

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

This guidance was designed to support CPAs in using a participant-centered (PC) approach during the category specific WIC Assessment. It reviews I-WIC screens to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the participant/family in conversation, rather than reading each question verbatim off the screen. Before asking questions, consider if the participant has already provided the answer – confirm and probe as needed.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (address by name, if appropriate; ask about past experiences/knowledge/cultural practices, etc.)
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected. Refer to *Welcome to WIC: WIC Program Explanation to Participants*.
 - **“Thank you for bringing (infant’s name) to WIC Today! This visit will take about (__ minutes). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your family’s overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes: collecting measurements to plot your baby’s growth and screen the parent’s weight status; we check the iron levels of older infants and discuss your baby’s feedings. Afterwards, we can talk about some ideas for (infant’s name) to continue growing healthy, how to use the WIC foods and if there are any resources that may benefit your family in the community, how does that sound?”**
- Possible starters to continue the conversation:
 - **“Tell me how you feel about how (infant’s name) is feeding/growing and what WIC can help you with today?”**
 - **“WIC is here for you and your baby, before we get started, what do you want to share or make sure we cover today?”**

After completing the Cert Action screen, the Breastfeeding pop-up box will appear- it is required to complete, whether the infant is or was breastfeeding to determine the Breastfeeding status and appropriate WIC category. Take your time, once saved a participant’s category cannot be changed for 24 hours.

I-WIC Lab screen – Infant

Infant/Child Height/Weight

Anthropometric Data

Non-WIC	Anthro Date	Act. Age	AGA	Weight	Height	BMI	BMI/ Age	WL/ Age	HL/ Age	WL/ Ln	Reason	
<input type="checkbox"/>	01/20/2023	2 w, 5 d		11 0	13 0	R		N/A	N/A	98.06	0.01	0.00
<input type="checkbox"/>	01/01/2023	0 days		9 9	12 4			N/A	N/A	98.59	0.01	0.00

Birth Weight 9 lbs 9 oz Unknown **Birth Length** 12 in 4 1/8 Unknown **Completed Weeks of Gestation** 40 Unknown

Weight Change 1 lbs 7 oz **Height Change** 0 in 4 eighths **Time Interval** 2 w, 5 d

Immunization Status Reviewed Referred

Bloodwork

Non-WIC	Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created

Infant/Child Height/Weight tab:

- Add anthropometric and bloodwork data, per system and policy requirements. If infant is 9 months or older, refer to policy for bloodwork requirement. *WIC cannot take verbal birth data- select “unknown” if not provided in writing.*
- Add Immunization Status: select Reviewed or Referred on the screen. If referred, document on *Referral* screen.

Growth Chart tab:

- Review the age-appropriate growth chart(s)
 - If this is the first plot point on the chart, explain that WIC will continue to follow the infant’s growth while they are on WIC
 - If there are several plot points on the chart, explain the growth pattern. Refer to *NPS Growth of Infants and Children* for guidance.

Moving to the Health screen, engage the parent/caregiver in questions related to growth:

- **“How do you feel about your baby’s growth- is it too slow, just right or too fast?”**
 - **“When was (infant’s name) measured last at the doctor’s office? What did they share?”** *if applicable, probe for any diagnosed growth-related medical conditions*
- Reflect on the parent/caregiver’s response:*
- **“You are concerned with how (infant’s name) is growing”**
 - **“You are happy with (infant’s name) size for their age based on the growth chart”**

I-WIC Breastfeeding – Infant (2-3 tabs depending on breastfeeding status)

BF Information | **BF Questions** | **BF Support & Notes**

BF Status History

Date Assigned	Category	Amount
7/6/2022	IBP	Mostly

Is the baby currently breastfeeding or being given pumped breast milk? Yes No

Is the baby currently receiving any supplemental formula? Yes No

Was this baby ever breastfed or fed breast milk? Yes No Unknown

How old was this baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)? Months Weeks Days Unknown

Age Breastfeeding Ended Months Weeks Days Unknown

Reason Breastfeeding Ended

Did you breastfeed as long as you desired? Yes No

*** Verified:** 07/06/2022

BF Information Tab:

Fields autofill from BF status pop-up from entry on Cert Action screen (below).

*** Is the baby currently breastfeeding or being given pumped breast milk?**
 No Yes

*** Is the baby currently receiving any supplemental formula?**
 No Yes

*** Frequency of Breastfeeding**
 Some **BF Amount Guide**

Was this baby ever breastfed or fed breast milk?
 No Yes Unknown

*** How old was this baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)?** Months Weeks Days Unknown

Age BF Ended: Months Weeks Days Unknown

Reason BF Ceased

Did you breastfeed as long as you desired?
 No Yes

New Category

Cert End Date
 6/29/2023

Save **Cancel** **Close**

Breastfeeding Infant Only:

BF Questions Tab:

Complete questions listed by setting the stage: **“You shared about your breastfeeding status, I have a few more questions to see how things are going”**.

BF Support & Notes:

Enter all contacts on the adult participant’s support and notes screen. Select the *“Link Baby”* button under *“contact history”* and *“breastfeeding notes”* to populate information from adult’s screen to baby’s screen.

I-WIC Health screen – Infant (2 pages)

Question #1: “Some moms have questions about feeding, growing, or other questions related to babies; before we move on, what questions do you have so far?”

Question # 2: We reviewed the growth chart to see how the baby is growing;
“How do you feel about your baby’s growth- is it too slow, just right or too fast?”

Question #3: may assess along with growth discussion
Assessment methods of a parent with BMI ≥ 30 vary (self-reported, measure ht/wt in clinic or show abbreviated BMI table found in USDA RFJM risk #114)
For foster parent- select not present; for parent refusing- select no, document in note

- **“Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (infant’s name) – having yours will help us know where your child may trend in the future. Using this chart, please find your height in inches, would you say your weight is higher or lower than the number listed? Show abbreviated BMI table.**

Question #4 - #6:

- **“What health or medical conditions has your baby been diagnosed with??”**
- **“How about any food allergies or any medications they are currently taking?”**
If yes, click on details and select the condition(s), mark medications and/or food allergies- other is an option, for those not listed. *If applicable, probe for more information:*
- **“What did the doctor share about how to manage this condition?”**
- **“Tell me more about how often, when and how long they will be on this medicine.”**
- **“What have you done differently in feeding (infant’s name) since being diagnosed? Food packages should be modified prior to issuance, after confirmation of diagnosis**

Question #7:

- **“What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently offer (infant’s name)?”**
 - If yes, **“how many days a week?”**

Inadequate Dietary Supplement risk assessment includes Vitamin D (consuming <32oz/day vit D fortified formula and/or supplement) and Fluoride for infants over 6 mo of age (see risk 411 criteria for specific criteria). If intake is less than listed, document as inadequate for risk to generate. Reason risk is assigned must be explained in case notes.

Question #8 - #9:

N/A for most infants, CPAs may ask and incorporate probing about water source for possible risk of inadequate Fluoride- update question #7 as needed

- **“What type of water do you use when preparing (infant’s name) formula?”**

Question #10:

- **“And lastly before we move on to talking about (infant’s name) eating habits, is (infant’s name) ever in an enclosed area with someone who is using tobacco products? Such as at home, daycare, in a vehicle...”**

I-WIC Nutrition screen – Infant (3 pages)

Question #1:

- **“In addition to breastmilk and/or formula, are there any other beverages that you offer (infant’s name)?”** *Probe as needed.*

Question #2 - #4:

- If breastfeeding: **“Please share what you do if you express or pump your breastmilk, what do you put it in, how and where do you store it and for how long?”** *Probe as needed*
- If formula feeding: **“Please share what formula you are offering (powder, liquid?) Walk me through your process when preparing the bottles- from cleaning bottles and nipples to how you mix and store the formula”**
Probe; What is different when you are away from home? What do you do if (infant’s name) does not finish it? Any special instructions from your doctor?

Question #5: may need to review choices to ask age-appropriate questions

- **“Tell me when do you offer the bottle, how is it usually offered- with someone holding the baby, is it propped up or given when (infant’s name) is in bed?”**
- For older infants **“Does (infant’s name) carry around the bottle and drink it as needed? Is anything offered in the bottle besides formula or breastmilk currently?”**
Don’t forget affirmations/reflections on the parent/caregiver’s feeding:
- **“You are doing a great job and following safe feeding practices for (infant’s name)!”**
- **“You are confident in feeding your baby- you got this!”**
- **“You feel you are doing everything correctly when it comes to feeding your baby.”**

Question #6 - #9: Review the questions prior to asking the parent/caregiver to determine what may already have been shared and/or per advancement of diet appropriate to the infant's age.

Ask questions such as:

- **“Share with me, what is used to feed (infant’s name); breastfeeding, bottles, any cups, spoons or hand-feedings happening using fingers?” Probe as needed.**
- **“Is your baby following any special diet? Are you or anyone in the home on a special diet that affects what you might offer the baby?”**
- **“A what age did you start (infant’s name) on any other food or beverage other than breastmilk or formula?”**
- **“Would you say (infant’s name) eats the following foods daily; fruits, vegetables and whole grains such as infant cereal, toast squares, or dry cereal like Cheerios?”**

Question #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 to your baby. (Specifically pointing out honey and corn syrup) (Show Food Safety Desktop tool: ‘Foods with Hidden bacteria’ or list verbally)**

Question #11:

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

Question #12: Review list and ask age-appropriate questions:

- **“What signs do you notice to let you know if (infant’s name) is hungry and full? Do you use this to determine when it’s time to feed the baby or do you follow a clock?”**
- **If any solids are offered: “Are you offering any solids? Tell me what you are offering and how often.”; “Is baby self-feeding?”**

Question #13:

- **“In order to help me determine which WIC foods (or formula) may be best to offer you, do you currently have access to refrigeration and a stove or hot plate?” Possible food referral**

Question #14:

- **“Would you say there are times when (infant’s name) is hungry, and you just don’t have the money to buy formula or food?” If yes, “Are you getting any other food assistance?” Reminding that formula can be purchased with SNAP and providing referral(s), as needed.**

Question #15:

- **“Please remind me, were you on WIC during this pregnancy?” Refer to USDA risk 701**

Now is a good time for the CPA to Reflect and/or Summarize; highlighting any key points from the assessment.

I-WIC Nutrition Risk screen – Infant

Cert Start Date	Date	Detailed Description	Staff	Source	Note
1/20/2023	1/20/2023	411.11[4] - Routinely Not Providi...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	701[2] - Infant (0 - 6 months) of...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	904[1] - Environmental Tobacco ...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	411.02[4] - Routinely Using Nurs...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	411.04[4] - Feeding Practices tha...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	121[1] - Short Stature or At Risk...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	153[1] - Large for Gestational Ag...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	362[1] - Developmental, Sensory...	JESSICA.G.	SYSTEM	
1/20/2023	1/20/2023	114[1] - Overweight or At Risk fo...	JESSICA.G.	SYSTEM	

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

1. Confirm all risks generated/appropriately assigned
 - a. If any risks listed should not have been generated, select the row with the risk and click the 'Reason' button to display a pop-up box showing the screen/question that generated the risk. The CPA can go back and correct, if needed
 - b. Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
2. Add a manual risk, if applicable:
 - a. 903 Foster Care – If Infant is in foster care, transitioned into foster care or moved from one foster care home to another in the past 6 months
3. If no risks generated from the assessment for an infant ≥4 months - ≤12 months, the Presumptive Eligibility risk will assign:
 - a. 428 Dietary Risk Associated with Complementary Feeding Practices

*Note: if infant < 4 mo. & no risk generates (not WIC eligible); then review assessment again for any possible risks incorrectly assessed/assigned, i.e. Dietary Supplement (Vit D/32 oz/day, etc.) and correct entry should risk apply.

CPA will continue following the I-WIC “Guided Script” for the remaining screens needed to complete the certification

Upon completing the assessment, the CPA should summarize key points from the assessment to highlight any ‘change talk,’ concerns shared by the parent/caregiver and/or any behavior change opportunities identified as the visit moves into education.

Refer to *Welcome to WIC: WIC Program Explanation to Participants*.