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100 Risk Series - Anthropometric Risk

Risk **Category** **Criteria**
 101.01 PG Prepregnancy Underweight

- Prepregnancy Body Mass Index (BMI) below 18.5.

Note: Use the MI-WIC System Prenatal Weight Gain Grid

BMI Table for Determining Weight Classification for Women (1)

Height (Inches)	BMI less than (<) 18.5	BMI 18.5-24.9	BMI 25.0-29.9	BMI greater than or equal to (≥) 30.0
58"	<89	89-118	119-142	>142
59"	<92	92-123	124-147	>147
60"	<95	95-127	128-152	>152
61"	<98	98-131	132-157	>157
62"	<101	101-135	136-163	>163
63"	<105	105-140	141-168	>168
64"	<108	108-144	145-173	>173
65"	<111	111-149	150-179	>179
66"	<115	115-154	155-185	>185
67"	<118	118-158	159-190	>190
68"	<122	122-163	164-196	>196
69"	<125	125-168	169-202	>202
70"	<129	129-173	174-208	>208
71"	<133	133-178	179-214	>214
72"	<137	137-183	184-220	>220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults, National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

102.01 BE, BP, NPP Postpartum Underweight

- Postpartum clients who are less than 6 months postpartum, prepregnancy or current BMI below 18.5.
- Lactating clients 6 months or more postpartum, current BMI below 18.5.

Note: Use the "BMI Table for Determining Weight Classification for Women" found in Risk 101. Also use the MI-WIC System Prenatal Weight Gain Grid.

100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
103.01+	IBE, IBP, IFF, C1-C4	<p><u>High Risk Underweight</u></p> <ul style="list-style-type: none"> • Birth to less than 24 months: At or below the 2.3rd percentile for weight-for-length. • Children at or above 24 months: At or below the 5th percentile BMI-for-age. <p>Note: If manually plotted, all anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.</p>
103.02	IBE, IBP, IFF, C1-C4	<p><u>At Risk of Underweight</u></p> <ul style="list-style-type: none"> • Birth to less than 24 months: Above the 2.3rd percentile for weight-for-length and at or below the 5th percentile for weight-for-length. • Children at or above 24 months: Above the 5th percentile and at or below the 10th percentile BMI-for-age. <p>Note: If manually plotted, all anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.</p>
111.01	PG	<p><u>Prepregnancy Overweight</u></p> <ul style="list-style-type: none"> • Prepregnancy BMI at or above 25.0. <p>Note: Use the “BMI Table for Determining Weight Classification for Women” found in Risk 101. Also use the MI-WIC System Prenatal Weight Gain Grid.</p>
112.01	BE, BP, NPP	<p><u>Postpartum Overweight</u></p> <ul style="list-style-type: none"> • Postpartum clients who are less than 6 months postpartum, prepregnancy BMI at or above 25. • Lactating clients who are 6 months or more postpartum, current BMI at or above 25. <p>Note: Use the “BMI Table for Determining Weight Classification for Women” found in Risk Code 101.</p>
113.01+	C2-C4	<p><u>Obese</u></p> <ul style="list-style-type: none"> • At or above the 95th percentile BMI-for-age or weight-for-stature.

100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
114.01	IBE, IBP, IFF, C1-C4	<p><u>Overweight or At Risk of Overweight</u></p> <ul style="list-style-type: none"> Children at or above 24 months of age: at or above the 85th and below the 95th percentile BMI-for-age. <p>Have one or more risk factors for being at-risk of becoming overweight. The risk factors are limited to:</p> <ul style="list-style-type: none"> Infants less than 12 months of age with a biological mother with BMI at or over 30 at the time of conception or at any point in the first trimester of the pregnancy (BMI must be based on self-reported, by the mother, pre-pregnancy weight and height or on a measured weight and height documented by staff or other health care provider, see Risk Help for Abbreviated BMI Table). Children at or over 12 months of age with a biological mother with BMI at or above 30 at the time of certification (BMI must be based on self-reported, by the mother, weight, and height or on weight and height measurements taken by staff at the time of certification. If the mother is pregnant or has had a baby within the past 6 months, use her prepregnancy weight to assess for obesity since her current weight will be influenced by pregnancy related weight gain, see Risk Help for Abbreviated BMI Table). Infants and children with a biological father with BMI at or above 30 at the time of certification (BMI must be based on self-reported, by the father, weight, and height or on weight and height measurements taken by staff at the time of certification, see Risk Help for Abbreviated BMI Table).
115.01	IBE, IBP, IFF, C1	<p><u>High Weight-for-Length</u></p> <ul style="list-style-type: none"> At or above 97.7th percentile weight-for-length.
121.01	IBE, IBP, IFF, C1-C4	<p><u>Short Stature</u></p> <ul style="list-style-type: none"> Birth to less than 24 months of age: At or below 2.3rd percentile length-for-age. Children at or above 2 years of age: At or below the 5th percentile stature-for-age.

100 Risk Series - Anthropometric Risk

- | <u>Risk</u> | <u>Category</u> | <u>Criteria</u> |
|-------------|-------------------------|--|
| 121.02 | IBE, IBP,
IFF, C1-C4 | <p><u>At Risk for Short Stature</u></p> <ul style="list-style-type: none"> • Birth to less than 24 months of age: Above 2.3rd percentile and at or below the 5th percentile length-for-age. • Children at or above 2 years of age: Above the 5th percentile and at or below the 10th percentile stature-for-age. |

131.01+ PG Low Maternal Weight Gain

- A low rate of weight gain, such that in the second and third trimesters, for singleton pregnancies:

<i>Prepregnancy Weight Classification</i>	<i>Weight Gain Per Month</i>
A: BMI less than 18.5	Gaining less than 4 pounds
B: BMI 18.5 to 24.9	Gaining less than 3.2 pounds
C: BMI 25 to 29.9	Gaining less than 2 pounds
D: BMI greater than or equal to 30	Gaining less than 1.6 pounds

- Low weight gain at any point in pregnancy such that when using the respective prenatal weight gain grid, the weight plots below the bottom line:

<i>Prepregnancy Weight Classification</i>	<i>Total Weight Gain</i>
A: BMI less than 18.5	28-40 pounds
B: BMI 18.5 to 24.9	25-35 pounds
C: BMI 25 to 29.9	15-25 pounds
D: BMI greater than or equal to 30	11-20 pounds

- Multifetal pregnancies with total weight gain below the following:

<i>Prepregnancy Weight Classification</i>		<i>Total Weight Gain</i>
Twins	A: BMI less than 18.5	n/a
	B: BMI 18.5 to 24.9	37-54 pounds
	C: BMI 25 to 29.9	31-50 pounds
	D: BMI greater than or equal to 30	25-42 pounds
Triplets		50 pounds total
4 or more		n/a

100 Risk Series - Anthropometric Risk

Risk **Category** **Criteria**
 133.01 PG, BE, BP, High Maternal Weight Gain
 NPP

Pregnant Client:

- A high rate of weight gain, such that in the second and third trimesters, for singleton pregnancies:

<i>Prepregnancy Weight Classification</i>	<i>Weight Gain Per Month</i>
A: BMI less than 18.5	Gaining more than 5.2 pounds
B: BMI 18.5 to 24.9	Gaining more than 4 pounds
C: BMI 25 to 29.9	Gaining more than 2.8 pounds
D: BMI greater than or equal to 30	Gaining more than 2.4 pounds

- High weight gain at any point in pregnancy such that when using the respective prenatal weight gain grid, the weight plots above the top line (see table below).

Postpartum client (most recent pregnancy only):

- Gestational weight gain exceeding upper limit of the prenatal weight gain grid based on prepregnancy weight category:

<i>Prepregnancy Weight Classification</i>	<i>Total Weight Gain</i>
A: BMI less than 18.5	More than 40 pounds
B: BMI 18.5 to 24.9	More than 35 pounds
C: BMI 25 to 29.9	More than 25 pounds
D: BMI greater than or equal to 30	More than 20 pounds
Multifetal Pregnancies	See risk code 131 Low Maternal Weight Gain.

134.01+ IBE, IBP, Failure to Thrive
 IFF, C1-C4

- Diagnosed failure to thrive.

Note: Failure to thrive describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.

135.01+ IBE, IBP, IFF Slowed/Faltering Growth Pattern

- Birth to less than 2 weeks of age: Excessive weight loss after birth, defined as greater than or equal to 7% birth weight.
- Infants 2 weeks to 6 months of age: Any weight loss, using two separate weight measurements taken at least 8 weeks apart.

100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
141.01+	IBE, IBP, IFF, C1	<p><u>Low Birth Weight</u></p> <ul style="list-style-type: none"> • Birth weight at or less than (\leq) 5 pounds 8 ounces (2500 grams) but greater than 3 pounds 5 ounces (1500 grams).
141.02+	IBE, IBP, IFF, C1	<p><u>Very Low Birth Weight</u></p> <ul style="list-style-type: none"> • Birth weight at or less than (\leq) 3 pounds 5 ounces (1500 grams).
142.01+	IBE, IBP, IFF, C1	<p><u>Preterm Delivery</u></p> <ul style="list-style-type: none"> • Infant or child born less than 37 weeks gestation (infants and children less than 24 months old).
142.02	IBE, IBP, IFF, C1	<p><u>Early Term Delivery</u></p> <ul style="list-style-type: none"> • Infant or child born greater than or equal to 37 weeks gestation but less than 39 weeks gestation (infants and children less than 24 months old).
151.01+	IBE, IBP, IFF, C1	<p><u>Small for Gestational Age</u></p> <ul style="list-style-type: none"> • Diagnosed small for gestational age (SGA).
152.01	IBE, IBP, IFF, C1	<p><u>Low Head Circumference</u></p> <ul style="list-style-type: none"> • Birth to less than 24 months: At or below the 2.3rd percentile head circumference-for-age.
153.01+	IBE, IBP, IFF	<p><u>Large for Gestational Age</u></p> <ul style="list-style-type: none"> • Birth weight at or above (\geq) 9 pounds (4000 grams). • Diagnosed large for gestational age (LGA).

200 Risk Series - Biochemical Risk

- | | | |
|-------------|---------------------------------------|---|
| Risk | Category | Criteria |
| 201.01 | PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4 | <p><u>Low Hematocrit (Hct)/Low Hemoglobin (Hgb)</u></p> <ul style="list-style-type: none"> • At the time the blood test was taken, any value less than (<) the blood values listed in the following chart. |

Note: For any client who smokes the blood value criterion must be based on the number of cigarettes smoked and the trimester of pregnancy (if appropriate). One pack of cigarettes equals 20 cigarettes.

Client Category	Non-smoking		Any smoking unknown quantity or up to 19 cigarettes/day		Smoking 20 to 39 cigarettes/day		Smoking 40 or more cigarettes/day	
	Hct	Hgb	Hct	Hgb	Hct	Hgb	Hct	Hgb
BE, BP, NPP - at/over age 15	<36.0	<12.0	<37.0	<12.3	<38.0	<12.5	<38.0	<12.7
BE, BP, NPP - under age 15	<36.0	<11.8	<37.0	<12.1	<38.0	<12.3	<38.0	<12.5
PG First trimester (0 through 13 weeks)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
PG Second trimester (14 through 26 weeks)	<32.0	<10.5	<33.0	<10.8	<34.0	<11.0	<34.0	<11.2
PG Third trimester (27 weeks or more)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
I 6 through 11 months	<33.0	<11.0						
C 12 through 23 months	<33.0	<11.0						
C 24 through 59 months	<33.0	<11.1						

- | | | |
|---------|---------------------------------------|--|
| 211.01+ | PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4 | <p><u>Elevated Blood Lead Levels</u></p> <ul style="list-style-type: none"> • PG, BE, BP, NPP, IBE, IBP, and IFF: Venous blood lead level at or above (\geq) 5 micrograms per deciliter within the past 12 months. • C1-C4: Venous blood lead level at or above (\geq) 3.5 micrograms per deciliter within the past 12 months. |
|---------|---------------------------------------|--|

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
301.01+	PG	<p><u>Hyperemesis Gravidarum</u></p> <ul style="list-style-type: none"> Diagnosed severe nausea and vomiting to the extent that a pregnant client becomes dehydrated and acidotic.
302.01+	PG	<p><u>Gestational Diabetes</u></p> <ul style="list-style-type: none"> Diagnosed gestational diabetes.
303.01	PG, BE, BP, NPP	<p><u>History of Gestational Diabetes</u></p> <ul style="list-style-type: none"> Any history of diagnosed gestational diabetes in a previous pregnancy.
304.01+	PG, BE, BP, NPP	<p><u>History of Preeclampsia</u></p> <ul style="list-style-type: none"> Any history of diagnosed preeclampsia <ul style="list-style-type: none"> Preeclampsia is defined as hypertension with onset during pregnancy, usually after 20 weeks gestation, and typically with proteinuria. Postpartum preeclampsia can also occur, regardless of whether it was present during pregnancy. It is usually diagnosed within 48 hours of delivery but can occur up to 6 weeks postpartum.
310.01+	PG	<p><u>History of Preterm Delivery</u></p> <ul style="list-style-type: none"> Any history of birth of an infant less than 37 weeks gestation.
310.02	PG	<p><u>History of Early Term Delivery</u></p> <ul style="list-style-type: none"> Any history of birth of an infant greater than or equal to 37 weeks gestation but less than 39 weeks gestation.
311.01	BE, BP, NPP	<p><u>History of Preterm Delivery</u></p> <ul style="list-style-type: none"> Birth of an infant less than 37 weeks gestation – most recent pregnancy.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
311.02	BE, BP, NPP	<p><u>History of Early Term Delivery</u></p> <ul style="list-style-type: none"> • Birth of an infant greater than or equal to 37 weeks gestation but less than 39 weeks gestation – most recent pregnancy.
312.01+	PG	<p><u>History of Low Birth Weight</u></p> <ul style="list-style-type: none"> • Any history of low birth weight infant at or less than (\leq) 5 pounds 8 ounces (2500 grams).
313.01	BE, BP, NPP	<p><u>History of Low Birth Weight</u></p> <ul style="list-style-type: none"> • Low birth weight infant at or less than (\leq) 5 pounds 8 ounces (2500 grams) – most recent pregnancy.
321.01	PG, BE, BP, NPP	<p><u>History of Spontaneous Abortion, Fetal or Neonatal Loss</u></p> <ul style="list-style-type: none"> • Diagnosed <u>spontaneous abortion (miscarriage)</u> is the spontaneous termination of a gestation at less than 20 weeks gestation or less than 500 grams. • Diagnosed <u>fetal death</u> is the spontaneous termination of a gestation at greater than or equal to 20 weeks. • Diagnosed <u>neonatal death</u> is a death of an infant within 0 to 28 days of life. <ul style="list-style-type: none"> ○ Pregnant client: any history of fetal or neonatal death or 2 or more spontaneous abortions. ○ Lactating client: most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. ○ Non-lactating client: most recent pregnancy in which there was a spontaneous abortion, or fetal or neonatal death.
331.01	PG, BE, BP, NPP	<p><u>Pregnancy at a Young Age</u></p> <ul style="list-style-type: none"> • Conception at or less than (\leq) 20 years of age. <ul style="list-style-type: none"> ○ Pregnant client: current pregnancy. ○ Postpartum client: most recent pregnancy.

300 Risk Series - Clinical/Health/Medical Risk

Risk **Category** **Criteria**
 332.01 PG, BE, BP, NPP Short Interpregnancy Interval

- Conception before 18 months postpartum.
 - Pregnant client: current pregnancy.
 - Postpartum client: most recent pregnancy.

334.01 PG Lack of or Inadequate Prenatal Care

- Prenatal care beginning after the first trimester (after 13 weeks).
- Total number of prenatal visits as described below:

<i>Weeks of Gestation</i>	<i>Number of Prenatal Visits</i>
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

335.01 PG, BE, BP, NPP Multifetal Gestation

- Pregnant client: more than 1 fetus in current pregnancy.
- Postpartum client: more than 1 fetus – most recent pregnancy.

336.01+ PG Fetal Growth Restriction

- Diagnosed fetal growth restriction.

337.01 PG, BE, BP, NPP History of Birth of a Large for Gestational Age Infant

- Any history of giving birth to an infant weighing greater than or equal to (≥) 9 pounds (4000 grams) or diagnosed large for gestational age infant.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
338.01	PG	<p><u>Pregnant Client Currently Breastfeeding</u></p> <ul style="list-style-type: none"> • Pregnant client who is currently breast/chestfeeding. <p>Note: Generally, it is considered safe for most to continue breast/chestfeeding while pregnant and can be sustained for as long as mutually desired by the dyad. The assignment of this risk is not intended to discourage from continuing breast/chestfeeding during pregnancy, but rather to highlight the need to review the client's medical history and diet along with their breast/chestfeeding goals.</p>
339.01+	PG, BE, BP, NPP	<p><u>History of Birth with Nutrition-Related Congenital or Birth Defect</u></p> <ul style="list-style-type: none"> • Client who has given birth to an infant diagnosed with a congenital or birth defect associated with inappropriate nutritional intake, such as inadequate zinc (low birth weight), excessive vitamin A (cleft palate or lip), or inadequate folic acid (neural tube defect). <ul style="list-style-type: none"> ○ Pregnant client: any history of birth with nutrition-related congenital or birth defect. ○ Postpartum client: most recent pregnancy.
341.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Nutrient Deficiency or Disease</u></p> <ul style="list-style-type: none"> • Diagnosed nutrient deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients, treated or untreated. • Diseases include, but are not limited to, protein energy malnutrition, iron deficiency, scurvy, rickets, beri beri, hypocalcemia, osteomalacia, vitamin K deficiency, pellagra, cheilosis, Menkes disease, and/or xerophthalmia.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
342+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Gastrointestinal Disorders</u></p> <ul style="list-style-type: none"> • 342.00+ Diagnosed disease(s) or condition(s) that interferes with intake, digestion or absorption of nutrients or that may increase nutrient losses. <p>Conditions include, but are not limited to:</p> <ul style="list-style-type: none"> ○ 342.01+ Gallbladder disease ○ 342.02+ Liver disease ○ 342.03+ Crohn’s disease ○ 342.04+ Inflammatory bowel disease ○ 342.05+ Stomach (peptic) or intestinal ulcers, GI fistula ○ 342.06+ Small bowel syndrome and/or enterocolitis ○ 342.07+ Pancreatitis ○ 342.08+ Ulcerative colitis ○ 342.09+ Gastroesophageal reflux (GER) ○ 342.10+ Post-bariatric surgery
343.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Diabetes Mellitus</u></p> <ul style="list-style-type: none"> • Diagnosed diabetes mellitus.
344+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Thyroid Disorders</u></p> <ul style="list-style-type: none"> • 344.01+ Diagnosed hypothyroidism, including congenital conditions. <ul style="list-style-type: none"> ○ Diagnosed postpartum thyroiditis in 1st year following delivery. • 344.02+ Diagnosed hyperthyroidism, including congenital conditions.
345+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Hypertension and Prehypertension</u></p> <ul style="list-style-type: none"> • 345.01+ <u>Pregnancy-induced Hypertension</u> <ul style="list-style-type: none"> ○ Diagnosed hypertension during pregnancy (i.e., preeclampsia, eclampsia, and gestational hypertension). • 345.02+ <u>Hypertension, Chronic & Prehypertension</u> <ul style="list-style-type: none"> ○ Diagnosed hypertension or prehypertension, including chronic hypertension during pregnancy.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
346.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Renal Disease</u></p> <ul style="list-style-type: none"> • Diagnosed renal disease including pyelonephritis and persistent proteinuria. <p>Note: EXCLUDES urinary tract infections involving the bladder.</p>
347.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Cancer</u></p> <ul style="list-style-type: none"> • Diagnosed cancer. The current condition, or treatment for the condition, must be severe enough to affect nutritional status.
348+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Central Nervous System Disorders</u></p> <ul style="list-style-type: none"> • Diagnosed condition which affects energy requirements and may affect the individual's ability to feed self that alters nutritional status metabolically, mechanically, or both. Includes, but not limited to: <ul style="list-style-type: none"> ○ 348.01+ Epilepsy ○ 348.02+ Multiple sclerosis (MS) ○ 348.03+ Neural tube defects (NTD), such as: <ul style="list-style-type: none"> ▪ Spina bifida ▪ Myelomeningocele ○ 348.04+ Parkinson's disease ○ 348.05+ Cerebral palsy
349+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Genetic and Congenital Disorders</u></p> <ul style="list-style-type: none"> • Diagnosed genetic and congenital disorders that cause physical or metabolic abnormality. Current condition must alter nutrition status metabolically, mechanically, or both. Includes, but not limited to: <ul style="list-style-type: none"> ○ 349.01+ Muscular dystrophy (MD) ○ 349.02+ Cleft lip or palate ○ 349.03+ GI abnormalities ○ 349.04+ Thalassemia major ○ 349.06+ Sickle cell anemia (<u>not</u> sickle cell trait) ○ 349.07+ Down syndrome

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
351.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Inborn Errors of Metabolism</u></p> <ul style="list-style-type: none"> • Diagnosed Inborn Errors of Metabolism (IEM) <ul style="list-style-type: none"> ○ Generally refer to gene mutations or gene deletions that alter metabolism of proteins, carbohydrates, or fats in the body. IEMs are rare and include, but are not limited to: <ul style="list-style-type: none"> ▪ Fructoaldolase deficiency ▪ Galactokinase deficiency ▪ Galactosemia ▪ Glutaric aciduria ▪ Glycogen storage disease ▪ Histidinemia ▪ Homocystinuria ▪ Hyperlipoproteinemia ▪ Hypermethioninemia ▪ Maple syrup urine disease ▪ Medium-chain acyl-CoA dehydrogenase (MCAD) ▪ Methylmalonic acidemia ▪ Phenylketonuria (PKU) ▪ Propionic acidemia ▪ Tyrosinemia ▪ Urea cycle disorders

For more information, visit <https://rarediseases.info.nih.gov/>

352a+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Infectious Diseases – Acute</u></p> <ul style="list-style-type: none"> • Diagnosed infectious disease (must be present now or within the past 6 months), characterized by a single or repeated episode of relatively rapid onset and short duration. Includes, but not limited to: <ul style="list-style-type: none"> ○ 352.01+ Meningitis ○ 352.02+ Parasitic infections ○ 352.09+ Hepatitis A, Hepatitis E ○ 352.06+ Bronchitis (3 episodes in last 6 months) ○ 352.08+ Pneumonia ○ 352.11+ Listeriosis
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Note: EXCLUDES frequent colds, ear infections.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
352b+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Infectious Diseases – Chronic</u></p> <ul style="list-style-type: none"> • Diagnosed infectious disease, likely lasting a lifetime and require long-term management of symptoms. Includes, but not limited to: <ul style="list-style-type: none"> ○ 352.04+ HIV (human immunodeficiency virus infection) ○ 352.05+ AIDS (acquired immunodeficiency syndrome) ○ 352.07+ Tuberculosis ○ 352.10+ Hepatitis B, Hepatitis C, Hepatitis D <p>Note: EXCLUDES frequent colds, ear infections.</p>
353.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Food Allergies</u></p> <ul style="list-style-type: none"> • Diagnosed adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. <p>Note: This applies when the diagnosed food intolerances or allergies require major dietary modification to provide optimal nutrition.</p>
354.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Celiac Disease</u></p> <ul style="list-style-type: none"> • Diagnosed celiac disease (also known as celiac sprue, gluten enteropathy, non-tropical sprue).
355.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Lactose Intolerance</u></p> <ul style="list-style-type: none"> • Diagnosed lactose intolerance. <ul style="list-style-type: none"> ○ Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.
356.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Hypoglycemia</u></p> <ul style="list-style-type: none"> • Diagnosed hypoglycemia.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
357.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Drug and Nutrient Interaction</u></p> <ul style="list-style-type: none"> • Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion to an extent that nutritional status is compromised. • Nutrition-related side effects of drugs may include, but are not limited to: <ul style="list-style-type: none"> ○ Changes to appetite ○ Changes to taste and smell ○ A dry or sore mouth ○ Epigastric distress, nausea, vomiting, diarrhea, and/or constipation
358+	PG, BE, BP, NPP	<p><u>Eating Disorders</u></p> <ul style="list-style-type: none"> • 358.00+ Eating Disorder, general. Diagnosed eating disorders or evidence of such disorders, characterized by severe disturbances in a person's eating behaviors and related thoughts and emotions. <p>Eating disorders includes, but are not limited to:</p> <ul style="list-style-type: none"> ○ 358.01+ Bulimia ○ 358.02+ Anorexia ○ 358.03+ Binge-Eating Disorder
359.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Recent Major Surgery, Trauma, Burns</u></p> <ul style="list-style-type: none"> • Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. • Any occurrences: <ul style="list-style-type: none"> ○ Within the past two (2) months may be self-reported. ○ More than two (2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
360+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Other Medical Conditions</u></p> <ul style="list-style-type: none"> • Diagnosed diseases or conditions with nutritional implications that are not included in any of the other medical conditions. • Current condition or treatment for the condition must be severe enough to affect nutritional status. Includes, but not limited to: <ul style="list-style-type: none"> ○ 360.01+ Asthma*, persistent (moderate or severe) requiring daily medication ○ 360.02+ Cystic Fibrosis ○ 360.03+ Cardiovascular Disease ○ 360.05+ System Lupus Erythematosus ○ 360.06+ Juvenile Idiopathic Arthritis ○ 360.07+ Other medical conditions ○ 360.08+ Polycystic Ovary Syndrome (PCOS) <p>*This criterion usually is not applicable to infants; asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under risk code 352, Infectious Disease.</p>
361+	PG, BE, BP, NPP, C1-C4	<p><u>Mental Illnesses</u></p> <ul style="list-style-type: none"> • Diagnosed mental disorder (or mental illness). Includes, but are not limited to: <ul style="list-style-type: none"> ○ 361.00+ Mental Illness, general ○ 361.01+ Depression ○ 361.02+ Perinatal Mood and Anxiety Disorders (PMAD) – women categories only
362.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Developmental Delays, Sensory or Motor Delays Interfering with Ability to Eat</u></p> <ul style="list-style-type: none"> • Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but not limited to: <ul style="list-style-type: none"> ○ Birth injury. ○ Brain damage. ○ Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism. ○ Head trauma. ○ Minimal brain function. ○ Other disabilities.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
363.01+	BE, BP, NPP	<u>Pre-Diabetes</u>
		<ul style="list-style-type: none"> • Diagnosed pre-diabetes.
371.01	PG, BE, BP, NPP	<u>Nicotine and Tobacco Use</u>
		<ul style="list-style-type: none"> • Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e.g., e-cigarettes, vaping devices), hookahs, smokeless tobacco (e.g., chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (e.g., gums, patches).
372.01	PG, BE, BP, NPP	<u>Alcohol and Substance Use</u>
		<ul style="list-style-type: none"> • Pregnant client: <ul style="list-style-type: none"> ○ Any alcohol use. ○ Any illegal substance use and/or abuse of prescription medications. ○ Any marijuana use in any form. • Postpartum client: <ul style="list-style-type: none"> ○ Alcohol Use: <ul style="list-style-type: none"> ▪ High Risk Drinking: Routine consumption of 8 or more drinks per week or 4 or more drinks on any day. ▪ Binge Drinking: Routine consumption of 4 or more drinks within 2 hours. ○ Any illegal substance use and/or abuse of prescription medications. ○ Any marijuana use in any form (lactating client only). <p>Note: A serving, or standard sized drink, is:</p> <ul style="list-style-type: none"> ○ 12 fluid ounces of beer or wine cooler. ○ 5 ounces of wine. ○ 1 ½ fluid ounces of hard liquor, vermouth, cordials, or liqueurs.

300 Risk Series – Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
381.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Oral Health Conditions</u></p> <ul style="list-style-type: none"> • Diagnosed dental problem. Includes, but not limited to: <ul style="list-style-type: none"> ○ IBE, IBP, IFF, C1-C4 only <ul style="list-style-type: none"> ▪ Presence of nursing or baby bottle tooth decay. ▪ Smooth surface decay of maxillary anterior teeth and primary molars. ○ PG, BE, BP, NPP, C1-C4 <ul style="list-style-type: none"> ▪ Tooth decay. ▪ Periodontal disease. ▪ Tooth loss and/or ineffectively replaced teeth which impair ability to ingest food in adequate quantity or quality. ○ PG only <ul style="list-style-type: none"> ▪ Gingivitis of pregnancy.
382.01+	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Fetal Alcohol Spectrum Disorders</u></p> <ul style="list-style-type: none"> • Diagnosed fetal alcohol spectrum disorders (FASDs). FASDs are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including: <ul style="list-style-type: none"> ○ Fetal Alcohol Syndrome (FAS). ○ Partial Fetal Alcohol Syndrome (pFAS). ○ Alcohol-Related Birth Defects (ARBD). ○ Alcohol-Related Neurodevelopmental Disorder (ARND). ○ Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (ND-PAE).
383.01+	IBE, IBP, IFF	<p><u>Neonatal Abstinence Syndrome</u></p> <ul style="list-style-type: none"> • Diagnosed neonatal abstinence syndrome.

400 Risk Series – Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
401.01	PG, BE, BP, NPP, C2-C4	<p><u>Failure to Meet <i>Dietary Guidelines for Americans</i></u></p> <ul style="list-style-type: none"> • Clients two years of age and older who meet WIC eligibility requirements may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans (DGAs). Failure to meet DGAs 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). • This criterion may only be assigned after a complete assessment has been performed to assess for risk and no other risk is identified.
411.01	IBE, IBP, IFF	<p><u>Inappropriate Human Milk or Formula Substitution</u></p> <ul style="list-style-type: none"> • Infant not fed human milk or iron-fortified formula. <ul style="list-style-type: none"> ○ Routinely using a substitute for human milk or for FDA approved iron-fortified formula as primary nutrient source. Examples: <ul style="list-style-type: none"> ▪ Low iron formula without iron supplement before 6 months. ▪ Feeding cow’s milk, goat’s milk, sheep’s milk, imitation milks, substitute milks or homemade concoctions.
411.02	IBE, IBP, IFF	<p><u>Inappropriate Bottle or Cup Use (infants)</u></p> <ul style="list-style-type: none"> • Feeding juice or any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant’s bottle.

400 Risk Series – Dietary Risk**Risk Category Criteria**411.03 IBE, IBP, IFF Inappropriate Complementary Foods (infants)

- Routinely offering complementary foods or other substances that are inappropriate foods/feeding schedule (inappropriate type or timing of food substances).

Examples:

- Adding sweet agents such as sugar, honey, or syrups to any beverage (including water), prepared food, or used on a pacifier.
- Introducing any food other than human milk or iron-fortified infant formula before 6 months of age.

Note: Complementary foods are any foods or beverages other than human milk or infant formula.

411.04 IBE, IBP, IFF Inappropriate Feeding Practices Disregarding Development (infant)

- 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).
- 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).
- Feeding an infant food 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).
- Feeding foods of inappropriate consistency, size, or shape that put the infant at risk of choking.

400 Risk Series – Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.05	IBE, IBP, IFF	<u>Eating Unsafe Foods (infants)</u> <ul style="list-style-type: none">• Feeding foods to an infant that could be contaminated with harmful microorganisms. Examples of potentially harmful foods for an infant are:<ul style="list-style-type: none">○ Unpasteurized fruit or vegetable juice.○ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese.○ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.).○ Raw or undercooked meat, fish, poultry, or eggs.○ Raw vegetable sprouts (alfalfa, clover, bean, and radish).○ Donor human milk (acquired from individuals or the Internet).○ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).
411.06	IBE, IBP, IFF	<u>Improper Dilution of Formula</u> <ul style="list-style-type: none">• Routine over or under dilution of formula (failure to follow manufacturers dilution instructions or specific instructions accompanying a prescription).
411.07	IBE	<u>Limiting Frequency of Human Milk Feedings</u> <ul style="list-style-type: none">• Examples of inappropriate frequency of breast/chestfeeding:<ul style="list-style-type: none">○ Scheduled feedings instead of demand feedings.○ Less than 8 feedings in 24 hours if less than 2 months of age.
411.08+	IBE, IBP, IFF	<u>Highly Restrictive Diets (infants)</u> <ul style="list-style-type: none">• Inappropriate or restrictive feeding schedules or forcing an infant to eat a certain type and/or amount of food, such as:<ul style="list-style-type: none">○ Infrequent or rigid feeding schedules○ Withholding food○ Overfeeding○ Strict vegan diet○ Macrobiotic diet○ Other diets very low in calories and/or essential nutrients

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.09	IBE, IBP, IFF	<p><u>Inappropriate Preparation, Use, and Storage of Human Milk or Formula</u></p> <ul style="list-style-type: none"> • Limited or no access to: <ul style="list-style-type: none"> ○ Safe water supply. ○ Heat source for sterilization. ○ Refrigerator/freezer for storage. • Failure to handle or store expressed human milk properly including: <ul style="list-style-type: none"> ○ Thawing/heating in a microwave. ○ Refreezing. ○ Adding freshly expressed unrefrigerated human milk to frozen human milk. ○ Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk. ○ Feeding thawed human milk more than 24 hours after it was thawed. ○ Saving human milk from a used bottle for another feeding. ○ Failure to clean breast pump per manufacturer's instruction. ○ Donor human milk (acquired from individuals or the Internet). • Improper preparation, handing and/or storage of bottles or containers of formula including: <ul style="list-style-type: none"> ○ Failure to store prepared formula per manufacturer's or physician's instructions. ○ Storing at room temperature for more than 1 hour. ○ Using formula in a bottle one hour after the start of a feeding. ○ Saving formula from a used bottle for another feeding. ○ Failure to clean baby bottle properly.
411.10	IBE, IBP, IFF	<p><u>Inappropriate Use of Dietary Supplements (infants)</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: <ul style="list-style-type: none"> ○ Multi or single vitamins. ○ Mineral supplements. ○ Herbal or botanical supplements/remedies/teas.
411.11	IBE, IBP, IFF	<p><u>Inadequate Vitamin/Mineral Supplementation (infants)</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements. • Examples include but are not limited to: <ul style="list-style-type: none"> ○ Infants 6 months and older ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ○ Exclusively breast/chestfed infants, or infants who are ingesting less than 1 quart (32 ounces) per day of Vitamin D-fortified formula, and are not taking 400 IU of Vitamin D

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
425.01	C1-C4	<p><u>Inappropriate Milk Source</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Non-fat or reduced fat milk between 12 and 24 months (see Policy 7.01, Food Package Determination and Customization). • Goat's milk, sheep's milk, or imitation or substitute milks (that are unfortified or inadequately fortified). • Sweetened condensed milk.
425.02	C1-C4	<p><u>Consuming Sugar-Sweetened Beverages</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Soda/pop • Soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea
425.03	C1-C4	<p><u>Inappropriate Bottle, Cup, or Pacifier Use (children)</u></p> <ul style="list-style-type: none"> • Using a bottle to feed fruit juice, diluted cereal, or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Using a bottle for feeding or drinking beyond 14 of age. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to use a cup or bottle without restrictions with something other than water.
425.04	C1-C4	<p><u>Inappropriate Feeding Practices Disregarding Development (children)</u></p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's request for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child's need for growing independence with self-feeding (e.g., spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding inappropriate texture based on developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped, or appropriate finger foods).

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
425.05	C1-C4	<p><u>Eating Unsafe Foods (children)</u></p> <ul style="list-style-type: none"> • Examples of potentially harmful foods for a child: <ul style="list-style-type: none"> ○ Unpasteurized fruit or vegetable juice. ○ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. ○ Raw or undercooked meat, fish, poultry, or eggs. ○ Raw vegetable sprouts (alfalfa, clover, bean, and radish). ○ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).
425.06+	C1-C4	<p><u>Highly Restrictive Diets (children)</u></p> <ul style="list-style-type: none"> • Severely limited intake of calories and important food sources of essential nutrients. <p>Examples:</p> <ul style="list-style-type: none"> • Strict vegan diet. • Macrobiotic diet. • Other diets very low in calories and/or essential nutrients.
425.07	C1-C4	<p><u>Inappropriate Use of Dietary Supplements (children)</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: <ul style="list-style-type: none"> ○ Multi or single vitamins. ○ Mineral supplements. ○ Herbal remedies or botanical supplements/remedies/teas.
425.08	C1-C4	<p><u>Inadequate Vitamin/Mineral Supplementation (children)</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements. • Examples include but are not limited to: <ul style="list-style-type: none"> ○ When water supply contains less than 0.3 ppm fluoride and: <ul style="list-style-type: none"> ▪ Children, under 36 months, not taking 0.25 mg of fluoride daily. ▪ Children, age 36 to 60 months, not taking 0.5 mg of fluoride daily. ○ Children who are taking less than 1 quart per day of Vitamin D-fortified milk or formula and are not taking 400 IU of Vitamin D.

Note: For children 2 years and older, the recommendation is 2-2.5 cups (16-20 oz.) low-fat milk per day.

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
425.09	C1-C4	<p><u>Eating Non-Food Items (children)</u></p> <ul style="list-style-type: none"> • Current craving for or consumption of non-food substances such as: <ul style="list-style-type: none"> ○ Ashes ○ Baking soda ○ Carpet fibers ○ Cigarettes or cigarette butts ○ Chalk ○ Clay or dirt ○ Dust ○ Coffee grounds ○ Foam Rubber ○ Ice (excessive intake which replaces an adequate diet) ○ Paint chips ○ Soil ○ Starch (laundry, cornstarch) ○ Wood
427.01	PG, BE, BP, NPP	<p><u>Inappropriate Use of Dietary Supplements (women)</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: <ul style="list-style-type: none"> ○ Multi or single vitamins. ○ Mineral supplements. ○ Herbal remedies or botanical supplements/remedies/teas.
427.02+	PG, BE, BP, NPP	<p><u>Highly Restrictive Diets (women)</u></p> <ul style="list-style-type: none"> • Severely limited intake of calories and important food sources of essential nutrients or impaired absorption following bariatric surgery. <p>Examples:</p> <ul style="list-style-type: none"> • Strict vegan diet. • Low-carbohydrate, high-protein diet. • Macrobiotic diet. • Other diets very low in calories and/or essential nutrients.
427.03	PG, BE, BP, NPP	<p><u>Eating Non-Food Items (women)</u></p> <ul style="list-style-type: none"> • Current craving for or consumption of non-food substances such as: <ul style="list-style-type: none"> ○ Ashes ○ Baking soda ○ Carpet fibers ○ Cigarettes or cigarette butts ○ Chalk ○ Clay or dirt ○ Dust ○ Coffee grounds ○ Foam Rubber ○ Ice (excessive intake which replaces an adequate diet) ○ Paint chips ○ Soil ○ Starch (laundry, cornstarch) ○ Wood

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
427.04	PG, BE, BP, NPP	<p><u>Inadequate Vitamin/Mineral Supplementation (women)</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements. • Examples include but are not limited to: <ul style="list-style-type: none"> ○ Pregnant clients taking less than 27 mg of supplemental iron daily. ○ Non-pregnant clients consuming less than 400 mcg of folic acid from fortified foods and/or supplements daily. ○ Pregnant and lactating clients consuming less than 150 mcg of supplemental iodine per day.
427.05	PG	<p><u>Eating Unsafe Foods (pregnant)</u></p> <ul style="list-style-type: none"> • Examples of potentially harmful foods for a pregnant client: <ul style="list-style-type: none"> ○ Raw fish or shellfish, including oysters, clams, mussels, and scallops. ○ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole. ○ Raw or undercooked meat or poultry. ○ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot. ○ Refrigerated pâté or meat spreads. ○ Unpasteurized milk or foods containing unpasteurized milk. ○ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses, and Mexican style cheeses such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk. ○ 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. ○ Raw sprouts (alfalfa, clover, and radish). ○ Unpasteurized fruit or vegetable juices.
428.01	IBE, IBP, IFF, C1	<p><u>Inappropriate Complementary Feeding (4-23 months)</u></p> <ul style="list-style-type: none"> • This criterion may only be assigned to clients aged 4 to 23 months after a complete assessment has been performed to assess for risk (including 411.01 – 411.11, Inappropriate Feeding Practices for Infants or 425.01 – 425.09, Inappropriate Nutrition Practices for Children) and no other risk is identified.

500 Risk Series - Fear of Regression/Transfer

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
501.01	BE, BP, NPP, C1-C4	<p><u>Possibility of Regression at Subsequent Certification</u></p> <ul style="list-style-type: none">• Fear of regression in nutritional status without WIC Program benefits after a risk code from the 100, 200, 300, 400, 800 or 900 Risk Series <i>when no other risk code is identified</i>. Risk 501 <u>cannot follow</u> a certification with <u>only</u> risk from the 500, 600, or 700 Risk Series.<ul style="list-style-type: none">○ A WIC recertification assessment shall be completed to rule out the existence of another risk factor before assigning risk code 501. <p>EXCEPTION: Risk 501 does not apply to previous risk(s) with respect to a pregnancy only condition. For example, gestational diabetes is not a condition to which a postpartum client could regress.</p>
502.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Transfer of Out-of-State Certification</u></p> <ul style="list-style-type: none">• An individual transferring from an out-of-state WIC Program with a current Identification and Verification of Certification (ID/VOC) document.• ID/VOC document is valid until the certification period expires and is accepted as proof of eligibility for Program benefits.• If receiving local agency has waiting lists for participation, the transferring individual shall be placed on the list ahead of all other waiting applicants.

600 Risk Series - Breastfeeding Client/Infant Dyad

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
601.01	PG, BE, BP	<p><u>Breastfeeding Mother of Infant at Nutritional Risk 100-300 Risk Series</u></p> <ul style="list-style-type: none">• A lactating client whose breast/chestfed infant is determined to have an anthropometric, biochemical, or clinical/health/medical risk.
602.01	PG, BE, BP	<p><u>Lactating Client with Breastfeeding Complications or Potential Complications</u></p> <ul style="list-style-type: none">• Severe breast engorgement.• Recurrent plugged ducts.• Mastitis (fever or flu-like symptoms with localized breast tenderness).• Flat or inverted nipples.• Cracked, bleeding or severely sore nipples.• At or older than 40 years of age.• Failure of milk to come in by 4 days postpartum.• Tandem nursing (breast/chestfeeding 2 siblings who are not twins). <p>Note: If the breast/chestfeeding complication is current, this risk code is an indication for a referral to the Breastfeeding Peer Counselor, Lactation Consultant or Health Care Provider.</p>
603.01	IBE, IBP, IFF	<p><u>Breastfed Infant with Breastfeeding Complications or Potential Complications</u></p> <ul style="list-style-type: none">• Breastfeeding jaundice (an exaggeration of physiologic jaundice and an indicator of inadequate breast/chestfeeding).• Weak or ineffectual suck.• Difficulty latching onto mother's breast.• Inadequate stools for age as determined by a physician or other health care professional.• Less than 6 wet diapers per day. <p>Note: If any of the above are a current breast/chestfeeding complication, this is an indication for an <u>immediate</u> referral to the Health Care Provider.</p>
604.01	BE, BP	<p><u>Breastfeeding Mother of Infant at Nutritional Risk 400 Risk Series</u></p> <ul style="list-style-type: none">• A lactating client whose breast/chestfed infant is determined to have a dietary risk only.

700 Risk Series – Infant Enrolled Due to Maternal Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
701.01	IBE, IBP, IFF	<u>Infant of a Mother Enrolled in WIC During Pregnancy or Not Enrolled But Would Have Been Eligible with 100-300 Risk Series (birth through 5 months)</u> <ul style="list-style-type: none">• An infant of a mother who was enrolled in WIC during pregnancy with an anthropometric, biochemical, or clinical/health/medical risk.• An infant of a mother who was not on WIC during pregnancy but would have been eligible to be a WIC client with an anthropometric, biochemical, or clinical/health/medical risk.
702.01	IBE, IBP, IFF	<u>Breastfed Infant of a WIC Eligible or Enrolled Mother 100-300 Risk Series (birth through 11 months)</u> <ul style="list-style-type: none">• A breast/chestfed infant of a lactating mother who was enrolled or eligible to be a WIC client any time during pregnancy, or who is currently eligible for WIC with an anthropometric, biochemical, or clinical/health/medical risk.
704.01	IBE, IBP, IFF	<u>Breastfed Infant of a WIC Eligible or Enrolled Mother 400 Risk Series (birth through 11 months)</u> <ul style="list-style-type: none">• A breast/chestfed infant of a lactating mother who was enrolled or eligible to be a WIC participant any time during pregnancy, or who is currently eligible for WIC with a dietary risk.

800 Risk Series - Homelessness/Migrancy

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
801.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<u>Homelessness</u> <ul style="list-style-type: none">• Client who lacks a fixed and regular nighttime residence.• Client whose primary nighttime residence is:<ul style="list-style-type: none">○ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations.○ An institution that provides temporary residence for individuals intended to be institutionalized.○ A temporary accommodation of not more than 365 days in the residence of another individual.○ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
802.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<u>Migrancy</u> <ul style="list-style-type: none">• Categorically eligible clients who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

900 Risk Series - Other Nutrition Risks

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
901.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Recipient of Abuse</u></p> <ul style="list-style-type: none"> • A client who has experienced physical, sexual, emotion, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual. Includes, but not limited to: <ul style="list-style-type: none"> ○ Domestic violence. ○ Intimate partner violence. ○ Child abuse and/or neglect.
902.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</u></p> <ul style="list-style-type: none"> • A pregnant/postpartum client or primary caregiver to an infant/child is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to, a client or caregiver with the following: <ul style="list-style-type: none"> ○ Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ○ Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. ○ Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. ○ Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities. ○ 17 years of age and younger.
903.01	PG, BE, BP, NPP, IBE, IBP, IFF, C1-C4	<p><u>Foster Care</u></p> <ul style="list-style-type: none"> • Entering the foster care system during the previous 6 months. • Moving from one foster care home to another foster care home during the previous 6 months.
904.01	PG, BE, BP, NPP, IBE, IBP, IFF C1-C4	<p><u>Environmental Tobacco Smoke Exposure</u></p> <ul style="list-style-type: none"> • 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 childcare, etc. This definition also includes the exposure to the aerosol from electronic nicotine delivery systems (refer to risk 371.01, Nicotine and Tobacco Use). ETS is also known as passive, secondhand, or involuntary smoke.