

I-WIC Nutrition Risk Criteria

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## Introduction

The Nutrition Risk Criteria provides a complete list of Illinois WIC Allowable Nutrition Risk Criteria with detailed definitions, interpretations and parameters for risk assignment. For more detail, and references related to each risk criterion (including Internet links to reputable resources), refer to the United States Department of Agriculture (USDA) Nutrition Risk Write-ups. USDA refers to risks as Nutrition Risk Criteria (NRC). Throughout this supplement NRC are referred to as “nutrition risks” or “risks.”

This supplement is organized alphabetically by risk category with the risks in each risk category listed in numerical order by USDA risk number from the least to the greatest. Included in these tables are the USDA risk criteria; priority levels; the risk definitions/interpretation; High Risk (HR) designation; and the question/answer which generates the risk in I-WIC, the State of Illinois WIC Program’s management information system.

## Nutrition Risk Assignment and Generation

Most risks are system-generated in I-WIC; however, a few must be manually assigned by a Certified Professional Authority (CPA) (as indicated below).

During a certification, risks are generated by going to the Nutrition Risk screen after completing all the required screens in the Guided Script that precede the Nutrition Risk screen. Once the user accesses the Nutrition Risk screen, all applicable risks will be system-generated and will be displayed.

During other appointments (other than certifications), risks can be generated any time data is entered or edited on an applicable screen within the Guided Script. The user must save the screen then navigate to the Nutrition Risk screen in order to system-generate any additional risks that were not generated during the certification.

To manually assign a risk, the user must click the Add button on the Nutrition Risk screen and select from the available risks. The only risks that can be manually assigned are ones that cannot be system-generated. In other words, the risks that are system-generated cannot be manually assigned.

In I-WIC, when a risk is generated or added on the Nutrition Risk screen, it will display with the USDA Risk # listed first, then the priority will display in [brackets], followed by the risk name. For example, risk 302 Gestational Diabetes will appear as: 302 [1] – Gestational Diabetes. The participant’s priority is equal to the highest priority risk for which they qualify.

Several risks have multiple definitions. In some cases, I-WIC will system-generate one definition of a risk but the other definition must be manually assigned. This is indicated throughout this supplement in the I-WIC Screen/Question column as well as in the following table. For example, risk 114 Overweight and at Risk of Overweight has four definitions. I-WIC will system-generate three of these definitions. The fourth definition, which only applies to infants (<12 mos) born to a woman with a BMI  $\geq$  to 30 at conception or during the first trimester of the pregnancy, must be manually assigned. The following chart lists the only risks that can be manually assigned in I-WIC.

Manually Assigned Nutrition Risk Criteria in I-WIC						
USDA Risk #	Risk Criteria	Participant Category				
		Pregnant	Breastfeeding	Non-Breastfeeding	Infant	Child
131	Low Maternal Weight Gain (Singleton pregnancy – Method 2 ONLY)	X				
133	High Maternal Weight Gain (Singleton pregnancy - Method 2 ONLY)	X				
334	Lack of or Inadequate Prenatal Care (Method 2 only)	X				
903	Foster Care	X	X	X	X	X

## Removing Risks

System-generated risks cannot be removed from the Nutrition Risk screen. The only way to remove a system-generated risk is to change the data that was entered into I-WIC that caused the risk to generate. This can only be done on the same day the data was entered. If the data is changed after the day it was originally entered, the risk will not be removed. If a risk was generated or assigned incorrectly and cannot be removed, best practice is for the CPA to document this in the Comment section on the Nutrition Risk screen.

Manually assigned risks can be removed from the Nutrition Risk screen by selecting the risk and clicking the Remove button. This can only be done on the same day the risk was added.

## Participant Categories

Identification of participant categories are noted in various ways. I-WIC indicates participant categories using abbreviations, while the USDA Nutrition Risk Write-Ups spell out participant categories. Within this policy supplement, categories are noted similarly to those in the USDA Nutrition Risk Write-Ups. The chart below provides additional details.

Participant Categories	I-WIC Categories (Abbreviations)	Categories used in this supplement
Pregnant Woman	PG	Pregnant
Breastfeeding Exclusively	BE	Breastfeeding
Breastfeeding Partially	BP	
Non-Lactating Postpartum	NP	Non-Breastfeeding
Infant Breastfeeding Exclusively	IBE	Infant
Infant Breastfeeding Partially	IBP	
Infant Formula Fed	IFF	
Child (age 1-4)	C1, C2, C3, C4	Child

**Illinois High Risk (HR) Criteria**

The following table lists Illinois High Risk criteria and applicable participant categories. High risks are also indicated throughout this supplement by an “X” in the High Risk (HR) column next to the applicable participant category and priority listed in the Category – [Priority] column.

USDA Risk #	High Risk Criteria	Participant Category				
		Pregnant	Breastfeeding	Non-Breastfeeding	Infant	Child
103	Underweight or At Risk of Becoming Underweight				X	X
134	Failure to Thrive				X	X
135	Slowed/Faltering Growth Pattern				X	
141	Low Birth Weight and Very Low Birth Weight				X	
115	High Weight-for-Length				X	X
113	Obese Children 2-5 Years of Age					X
201	Low Hematocrit/Low Hemoglobin	X	X	X	X	X
211	Elevated Blood Lead Levels	X	X	X	X	X
343	Diabetes Mellitus	X	X	X	X	X
345	Hypertension and Prehypertension	X	X	X		
351	Inborn Errors of Metabolism (PKU only)	X	X	X	X	X
360	Other Medical Conditions	X	X	X	X	X
302	Gestational Diabetes	X				
304	History of Preeclampsia	X				
382	Fetal Alcohol Spectrum Disorders	X	X	X	X	X
383	Neonatal Abstinence Syndrome				X	

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question
<b>ANTHROPOMETRY</b>				
101 Underweight (Women)	Pregnant - [1] Non-Breastfeeding - [6] Breastfeeding - [1]		<p><b>Pregnant Woman:</b> prepregnancy BMI less than 18.5.</p> <p><b>Non-Breastfeeding Woman:</b> prepregnancy or current BMI less than 18.5.</p> <p><b>Breastfeeding Woman (less than 6 months postpartum):</b> prepregnancy or current BMI less than 18.5.</p> <p><b>Breastfeeding Woman (6 months or more postpartum):</b> current BMI less than 18.5.</p> <p>Data must be to date and <math>\leq</math> 60 days prior to cert begin date to generate risk.</p>	<b>Screen:</b> Lab
103 Underweight or At Risk of Underweight (Infants and Children)	Infant - [1] Child - [3]	X X	<p><b><u>Underweight:</u></b></p> <p><b>Infant or Child less than 2 years old:</b> 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><u>At Risk of Underweight:</u></b></p> <p><b>Infant or Child less than 2 years old:</b> 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>	<b>Screen:</b> Lab

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question
111 Overweight (Women)	Pregnant - [1] Non-Breastfeeding - [6] Breastfeeding - [1]		<p><b>Pregnant Woman:</b> prepregnancy BMI <math>\geq</math> to 25.</p> <p><b>Non-Breastfeeding Woman:</b> prepregnancy BMI <math>\geq</math> to 25.</p> <p><b>Breastfeeding Woman (less than 6 months postpartum):</b> prepregnancy BMI <math>\geq</math> to 25.</p> <p><b>Breastfeeding Woman (6 months or more postpartum):</b> current BMI <math>\geq</math> to 25.</p>	Screen: Lab
113 Obese (Children 2-5 yrs)	Child - [3]	X	<p>Child 2 to 5 years old with BMI <math>\geq</math> to the 95th percentile.</p> <p>Only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p>	Screen: Lab
114 Overweight (Children 2-5 yrs) or At Risk for Overweight (Infants and Children)	Child (2- 5 yrs) - [3]		<p><b>Overweight:</b> Child 2 to 5 years old with BMI <math>\geq</math> to the 85th and <math>&lt;</math> the 95th percentile.</p> <p>Only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p>	Screen: Lab
	Infant - [1]		<p><b>At Risk of Overweight (&lt;12 months Infant of Obese mother):</b> Infant (&lt;12 mos) born to a Woman with a BMI <math>\geq</math> to 30 at time of conception or during the first trimester of the pregnancy.</p> <p>BMI must be based on self-reported prepregnancy weight and height or on a documented measured weight and height.</p>	<p>Screen: Health</p> <p>Question: Parent present with BMI <math>\geq</math>30? Mother</p> <p>Answer that generates risk: yes</p>
	Child - [3]		<p><b>At Risk of Overweight (<math>\geq</math>12 months Child of Obese mother):</b> Child (<math>\geq</math>12 mos) with a biological mother whose BMI <math>\geq</math> to 30 at the time of certification.</p> <p>BMI must be based on self-reported weight and height or on weight and height measurements taken at the time of certification. If the mother is pregnant or has had a baby within the past six months, use her prepregnancy weight to assess for obesity.</p>	<p>Screen: Health</p> <p>Question: Parent present with BMI <math>\geq</math>30? Mother</p> <p>Answer that generates risk: yes</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question
	Infant - [1] Child - [3]		<p><b>At Risk of Overweight (Infant or Child of Obese father):</b>                      Infant or Child with a biological father whose BMI <math>\geq</math> to 30 at the time of certification.</p> <p>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.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> Parent present with BMI <math>\geq</math>30? Father</p> <p><b>Answer that generates risk:</b> yes</p>
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.	<b>Screen:</b> 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.</p> <p>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 5<sup>th</sup> to less than or equal to the 10<sup>th</sup> percentile.</p>	<b>Screen:</b> Lab



USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question															
131 Low Maternal Weight Gain (Singleton & Multi-fetal Pregnancy)	Pregnant - [1]		<p><b>Singleton pregnancies: Method 1</b></p> <p>Low rate of weight gain, second and third trimesters, such that:  <b>Underweight:</b> less than 1 pounds per week  <b>Normal Weight:</b> less than .8 pounds per week  <b>Overweight:</b> less than .5 pounds per week  <b>Obese:</b> less than .4 pound per week*</p> <p>I-WIC generates this risk definition based on the above, when more than 1 weight is entered and one of the weights is entered in 2<sup>nd</sup> or 3<sup>rd</sup> trimester.</p>	<p>Screen: Lab</p>															
			<p><b>Singleton pregnancies: Method 2</b></p> <p>Low weight gain at any point in pregnancy, such that:                      Using the Institute of Medicine (IOM)-based weight gain grid, a pregnant woman’s weight plots at a point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.</p> <p>Use the following to determine the participant’s prepregnancy weight group:</p> <table border="0" data-bbox="768 909 1512 1112"> <thead> <tr> <th><u>Prepregnancy Weight Groups</u></th> <th><u>Definition</u></th> <th><u>Recommended Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI &lt;18.5</td> <td>28 - 40 pounds</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>25 - 35 pounds</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>15 - 25 pounds</td> </tr> <tr> <td>Obese</td> <td>BMI ≥30.0</td> <td>11-20 pounds*</td> </tr> </tbody> </table> <p>These values are used for all women. *Maternal weight gain ranges are based on IOM’s 2009 recommendations for wt gain during pregnancy.</p>	<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Recommended Weight Gain</u>	Underweight	BMI <18.5	28 - 40 pounds	Normal Weight	BMI 18.5 to 24.9	25 - 35 pounds	Overweight	BMI 25.0 to 29.9	15 - 25 pounds	Obese	BMI ≥30.0	11-20 pounds*	<p>Screen: Lab</p> <p>Manually Assigned</p>
			<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Recommended Weight Gain</u>														
Underweight	BMI <18.5	28 - 40 pounds																	
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Obese	BMI ≥30.0	11-20 pounds*																	
<p>Multifetal weight gain for all Women Categories:</p> <p><b>TWINS:</b></p> <table border="0" data-bbox="768 1315 1312 1414"> <thead> <tr> <th><u>Prepregnancy Weight Groups</u></th> <th><u>Total Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Normal Weight</td> <td>37-54 pounds</td> </tr> <tr> <td>Overweight</td> <td>31-50 pounds</td> </tr> </tbody> </table>	<u>Prepregnancy Weight Groups</u>	<u>Total Weight Gain</u>	Normal Weight	37-54 pounds	Overweight	31-50 pounds	<p>Screen: Lab</p>												
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USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question
			<p>Obese 25-42 pounds</p> <p>For underweight women, a consistent rate of weight gain of 1.5 pounds per week during the second and third trimesters is advisable.</p> <p><b>TRIPLETS:</b> Optimal weight gain should be around 50 pounds. Weight gain should be steady or approximately 1.5 pounds per week throughout the pregnancy.</p> <p><b>MULTIFETAL PREGNANCIES:</b> A steady rate of gain that is higher than that of the singleton pregnancy should be addressed. Multifetal pregnancies are considered a nutrition risk for WIC in and of themselves (See USDA risk #335, Multifetal gestation).</p> <p><b>1<sup>st</sup> Trimester (0-13 weeks gestation):</b> Any weight loss below pregravid weight.</p> <p><b>2<sup>nd</sup> and 3<sup>rd</sup> Trimesters (14-40 weeks gestation):</b> Weight loss of <math>\geq 2</math> pounds (<math>\geq 1</math> kg)</p>	
<p>133 High Maternal Weight Gain (Singleton Pregnancy)</p>	<p>Pregnant - [1]</p>		<p><b>Singleton pregnancies: Method 1</b></p> <p>High rate of weight gain, second and third trimesters, such that:  <b>Underweight:</b> more than 1.3 pounds per week  <b>Normal Weight:</b> more than 1 pounds per week  <b>Overweight:</b> more than 0.7 pounds per week  <b>Obese:</b> more than 0.6 pound per week*</p> <p>I-WIC will generate this definition of the risk based on the above, when more than 1 weight is entered and one of those weights is entered in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester. See chart below to determine participant's prepregnancy weight group.</p> <p><b>Singleton pregnancies: Method 2</b></p> <p>High weight gain at any point in pregnancy, such that:  Using the Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at a point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</p>	<p><b>Screen: Lab</b></p> <p><b>Screen: Nutrition Risk</b></p> <p><b>Manually Assigned</b></p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question															
	Breastfeeding - [1] Non-Breastfeeding - [6]		Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy. <b>Singleton</b> pregnancies. Total gestational weight gain exceeding the upper limit of the IOM’s recommended range based on prepregnancy BMI as follows: Prepregnancy <table border="0" data-bbox="768 412 1465 574"> <thead> <tr> <th><u>Weight Groups</u></th> <th><u>Definitions</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI &lt;18.5</td> <td>&gt;40 pounds</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>&gt;35 pounds</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>&gt;25 pounds</td> </tr> <tr> <td>Obese</td> <td>BMI ≥30.0</td> <td>&gt;20 pounds</td> </tr> </tbody> </table> These values will be used for all women. *Maternal weight gain ranges are based on the IOM’s 2009 recommendations for weight gain during pregnancy.	<u>Weight Groups</u>	<u>Definitions</u>	<u>Cut-off Value</u>	Underweight	BMI <18.5	>40 pounds	Normal Weight	BMI 18.5 to 24.9	>35 pounds	Overweight	BMI 25.0 to 29.9	>25 pounds	Obese	BMI ≥30.0	>20 pounds	<b>Screen:</b> Lab
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Normal Weight	BMI 18.5 to 24.9	>35 pounds																	
Overweight	BMI 25.0 to 29.9	>25 pounds																	
Obese	BMI ≥30.0	>20 pounds																	
134 Failure to Thrive	Infant - [1] Child - [3]	X X	Presence of Failure-to-thrive (FTT) per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Does your baby/child have any health or medical issues?”  <b>Answer that generates risk:</b> Failure to Thrive															
135 Slowed/Faltering Growth Pattern	Infant - [1]	X	This risk only applies to infants ≤ 6 months of age.  Birth to 2 weeks of age: <ul style="list-style-type: none"> <li>• Excessive weight loss after birth: ≥ 7% of birth weight</li> </ul> 2 weeks to 6 Months of age: <ul style="list-style-type: none"> <li>• Any weight loss, based on two weights taken at least 8 weeks apart.</li> </ul>	<b>Screen:</b> Lab															
141 Low Birth Weight and Very Low Birth Weight	Infant - [1] Child - [3]	X	<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.  <b>Low Birth Weight (LBW):</b> Infant or child under 2 whose birth weight is than 5 pounds 8 ounces or 2500 grams.	<b>Screen:</b> Lab															

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question
142 Preterm or Early Term Delivery	Infant - [1] Child - [3]		<b>Preterm Delivery:</b> Infant or Child less than 2 years old; born at <37 weeks gestation.	<b>Screen:</b> Lab  <b>Question:</b> Completed Weeks Gestation  <b>Answer that generates risk:</b> ≤36
			<b>Early Term Delivery:</b> Infant or Child less than 2 years old; born ≥37 to <39 weeks gestation.	<b>Screen:</b> Lab  <b>Question:</b> Completed Weeks Gestation  <b>Answer that generates risk:</b> 37-38
151 Small for Gestational age	Infant - [1] Child - [3]		Infant or Child less than 24 months old diagnosed as small for gestational age per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Does your baby/child have any health or medical issues?”  <b>Answer that generates risk:</b> SGA, 24 mos.
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.	<b>Screen:</b> Lab
336 Fetal Growth Restriction	Pregnant - [1]		Fetal weight less than 10 <sup>th</sup> percentile for gestational age per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Do you or your health care provider have any special concerns about your pregnancy?”  <b>Answer that generates risk:</b> Fetal Growth Restriction

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	I-WIC Screen/ Question
<b>BREASTFEEDING</b>				
601.01 Breastfeeding Mother of Infant at Nutrition Risk (P1)	Breastfeeding - [1] Pregnant - [1]		Breastfeeding Woman of Infant at Nutrition risk.  The breastfeeding woman must be assigned to the highest priority for which her infant qualifies. <b>The breastfed infant and the breastfeeding mother must be the same priority.</b>	<b>Screen:</b> Nutrition Risk  <b>System generated</b>
601.02 Breastfeeding Mother of Infant at Nutrition Risk (P2)	Breastfeeding - [2] Pregnant - [2]			
601.04 Breastfeeding Mother of Infant at Nutrition Risk (P4)	Breastfeeding - [4] Pregnant - [4]			
602 Breastfeeding Complications or Potential Complications (Women)	Breastfeeding - [1] Pregnant - [1]		Any of the following are considered complications or potential complications for a <b>Breastfeeding Woman:</b> <ul style="list-style-type: none"> <li>• Severe breast engorgement</li> <li>• Recurrent plugged ducts</li> <li>• Mastitis</li> <li>• Flat or inverted nipples</li> <li>• Cracked, bleeding or severely sore nipples</li> <li>• 40 years of age or older</li> <li>• Failure of milk to come in by four days postpartum</li> <li>• Tandem nursing</li> </ul>	<b>Screen:</b> Breastfeeding  <b>Question:</b> “Are you experiencing any of the following?”  <b>Answer that generates risk:</b> Any selection except “Other” and “None”

<p>603 Breastfeeding Complications or Potential Complications (Infants)</p>	<p>Infant - [1]</p>		<p>Any of the following are considered complications or potential complications for <b>Breastfed Infants:</b></p> <ul style="list-style-type: none"> <li>• Jaundice</li> <li>• Breastmilk jaundice</li> <li>• Breastfeeding jaundice</li> <li>• Weak or ineffective suck</li> <li>• Difficulty latching onto mother’s breast</li> <li>• Inadequate stooling</li> </ul>	<p><b>Screen:</b> Breastfeeding  <b>Question:</b> “Does your breastfeeding baby have?”  <b>Answer that generates risk:</b> Any selection except “Other” and “None of the Above”</p>
<p>702.01 Breastfeeding Infant of Woman at Nutrition Risk (P1)</p>	<p>Infant - [1]</p>		<p>Breastfeeding Infant of Woman at Nutrition risk.</p> <p>The breastfed infant must be assigned to the highest priority for which the breastfeeding mother qualifies. <b>The breastfed infant and the breastfeeding mother must be the same priority.</b></p>	<p><b>Screen:</b> Nutrition Risk  <b>System Generated</b></p>
<p>702.02 Breastfeeding Infant of Woman at Nutrition Risk (P2)</p>	<p>Infant - [2]</p>			
<p>702.04 Breastfeeding Infant of Woman at Nutrition Risk (P4)</p>	<p>Infant - [4]</p>			

<b>DIETARY FACTORS</b>			
<p>353 Food Allergies</p>	<p>Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [6] Infant - [1] Child - [3]</p>	<p>Food allergies, per <b>SRD</b>, are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p> <p>Not included: Lactose Intolerance (use USDA risk #355 Lactose Intolerance) Gluten Intolerance (use USDA risk #354 Celiac Disease)</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any of these allergies?”</p> <p><b>Answer that generates risk:</b> Any selection besides “None”</p>
<p>355 Lactose Intolerance</p>	<p>Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [6] Infant - [1] Child - [3]</p>	<p>Lactose intolerance, per <b>SRD</b>, is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any food allergies?”</p> <p><b>Answer that generates risk:</b> Lactose Intolerant</p>
<p>381 Oral Health Conditions</p>	<p>Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [6] Infant - [1] Child - [3]</p>	<p>Presence of Oral Health conditions per SRD:</p> <ul style="list-style-type: none"> <li>• Dental caries (i.e. cavities or tooth decay)</li> <li>• Periodontal diseases (i.e. gingivitis and periodontitis)</li> <li>• Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality</li> </ul> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any dental problems?”</p> <p><b>Answer that generates risk:</b> “Yes and specific condition is selected”</p>

<p>401 Failure to Meet Dietary Guidelines for Americans</p>	<p>Pregnant - [4] Breastfeeding - [4] Non-Breastfeeding - [6] Child (≥ 2 years) - [5]</p>		<p>Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans. Based on an individual’s estimated energy needs, the failure to meet Dietary Guidelines for Americans is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products and meat or beans.)</p> <p>This risk may be assigned only to individuals (2 years and older) for whom a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children, or #427, Inappropriate Nutrition Practices for Women) has been performed and no other risk(s) are identified. #401 would be the <u>only</u> risk assigned to the participant.</p>	<p>System-generated on Nutrition Risk screen when there are no other risks. May not be manually- assigned.</p>
<p><b>411 Inappropriate Nutrition Practices for Infants (11 sub-categories): routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.</b></p>				
<p>411.01 Routinely using a substitute(s) for human milk or for FDA approved iron- fortified formula as the primary nutrient source during the first year of life</p>	<p>Infant - [4]</p>		<p>These fluids do not contain nutrients in amounts appropriate for infants. Examples of <b>substitutes</b> include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Low iron formula without iron supplementation;</li> <li>• Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim);</li> <li>• Canned evaporated or sweetened condensed milk; and</li> <li>• Imitation or substitute milks (such as rice-or-soy-based beverages, non-dairy creamer), or other “homemade concoctions”.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> “In addition to breastmilk, do you routinely give your baby any other beverages?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• Low iron formula</li> <li>• Cow’s milk</li> <li>• Goat/sheep’s milk</li> <li>• Substitute milk (rice, soy, nut)</li> <li>• Homemade mixtures/non-dairy creamer</li> <li>• Canned evaporated or sweetened condensed milk</li> </ul>



<p>411.02 Routinely using nursing bottles or cups improperly</p>	<p>Infant - [4]</p>		<p>Examples of <b>improper use</b> 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 (pop), soft drinks, gelatin water, corn syrup solutions, and sweetened tea;</li> <li>• Allowing the infant to fall asleep or be put to bed with a bottle at naps or bed time;</li> <li>• Allowing the infant to use a bottle without restriction (e.g., walking around with a bottle) or as a pacifier;</li> <li>• Propping the bottle when feeding;</li> <li>• Allowing the infant to carry around and drink throughout the day from a covered training cup; and</li> <li>• Adding any food (cereal 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>Answers that generate risk:</b> Any selection besides “None of the above”</p>
<p>411.03 Routinely offering complementary foods or other substances that are inappropriate in type or timing</p>	<p>Infant - [4]</p>		<p>Complementary foods are any foods or beverages other than breastmilk or infant formula. Examples of <b>early/inappropriate introduction</b> of complementary foods include:</p> <ul style="list-style-type: none"> <li>• Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier;</li> <li>• Feeding any food other than breastmilk or iron-fortified infant formula before 6 months of age (early introduction of solids).</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>1. Question:</b> “At what age did your baby start any foods or beverages other than breastmilk or formula?”</p> <p><b>Answer that generates risk:</b> “Before 6 mos”</p> <p><b>And/or</b></p> <p><b>2. Question:</b> “In addition to breastmilk, do you routinely give your baby any other beverages?”</p> <p><b>Answer that generates risk:</b> “Sugar sweetened drinks”</p>

<p>411.04 Routinely using feeding practices that disregard the developmental needs or stage of the infant</p>	<p>Infant - [4]</p>		<p>Examples of <b>improper feeding practices</b> include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., 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 (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils); and</li> <li>• Feeding infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> “Are there other feeding concerns?”</p> <p><b>Answer that generates risk:</b> Any selection besides “None” and “Unknown”</p>
<p>411.05 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins</p>	<p>Infant - [4]</p>		<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 liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.)</li> <li>• Raw or undercooked meat, poultry, eggs, fish or shellfish (oysters);</li> <li>• Raw vegetable sprouts (alfalfa, clover, bean, and radish); and</li> <li>• Deli meats (cold cuts), hot dogs and processed meats (that are NOT reheated until steaming hot).</li> <li>• Donor human milk acquired directly from individuals or the Internet</li> </ul>	<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> Any selection besides “Fish high in mercury” and “Tofu raw/undercooked”</p>
<p>411.06 Routinely feeding inappropriately diluted formula</p>	<p>Infant - [4]</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><b>Screen:</b> Nutrition</p> <p><b>Question:</b> “How do you mix the formula?”</p> <p><b>Answer that generates risk:</b> “Diluted Incorrectly”</p>

<p>411.07 Routinely limiting the frequency of nursing of the exclusively breastfed infant when breastmilk is the sole source of nutrients</p>	<p>Infant - [4]</p>		<p><b>Exclusively breastfeeding infants only.</b></p> <p>Examples of inappropriate frequency of nursing include:</p> <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>	<p><b>Screen:</b> Breastfeeding</p> <p><b>Question:</b> “How many times is the baby breastfeeding or given breastmilk in a day (24 hours)?”</p> <p><b>Answer that generates risk:</b> 0-7</p>
<p>411.08 Routinely feeding a diet very low in calories and/or essential nutrients</p>	<p>Infant - [4]</p>		<p>Examples of <b>diets low in calories/essential nutrients:</b></p> <ul style="list-style-type: none"> <li>• Vegan or Macrobiotic diets;</li> <li>• Diets very low in calories (highly restricted diets);</li> <li>• Diets excluding one or more food groups; and</li> <li>• Diets in which intake of 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>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• High protein/low carb</li> <li>• Low calorie</li> <li>• Macrobiotic</li> <li>• Vegan</li> </ul>
<p>411.09 Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula</p>	<p>Infant - [4]</p>		<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 officials);</li> <li>• Heat source for sterilization; and/or</li> <li>• Refrigerator or freezer for storage.</li> </ul> <p>The following human milk feeding, handling, preparation and storage practices are considered inappropriate and unsafe:</p> <ul style="list-style-type: none"> <li>• Thawing frozen human milk in the microwave oven;</li> <li>• Refreezing human milk;</li> <li>• Adding freshly expressed unrefrigerated human milk to already frozen human milk in a storage container;</li> <li>• Adding freshly pumped chilled 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 refrigeration for more than 24 hours;</li> <li>• Saving human milk from a used bottle for another use at another feeding;</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> “Unsanitary”</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 inappropriate and unsafe:</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 instruction;</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>	
<p>411.10 Feeding dietary supplements with potentially harmful consequences</p>	<p>Infant - [4]</p>		<p>Examples of dietary supplements, if fed in excess of recommended dosage, may be toxic or have harmful consequences, include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Single or multi-vitamins;</li> <li>• Mineral supplements; and</li> <li>• Herbal or botanical supplements/remedies/teas.</li> </ul> <p>Like drugs, herbal and botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications.</p> <p><b>Any intake</b> of herbs/teas with potentially harmful effects.</p>	<p><b>Screen:</b> Health</p> <p><b>1. Question:</b> “Does your baby/child take any of the following: Vitamins/Minerals”</p> <p><b>Answer that generates risk:</b> “Excessive”</p> <p><b>And/or</b></p> <p><b>2. Question:</b> “Do you give your baby any herbs, supplements or remedies?”</p> <p><b>Answer that generates risk:</b> “Yes”</p>

<p>411.11 Routinely not providing dietary supplements recognized as essential by national public health policy when an infant’s diet alone cannot meet nutrient requirements</p>	<p>Infant - [4]</p>	<p>Based on an infant’s specific needs and environmental circumstances.</p> <p>Fluoride:</p> <ul style="list-style-type: none"> <li>• <u>Infants six months of age or older</u> who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> </ul> <p>Vitamin D:</p> <ul style="list-style-type: none"> <li>• <u>Exclusively breastfed infants</u> who are not taking a supplement of 400 IU of vitamin D.</li> <li>• <u>Partially and Non-breastfed infants</u> who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula <b>and are not</b> taking a supplement of 400 IU of vitamin D.</li> </ul>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Does your baby/child take any of the following: Vitamins/Minerals”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• “Inadequate” – when checked</li> </ul>
<p><b>425 Inappropriate Nutrition Practices for Children (9 sub-categories): routine use of feeding practices that may result in impaired nutrient status, disease or health problems.</b></p>			
<p>425.01 Routinely feeding inappropriate beverages as the primary milk source</p>	<p>Child - [5]</p>	<p>Examples of <b>inappropriate beverages</b> as the primary milk source:</p> <ul style="list-style-type: none"> <li>• Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; Goat’s milk, sheep’s milk, imitation and substitute milks (that are unfortified or inadequately fortified), or other “homemade concoctions”.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> “What milk does your child drink most often?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• Goat or sheep unfortified/ unpasteurized</li> <li>• Homemade mixtures/non-dairy creamer</li> <li>• Nut milks</li> <li>• Rice beverages</li> <li>• Soy beverages (unfortified)</li> <li>• Canned evaporated or sweetened condensed <u>If child is 12-24 months:</u></li> <li>• Fat-free/skim cow’s or</li> </ul>

				<p>lactose free</p> <ul style="list-style-type: none"> <li>• Low-fat/1% cow's or lactose free</li> <li>• Reduced-fat/2% cow's or lactose free</li> </ul>
425.02 Routinely feeding a child any sugar-containing fluids	Child - [5]		<p>Examples of sugar containing fluids (sweetened beverages):</p> <ul style="list-style-type: none"> <li>• Soda/soft drinks;</li> <li>• Gelatin water;</li> <li>• Corn syrup solutions (including fruit/sport drinks); and</li> <li>• Sweetened tea.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Does your child regularly drink any of the following?"</p> <p><b>Answer that generate risks:</b> "Soda, fruit/sport drinks or sweetened tea"</p>
425.03 Routinely using nursing bottles, cups, or pacifiers inappropriately	Child - [5]		<p>Examples of improper use:</p> <ul style="list-style-type: none"> <li>• Using a bottle to feed fruit juice, diluted cereal or other foods;</li> <li>• Allowing the child to fall asleep or go to bed with a bottle at naps or bedtime;</li> <li>• Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier;</li> <li>• Using a bottle for feeding or drinking beyond 14 months of age;</li> <li>• Using a pacifier dipped in sweet agents such as sugar, honey, or syrups; and</li> <li>• Allowing the child to carry around and drink throughout the day from a covered or training cup.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Does your child"</p> <p><b>Answers that generate risk:</b> Any selection besides "None of the above"</p>
425.04 Routinely using feeding practices that disregard the developmental needs or stages of the child	Child - [5]		<p>Examples of <b>improper feeding practices:</b></p> <ul style="list-style-type: none"> <li>• Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety</li> <li>• Rigid feeding schedules;</li> <li>• Feeding foods of inappropriate consistency, size or shape that put the child at risk of choking;</li> <li>• Not supporting a child's need for growing independence with self-feeding and</li> <li>• Feeding foods with inappropriate textures based on his/her developmental stage</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Are there any other feeding concerns?"</p> <p><b>Answers that generate risk:</b> "Yes", then any selection</p>
425.05 Feeding foods to a child that could be contaminated with	Child - [5]		<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>• Raw or undercooked meat, poultry, eggs, fish or shellfish (oysters);</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> "Does your child eat raw, undercooked or unpasteurized foods?"</p>

harmful microorganisms or toxins		<ul style="list-style-type: none"> <li>Raw vegetable sprouts (alfalfa, clover, bean, and radish); and</li> <li>Deli meats (cold cuts), hot dogs and processed meats (<u>that are NOT reheated until steaming hot</u>).</li> </ul>	<p><b>Answers that generate risk:</b> Any selection besides “fish high in mercury” and “no”.</p>
425.06 Routinely feeding a diet very low in calories and/or essential nutrients	Child - [5]	<p>Examples of <b>diets low in calories/essential nutrients:</b></p> <ul style="list-style-type: none"> <li>Vegan or Macrobiotic diets;</li> <li>Diets very low in calories (highly restricted diets);</li> <li>Diets excluding one or more food groups; and</li> <li>Diets in which intake of foods low in essential nutrients displace intake of nutrient-dense foods (includes routine intake of high fat and/or sugar foods).</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>1. Question:</b> “Does your child eat these foods every day?”</p> <p><b>Answer that generates risk:</b> “No” for any (Fruits, Vegetables, or Whole Grains)</p> <p><b>And/or</b></p> <p><b>2. Question:</b> “Does your child follow a special diet?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>High protein/low carb</li> <li>Low calorie</li> <li>Macrobiotic</li> <li>Vegan</li> </ul>
425.07 Feeding dietary supplements with potentially harmful consequences	Child - [5]	<p>Examples of dietary supplements, if fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>Single or multi-vitamins;</li> <li>Mineral supplements; and</li> <li>Herbal or botanical supplements/remedies/teas.</li> </ul> <p>Like drugs, herbal and botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications.</p> <p><b>Any intake</b> of herbs/teas with potentially harmful effects to children.</p>	<p><b>Screen:</b> Health</p> <p><b>1. Question:</b> “Does your baby/child take any of the following: Vitamins/Minerals”</p> <p><b>Answer that generates risk:</b> “Excessive”</p> <p><b>And/or</b></p> <p><b>2. Question:</b> “Do you give your child any herbs, supplements</p>

				or remedies?" <b>Answer that generates risk:</b> "Yes"
425.08 Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements	Child - [5]		Based on a child's specific needs and environmental circumstances.  <ul style="list-style-type: none"> <li>Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul> <p>For children living in fluoride deficient areas:</p> <ul style="list-style-type: none"> <li>Providing children less than 36 months of age with less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>Providing children 36-60 months of age with less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> </ul>	<b>Screen:</b> Health  <b>Question:</b> "Does your baby/child take any of the following: Vitamins/Minerals"  <b>Answers that generate risk:</b> <ul style="list-style-type: none"> <li>"Inadequate" – when checked</li> <li>"No" - when checked</li> </ul>
425.09 Routine ingestion of non-food items (pica)	Child - [5]		Examples of <b>inappropriate non-food items:</b> ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, foam rubber, paint chips, soil, and starch (laundry and cornstarch).	<b>Screen:</b> Health  <b>Question:</b> "Does your child regularly eat any non-food items?"  <b>Answer that generates risk:</b> "Yes"
<b>427 Inappropriate Nutrition Practices for Women (5 sub-categories): Routine use of feeding practices that may result in impaired nutrient status, disease or health problems.</b>				
427.01 Consuming dietary supplements with potentially harmful consequences	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		Examples of dietary supplements, which when ingested in excess of recommended dosages, may be toxic or have harmful consequences include but are not limited to: <ul style="list-style-type: none"> <li>Single or multi-vitamins;</li> <li>Mineral supplements; and</li> <li>Herbal or botanical supplements/remedies/teas.</li> </ul> <p><b>Any intake</b> of herbs/teas with potentially harmful effects to women.</p>	<b>Screen:</b> Health  <b>1. Question:</b> "Current vitamin and mineral intake"  <b>Answer that generates risk:</b> "Excessive"  <b>And/or</b>  <b>2. Question:</b> "Do you take any



				herbs, supplements or remedies?”  <b>Answer that generates risk:</b> “Yes”
427.02 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<p>Woman consuming highly restrictive diets are at risk for primary nutrient deficiencies, especially during pregnancy. This may increase the risk of birth defects, suboptimal fetal development and chronic health problems in their children.</p> <p>Examples of <b>highly restrictive diets</b> include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Vegan or Macrobiotic diets;</li> <li>• Low-carbohydrate, high-protein diets;</li> <li>• Diets very low in calories (highly restricted diets);</li> <li>• Diets excluding one or more food groups;</li> <li>• Diets in which intake of foods low in essential nutrients</li> <li>• Restrictive food intake or impaired absorption after bariatric surgery.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>1. Question:</b> “Do you follow a special diet?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• High protein/low carb</li> <li>• Low calorie</li> <li>• Macrobiotic</li> <li>• Vegan</li> <li>• Post-bariatric surgery</li> </ul> <p><b>And/or</b></p> <p><b>2. Question:</b> “Do you eat these foods every day?”</p> <p><b>Answers that generate risk:</b> “No” (for any Fruit, Vegetables, or Whole Grains)</p>
427.03 Compulsively ingesting non-food items (pica)	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<p>Examples of <b>inappropriate non-food items:</b> ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil and starch (laundry and cornstarch).</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Are you regularly eating any non-food items?”</p> <p><b>Answer that generates risk:</b> “Yes”</p>
427.04 Inadequate vitamin/mineral supplementation	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<ul style="list-style-type: none"> <li>• Daily consumption of less than 27 mg of iron as a supplement by pregnant women.</li> <li>• Daily consumption of less than 150 µg of supplemental iodine by pregnant and breastfeeding women.</li> <li>• Daily consumption of less than 400 mcg of folic acid from fortified foods and/or supplements</li> </ul>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you take any of the following?”</p>

<p>recognized as essential by national public health policy</p>		<p>by non-pregnant women.</p>	<p>Vitamin/Minerals</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• “No”</li> <li>• “Excessive”</li> </ul>
<p>427.05 Pregnant women ingesting foods that could be contaminated with pathogenic micro-organisms</p>	<p>Pregnant – [4]</p>	<p>Examples of <b>potentially harmful foods:</b></p> <ul style="list-style-type: none"> <li>• Raw fish or shellfish, including oysters, clams, mussels, and scallops;</li> <li>• Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>• Raw or undercooked meat or poultry;</li> <li>• Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli meats or poultry products (<u>that are <b>NOT</b> reheated until steaming hot</u>);</li> <li>• Refrigerated pate or meat spreads;</li> <li>• Unpasteurized milk or foods containing unpasteurized milk;</li> <li>• Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk;</li> <li>• Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces and beverages such as unpasteurized eggnog;</li> <li>• Raw sprouts (alfalfa, clover, bean and radish); and</li> <li>• Unpasteurized fruit or vegetable juices.</li> </ul>	<p><b>Screen:</b> Nutrition</p> <p><b>Question:</b> “Do you eat raw, undercooked or unpasteurized foods?”</p> <p><b>Answers that generate risk:</b> Any selection besides “Fish high in mercury”, “tofu raw/undercooked”, and “No”.</p>

<p>428 Dietary Risk Associated with Complementary Feeding Practices</p>	<p>Infant – [4] (≥4 mos to &lt;12 mos)  Child – [5] (≥12 mos - &lt;24 mos)</p>	<p>An Infant or a Child is at risk of inappropriate complementary feeding practices if they have begun to or are about to:</p> <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/toddler 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 #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children) has been performed and <u>no other risk(s) are identified</u>. Justification citing one of the feeding practices listed above must also be documented when assigning this risk. This would be the <u>only</u> risk assigned to the participant.</p>	<p>System-generated on Nutrition Risk screen when there are no other risks. May not be manually assigned.</p>
<p><b>GENERAL OBSTETRICAL</b></p>			
<p>331 Pregnancy at a Young Age</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3]</p>	<p>Conception at ≤20 years of age.</p> <p><b>Pregnant Woman:</b> Current pregnancy. <b>Breastfeeding and Non-Breastfeeding Woman:</b> Most recent pregnancy.</p>	<p><b>Screen:</b> Cert Action</p>
<p>332 Short Interpregnancy Interval</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>	<p>Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy. Calculated based on Date Last Pregnancy Ended and LMP date + 14 days.</p> <p><b>Pregnant Woman:</b> Current pregnancy. <b>Breastfeeding and Non-Breastfeeding Woman:</b> Most recent pregnancy.</p> <p>This criterion is specific to live births and does not include women who experienced spontaneous abortions (miscarriages) or fetal death (i.e., stillbirth).</p>	<p><b>Screen:</b> Health &amp; Cert Action</p> <p><b>Question:</b> “What is the DOB of your last child?” or “What is the DOB of the child prior to this baby?”</p>

				<b>Screen:</b> Health									
334 Lack of or Inadequate Prenatal Care	Pregnant – [1]		Prenatal care beginning after the 1 <sup>st</sup> trimester (after 13 weeks)	<b>Screen:</b> Lab  <b>Question:</b> “Month Prenatal Care Began”  <b>Answers that generate risk:</b> between the 4 <sup>th</sup> -9 <sup>th</sup> month of pregnancy									
			To determine inadequate prenatal care, compare the number of prenatal visits to the number of weeks gestation: <table border="0"> <thead> <tr> <th><u>Weeks of Gestation</u></th> <th><u>Number of Prenatal Visits</u></th> </tr> </thead> <tbody> <tr> <td>14 - 21</td> <td>0 or unknown</td> </tr> <tr> <td>22 - 29</td> <td>1 or less</td> </tr> <tr> <td>30 - 31</td> <td>2 or less</td> </tr> <tr> <td>32 - 33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </tbody> </table>	<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>	14 - 21	0 or unknown	22 - 29	1 or less	30 - 31	2 or less	32 - 33	3 or less
<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>												
14 - 21	0 or unknown												
22 - 29	1 or less												
30 - 31	2 or less												
32 - 33	3 or less												
34 or more	4 or less												
335 Multifetal Gestation	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		Pregnancy with more than one (>1) fetus.  <b>Pregnant Woman:</b> Current pregnancy.  <b>Breastfeeding and Non-Breastfeeding Woman:</b> Most recent pregnancy.  Refer to Risks #131 and #133 for the recommended weight gain guidelines.	<b><u>Pregnant Women</u></b> <b>Screen:</b> Lab <b>1. Question:</b> Multifetal Gestation? <b>Answer that generates risk:</b> yes  <b>And/or</b>  <b>Screen:</b> Health <b>2. Question:</b> “Do you or your health care provider have any special concerns about your pregnancy?” <b>Answer that generates risk:</b> “Twins, triplets, or more”									

				<p><b>Breastfeeding or Non-Breastfeeding</b>  <b>Screen:</b> Health  <b>Question:</b> “Did you have any medical issues with your last pregnancy”  <b>Answer that generates risk:</b> “Twins, triplets, or more”</p>
338 Pregnant Woman Currently Breastfeeding	Pregnant – [1]		<b>Pregnant woman</b> who is currently breastfeeding an infant or child at any level.	<p><b>Screen:</b> Health   <b>Question:</b> “Do you or your health care provider have any special concerns about your pregnancy?”   <b>Answer that generates risk:</b> “Currently Breastfeeding”</p>

**HEMATOLOGY**

201 Low Hematocrit/Low Hemoglobin	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]	X X X X X	High Risk will be generated when the most recent hemoglobin value is ≤10.0g or hematocrit value is ≤31%, and the test date meets the criteria listed below for the participant’s category and age.	<b>Screen:</b> Lab and Health (smoking status)					
			Pregnant Women	Nonsmoker		Smoker			
				Hgb <g/dL	Hct < %	Hgb <g/dL	Hct < %		
			First Trimester (0-13 Weeks or 15-89 Days)	11.0	33.0	11.3	34.0		
			Second Trimester (14-26 Weeks or 90-179 Days)	10.5	32.0	10.8	33.0		
			Third Trimester (27-40+ Weeks or 180-325 Days)	11.0	33.0	11.3	34.0		
			Nonpregnant Women	Nonsmoker		Smoker			
				Hgb <g/dL	Hct < %	Hgb <g/dL	Hct < %		
			12 - <15 Years	11.8	35.7	12.1	36.7		
			15 - <18 Years	12.0	35.9	12.3	36.9		
			≥18 Years	12.0	35.7	12.3	36.7		
			Infants/Children	Age		Hgb <g/dL	Hct < %		
			Infants	6 - <12 Months		11.0	33.0		
			Children	1 - <2 Years		11.0	32.9		
				2 – 5 Years		11.1	33.0		

<p>211 Elevated Blood Lead Levels</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>	<p>X X X X X</p>	<p>Blood lead level of <math>\geq 5</math> mcg/dL within the past 12 months.  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Lab</p>
<p><b>NUTRITION/MEDICAL RISK</b></p>				
<p>341 Nutrient Deficiency or Disease</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Diagnosis of Nutrition deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients per <b>SRD</b>.  Includes but is not limited to: beriberi (Vitamin B1 or thiamine deficiency), cheilosis (Vitamin B2 or riboflavin deficiency), hypocalcemia, Menkes disease, osteomalacia, pellagra (niacin deficiency), protein energy malnutrition, rickets (Vitamin D deficiency), Vitamin K deficiency and xerophthalmia.  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health  <b>Question:</b> “Do you/your baby/child have any health or medical issues?”  <b>Answer that generates risk:</b> “Nutrient Deficiency Diseases”</p>
<p>342 Gastrointestinal Disorders</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Presence of diseases and/or conditions that interfere with the intake, digestion and/or absorption of nutrients per <b>SRD</b>.  Includes but is not limited to: Peptic ulcer, post-bariatric surgery, short bowel syndrome, GERD, inflammatory bowel disease, including ulcerative colitis or Crohn’s disease, liver disease, pancreatitis, biliary tract disease.  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health  <b>Question:</b> “Do you/your baby/child have any health or medical issues?”  <b>Answer that generates risk:</b>  <ul style="list-style-type: none"> <li>• Gastrointestinal Diseases</li> <li>• Gastroesophageal Reflux</li> <li>• Gallbladder Disease</li> <li>• Liver Disease</li> </ul> </p>
<p>343 Diabetes Mellitus</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>	<p>X X X X X</p>	<p>Presences of Diabetes mellitus per <b>SRD</b>. A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health  <b>Question:</b> “Do you/your baby/child have any health or medical issues?”  <b>Answer that generates risk:</b></p>

				"Diabetes mellitus"
344 Thyroid Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Presence of thyroid dysfunctions that occur in pregnant and postpartum women, fetal development, and in childhood caused by the abnormal secretion of thyroid hormones per <b>SRD</b>.</p> <p>These medical conditions include, but are not limited to, hyperthyroidism, hypothyroidism, congenital hyperthyroidism, congenital hypothyroidism, and postpartum thyroiditis.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> "Do you/your baby/child have any health or medical issues?"</p> <p><b>Answer that generates risk:</b> "Thyroid disorders"</p>
345 Hypertension and Prehypertension	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]	X X X	<p>Presence of hypertension or prehypertension per <b>SRD</b>.</p> <p>For Pregnancy-Induced HTN, see section: Pregnancy-Induced Conditions (USDA risk #345, Preg-induced HTN current preg HR) and Obstetrical History (USDA risk #304, Hx of Preclamsia).</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> "Do you/your baby/child have any health or medical issues?"</p> <p><b>Answer that generates risk:</b> "Hypertension and prehypertension"</p>
346 Renal Disease	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Presence of any renal disease including glomerulonephritis, nephrotic syndrome, persistent proteinuria, pyelonephritis and renal sclerosis per <b>SRD</b>.</p> <p><u>Not included:</u> Urinary tract infections involving the bladder.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> "Do you/your baby/child have any health or medical issues?"</p> <p><b>Answer that generates risk:</b> "Renal disease"</p>
347 Cancer	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Presence of cancer per <b>SRD</b>. A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition or the treatment for the condition must be severe enough to affect nutrition status.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> "Do you/your baby/child have any health or medical issues?"</p>



				<b>Answer that generates risk:</b> “Cancer”
348 Central Nervous System Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Presence of conditions, which affect energy requirements, ability to feed self or alter Nutrition status metabolically, mechanically or both per <b>SRD</b>.</p> <p>Includes but is not limited to: epilepsy, cerebral palsy (CP), multiple sclerosis (MS), Parkinson’s disease and neural tube defects (NTD) such as spina bifida.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• “CNS disorders”</li> <li>• “Cerebral Palsy”</li> <li>• “Epilepsy”</li> <li>• “Multiple Sclerosis”</li> <li>• “Neural Tube Defects”</li> </ul>
349 Genetic and Congenital Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Presence of hereditary or congenital condition at birth that causes physical or metabolic abnormality per <b>SRD</b>. The current condition must alter nutrition status metabolically or mechanically or both.</p> <p>Includes but is not limited to: Down syndrome, muscular dystrophy (MD), cleft lip or palate, thalassemia major or minor and sickle cell anemia (not sickle cell trait).</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• “Down syndrome”</li> <li>• “Genetic/congenital disorders”</li> <li>• “Muscular dystrophy”</li> </ul>
351 Inborn Errors of Metabolism	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]	X X X X X	<p>Presence of inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat per <b>SRD</b>. Generally, refers to gene mutations or deletions that alter metabolism in the body.</p> <p>These include but are not limited to amino acid disorders, organic acid metabolism disorders, fatty acid oxidation disorders, lysosomal storage disorders, urea cycle disorders, carbohydrate disorders, peroxisomal disorders, and mitochondrial disorders. Refer to the USDA Nutrition Risk Justification for specific conditions.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answer that generates risk:</b> “Inborn errors of metabolism” “PKU”</p>

<p>352.01 Infectious Diseases – Acute</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Presence of a disease characterized by a single or repeated episode of relatively rapid onset and short duration. <b>The infectious disease must be present within the past six months and SRD.</b> These diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis E</li> <li>• Meningitis (Bacterial/Viral)</li> <li>• Parasitic Infections</li> <li>• Listeriosis</li> <li>• Pneumonia</li> <li>• Bronchitis (3 episodes in last 6 months)</li> </ul> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• Hepatitis (A, E)</li> <li>• Bronchitis (3 episodes in last 6 months)</li> <li>• Listeriosis</li> <li>• Meningitis</li> <li>• Parasitic Infections</li> <li>• Pneumonia</li> </ul>
<p>352.02 Infectious Diseases - Chronic</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Presence of a condition, per <b>SRD</b>, likely lasting a lifetime and requires long-term management of symptoms. These diseases and/or conditions include but are not limited to:</p> <ul style="list-style-type: none"> <li>• HIV (Human Immunodeficiency Virus)</li> <li>• AIDS (Acquired Immunodeficiency Syndrome)</li> <li>• Hepatitis B</li> <li>• Hepatitis C</li> <li>• Hepatitis D</li> </ul> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• AIDS</li> <li>• Hepatitis (B, C, D)</li> <li>• HIV</li> </ul>
<p>354 Celiac Disease</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Presence of Celiac disease, per <b>SRD</b>, is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of nutrients from food.</p> <p>It is also known as celiac sprue, gluten enteropathy or non-tropical sprue.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answer that generates risk:</b> “Celiac disease”</p>
<p>356 Hypoglycemia</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1]</p>		<p>Presence of Hypoglycemia, per <b>SRD</b>.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or</p>

	Child – [3]			<p>medical issues?</p> <p><b>Answer that generates risk:</b> “Hypoglycemia”</p>
358 Eating Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<p>Eating disorders (anorexia nervosa, bulimia and bulimia nervosa) are characterized by a disturbed sense of body image and morbid fear of obesity.</p> <p>Includes but is not limited to:                  Abnormal eating patterns (such as self-induced vomiting and alternating periods of starvation),                  laxative abuse, use of drugs (such as appetite suppressants, thyroid preparations or diuretics)                  and self-induced marked weight loss per <b>SRD</b>.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answer that generates risk:</b> “Eating disorders”</p>

<p>359 Recent Major Surgery, Trauma, Burns</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Any occurrence within the past two months of major surgery (including C-sections), trauma or burns <b>severe enough</b> to compromise Nutrition status.</p> <p>Any occurrence more than two months previous must have the continued need for Nutrition support.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answer that generates risk:</b> “Surgery/trauma/burns within past 2 mos”</p>
<p>360 Other Medical Conditions</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>	<p>X X X X X</p>	<p>Diseases or conditions with nutrition implications, which are not included in any of the other medical conditions. The current condition or treatment, per <b>SRD</b>, for the condition must be severe enough to affect nutrition status. Includes, but is not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardio respiratory disease, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• “Arthritis/lupus”</li> <li>• “Asthma, persistent or severe”</li> <li>• “Cardio respiratory/heart disease”</li> <li>• “Cystic fibrosis”</li> </ul>
<p>361 Mental Illness</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p>Presence of Clinical Depression (including Postpartum Depression) per <b>SRD</b>.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you have any health or medical issues?”</p> <p><b>Answer that generates risk:</b> “Depression, all types”</p>
<p>362 Developmental, Sensory or Motor Delays Interfering with the Ability to</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Developmental, sensory, or motor disabilities that restrict the ability to chew, swallow, or require tube feeding to meet nutrition needs.</p> <p>Includes but is not limited to: minimal brain function, feeding problems due to developmental disability such as pervasive development disorder (PDD) which includes autism, birth injury, head trauma, brain damage; and other disabilities.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you/your baby/child have any health or medical issues?”</p>

Eat				<b>Answer that generates risk:</b> “Developmental, sensory or motor delays”
363 Pre-Diabetes	Breastfeeding – [1] Non-Breastfeeding – [6]		Pre-diabetes, per <b>SRD</b> , is either impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT). These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Do you/your baby/child have any health or medical issues?” <b>Answer that generates risk:</b> “Pre-diabetes”
383 Neonatal Abstinence Syndrome (NAS)	Infant – [1]	X	Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed infants as a result of the mother’s use of drugs during pregnancy.  <b>This condition must be present within the first 6 months of birth and SRD.</b>  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Do you/your baby/child have any health or medical issues?”  <b>Answer that generates risk:</b> “Neonatal Abstinence Syndrome”

<b>OBSTETRICAL HISTORY</b>				
303 History of Gestational Diabetes	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		All women– Any history of diagnosed gestational diabetes mellitus (GDM) per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies)?”  <b>Answer that generates risk:</b> Gestational Diabetes
304 History of Preeclampsia	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]	X	History of diagnosed preeclampsia per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies)?”  <b>Answer that generates risk:</b> “History of Preeclampsia”
311 History of Preterm or Early Term Delivery	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<b>Preterm Delivery:</b> <ul style="list-style-type: none"> <li>• <b>Pregnant women:</b> any history of preterm delivery less than 37 weeks.</li> <li>• <b>Breastfeeding/Non-Breastfeeding women:</b> most recent pregnancy less than 37 weeks.</li> </ul> <b>Early Term Delivery:</b> <ul style="list-style-type: none"> <li>• <b>Pregnant women:</b> any history of early term delivery greater than or equal to 37 weeks to less than 39 weeks (≥37 to &lt;39 weeks)</li> <li>• <b>Breastfeeding/Non-Breastfeeding women:</b> most recent pregnancy ≥37 to &lt;39 weeks gestation.</li> </ul>	<b>Screen:</b> Health  <b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies)?”  <b>Answers that generate risk:</b> <ul style="list-style-type: none"> <li>• “History of preterm delivery &lt;37 weeks” <b>(Pregnant)</b></li> <li>• “History of early term delivery ≥37 to &lt;39 weeks” <b>(Pregnant)</b></li> <li>• “Baby born at &lt;37 weeks” <b>(BF/Non-BF)</b></li> <li>• “Baby born at ≥37 to &lt;39 weeks” <b>(BF/Non-BF)</b></li> </ul>

<p>312 History of Low Birth Weight</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p>History of giving birth to an infant weighing less than 5 pounds 8 ounces or 2500 grams.</p> <p>Pregnant women: Any history.</p> <p>Breastfeeding and Non-Breastfeeding women: Most recent pregnancy.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies)”</p> <p><b>Answer that generates risk:</b> “Baby born 5 pounds, 8 ounces or less”</p>
<p>321 History of Spontaneous Abortion, Fetal Loss or Neonatal Death</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p><b><u>History of spontaneous abortion &lt;20 weeks gestation</u></b></p> <ul style="list-style-type: none"> <li>• <b>Pregnant Women:</b> Any history of two or more spontaneous abortions.</li> <li>• <b>Non-Breastfeeding Women:</b> Most recent pregnancy for spontaneous abortion.</li> </ul> <p><b><u>History of fetal loss ≥20 weeks gestation</u></b></p> <ul style="list-style-type: none"> <li>• <b>Pregnant women:</b> Any history of fetal loss.</li> <li>• <b>Breastfeeding women:</b> Most recent pregnancy in which there was a multifetal gestation with one or more fetal losses but with one or more infants still living.</li> <li>• <b>Non-Breastfeeding women:</b> Most recent pregnancy for fetal loss.</li> </ul> <p><b><u>History of neonatal death (death of an infant within 0-28 days of life)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Pregnant women:</b> Any history of neonatal death.</li> <li>• <b>Breastfeeding women:</b> Most recent pregnancy in which there was a multifetal gestation with one or more neonatal deaths but with one or more infants still living.</li> <li>• <b>Non-Breastfeeding women:</b> Most recent pregnancy for neonatal death.</li> </ul> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies).”</p> <p><b>Answer that generates risk:</b></p> <ul style="list-style-type: none"> <li>• “Pregnancy loss (20 weeks or more)”</li> <li>• “Stillborn or death before 1 month of age”</li> <li>• “Miscarriages (less than 20 weeks)” <b>(BF/Non-BF)</b></li> <li>• “2 or more miscarriages (less than 20 weeks)” <b>(Pregnant)</b></li> </ul>

<p>337 History of Birth of a Large for Gestational Age Infant</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p>History of giving birth to an infant weighing greater than or equal to 9 pounds (4000 grams) per <b>SRD</b>.</p> <p><b>Pregnant Women:</b> Any history.</p> <p><b>Breastfeeding and Non-Breastfeeding Women:</b> Most recent pregnancy or history of giving birth to an infant weighing <math>\geq</math> 4000 grams (9lbs).</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies)”</p> <p><b>Answer that generates risk:</b> “Baby born 9 pounds or more”</p>
<p>339 History of Birth with Nutrition-Related Congenital Birth Defect</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p>A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutrition intake per <b>SRD</b>.</p> <p><b>Pregnant Women:</b> Any history of birth with nutrition-related congenital or birth defects.</p> <p><b>Breastfeeding and Non-Breastfeeding Women:</b> Most recent pregnancy with nutrition-related congenital or birth defects.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Did you have any medical issues with your most recent/past pregnancy(ies)”</p> <p><b>Answer that generates risk:</b> “Baby born with a nutrition related birth defect”</p>



<b>OTHER RISK FACTORS</b>			
<p>357 Drug Nutrient Interactions</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>		<p>Use of over-the-counter/prescription drugs that are known to interfere with nutrient intake or utilization, to the extent that nutrition status is compromised.</p>
<p>371 Nicotine and Tobacco Use</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p>Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (gums, patches).</p>

**Screen:** Health

**Question:** “Do you/your child take any medications?”

**Answers that generate risk:**

- Antigout
- Blood formation/ coagulation
- Cardiac/blood pressure/lipid
- Digestive enzymes
- Diuretic
- Hormones: growth, steroid, other
- Insulin/antidiabetic
- Thyroid/antithyroid

**Screen:** Health

**Question:** Do you use any nicotine or tobacco products include, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches)?

**Answer that generates risk:** “Yes”

<p>372 Alcohol and Substance Use</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]</p>		<p><b><u>Alcohol Use</u></b></p> <p><b>Pregnant Women:</b> Any alcohol use.</p> <p><b>Breastfeeding and Non-Breastfeeding women:</b></p> <ul style="list-style-type: none"> <li>High Risk Drinking: Routine consumption of <u>&gt; 8 drinks per week or &gt;4 drinks on any day.</u> a serving or standard drink is: 1 can of beer (12 fl. oz.); 5 oz. wine; and 1 ½ fl. oz. liquor; or</li> <li>Binge drinking, i.e., drinks ≥4 drinks within 2 hours.</li> </ul>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> Drink alcohol?</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>“Yes” (any amount) <b>(Pregnant)</b></li> <li>“Yes” and “&gt; 8 drinks per week”, or “&gt; 4 drinks per day” or “# of drinks per day” is ≥ 4 <b>(BF/Non-BF)</b></li> </ul>
			<p><b><u>Substance Use</u></b></p> <p><b>Pregnant Women:</b> Any illegal substance use and/or misuse of prescription medications Any marijuana use in any form.</p> <p><b>Breastfeeding Women:</b> Any illegal substance use and/or misuse of prescription medications. Any marijuana use in any form.</p> <p><b>Non-Breastfeeding Women:</b> Any illegal substance use and/or abuse of prescription medications.</p>	<p><b>Screen:</b> Health</p> <p><b>1. Question:</b> “Use marijuana in any form?”</p> <p><b>Answer that generates risk:</b> “Yes” <b>(Pregnant/BF)</b></p> <p><b>2. Question:</b> “Use other illegal substances?”</p> <p><b>Answer that generates risk:</b> “Yes”</p> <p><b>3. Question:</b> “Misuse prescription medication?”</p> <p><b>Answer that generates risk:</b> “Yes”</p>
<p>382 Fetal Alcohol Spectrum Disorders</p>	<p>Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]</p>	<p>X X X X X</p>	<p>Presence of Fetal Alcohol Syndrome, per <b>SRD</b>. Based on the presence of retarded growth, a pattern of facial abnormalities and abnormalities of the central nervous system, including mental retardation.</p> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> “Do you, your baby/child have any health or medical issues?”</p> <p><b>Answer that generates risk:</b></p>

				“Fetal Alcohol Spectrum Disorders”
801 Homelessness	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		A woman, infant or child who lacks a fixed and regular nighttime residence or whose primary nighttime residence is: <ul style="list-style-type: none"> <li>• A supervised, publicly or privately-operated shelter designated to provide temporary living accommodations (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence);</li> <li>• An institution that provides a temporary residence for individuals intended to be institutionalized;</li> <li>• A temporary accommodation of not more than 365 days in the residence of another individual; or</li> <li>• A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</li> </ul>	<b>Screen:</b> HH Information  <b>Question:</b> “Homeless”  <b>Answer that generates risk:</b> Checking the “Homeless” checkbox
802 Migrancy	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		Categorically-eligible woman, infant or child who are members of families with at least one individual who: <ul style="list-style-type: none"> <li>• has principal employment in agriculture on a seasonal basis,</li> <li>• has been so employed within the last 24 months, and</li> <li>• establishes, for the purposes of employment, a temporary abode.</li> </ul>	<b>Screen:</b> HH Information  <b>Question:</b> “Migrant”  <b>Answer that generates risk:</b> Checking the “Migrant” checkbox
901 Recipient of Abuse	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		Battering or child abuse/neglect within past six months as self-reported or as documented by a social worker, HCP, or on other appropriate documents or as reported through consultation with a social worker, HCP or other appropriate personnel.  <u>Battering:</u> Violent physical assaults on women by their husbands, ex-husbands, boyfriends or lovers.  <u>Child Abuse/Neglect:</u> Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker. Verification is recommended.	<b>Screen:</b> Health  <b>Question:</b> “Do you have any health or medical issues?”  <b>Answer that generates risk:</b> Recipient of Abuse <6 mo
902 Woman or Infant/Child of Primary Caregiver with Limited	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		Woman (Pregnant, Breastfeeding or Non-Breastfeeding) or infant/child whose primary caretaker has a limited ability to make appropriate feeding decisions and/or prepare foods.  Examples may include individuals who are:	<b>Screen:</b> Health  <b>Question:</b> “Do you have any health or medical issues?”

<p>Ability to Make Feeding Decisions and/or Prepare Food</p>			<ul style="list-style-type: none"> <li>• ≤17 years of age (has limited exposure and application of skills necessary to care for and feed a total dependent).</li> <li>• Mental illness such as clinical depression or postpartum depression as diagnosed by a physician, licensed psychologist or as self-reported by applicant/participant/caretaker.</li> <li>• Intellectual disability as diagnosed by a physician, licensed psychologist or as self-reported by applicant/participant/caretaker.</li> <li>• Physically disabled to a degree that restricts or limits food preparation abilities such as blindness, para or quadriplegia or other physical anomalies.</li> <li>• Currently using or has a history of abusing alcohol, use of illegal substances, use of marijuana or misuse of prescription medications.</li> </ul>	<p><b>Answer that generates risk:</b>                  Infant/child- "Limited Ability-Caregiver"                  Women- "Limited Ability"</p>
<p>903 Foster Care</p>	<p>Pregnant – [4]                  Breastfeeding – [4]                  Non-Breastfeeding – [6]                  Infant – [4]                  Child – [5]</p>		<p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p> <p>This risk cannot be used for consecutive certifications while the child remains in the same foster home.</p>	<p><b>Screen:</b> Pre-screen and Participant Info</p> <p><b>Manually Assigned</b></p>
<p>904 Environmental Tobacco Smoke Exposure</p>	<p>Pregnant – [1]                  Breastfeeding – [1]                  Non-Breastfeeding – [6]                  Infant – [1]                  Child – [3]</p>		<p>Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as secondhand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.</p>	<p><b>Screen:</b> Health</p> <p><b>Question:</b> Are you ever in an enclosed area while someone is using tobacco products?</p> <p><b>Answer that generates risk:</b>                  "Yes"</p>

<b>PREGNANCY-INDUCED CONDITIONS</b>				
301 Hyperemesis Gravidarum	Pregnant – [1]		Hyperemesis Gravidarum is defined as severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Do you or your health care provider have any special concerns about your pregnancy?”  <b>Answer that generates risk:</b> “Hyperemesis Gravidarum”
302 Gestational Diabetes	Pregnant – [1]	X	Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy per <b>SRD</b> .  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>1. Question:</b> “Do you or your health care provider have any special concerns about your pregnancy?”  <b>And/or</b>  <b>2. Question:</b> Do you have any health or medical conditions?”  <b>Answer that generates risk:</b> “Gestational Diabetes”
345 Hypertension and Pre-hypertension	Pregnant – [1]	X	Presence of hypertension or prehypertension per <b>SRD</b> . Hypertensive disorders of pregnancy are categorized as: chronic hypertension, preeclampsia, eclampsia, preeclampsia superimposed upon chronic hypertension, and gestational hypertension.  <b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.	<b>Screen:</b> Health  <b>Question:</b> “Do you have any health or medical conditions?”  <b>Answer that generates risk:</b> “Hypertension and Prehypertension”

<b>PREVENTIVE MEASURES</b>			
502 Transfer of Certification	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Child – [3] Infant – [1]		Person with current valid Verification of Certification (VOC) document from another State agency.  The VOC is valid until the certification period expires, and is proof of eligibility for program benefits. If the receiving local agency has a waiting list for participation, the transferring participant is placed on the list ahead of all other waiting applicants.
<b>Screen:</b> Nutrition Risk  System-generated when participant is transferred into agency. CPA must select the highest priority for that category.			
701 Infant Up to 6 Months Old of WIC Mother or of a Women Who Would Have Been Eligible During Pregnancy	Infant – [2]		An infant less than 6 month of age (with no qualifying Priority 1 risks), whose: mother was a WIC program participant during pregnancy, <b>OR</b> mother was at nutrition risk during pregnancy because of detrimental or abnormal nutrition conditions.  These conditions are detectable by biochemical or anthropometric measurements or other nutrition related medical conditions, as indicated from the complete nutrition assessment.
<b>Screen:</b> Nutrition  <b>Question:</b> “Was mom on WIC during the pregnancy?”  <b>Answers that generate risk:</b> <ul style="list-style-type: none"> <li>• “Yes”</li> <li>• “No, would have been eligible”</li> </ul>			