <td>10.5</td> <td>32.0</td> <td>10.8</td> <td>33.0</td> <td>11.0</td> <td>33.5</td> </tr> <tr> <td>17-18 Wks Trimester (17-18 Wks or 18-19 Wks)</td> <td>11.0</td> <td>33.0</td> <td>11.3</td> <td>34.0</td> <td>11.5</td> <td>34.5</td> </tr> <tr> <td>19-36 Wks Trimester</td> <td>11.0</td> <td>33.0</td> <td>11.3</td> <td>34.0</td> <td>11.5</td> <td>34.5</td> </tr> <tr> <td>Nonpregnant Women</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12-153 Years</td> <td>11.8</td> <td>35.9</td> <td>12.1</td> <td>36.9</td> <td>12.3</td> <td>37.3</td> </tr> <tr> <td>15-18 Years</td> <td>12.0</td> <td>36.8</td> <td>12.3</td> <td>36.9</td> <td>12.5</td> <td>37.4</td> </tr> <tr> <td>18-38 Years</td> <td>12.2</td> <td>37.7</td> <td>12.3</td> <td>36.7</td> <td>12.5</td> <td>37.7</td> </tr> <tr> <td>Infants/Children</td> <td colspan="2">10.0 g/dL</td> <td colspan="2">10.0 g/dL</td> <td colspan="2">10.0 g/dL</td> </tr> <tr> <td>Adults</td> <td>11.0</td> <td></td> <td>11.0</td> <td></td> <td>11.0</td> <td></td> </tr> <tr> <td>Children</td> <td>11.0</td> <td></td> <td>11.0</td> <td></td> <td>11.0</td> <td></td> </tr> </tbody> </table>	Pregnant Women	1-12 Wks		13-24 Wks		25-36 Wks		Hgb (g/dL)	Hct (%)	Hgb (g/dL)	Hct (%)	Hgb (g/dL)	Hct (%)	First Trimester (0-13 Weeks or 0-16 Wks)	10.0	31.0	11.3	34.0	11.5	34.5	14-16 Wks Trimester (14-16 Wks or 16-17 Wks)	10.5	32.0	10.8	33.0	11.0	33.5	17-18 Wks Trimester (17-18 Wks or 18-19 Wks)	11.0	33.0	11.3	34.0	11.5	34.5	19-36 Wks Trimester	11.0	33.0	11.3	34.0	11.5	34.5	Nonpregnant Women							12-153 Years	11.8	35.9	12.1	36.9	12.3	37.3	15-18 Years	12.0	36.8	12.3	36.9	12.5	37.4	18-38 Years	12.2	37.7	12.3	36.7	12.5	37.7	Infants/Children	10.0 g/dL		10.0 g/dL		10.0 g/dL		Adults	11.0		11.0		11.0		Children	11.0		11.0		11.0		
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If you said true, be sure to revisit certification standards section 5.3.  
<https://www.springfield.org/chtcr/resources/wic-policy-and-procedure-manual>



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**Knowledge Check**

Hemoglobin screening is a requirement of the WIC program.  
 Infants certified at 9 months of age and older must have bloodwork completed during the certification to screen for anemia.



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If you said false, please revisit certification standards section 5.4.  
<https://www.springfield.org/chtcr/resources/wic-policy-and-procedure-manual>



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Lab Risk Wrap-Up	
Anthropometric Risks	
103 Underweight or at risk of underweight	115 High weight for length
121 Short stature or at risk of short stature	135 Slowed/faltering growth
141 Low birth weight / very low birth weight	142 Preterm / Early term
153 Large for gestational age	
Biochemical Risks	
201 Low hemoglobin	211 Elevated blood lead

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# Breastfeeding Assessment & Risks

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## System Generated Breastfeeding Risks

601.01 Breastfeeding Mother of Infant at Nutrition Risk (P1)	Breastfeeding - [1] Pregnant - [1]	702.01 Breastfeeding Infant of Woman at Nutrition Risk (P2)	Infant - [1]
601.02 Breastfeeding Mother of Infant at Nutrition Risk (P2)	Breastfeeding - [2] Pregnant - [2]	702.02 Breastfeeding Infant of Woman at Nutrition Risk (P2)	Infant - [2]
601.04 Breastfeeding Mother of Infant at Nutrition Risk (P4)	Breastfeeding - [4] Pregnant - [4]	702.04 Breastfeeding Infant of Woman at Nutrition Risk (P4)	Infant - [4]

Risk is based off mom and baby's assigned highest priority.

Both mom and baby will have the same priority assigned.  
 \* Example: if priority 1: Mom would be assigned 601.01 and baby 702.01.

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## Infant Breastfeeding Screen

The screenshot shows a software interface for an infant breastfeeding screen. It includes a 'Screening mother's infant conditions' section with a list of checkboxes for various conditions such as 'Separation of mother and infant for medical reasons', 'Painful or cracked breast skin or blisters', 'Flat areola or other congenital abnormalities', 'Nipple sore', 'Nipple inversion', 'Insufficient breast milk supply', 'Insufficient nipple tissue', 'Breast reduction or augmentation (MGS, IM, Normal breast)', and 'CPM/CPM professional judgement'. A 'None' option is also present.

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## Infant Breastfeeding Screen

The screenshot shows the screening questions and the resulting risk table. The questions include: 'if your baby is less than one month old, do you have any existing mother/infant conditions that may impact your milk supply or ability to breastfeed?', 'Does your breastfeeding baby have?' (with options for difficulty with latch-on, weak suck, jaundice, inadequate stooling, or other), and 'How many times is the baby breastfeeding or given breast milk in a day (24 hours)?'. The table below shows the generated risks for different priority levels.

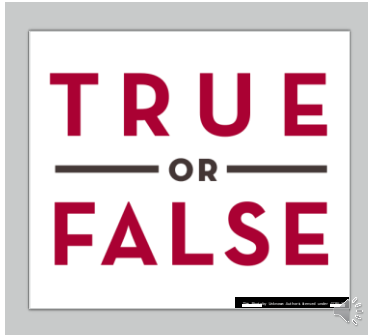
601 Breastfeeding Complications or Potential Complications (Infants)	Infant - [1]	Any of the following are considered complications or potential complications for <b>breastfed</b> infants: <ul style="list-style-type: none"> <li>Jaundice</li> <li>Breastless jaundice</li> <li>Breastfeeding jaundice</li> <li>Worst or ineffective suck</li> <li>Difficulty latching onto mother's breast</li> <li>Inadequate stooling</li> </ul>	Screen: Breastfeeding Question: "Does your breastfeeding baby have?" Answer: that generates risk. Any selection except "Other" and "None of the above".
601.07 Routinely limiting the frequency of nursing of the exclusively breastfed infant when breastmilk is the sole source of nutrients	Infant - [6]	<b>Exclusively breastfeeding infants only.</b> Examples of inappropriate frequency of nursing include: <ul style="list-style-type: none"> <li>Scheduled feedings instead of demand feedings, and</li> <li>Less than 8 feedings in 24 hours if less than 2 months of age</li> </ul>	Screen: Breastfeeding Question: "How many times is the baby breastfeeding or given breastmilk in a day (24 hours)?" Answer: that generates risk 0-7

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### Knowledge Check

System generated breastfeeding risks 601 and 702 will automatically populate for both mom and baby on their risk screen.



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Please review *NPS Breastfeeding* and the *IWIC Nutrition Risk Criteria* for more information.



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## Health Screen Assessment & Risks

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### Infant Health Screen

*Most families have similar eating and activity habits. We have measurements for Jamie. If you don't mind, I'd like to show you a chart to help assess your weight for height. Would that be ok?*

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

<input type="checkbox"/> Appetite	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Formula Intake
<input type="checkbox"/> Health	<input type="checkbox"/> Weight Gain/Growth	<input checked="" type="checkbox"/> No Concerns
<input type="checkbox"/> Other		

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

3. Parent present with BMI ≥ 30?

<input checked="" type="checkbox"/> Mother	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not present
<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not present

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### Infant Health Screen

3. Parent present with BMI ≥ 30?  
 \* Mother  Yes  No  Not Present  
 \* Father  Yes  No  Not Present

**Assess using BMI Table:**

- In person: *Using this chart, find your height. Would you say your weight is above or below that number?*
- On Phone: *Do you know how tall you are? Would you say your weight is above or below xxx pounds?*

Height	Inches	Weight (lbs) equal to BMI 30
4'0"	48	143
4'1"	49	148
4'2"	50	153
4'3"	51	158
4'4"	52	164
4'5"	53	169
4'6"	54	174
4'7"	55	180
4'8"	56	186
4'9"	57	191
4'10"	58	197
4'11"	59	203
5'0"	60	209
5'1"	61	215
5'2"	62	221
5'3"	63	227
5'4"	64	233
5'5"	65	239
5'6"	66	245
5'7"	67	251
5'8"	68	257
5'9"	69	263
5'10"	70	269
5'11"	71	275
6'0"	72	281
6'1"	73	287
6'2"	74	293
6'3"	75	299

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114 Overweight (Children 2-5 yrs) or At Risk for Overweight (Infants and Children)	Infant: [1]	<b>At Risk of Overweight (1-12 months Infant of Obese mother):</b> Infant (<12 mos) born to a Woman with a BMI ≥ 30 at time of conception or during the first trimester of the pregnancy.  BMI must be based on self-reported prepregnancy weight and height or on a documented measured weight and height.	<b>Screen:</b> Nutrition Risk  <b>Question:</b> Parent present with BMI ≥30? Mother  <b>Answer:</b> that generates risk: yes
	Child: [1]	<b>At Risk of Overweight (Infant or Child of Obese father):</b> Infant or Child with a biological father whose BMI ≥ 30 at the time of certification.  BMI must be based on father's self-reported weight and height or on weight and height measurements taken by staff at the time of the certification.	<b>Screen:</b> Health  <b>Question:</b> Parent present with BMI ≥30? Father  <b>Answer:</b> that generates risk: yes

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### Infant Health Screen

4. Does your baby have any health or medical issues?  Yes  No [Details](#)

*What health or medical conditions does your child have?*

- 134 Failure to Thrive
- 151 Small for Gestational age
- 341 Nutrient Deficiency or Disease
- 342 Gastrointestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic or Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352.01 Acute Infectious Disease
- 352.02 Chronic Infectious Disease

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### Infant Health Screen, continued

4. Does your baby have any health or medical issues?  Yes  No [Details](#)

*What health or medical conditions does your child have?*

- 354 Celiac Disease
- 356 Hypoglycemia
- 359 Recent Major Surgery, Trauma, Burn
- 360 Other Medical Conditions
- 362 Developmental, Sensory or Motor Delays interfering with the ability to eat
- 383 Neonatal Abstinence Syndrome (NAS)
- 382 Fetal Alcohol Spectrum Disorder (FASD)
- 901 Recipient of Abuse
- 902 Woman or Infant/Child of Primary Caregiver with limited ability to make feeding decisions and/or prepare food

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### Infant Health Screen

5. Does your baby regularly take any of the following medications?  Yes  No  
 If yes, please select:  
 Anticoagulant  Hormones: Growth, Steroid, Other  
 Blood Formation/Coagulation  Insulin/Antidiabetic  
 Cardiac/Blood Pressure/Lipid  Thyroid/Anth thyroid  
 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

- 357 Drug Nutrient Interactions
- 353 Food Allergies
- 355 Lactose Intolerance

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### Infant Health Screen

7. Does your baby take any of the following?  
 Vitamins/Minerals  Yes  No  #/Wk  
 Excessive/Inadequate  Excessive  Inadequate  
 Herbs, Supplements or Remedies  Yes  No

**411.10** **Infant - [X]**  
 Feeding status  
 Example of dietary supplements, if fed in excess of recommended dosage, may be toxic or have harmful consequences. Infants fed are not limited to:  
 • Single or multi-ingredient  
 • Infant supplements, and  
 • Herbal or botanical supplements/herbs/teas.  
 Like drugs, herbal and botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications.  
 Any intake of herbs/teas with potentially harmful effects.

**411.11** **Infant - [X]**  
 Based on an infant's specific needs and environmental circumstances.  
 • **Infants six months of age or older** who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.  
 • **Substantially breastfed infants** who are not taking a supplement of 400 IU of Vitamin D.  
 • **Partially and non-breastfed infants** who are ingesting less than 1 liter (or 3 quart) of milk of vitamin D-fortified formula **per 400 IU** taking a supplement of 400 IU of vitamin D.

**Screen: Health**  
 1. Question: "Does your child/infant take any of the following: Vitamins/Minerals?"  
 Answer that generates risk: "Excessive"  
 2. Question: "Do you give your baby any herbs, supplements or remedies?"  
 Answer that generates risk: "Tea"

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### Infant Health Screen

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

383 Oral health conditions	Pregnant - [1] Breastfeeding - [1] Non-breastfeeding - [1] Infant - [1] Child - [1]	Presence of Oral health conditions per ICD: • Dental caries (e.g. cavities or tooth decay) • Periodontal diseases (e.g. gingivitis and periodontitis) • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality Self-reported Diagnosis (SRD) Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	Screen: Health Question: "Do you/your baby/child have any dental problems?" Answer that generates risk: Any reaction besides "Other" or "complete"
384 Environmental Tobacco Smoke Exposure	Pregnant - [1] Breastfeeding - [1] Infant - [1] Child - [1]	Exposure to smoke from tobacco products inside the home.	Screen: Health Question: "Does anyone smoke inside the home?" Answer that generates risk: "Yes"

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### Knowledge Check

Infants who are taking less than 32oz (1 qt) of formula per day should be assigned risk 411.11 – routinely not providing dietary supplements.



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This risk applies not only to exclusively breastfed infants, but also to those infants taking less than 32oz or 1 qt of formula daily and not receiving a Vit. D supplement.



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### Knowledge Check

When assessing parental BMI, staff should always weigh and measure the parent(s).



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Staff should reference the BMI table or measure the parent if preferred. Staff should never "guess" the parent's BMI.



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### Knowledge Check

**CPA:** You said Jonathan is taking only formula right now. Do you know about how much he take each day?

**Caregiver:** Yes, I'd say he takes about 8-3oz bottles each day.

**CPA:** Great. What other vitamin or mineral supplements does Jonathan take?

**Caregiver:** None. Should he be?

**CPA:** Doctors often recommend additional Vit. D. We can talk more about that in just a few minutes if you'd like.

7. Does your baby take any of the following?

Vitamins/Minerals  Yes  No  #/Wk

Excessive/Inadequate  Excessive  Inadequate

Herbs, Supplements or Remedies  Yes  No

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7. Does your baby take any of the following?

Vitamins/Minerals  Yes  No #/Wk  
 Excessive/Inadequate  Excessive  Inadequate  
 Herbs, Supplements or Remedies  Yes  No

The caregiver told you he is not taking any additional vitamins or supplements.

Because he is consuming less than 4 cups (32oz) of formula daily, risk 411.11 should be assigned.

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# Nutrition Screen Assessment & Risks

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## Infant - Nutrition Screen

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

Less than formula  Water  
 100% Fruit juice  Sugar sweetened drinks  
 Cow's milk  Goat/sheep's milk  
 Substitute milk (rice, soy, nut)  Homemade mixtures/non-dairy creamer  
 Canned evaporated or sweetened condensed milk  Other \_\_\_\_\_  
 None of the above

411.06	Infant - [H]	<p>411.06</p> <p>Regularly feeding inappropriately diluted formula</p> <p>Failure to follow manufacturer's dilution instructions (this includes stretching formula for household economic reasons)</p> <p>Failure to follow specific instructions accompanying a prescription.</p>	<p>Screen: Nutrition</p> <p>Question: "How do you mix the formula?"</p> <p>Answer that generates risk: "Diluted incorrectly"</p>
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## Infant - Nutrition Screen

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

411.06	Infant - [H]	<p>411.06</p> <p>Regularly feeding inappropriately diluted formula</p> <p>Failure to follow manufacturer's dilution instructions (this includes stretching formula for household economic reasons)</p> <p>Failure to follow specific instructions accompanying a prescription.</p>	<p>Screen: Nutrition</p> <p>Question: "How do you mix the formula?"</p> <p>Answer that generates risk: "Diluted incorrectly"</p>
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Breastfeeding: Do you express / pump your breastmilk. Walk me through storing the milk you express.

Formula: Please share what formula you are offering. Is it powdered or liquid? Walk me through mixing a bottle and storing the formula.

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411.09	Infant < 18	<p>Examples of <b>inappropriate sanitation</b> include limited or no access to:</p> <ul style="list-style-type: none"> <li>• Safe water supply (documented by appropriate official);</li> <li>• Heat source for sanitation; and/or</li> <li>• Refrigerator or freezer for storage.</li> </ul> <p>The following human milk feeding, handling, preparation and storage practices are considered <b>inappropriate and unsafe</b>:</p> <ul style="list-style-type: none"> <li>• Thawing frozen human milk in the microwave oven;</li> <li>• Reheating human milk;</li> <li>• Adding freshly expressed, unrefrigerated human milk to already frozen human milk in a storage container;</li> <li>• Adding freshly prepared/sterilized human milk to frozen human milk in an amount that is greater than the amount of frozen human milk;</li> <li>• Feeding previously thawed human milk held in the refrigerator for more than 24 hours;</li> <li>• Storing human milk from a used bottle for another use at another feeding; and</li> <li>• Failure to clean breast pump per manufacturer's instruction.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>1. Question:</b> "How do you store the formula or breastmilk?"</p> <p><b>Answer that generates risk:</b> "Stored incorrectly"</p> <p><b>And/or</b></p> <p><b>2. Question:</b> "How do you prepare and handle breastmilk or formula?"</p> <p><b>Answer that generates risk:</b> "Unsafe"</p>
		<ul style="list-style-type: none"> <li>• Feeding donor human milk acquired directly from individuals or the Internet.</li> </ul> <p>There is evidence that after 48 hours of refrigeration, human milk significantly loses important antibacterial and antioxidant properties.</p> <p>The following formula feeding, handling, preparation, and storage practices are considered <b>inappropriate and unsafe</b>:</p> <ul style="list-style-type: none"> <li>• Storing at room temperature longer than 1 hour;</li> <li>• Failure to prepare and/or store prepared formula per manufacturer's instructions;</li> <li>• Using formula in a bottle one hour after the start of the feeding;</li> <li>• Using formula in a bottle from an earlier feeding; and</li> <li>• Failure to clean baby bottle properly.</li> </ul>	

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# Infant - Nutrition Screen

**\* 5. Does your baby:**

Fall asleep to 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 (jams, 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

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411.02

Routinely using feeding bottles or cups improperly	Infant < 18	<p>Examples of <b>inappropriate</b> use include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Using a bottle to feed fruit juice;</li> <li>• Routine use of a bottle to feed liquids other than breastmilk, formula, or water. This includes any sweetened beverage such as soda (juice), soft drinks, plain water, cow milk, colostrum, and sweetened tea;</li> <li>• Allowing the infant to fall asleep or to put to bed with a bottle of milk or breast milk;</li> <li>• Allowing the infant to use a bottle without restriction (e.g., walking around with a bottle or as a pacifier);</li> <li>• Allowing the infant to carry around and drink throughout the day from a sweetened cup; and</li> <li>• Adding any food (jam or other solid foods) to the infant's bottle.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Does your baby?"</p> <p><b>Answer that generates risk:</b> "None of the above"</p>
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**\* 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

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411.08	Infant < 18	<p>Examples of <b>diets low in calcium/essential nutrients</b>:</p> <ul style="list-style-type: none"> <li>• Strict or restrictive diets;</li> <li>• Diets very low in calories (highly restricted diets);</li> <li>• Diets with multiple or more than 10 groups; and</li> <li>• Diets in which major or foods low in essential nutrients.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Does your baby follow a special diet?"</p> <p><b>Answer that generates risk:</b></p> <ul style="list-style-type: none"> <li>• High protein/low carb</li> <li>• Low calorie</li> <li>• Macrobiotic</li> <li>• PKU</li> </ul>
411.05	Infant < 18	<p>Complementary foods are any food or beverage other than breastmilk or infant formula (except for <b>highly restricted diets</b> or <b>restrictive diets</b>).</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Adding sweeteners such as sugar, honey, or other berry beverages;</li> <li>• Including solids (e.g., cereal, fruit, or other) in baby's feeding;</li> <li>• Feeding any food other than breastmilk or infant formula (including formula) to a child at age 1 year or younger.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>1. Question:</b> "In what age did your baby start any food or beverage other than breastmilk or formula?"</p> <p><b>Answer that generates risk:</b> "Before 6 months"</p> <p><b>And/or</b></p> <p><b>2. Question:</b> "Do you add any food or beverage other than breastmilk or formula to your baby's feeding?"</p> <p><b>Answer that generates risk:</b> "High sweetener diet"</p>

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**\* 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

Are you offering your baby anything other than formula / breastmilk, such as honey, donor milk received directly from an individual or the internet, anything that is unpasteurized.....?

411.05	Infant < 18	<p>Examples of <b>potentially harmful foods</b>:</p> <ul style="list-style-type: none"> <li>• Unpasteurized fruit or vegetable juice;</li> <li>• Raw or unpasteurized dairy products or soft cheeses (such as feta, brie, Camembert, blue-veined, and Mexican-style cheese);</li> <li>• Honey (added to foods or solid foods, used in cooking, as part of processed foods, or in a pacifier, etc.);</li> <li>• Eggs or undercooked meat, poultry, eggs, fish or shellfish (including);</li> <li>• Raw vegetable sprouts (alfalfa, clover, bean, and radish); and</li> <li>• Deli meats (hot dogs), hot dogs and processed meats that are NOT reduced-salt/low-sodium hot dogs.</li> </ul> <p>Donor human milk acquired directly from individuals or the Internet.</p>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Does your baby eat raw, undercooked or unpasteurized foods?"</p> <p><b>Answer that generates risk:</b> "Risk high in mercury" and "High raw/undercooked"</p>
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- 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

This risk should be assessed by the CPA based on conversations with the HoH. It would not be appropriate to ask this directly to the HoH.

822.04 Routine/using feeding practices that disrupted the developmental needs or stage of the infant	Infant - 18	<p>Examples of improper feeding practices include but are not limited to:</p> <ul style="list-style-type: none"> <li>• inability to recognize, immediately fix, or strengthen the infant's cues for hunger and satiety (i.e., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues).</li> <li>• Feeding foods of inappropriate consistency, size or shape that put infants at risk of choking.</li> <li>• Not supporting an infant's need for growing independence with self-feeding (i.e., solely spoon-feeding an infant who is able and ready to finger feed and/or self-feeding with appropriate utensils).</li> <li>• Feeding infant foods with inappropriate textures based on his/her developmental stage (i.e., feeding primarily processed liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul>	<p>Screen: Nutrition</p> <p>Question: "Are there other feeding concerns?"</p> <p>Answer that generates risk: Any selection besides "None" and "Unknown"</p>
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### Nutrition Screen, cont.

- 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

*As we wrap up the questions about Nutrition, we are so glad that you choose to come to WIC. Are there times when you are hungry and just don't have enough money to buy food or formula?*

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

822 Infant Up to 8 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy	Infant - 24	<p>An infant less than 8 months of age (with no qualifying Priority 3 milk), whose mother was a WIC program participant during pregnancy, OR mother was at nutrition risk during pregnancy because of detrimental or abnormal nutrition conditions.</p> <p>These conditions are detectable by biochemical or anthropometric measurements or other nutrition-related medical conditions, as indicated from the complete nutrition assessment.</p>	<p>Screen: Nutrition</p> <p>Question: "Was mom on WIC during the pregnancy?"</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> <li>• "Yes"</li> <li>• "No, at risk"</li> </ul>
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### Knowledge Check

The caregiver tells you they are unable to produce enough human milk. They've been providing human milk given to them from a close family friend.

What 2 risk factors should you assign?

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411.05 and 411.09

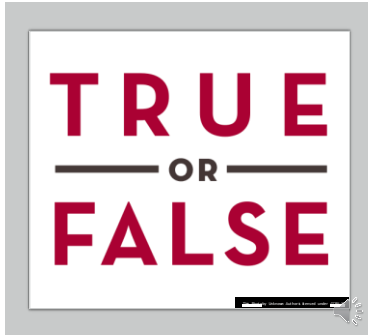
Sharing human milk between those with an excess milk supply and those seeking human milk for their infant is growing in popularity.

Both the AAP and FDA recommend against feeding infants human milk obtained directly from individuals or through the internet.

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### Knowledge Check

Honey can contain *Clostridium botulinum* which is extremely resistant to heat, including pasteurization. Infants should not be given honey or foods that contain honey.



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Infants should not be given honey, including that used in cooking or baking or in processed foods such as yogurt with honey, honey graham crackers, honey nut cheerios, etc.



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### Knowledge Check

The caregiver tells you they always add the powdered formula to the bottle and then the water. How would you mark this question?

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

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### Risk 411.06

The infant is receiving a WIC contract powdered formula. Per the manufacturer's mixing instructions for powdered formula, the water should be added to the bottle first, and then the powdered formula.

Did you know: **Under-diluted** formula puts excessive burden on the infant's kidneys and can lead to dehydration. **Over-diluted** formula can contribute to growth problems, nutrient deficiencies, and water intoxication.

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

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**903 – Foster Care**

- Entering foster care system during the previous 6 months or moving from one foster care home to another.
- Risk should not be assigned for consecutive certifications while the child remains in the same foster home.

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**This Risk Should Rarely Auto-Generate**

428 Dietary Risk Associated with Complementary Feeding Practices	Infant - [4] [04 (06) to <12 (06)]  Child - [5] [12 (06) to <24 (06)]	An Infant or a Child is at risk of inappropriate complementary feeding practices if they have begun to or are about to: <ul style="list-style-type: none"> <li>• Consume complementary foods and beverages:</li> <li>• Eat independently;</li> <li>• Wean from breastmilk or infant formula;</li> <li>• Transition from a diet based on infant/childer foods to one based on the Dietary Guidelines for Americans; and</li> <li>• Other.</li> </ul> <p>This risk may only be assigned to infants 4- 12 months old and children 12- 24 months old for whom a complete nutrition assessment (to include an assessment for risk 4111, Inappropriate Nutrition Practices for Infants, or 4122, Inappropriate Nutrition Practices for Children) has been performed and to other (2022) are identified. Justification citing one of the feeding practices listed above must also be documented when assigning this risk.</p> <p>This would be the <b>only</b> risk assigned to the participant.</p>	System generated on Nutrition Risk screen when there are no other risks. May not be manually assigned.
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**Before beginning this section, read:**

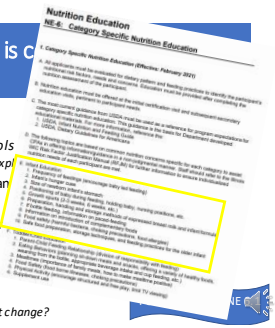
- Nutrition Education 6.1 in the Illinois WIC Policy Manual
- NPS Effective Counseling Methods



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**Now that the assessment is complete, bring it all together**

- Summarize what you've heard.
- **Participant Centered Counseling tools**
  - Circle charts, scaling, or explore-offer-expect
- Offer a menu of education choices and what's most important to them.
- Ask permission before sharing information.
- Invite the participant to set a goal for
  - Out of all the information we've covered on?
  - Why is this change important to you?
  - What ideas do you have for making that change?



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### Tips for Providing Nutrition Education Tame the Fixing Reflex

- Build a partnership with the participant. They are the expert.
  - Ask: "Which of these topics would be the most helpful to discuss?"
- Before providing information:
  - Ask the participant for their ideas: "You found a strategy that worked in the past tell me more about that".
  - Ask permission before sharing information: "I can share another strategy to try if you're interested".
- Provide the information in a neutral way
  - Check-in with the participant after providing the information
  - Ask: "What do you think about what I just shared?"
- Emphasize autonomy
  - "You know what will work best for you / your family"

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### Tame the Fixing Reflex

- Avoid using yourself as an example: "What works for me is...".
  - Instead try: "Other participants have tried.....".
- Avoid giving information in the form of a question: "Have you thought about.....?".
  - Instead try: "What ideas do you have?" or "Can I share with you.....?"

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Check out Dawn Clifford's MI Tips on YouTube!

<https://www.youtube.com/c/DawnClifford%E2%80%99sMITips/videos>

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**Congratulations!**

You have successfully completed  
Infant Risk Factor Training

Infant Risk Factor Training

This certificate is awarded to:

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Completed on  
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