



# Risk Information

## Section 3



Use the workbooks to  
review this section.

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## 3–1 Introduction to Nutrition Risk

### Overview

How is WIC different than other food assistance programs? WIC participants must have a nutrition need or risk to qualify for WIC services. WIC's goal is to use nutritious food and nutrition education to improve participant health and growth.

WIC focuses on:



- ◆ Reducing complications during pregnancy.
- ◆ Decreasing the number of low birth weight and premature infants.
- ◆ Improving the growth and development of young children.
- ◆ Reducing iron deficiency anemia.
- ◆ Increasing the number of breastfeeding mothers.

The nutrition **risk factors** are key to WIC services. Each participant has a certification appointment to identify the nutrition risk factors. These risk factors are the basis for the personal services that WIC offers.

In the WIC clinic, nutrition risk factors are used to:

- ◆ Certify that participants are eligible for WIC.
- ◆ Focus participants' nutrition education on their needs.
- ◆ Identify participants who may need vouchers for special foods.
- ◆ Determine the participants at highest risk.
- ◆ Identify referrals needed for the participants.

The nutrition risk criteria are standardized throughout the United States. The risk criteria are reviewed and recommended by a national group of health professionals. The federal WIC office at the USDA requires state WIC programs to use these standardized risks.

### **What Are the Nutrition Risks?**

WIC's nutrition risk factors can be classified into four groups – anthropometric, biochemical, clinical/health/medical, and dietary. There are over 70 different risks.

<b>Group of Risks</b>	<b>Description</b>	<b>Examples</b>
Anthropometric	Based on a person's physical size.	<ul style="list-style-type: none"> <li>▪ Height</li> <li>▪ Weight</li> <li>▪ Rate of growth</li> </ul>
Biochemical	Based on a blood test.	<ul style="list-style-type: none"> <li>▪ Anemia</li> <li>▪ Blood lead level</li> </ul>
Clinical/Medical	Based on a person's health.	<ul style="list-style-type: none"> <li>▪ Chronic illnesses</li> <li>▪ Birth problems</li> <li>▪ Genetic conditions</li> </ul>
Dietary	Based on feeding behaviors.	<ul style="list-style-type: none"> <li>▪ Inappropriate nutrition practices</li> </ul>

This training module explains in detail the anthropometric, biochemical, and clinical/medical risks. *WIC Policy 675 – Risk Criteria Codes and Descriptions* also gives a complete list of each nutrition risk factor and the criteria for using the risk.

#### **NOTE**

The dietary risks are explained in the *Dietary Risk Module*.

## How Are Risks Selected for the Participant?

Each participant is assigned nutrition risks during the certification appointment. These nutrition risks are selected based on the participant's medical data and health information. TWIST is used to record the medical data and health information and to select the risk factors for each person.

On TWIST, there is a master list of all risk factors. Risk factors can either be TWIST-selected or CPA-selected.

### 1. TWIST-selected

- ◆ TWIST automatically selects the risk from the master list.
- ◆ TWIST selects the risk based on information the CPA enters in the mandatory fields of the intake, medical data or questionnaire screens.
- ◆ It is very important for the CPA to enter all information correctly so that correct risks will be selected by TWIST.



### Examples of TWIST-Selected Risks

The CPA enters the height and weight of a participant. TWIST calculates that the person is underweight and selects the risk factor *Underweight*.

The CPA enters an answer to the question about whether a woman is smoking during pregnancy. If she smokes, TWIST automatically selects the risk factor *Maternal Smoking*.

## 2. CPA-selected

- ◆ Risks are selected from the master list by the CPA.
- ◆ The CPA selects the risk based on information learned during certification.
- ◆ Risks are often CPA-selected during the health and/or diet questionnaires.



### Examples of CPA-Selected Risks

During the health history questionnaire, a woman answers “yes” to the question, “Do you have a medical or health problem?” When the CPA enters “yes,” a pop-up with the master list will appear and the CPA will select the risk for the specific medical condition.

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During the certification appointment, a mother tells the CPA that her baby was born with a heart defect and will need surgery next month. The CPA selects the risk *Genetic and Congenital Disorders* on the “Risk Factors” screen.

## 3. Final Review

After the CPA and TWIST have selected risks, the CPA must do a final review of all nutrition risks to make sure the correct risks were selected. This is done by reviewing the risks on the “Risk Factors” or “Risks/Interventions” screens. Risks can be added or removed on these screens.

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### NOTE

**This step is very important to ensure that the risks identified by either TWIST or the CPA are correct and appropriate for the participant.**

## What Information is Used to Select Risks?

The information used to assess participants for nutrition risks comes from several places.

### 1. Collected by WIC Staff

- ◆ WIC collects the information needed to assign the risk as part of the certification process.



#### Example

WIC measures and weighs participants. This provides the information needed to assign an anthropometric risk factor.

### 2. Historical Data

- ◆ For participants who are being recertified, WIC has information from previous certifications.

Medical Data													
Health History		Diet Assessment		NE Plan		Progress Notes		BF Tracking		Food Pkg. Assignment			
Anthropometry													
Collection Date	Weight			Weight For Age	Length/Height			Length/Ht For Age	Wt For Length	BMI	BMI %	Birth Data	Medical Notes
	E/M	LBS	OZ		E/M	Inch	1/8						
06/19/2006	ENGLISH	24	0	86.00	ENGLISH	32	0	RECUMBENT	99.00	34.00			
03/03/2006	ENGLISH	22	0	86.00	ENGLISH	31	0	RECUMBENT					
11/21/2005	ENGLISH	14	7		ENGLISH	23	0	RECUMBENT		0			
07/19/2005	ENGLISH	9	0		ENGLISH	19	4	RECUMBENT		0			
05/01/2005	ENGLISH	7	8		ENGLISH	18	4	RECUMBENT		0			

#### Example

TWIST keeps track of the weight gain of an infant over several visits to WIC. This information is used to determine if the infant is growing at the correct rate for their age.

### 3. Information from Health Care Provider

- ◆ WIC participants might bring information from their health care provider about their medical history which could be used to assign a risk.



#### Example

An infant has a prescription for a special formula which also lists information about the infant's medical diagnosis. This information is then used to enter a clinical/medical risk.

### 4. Self-Reported by Participant

- ◆ WIC allows participants to self-report that their doctor has diagnosed them with a health condition.
- ◆ It is important to determine that a doctor has diagnosed a health condition, not that the client just believes that she has the condition.
- ◆ It is **not** required to have a note from the doctor stating the diagnosis.
- ◆ Specific questions to ask the participant when they self-report a health condition include:
  - Are you seeing a doctor for the condition?
  - How long have you had this condition?
  - Can we contact your doctor to find out more about your condition? (get signed release of information)
  - What type of medication are you taking for the condition?
  - Has your doctor prescribed a special diet for this condition?

**Example**

This is an example of how the CPA can find out more information about a self-reported medical condition.

*Joleena is at WIC to be enrolled as a pregnant woman. This is part of her conversation with the CPA during the health history.*

**CPA:** *Do you have any medical or health problems now or did you have any problems with previous pregnancies?*

**Joleena:** *Yes.*

**CPA:** *What type of problems?*

**Joleena:** *I have high blood pressure.*

**CPA:** *Can you tell me more about it?*

**Joleena:** *Last week I used the machine at Walgreen's and it said my blood pressure was high.*

**CPA:** *When was the last time you met with your doctor?*

**Joleena:** *I haven't seen the doctor in about a month.*

**CPA:** *When is your next appointment with the doctor?*

**Joleena:** *Tomorrow.*

**CPA:** *Let us know if your doctor says that your blood pressure is too high.*

**Joleena:** *OK.*

**CPA:** *Do you have any other health or medical problems?*

**Joleena:** *No.*

**Result:** Although Joleena was enrolled on WIC with other risk factors, she would not qualify for the risk factor for *Hypertension*, because she was not diagnosed by a physician for the problem.

**However, if Joleena had said:** “My doctor said at my last appointment that I have high blood pressure,” then she would have qualified for the risk factor *Hypertension*.

## Helpful Resources

As you learn about the nutrition risks, there are several resources that may be helpful. These can be found in Section 4 of the module.

- ◆ *More Information about Medical Conditions* – This resource can be used to learn more about some health and medical conditions.
- ◆ *Job Aid: Common WIC Abbreviations* – Use this Job Aid when you need to know what an abbreviation means.
- ◆ Four Job Aids that give an overview of the nutrition risks are: *List of Risk Numbers and Names*, *Risk List for Women*, *Risk List for Infants and Children*, and *Disease Names and Risk Numbers*.
- ◆ There are also four Job Aids that show which risks TWIST assigns based on answers to the Health History Questionnaires.

## Practice Activity

Using the *Job Aid: Common WIC Abbreviations*, write what these abbreviations mean.

>	
Hx	
EDD	
LBW	
Appt	
≤	

## Summary

Assigning the appropriate nutrition risk factors is a key to WIC's service. A good assessment of the participant's health and nutrition status gives a more complete picture of their nutrition needs. When all risks are identified, it helps to focus the nutrition education in a manner that will best assist the participant in improving their health.

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**Skill Check**

1. What are the four groups of nutrition risks?
2. What are the 2 ways risks are assigned?
3. When are risks CPA-selected?
4. What information is used to assign risk factors?
5. What type of information requires careful questioning by the CPA?
6. Who must assign nutrition risks?



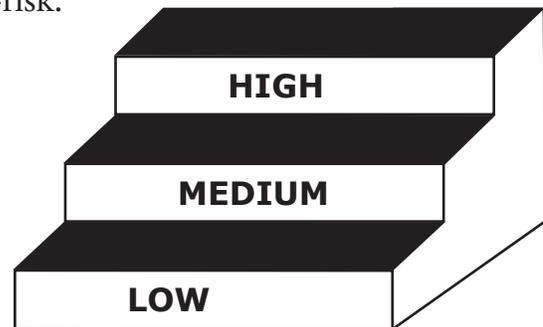
## 3-2 Risk Levels

### ***What is Risk Level?***

WIC uses nutrition **risk levels** to designate the seriousness of the participant's nutrition risk factors. Participants with very serious health problems are called high-risk.

Nutrition risk level can be:

- ◆ High,
- ◆ Medium, or
- ◆ Low.



### ***How is Risk Level Determined?***

The State WIC office has determined which risk factors are high-risk, medium-risk or low-risk. For every risk factor, TWIST automatically assigns the risk level. The participant's risk level is displayed on the "Risk Factors" and "Risks/Interventions" screens.

There are some risks that can be either high-risk or medium-risk, depending on the participant's health. For example, a child who is a little underweight is medium-risk, while a child who is very underweight is high-risk.

The CPA has the option to refer low or medium-risk participants. If the CPA believes the participant needs to be seen by the WIC nutritionist, the participant can be scheduled in TWIST accordingly.

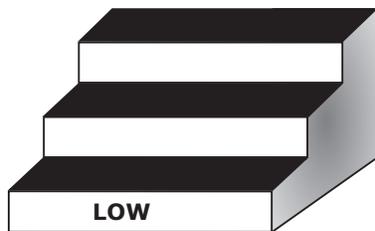
**NOTE**

See Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels for a complete list of medium and high risks.

**Why is Risk Level Important?**

Risk level determines which staff member should see the participant for nutrition education.

<b>Risk level:</b>	<b>Nutrition education provided by:</b>
High	Required to be seen by the WIC nutritionist
Medium	Recommended to be seen by a health professional or the WIC nutritionist
Low	Any trained CPA

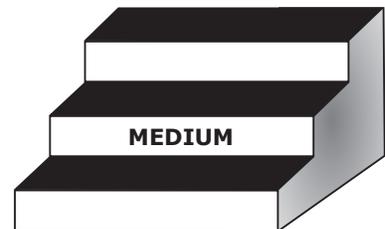


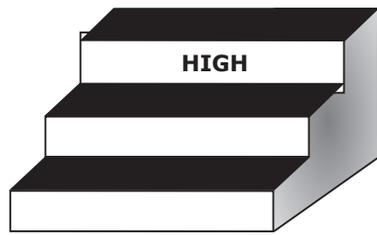
A **LOW-RISK** participant:

- ◆ Is counseled by the CPA at the certification appointment.
- ◆ May attend a class for their second nutrition education contact.

A **MEDIUM-RISK** participant may:

- ◆ Be counseled by the CPA at the certification appointment or referred to a health professional or WIC nutritionist.
- ◆ Attend class for the second nutrition education contact or may be seen for individual follow-up.





A **HIGH-RISK** participant:

- ◆ Requires more intensive nutrition counseling.
  - ◆ Once identified as high-risk, is required to be referred to the WIC nutritionist.
- ◆ See the *WIC Staff Roles* lesson for more information about high-risk appointments with the WIC nutritionist.

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### NOTE

In cases when the WIC nutritionist cannot see the high-risk participant during certification, the **CPA should avoid providing specific diet recommendations that could interfere with the participant's health condition.** See the *WIC Staff Roles* in Section 3-3.

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### ***Practice Activities***

1. Make a copy of the list of high risks and medium risks from *Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels* and place the list in your WIC Notebook.

2. Using the list of high and medium risks for reference:

List 3 high-risk conditions.

List 3 medium-risk conditions.

3. Find your local agency's high-risk referral guidelines and protocols and talk to your Training Supervisor or WIC nutritionist about how your local agency's guidelines are different than the State guidelines.

Are there risk factors that are not designated as high-risk on TWIST that your local agency requires you to refer to the WIC nutritionist? If yes, list them here.

How do you schedule a client for an appointment with the WIC nutritionist at your local agency?

### ***Skill Check***

1. What will you do if you have a participant who is high-risk?

## 3-3 WIC Staff Roles

### What is Your Role?

Each WIC staff member has a role to play in assessing and assigning nutrition risks. Also, there may be limitations for WIC staff on the nutrition counseling they may provide, depending on their role.

### The Paraprofessional CPA's Role

The paraprofessional CPA is a key member of the WIC team. Paraprofessional CPAs have at least a high school diploma or equivalent and are trained by WIC to provide WIC services. The responsibilities of the paraprofessional CPA during certification include the following:

#### 1. Assess and Assign Nutrition Risk

It is the paraprofessional CPA who assesses and assigns nutrition risk for the majority of the WIC participants. This module provides guidance on how to assess and assign nutrition risk.

Medical Data	Health History	Diet Assessment	NE Plan	Progress Notes	BF Tracking	Food Pkg. Assignment
<b>Risks/Interventions</b>						
Visit Date	Risk Code	Risk Factors			Intervention	
11/02/2005	133	HIGH MATERNAL WEIGHT GAIN				
11/02/2005	303	HISTORY OF GESTATIONAL DIABETES				
11/02/2005	422.3	MONITOR VEGETABLE INTAKE				

## 2. Basic or “Normal” Nutrition Counseling

After assigning nutrition risks, the CPA can provide nutrition counseling for participants who are low-risk. Some topics of basic or “normal” nutrition counseling include:

- ◆ Healthy eating during pregnancy
- ◆ Breastfeeding promotion
- ◆ Basic breastfeeding skills
- ◆ Breast pump instruction
- ◆ Infant feeding – how to mix formula, when to introduce new foods
- ◆ Healthy eating for children
- ◆ How to have a healthy feeding relationship with children



Other WIC Training Modules cover nutrition education topics

## 3. Referrals to Other WIC Team Members or Community Resources

During certification, the paraprofessional CPAs will encounter participants with problems that are beyond the scope of their training. The participants with complex nutrition risks are referred to the WIC nutritionist, a professional CPA or community resources. Some examples of problems to refer to another person include:

- ◆ Participants with complex medical or health problems – such as diabetes, kidney problems, drug abuse or development delays.
- ◆ Participants with breastfeeding complications.



It may feel awkward to tell a participant that they need to see someone else for their nutrition counseling. Here is what a CPA might say when referring them to another staff member:

I'd like you to talk to Susan. She is our expert on helping women with diabetes during pregnancy.

You sound really motivated to stop smoking during this pregnancy. Would you like the free stop smoking hotline number for support?

Jane is the person who can help you with breastfeeding concerns. Let me see if she can see you now.

As part of the services WIC offers, Kim, our nutritionist, meets with all clients on special diets. She is in the office on Wednesdays. I'd like to schedule an appointment for you to talk with her. Would this Wednesday work for you?

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**NOTE**

If you are a paraprofessional CPA, remember that the most important part of your job is to know what you can and can't handle. Referring participants to other staff or resources is an important part of your job.

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### ***The Professional CPA's Role***

The Professional CPA is a health professional – usually a Registered Nurse (RN), Health Educator, Physician's Assistant or a person with a Bachelor's degree in nutrition or a health related field. Health professionals also receive training from WIC on how to provide WIC services.

In addition to providing the same services as paraprofessional CPAs, health professionals see medium-risk clients for nutrition counseling. They may also supervise the work of the paraprofessional CPAs.

Many clinics also have health professionals who are specially trained to provide breastfeeding support and counseling to breastfeeding women. The breastfeeding specialists may be a health professional with advanced lactation training (LC, CLE) or an International Board Certified Lactation Consultant (IBCLC).

### ***The WIC Nutritionist's Role***

The WIC nutritionist is a Registered Dietitian (RD) or a Masters-level nutritionist and has completed extensive education in nutrition before working for WIC. RDs are the nutrition experts of the health and medical profession. The WIC nutritionist is the key to providing nutrition information in the local WIC clinic.

The WIC nutritionist's role includes:

- ◆ Developing individual care plans and coordinating nutrition counseling for high-risk participants.
- ◆ Tracking high-risk participants' health improvements.
- ◆ Prescribing specialized WIC food packages.
- ◆ Referring high-risk participants to other health-related and social services and assisting them in accessing services.
- ◆ Coordinating nutrition care for infants receiving special medical formulas.
- ◆ Documenting outcomes of WIC services.

It is important to note that WIC nutritionists do not diagnose medical conditions. If they suspect a client has a medical condition that has not yet been diagnosed, they should refer the client to their health care provider for an exam.

**Example**

Camille is a high-risk pregnant woman in her first trimester. This example shows how WIC services can be provided to this high-risk participant.

*1. New Enrollment Appointment*

Joanne, a CPA, assesses Camille's health by reviewing her medical data, her health history questionnaire, and her diet information.

Joanne assigns nutrition risk codes to Camille based on the information she reviews during certification. Camille has kidney disease which makes her high-risk.

Joanne provides education on health habits to Camille, but does not provide nutrition counseling because of Camille's kidney disease. Camille's medical problems are too complex and go beyond "normal" nutrition. Joanne schedules Camille to return the following month to talk to the WIC nutritionist, Ada.

*2. High-Risk Follow-Up Appointment*

When Ada sees Camille the following month, she finds out more about Camille's medical condition and the special diet the doctor has prescribed. Ada and Camille talk about how the WIC foods can fit into her current diet. Ada writes an individual care plan for Camille in her TWIST "Progress Notes," and schedules her for a weight check and a class.

*3. Individual Follow-Up Appointment: Weight Check*

Joanne sees Camille to check her weight gain. She knows by reading the individual care plan that she should schedule Camille for an appointment with Ada if her weight gain is too high or too low or if Camille has questions about her diet. Camille is doing fine, so Joanne reminds her about attending the breastfeeding class.

*Example, continued*

*4. Next NE Contact: Group Class*

Camille does not see the WIC nutritionist every time she comes to WIC. This time she attends a breastfeeding class.

Congratulations! Camille gives birth to a beautiful baby boy!

### ***Practice Activity***

1. Using the *Job Aid: Who Can Assess, Assign and Counsel for Nutrition Risks?*:
  - ◆ Find your job category and highlight or circle all the jobs you will do.
  - ◆ At the bottom, fill in the staff names of people in your clinic.
2. File the Job Aid in your WIC Notebook.

## 3-4 Documentation

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### ***What Does Documentation Mean?***

Documentation is how WIC keeps track of the services provided to WIC participants. Information that is documented at WIC includes:

- ◆ Demographic information (name, address, phone)
- ◆ Certification information (when the participant was certified and what made them eligible)
- ◆ Nutrition education (what education was provided)
- ◆ Referrals (which referrals were made)
- ◆ Plan (for follow-up care)
- ◆ Other (information that may be helpful to know at future appointments)

Good documentation is important because it allows other staff to have a “picture” of the participant by reviewing their TWIST record. When documentation is thorough and complete, the “picture” is easier to see. Good documentation helps the clinic flow more efficiently.

## Where is Information Documented?

TWIST is designed so that each piece of information is documented in a specific location. For example, the client’s date of birth is entered in the “Date of Birth” field and a hemoglobin result is entered in the “Hemoglobin” field. When extra information needs to be entered, there are special places to write notes. Notes that are related to nutrition risk are entered in the “Medical Notes,” “Notes” or “Progress Notes” during certification.

**Medical Notes** – This field is located on the “Medical Data” screen and is used for notes related to height, weight and other measurements.

Medical Data													
Health History		Diet Assessment		NE Plan		Progress Notes		BF Tracking		Food Pkg. Assignment			
Anthropometry													
Collection Date	Weight			Weight For Age	Length/Height			Length/Ht For Age	Wt For Length	BMI	BMI %	Birth Data	Medical Notes
	E/M	LB5	OZ		E/M	Inch	1/8						
06/19/2006	ENGLISH	9	0		ENGLISH	21	0	RECUMBENT		0		<input type="checkbox"/>	Doctor prov
01/01/2006	ENGLISH	5	2	2.00	ENGLISH	18	0	RECUMBENT	5.00	38.00		<input checked="" type="checkbox"/>	

**Notes** – This field is used for notes that are specific to health history or diet questions. The “Notes” field is located to the right of each health history or diet question.

Questionnaire			
No.	Question	Answer	Notes
01	Are you taking an iron pill or a vitamin pill that has iron in it?	Yes	
02	Do you have any of the following symptoms? constipation, diarrhea, nausea, vomiting, poor appetite,	Yes	Nause

**Progress Notes** – This screen is used when a more detailed note is needed for medium- or high-risk clients who need regular follow-up care or to document specific information about their medical condition. The “Progress Notes” uses the SOAP note format.

Medical Data								
Health History		Diet Assessment		NE Plan	Progress Notes	BF Tracking	Food Pkg. Assignment	
Progress Notes								
Date	Type	Note	Entered By					
06/19/2006	SUBJECTIVE	Patient dx with Gestational Diabetes by PMD	Kim McGee					
06/19/2006	PLAN	Refer to RD for diet counseling.	Kim McGee					

## What is a SOAP Note?

The SOAP note format separates the information into four sections – S, O, A and P. Specific information is entered into each section. The SOAP note is used throughout the medical community.

TWIST uses a modified version of the SOAP note. TWIST does not include the “O” on the “Progress Notes” screen. Instead, objective information is entered on the “Medical Data” screen.

	<b>Section:</b>	<b>What is in this section:</b>	<b>Examples:</b>
<b>S</b>	<b>Subjective</b>	<ul style="list-style-type: none"> <li>▪ Information the client tells you.</li> <li>▪ Information you observe.</li> </ul>	<ul style="list-style-type: none"> <li>▪ “I have diabetes.”</li> <li>▪ “My baby was born with a cleft palate.”</li> <li>▪ Observed a bruise on client’s cheek.</li> </ul>
<b>O</b>	<b>Objective</b> (Not included in TWIST “Progress Notes”)	<ul style="list-style-type: none"> <li>▪ Usually for specific medical information.</li> <li>▪ In TWIST, this information is entered on the “Medical Data” screen.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Height.</li> <li>▪ Weight.</li> <li>▪ Lab test results.</li> </ul>
<b>A</b>	<b>Assessment</b>	<ul style="list-style-type: none"> <li>▪ Your assessment of the client’s condition or growth pattern.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Client understands her diabetic diet plan.</li> </ul>
<b>P</b>	<b>Plan</b>	<ul style="list-style-type: none"> <li>▪ Plan for follow-up care.</li> <li>▪ Questions that need to be answered in follow-up.</li> <li>▪ Specific nutrition education provided that has not already been documented on the “NE Topics” screen.</li> <li>▪ Specific referral information that has not already been documented on the “Referrals” screen.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Scheduled follow-up appt with RD for next month.</li> <li>▪ Check at next appointment to see if she has found a doctor.</li> <li>▪ Recheck height and weight every month.</li> <li>▪ Discussed why following diet plan is important with gestational diabetes.</li> </ul>

### ***What Documentation is Needed for Nutrition Risk?***

WIC regulations require that we keep track of all reasons that a person qualifies for WIC. During the certification appointment, the CPA records all risk factors identified for the participant.

On TWIST, there is a master list of all risk factors.

- ◆ **TWIST-selected** risks are automatically selected from the list by TWIST based on mandatory information you enter into TWIST.
- ◆ **CPA-selected** risks are selected from the list by the CPA, usually based on the participant's answers to health history and diet questions and sometimes based on medical data.

When the participant's certification is complete, TWIST will have a record of all of the risk factors assigned to the participant for that certification period. This information will stay with the participant's record as a history of their participation in WIC.

### ***Additional Documentation***

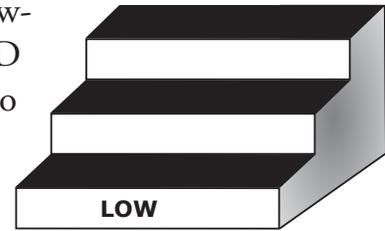
In some cases, additional information about the risk factors needs to be documented in TWIST. For example, the risk *Other Medical Conditions* is vague. Information that clarifies the specific medical condition is entered in TWIST in order to communicate to other staff why the risk factor was selected. This helps WIC provide high-quality follow-up care for the participant.

The state WIC office has set minimum standards for the type of additional documentation that is needed. The standards specify what and where to document the information. Each local agency has a policy which details the requirements specific to your agency. Your agency may require more documentation than is noted here.

At any time a CPA feels a situation needs more explanation than can be expressed by selecting a risk code, additional information may be entered in the "Progress Notes" or "Notes."

## Low Risk - Additional Documentation

Additional documentation is needed for low-risks only when they are CPA-selected AND it is possible for more than one condition to qualify for that risk.



Each local agency can choose where to document low-risk additional information. However, within each local agency, the location must be consistent – this helps everyone know where to find the information after it is entered.

<b>LOW Risk – Additional Documentation</b>	
<b>WHEN?</b>	<ul style="list-style-type: none"> <li>▪ Risk is CPA-selected –AND–</li> <li>▪ More information is needed to clarify why the risk was selected (for example, multiple conditions exist under one risk code)</li> </ul>
<b>WHAT?</b>	<ul style="list-style-type: none"> <li>▪ The specific condition or treatment which caused the selection of the risk code.</li> </ul>
<b>WHERE?</b>	<ul style="list-style-type: none"> <li>▪ <b>Follow your local agency policy.</b> Low-risk information can be documented in:               <ul style="list-style-type: none"> <li>▸ The “Notes” of the health history or diet questionnaires.</li> <li>▸ The “Progress Notes” in the <i>Subjective</i> section.</li> </ul> </li> <li>If needed:</li> <li>▪ Document plans or questions for follow-up care in the <i>Plan</i> of “Progress Notes.”</li> </ul>

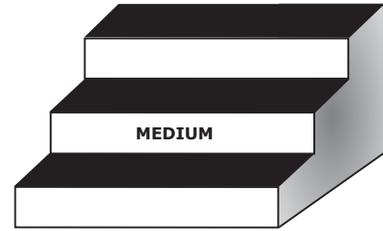
### Examples of Additional Documentation for Low Risk

During the health history, Susie tells the CPA that she is having pain and problems eating because she has an abscess in her tooth. She shows the CPA her decaying tooth. The CPA selects *Risk 381 – Dental Problems*. In the “Notes,” the CPA enters “decayed and abscessed tooth, difficulty eating.”

During the health history, the mom tells the CPA that her son had surgery last month to have his tonsils removed. The CPA selects *Risk 359 – Recent Major Surgery, Trauma, Burns*. In the “Notes,” the CPA enters “Tonsils removed last month (date).”

**Medium Risk - Additional Documentation**

Just like low risks, additional documentation is needed for medium-risks only when they are CPA-selected and it is possible for more than one condition to qualify for that risk.



Each local agency can choose where to document medium-risk additional information. However, within each local agency, the location must be consistent – this helps everyone know where to find the information after it is entered.

Additional documentation may also be needed if the medium-risk participant is referred to the health professional or WIC nutritionist. In these cases, it is often helpful to write a “Progress Note” to give the health professional or nutritionist more information about the participant.

<b>MEDIUM Risk – Additional Documentation</b>	
<b>WHEN?</b>	<ul style="list-style-type: none"> <li>▪ Risk is CPA-selected.</li> <li>–AND–</li> <li>▪ More information is needed to clarify why the risk was selected (for example, multiple conditions exist under one risk code).</li> </ul>
<b>WHAT?</b>	<ul style="list-style-type: none"> <li>▪ The specific condition or treatment which caused the selection of the risk code.</li> </ul>
<b>WHERE?</b>	<ul style="list-style-type: none"> <li>▪ <b>Follow your local agency policy.</b> Medium-risk information can be documented in:                             <ul style="list-style-type: none"> <li>▸ The “Notes” of the health history or diet questionnaires.</li> <li>▸ The “Progress Notes” in the <i>Subjective</i> section.</li> </ul> </li> <li>If needed:                             <ul style="list-style-type: none"> <li>▪ Document plans or questions for follow-up care in the <i>Plan</i> of “Progress Notes.”</li> </ul> </li> </ul>

### Example of Additional Documentation for Medium Risk

During the health history, Miranda tells the CPA that she smokes marijuana twice a week. *Risk 372 – Alcohol and Illegal and/or Illicit Drug Use* is TWIST-selected from the answer entered on the health history questionnaire.

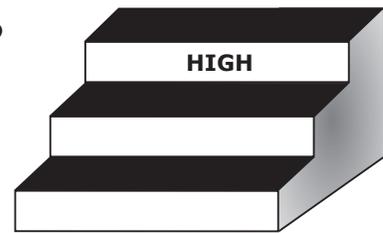
In the “Progress Notes,” the CPA enters:

**S:** Pt smokes marijuana 2x week. Wants to stop.

**P:** 1. To see Joan (health educator) next month for follow-up.  
2. Gave referral info for Clinic Rosa Drug Treatment Program.

### High Risk - Additional Documentation

All high-risk participants are referred to a WIC nutritionist for a follow-up appointment. Good documentation of the risk criteria will help make the follow-up appointment more efficient.



In this module, it is noted with each risk factor if it is a high-risk condition and whether additional documentation is needed. If needed, additional information for high-risk conditions must be documented in the “Progress Notes.”

<b>HIGH Risk – Additional Documentation</b>	
<b>WHEN?</b>	<ul style="list-style-type: none"> <li>▪ Risk is CPA-selected –AND–</li> <li>▪ More information is needed to clarify why the risk was selected (for example, multiple conditions exist under one risk code).</li> </ul>
<b>WHAT?</b>	<ul style="list-style-type: none"> <li>▪ The specific condition or treatment which caused the selection of the risk code.</li> </ul>
<b>WHERE?</b>	<ul style="list-style-type: none"> <li>▪ For high risks, information <b>must</b> be documented in the “Progress Notes.”               <ul style="list-style-type: none"> <li>▸ Document risk code information in the <i>Subjective</i> section.</li> <li>▸ Document plans or questions for follow-up care in the <i>Plan</i> section.</li> </ul> </li> <li>▪ The WIC Nutritionist must document an individual care plan in the <i>Plan</i> of the “Progress Notes.”</li> </ul>

**Examples of Additional Documentation for High Risk**

During the health history, Samantha tells the CPA that she was diagnosed with Type 1 diabetes when she was 17 years old. Samantha is seeing a doctor who specializes in diabetes during pregnancy. The CPA selects *Risk 343 – Diabetes Mellitus*. Samantha is referred to the WIC Nutritionist for follow-up.

In the “Progress Notes,” the CPA enters:

**S:** Pt diagnosed with Diabetes at 17. Seeing Dr. Wong 2x month. Has seen nutritionist at Dr. Wong’s office and is following the diet plan.

**P:** 1) To see WIC nutritionist next month for follow-up.  
2) Samantha to bring diet plan from Dr. Wong’s office to next WIC appointment.

During the health history, Victoria tells the CPA that she has epilepsy and is taking a medication called Depakote. The CPA selects *Risk 348 – Central Nervous System Disorders*. Victoria is referred to the WIC nutritionist for follow-up.

In the “Progress Notes,” the CPA enters only the following information:

**S:** Has epilepsy and is taking Depakote.

## Summary

Throughout this module, as you learn about each risk code, you will be reminded when a risk needs additional documentation. Keep in mind where you will document the information according to the state requirements listed in this lesson AND your local agency's procedure which may have additional requirements.

## Practice Activity

1. Ask your supervisor or Training Supervisor for a copy of your local agency's procedure for documenting additional information in TWIST. Read the procedure and answer the following questions.
  - ◆ Are your local agency's procedures different than the state WIC minimum requirements listed in this lesson?
  - ◆ Where will you document additional information on LOW and MEDIUM risks – in the "Notes" or in the "Progress Notes"?
2. Take out the *Job Aid: Risk List for Infants and Children* and *Job Aid: Risk List for Women*. Highlight the risks that need additional documentation (see the column "Additional Documentation"). File the Job Aids in your WIC Notebook.



# Underweight (Pregnant Women)

101★

★ See next page for Risk 101 – Underweight  
(Breastfeeding and Non-Breastfeeding Women)



Category.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>

## Risk Description

A pregnant woman with a Body Mass Index (BMI) of less than 19.8 before pregnancy begins.

<b>At risk if:</b>	Pre-pregnancy BMI < <b>19.8</b>
<b>NOT at risk if:</b>	Pre-pregnancy BMI ≥ 19.8



## Reason for Risk

Women who are underweight before pregnancy have a greater chance of delivering low birth weight or preterm babies.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the pre-pregnancy weight and current height entered on the “Medical Data” screen (BMI is calculated by TWIST).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Underweight women will need to gain more weight during pregnancy.
- ◆ TWIST will show a special pregnancy weight gain grid for an underweight woman.

### ***Example***

During your certification appointment with Susie, you ask her pre-pregnant weight and enter it on the TWIST “Medical Data” screen. TWIST calculates her pre-pregnancy BMI and assigns Risk 101.

# Underweight (Breastfeeding & Non-Breastfeeding)

101★

★ See previous page for Risk 101 –Underweight  
(Pregnant Women)



Category.....**Breastfeeding & Non-Breastfeeding Women**

Risk Level..... **MEDIUM**



## Risk Description

A breastfeeding or non-breastfeeding woman’s current or pre-pregnancy Body Mass Index (BMI) is under 18.5.

<b>At risk if:</b>	Pre-pregnancy BMI < <b>18.5</b> for breastfeeding woman < 6 months postpartum – OR – Current BMI < <b>18.5</b> for breastfeeding woman ≥ 6 months postpartum
<b>NOT at risk if:</b>	Current BMI ≥ 18.5 – OR – Pre-pregnancy BMI ≥ 18.5

## Reason for Risk

Underweight women may not have adequate nutrient stores and can benefit from the additional nutrition provided by WIC.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on height and weight entered on the “Medical Data” screen (BMI is calculated by TWIST).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

### ***Example***

Janice is at the clinic for her recertification appointment after delivery of her baby 1 month ago. She is exclusively breastfeeding. Her current weight and height are entered on the TWIST “Medical Data” screen. TWIST calculates her current BMI. TWIST assigns Risk 101 because her pre-pregnancy BMI was 17.9.

# Underweight or at-Risk of (Infants and Children)

103



Category..... **I, C**  
 Risk Level..... **HIGH or MEDIUM**



## Risk Description

An infant or child who is:

- ◆ Less than or equal to the 10<sup>th</sup> percentile BMI or weight-for-length/height.

<b>At risk if:</b>	$\leq$ 10 <sup>th</sup> percentile BMI or weight-for-length/height
<b>NOT at risk if:</b>	$>$ 10 <sup>th</sup> percentile BMI or weight-for-length/height

## Reason for Risk

Providing supplemental foods to underweight children can improve their health and growth.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen (BMI is calculated by TWIST).



### Additional Documentation

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **infant/child meets the high-risk criteria**, the CPA must manually change the risk level to high.

<b>Change to HIGH risk level if:</b>	<ul style="list-style-type: none"><li>▪ <math>\leq 5^{\text{th}}</math> percentile BMI or weight-for-length/height AND has not established a growth curve parallel to recommended growth curve – OR –</li><li>▪ <i>Significantly below the 5th percentile</i> BMI or weight-for length/height</li></ul>
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### Education/Referrals

- ◆ If this is a HIGH risk level – a **referral to the WIC nutritionist is required**.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Children can be underweight for many reasons, including medical conditions, infectious diseases and inadequate food intake.
- ◆ Encourage healthy food choices, healthy feeding relationships and nutrient dense foods.

### Example

When Johnny first came to WIC he was 2 years old. He was always small for his age, and at his 2 year old check up at his doctor, his weight-for-length had fallen to under the 5<sup>th</sup> percentile. While the doctor was testing him for medical conditions that may cause him to be underweight, she referred him to WIC. The mom talked to the WIC nutritionist about Johnny's diet, and together they came up with ideas on how to increase what he was eating during the day. Three months later, at the follow-up appointment, Johnny had gained 2 pounds and the mom reported that he was eating more during the day.

# Overweight (Pregnant Women)

**111★**

★ See next page for Risk 111 – Overweight  
(Breastfeeding & Non-Breastfeeding Women)



Category.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

A pregnant woman with a pre-pregnancy BMI more than or equal to 26.1.

<b>At risk if:</b>	Pre-pregnancy BMI $\geq 26.1$
<b>NOT at risk if:</b>	Pre-pregnancy BMI $\leq 26.0$

## Reason for Risk

Women who are overweight during pregnancy have higher risk of pregnancy complications, including diabetes, hypertension and delivery of large babies.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on pre-pregnancy weight and current height entered on the “Medical Data” screen (BMI is calculated by TWIST).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ TWIST will show a special weight gain grid for an overweight woman.

### ***Example***

Rosemarie is a pregnant woman who is being enrolled. After entering her height and weight, TWIST calculates her BMI as 32. Rosemarie qualifies for Risk 111 and is referred to a WIC health professional for nutrition counseling.

# Overweight (Breastfeeding & Non-Breastfeeding)

**111★**

★ See previous page for Risk 111 – Overweight  
(Pregnant Women)



Category.....**Breastfeeding & Non-Breastfeeding Women**

Risk Level..... **MEDIUM**



## Risk Description

- ◆ A breastfeeding or non-breastfeeding woman with a pre-pregnancy BMI more than or equal to 25.  
– OR –
- ◆ A breastfeeding woman ( $\geq 6$  months postpartum) with a current BMI of more than or equal to 25.

<b>At risk if:</b>	Breastfeeding or non-breastfeeding woman $< 6$ months postpartum had a pre-pregnancy BMI $\geq 25$ – OR – Breastfeeding woman ( $\geq 6$ months postpartum) with a current BMI $\geq 25$
<b>NOT at risk if:</b>	Pre-pregnancy BMI was $< 25$ – OR – Current BMI $< 25$

## Reason for Risk

Women who are overweight can have health problems, such as diabetes and hypertension, and can have complications in future pregnancies.

### ***How is Risk Assigned?***

- ◆ TWIST-selected.
- ◆ Based on height and weight entered on the “Medical Data” screen (BMI is calculated by TWIST).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Healthful eating and exercise can help a woman reach a healthy weight.
- ◆ Moderate weight loss (about 1 pound per week) is safe while breastfeeding.

### ***Example***

Melissa is at WIC for her postpartum recertification appointment. TWIST calculates her pre-pregnancy BMI to be 28. Melissa is recertified using Risk 111.

# Monitor Weight (2 – 5 years old)

113



Category.....	<b>C (2 – 5)</b>
Risk Level.....	<b>HIGH or MEDIUM</b>



## Risk Description

For children age 2 to 5 years old.

This risk applies if their current weight is more than or equal to the 95th percentile BMI or weight-for-height/length.

<b>At risk if:</b>	$\geq$ 95th percentile BMI or weight-for-height/length
<b>NOT at risk if:</b>	< 95th percentile BMI or weight-for-height/length

## Reason for Risk

Children who are  $\geq$  95th percentile BMI are more likely to be overweight as adolescents or adults. Overweight adolescents and adults are at greater risk for chronic health problems such as hypertension and diabetes. Changes in a child’s diet and physical activity can impact their future weight.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen (BMI is calculated by TWIST).



### **Additional Documentation**

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **child meets the high-risk criteria**, the CPA must manually change the risk level to high.

<b>Change to HIGH risk level if:</b>	$\geq$ 95th percentile and growth curve is <i>going up</i> (not staying parallel to the recommended growth curve).
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### **Education/Referrals**

- ◆ If this is a HIGH risk level – a **referral to the WIC nutritionist is required**.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Food restriction is not recommended for children at this age.
- ◆ Encourage healthy food choices, healthy feeding relationships and physical activity.

### **Example**

Tatiana is 3 years old and her weight is above the 95<sup>th</sup> percentile. Her mother, Sadie, is concerned because many adults in Sadie's family are overweight and she wants to help her daughter grow up healthy. Sadie knows that they should eat healthier snacks in the afternoon when her older kids get home from school. Sadie and the WIC counselor work together to make a list of healthy snack choices. They also talk about ways to increase Tatiana's physical activity. At the next WIC appointment, Sadie reports that the whole family is eating healthier foods.

# At Risk for Overweight (2 – 5 years old)

114

Category..... **C (2 – 5)**Risk Level..... **MEDIUM**

## Risk Description

For children age 2 to 5 years old. This risk applies if their current weight is:

- ◆ Between the 85<sup>th</sup> and 95<sup>th</sup> percentile BMI or weight-for-height/length.

<b>At risk if:</b>	$\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile BMI or weight-for-height/length
<b>NOT at risk if:</b>	$< 85^{\text{th}}$ percentile BMI or weight-for-height/length – OR – $\geq 95^{\text{th}}$ BMI or weight-for-height/length (see Risk 113 – Monitor Weight)

## Reason for Risk

Children who are between the 85<sup>th</sup> and 95<sup>th</sup> percentile BMI are more likely to be overweight as adolescents or adults. Overweight adolescents and adults are at greater risk for chronic health problems such as hypertension and diabetes. Changes in a child's diet and physical activity can impact their future weight.

### ***How is Risk Assigned?***

- ◆ TWIST-selected.
- ◆ Based on weight and length/height entered on the “Medical Data” screen (BMI is calculated by TWIST).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Food restriction is not recommended for children at this age.
- ◆ Encourage healthy food choices, healthy feeding relationships and physical activity.

### ***Example***

Devyn is 4 years old and has been on WIC for about one year for anemia. Her BMI has been around the 80<sup>th</sup> percentile until this last recertification when her BMI rose to the 90<sup>th</sup> percentile. Devyn’s mother believes that Devyn has been eating more lately because her grandmother has come to live with them – the grandmother often gives Devyn candy and other “junk food” snacks. The certifier and Devyn’s mom talk about healthier choices for treats, including activities they can do together. At the next certification visit, Devyn’s BMI is back at the 80<sup>th</sup> percentile.

# Short Stature (Monitor Growth Pattern)

121



Category.....	<b>I, C</b>
Risk Level.....	<b>LOW</b>



## Risk Description

The length/height of an infant or child is less than or equal to the 10<sup>th</sup> percentile for their age.

<b>At risk if:</b>	<b>Birth to 24 months:</b> $\leq 10^{th}$ percentile length-for-age  <b>2 – 5 years:</b> $\leq 10^{th}$ percentile height-for-age
<b>NOT at risk if:</b>	<b>Birth to 24 months:</b> $> 10^{th}$ percentile length-for-age  <b>2 – 5 years:</b> $> 10^{th}$ percentile height-for-age

### NOTE

Use adjusted gestational age for infants or children born premature, up to age 24 months.

### ***Reason for Risk***

Short stature can be caused by an inadequate diet.

### ***How is Risk Assigned?***

- ◆ TWIST-selected.
- ◆ Based on length/height entered on the “Medical Data” screen.
- ◆ TWIST will automatically adjust growth chart for prematurity if the “Gestational Age Adjust” button is used.



### ***Additional Documentation***

Use the “Gestational Age Adjust” button and enter the number of weeks gestation if the infant or child was born prematurely and is younger than 24 months.



### ***Education/Referrals***

Encourage healthy food choices, healthy feeding relationships and physical activity.

### ***Example***

Damon was born premature and is small for his age. On TWIST, the “Gestational Age Adjust” information has been entered. TWIST automatically adjusts his length-for-age graph to account for the number of weeks he was premature. He is still below the 10<sup>th</sup> percentile for length-for-age and Risk 121 is assigned.

# Low Maternal Weight Gain

131



Category.....	<b>Pregnant Women</b>
Risk Level.....	<b>HIGH OR MEDIUM</b>



## Risk Description

A pregnant woman with a low weight gain during pregnancy. Use the same assessment criteria (below) for teens and women.

<b>For singleton pregnancy, at risk if:</b>	<b>Pre-pregnancy weight was:</b>	<b>AND pregnancy weight gain is:</b>
	Underweight (BMI < 19.8)	< <b>4 pounds/month</b> during the 2nd or 3rd trimester – OR – plots below the bottom line on the appropriate weight gain range
	Standard (BMI 19.8-26.0)	< <b>2 pounds/month</b> during the 2nd or 3rd trimester – OR – plots below the bottom line on the appropriate weight gain range
	Overweight (BMI 26.1-29.0)	< <b>2 pounds/month</b> during the 2nd or 3rd trimester – OR – plots below the bottom line on the appropriate weight gain range

**Risk 131** ■ Low Maternal Weight Gain

	Obese (BMI $\geq$ 29.1)	< <b>1 pound/month</b> during the 2nd or 3rd trimester – OR – plots below the bottom line on the appropriate weight gain range					
<b>For twin pregnancy, at risk if:</b>	<ul style="list-style-type: none"> <li>▪ Overall weight gain &lt; <b>35 pounds</b> – OR –</li> <li>▪ Before 20 weeks, &lt; <b>0.85 pounds/week</b> – OR –</li> <li>▪ After 20 weeks: <table border="1" style="margin-left: 20px;"> <tr> <td>Pre-pregnancy underweight (BMI &lt; 19.8)</td> <td>weight gain is &lt; <b>1.75 pounds/week</b></td> </tr> <tr> <td>Pre-pregnancy standard weight (BMI 19.8 – 26.0)</td> <td>weight gain is &lt; <b>1.5 pounds/week</b></td> </tr> <tr> <td>Pre-pregnancy overweight (BMI &gt; 26.0)</td> <td>weight gain is &lt; <b>1.0 pounds/week</b></td> </tr> </table> </li> </ul>	Pre-pregnancy underweight (BMI < 19.8)	weight gain is < <b>1.75 pounds/week</b>	Pre-pregnancy standard weight (BMI 19.8 – 26.0)	weight gain is < <b>1.5 pounds/week</b>	Pre-pregnancy overweight (BMI > 26.0)	weight gain is < <b>1.0 pounds/week</b>
Pre-pregnancy underweight (BMI < 19.8)	weight gain is < <b>1.75 pounds/week</b>						
Pre-pregnancy standard weight (BMI 19.8 – 26.0)	weight gain is < <b>1.5 pounds/week</b>						
Pre-pregnancy overweight (BMI > 26.0)	weight gain is < <b>1.0 pounds/week</b>						
<b>NOT at risk if:</b>	Prenatal weight gain is above identified guidelines.						

**NOTE**

There are no assessment guidelines for triplets (or more).

**Reason for Risk**

A low weight gain during pregnancy can affect the growth of the fetus.

*Risk 131 continued***How is Risk Assigned?**

- ◆ TWIST-selected.
- ◆ Based on weights entered on the “Medical Data” screen (TWIST calculates prenatal weight gain).

**Additional Documentation**

- ◆ Mark the “Twins or More” box on the “Medical Data” screen if this is a multi-fetal pregnancy.
- ◆ TWIST automatically assigns a medium risk level for this risk.
- ◆ If the **woman meets the high-risk criteria**, the CPA must manually change the risk level to high.

<b>Change to HIGH risk level if:</b>	Woman is pregnant with twins or more
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**Education/Referrals**

- ◆ If this is a HIGH risk level, a referral to the WIC nutritionist is required.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Adequate weight gain during pregnancy will help improve the health of the fetus.
- ◆ TWIST will show the appropriate weight gain grid.

*Risk 131 continued*

### **Example**

During your certification appointment with Georgia, you enter her pre-pregnancy weight and her current weight on the TWIST “Medical Data” screen. She is pregnant with twins, so you mark the “Twins or More” box on the “Medical Data” screen. TWIST calculates her pregnancy weight gain and automatically assigns Risk 131.

# Maternal Weight Loss During Pregnancy

132



Category.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

A pregnant woman with weight loss during pregnancy as defined below.

<b>At risk if:</b>	<p><b>During the 1st trimester (0 – 13 weeks):</b> Any weight loss <i>below pre-pregnancy weight</i></p> <p><b>During the 2nd and 3rd trimester (14 – 40 weeks):</b> Weight loss of <math>\geq 2</math> <i>pounds</i> (<math>\geq 1</math> <i>kg</i>)</p>
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## Reason for Risk

Weight loss during pregnancy can affect the growth of the fetus.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weights entered on the “Medical Data” screen (TWIST calculates prenatal weight gain or loss).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

### ***Example***

Rita is at the WIC clinic for her first prenatal certification appointment. She was referred by her doctor because she has lost weight during pregnancy. She is 11 weeks pregnant. She reports that because she is working during the day and caring for her 2 older children in the evening, she often doesn't take the time to eat. She has lost 3 pounds since her pregnancy began.

You and Rita discuss ways to incorporate the WIC foods into her daily schedule. Rita likes your suggestions of easy-to-make nutritious snack foods.

# High Maternal Weight Gain (Pregnant Women)

133★

★ See next page for Risk 133 –High Maternal Weight Gain  
(Breastfeeding & Non-Breastfeeding Women)



Category.....	<b>Pregnant Women</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

A pregnant woman who gains more than 7 pounds per month.

<b>At risk if:</b>	<p>Weight gain is <b>&gt; 7 pounds per month</b></p> <p>This guideline applies to all trimesters and all pre-pregnancy weight groups.</p>
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## Reason for Risk

Women with high prenatal weight gains are at risk for delivering high birth weight infants.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on weights entered on the “Medical Data” screen (TWIST calculates weight gain).



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

### ***Example***

Kate is a pregnant woman who is at WIC to be enrolled for her pregnancy. She goes to the clinic at your health department for her prenatal care. The clinic gave Kate a printed summary of her prenatal care. On the form, it provides information about past weight checks. You enter into TWIST those weights, along with the weight you take today at WIC. The weight gain information shows that Kate has gained 8 pounds this month. TWIST automatically assigns Risk 133.

# High Maternal Weight Gain (Breastfeeding & Non-Breastfeeding Women) 133★

★ See previous page for Risk 133 –High Maternal Weight Gain  
(Pregnant Women)



Category.....**Breastfeeding & Non-Breastfeeding Women**

Risk Level..... **MEDIUM**



## Risk Description

A breastfeeding or non-breastfeeding woman who had a total weight gain exceeding the guidelines below during her most recent pregnancy.

<b>For singleton pregnancy, at risk if:</b>	<b>Pre-pregnancy weight was:</b>	<b>AND pregnancy weight gain was:</b>
	Underweight (BMI < 19.8)	> 40 pounds or 18 kg
	Standard (BMI 19.8-26.0)	> 35 pounds or 16 kg
	Overweight (BMI 26.1-29.0)	> 25 pounds or 11.5 kg
	Obese (BMI ≥ 29.1)	> 15 pounds or 6 kg
<b>For twin pregnancy, at risk if:</b>	weight gain > 45 pounds or 20.5 kg	

### NOTE

Risk does not apply to pregnancy of triplets or greater.

### ***Reason for Risk***

Women with high prenatal weight gains are at risk for obesity following delivery which can cause chronic health conditions such as high blood pressure and diabetes.

### ***How is Risk Assigned?***

- ◆ TWIST-selected.
- ◆ Based on total weight gain entered on the “Medical Data” screen.



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

### ***Example***

Sage is a breastfeeding woman with a 6-week-old baby. She gained 45 pounds during her pregnancy. She is assigned Risk 133 during recertification. She and the CPA talk about how she can begin some easy exercise by taking walks with the baby. They also talk about healthy snack choices.

# Failure to Thrive (FTT)

134



Category.....	<b>I, C</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

Infant or child who has been diagnosed as failure to thrive by a health care provider.

If the infant/child was premature and is <24 months of age, use the adjusted gestational age to assess growth.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> failure to thrive
<b>NOT at risk if:</b>	Parent or guardian believes the infant/child has failure to thrive, but the infant/child has NOT been diagnosed by a health care provider

## Reason for Risk

Failure to thrive is diagnosed when the infant or child’s growth is significantly slower than normal.

## How is Risk Assigned?

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ Verify that the infant/child is receiving follow-up medical care.
- ◆ See *More Information about Medical Conditions* to learn more about failure to thrive.

### ***Example***

Sarina is at the WIC clinic for a new enrollment appointment. She is 8 months old. Her doctor has referred her to WIC because she has been diagnosed with failure to thrive. Her mother brings a note from the doctor which gives the diagnosis for failure to thrive and a request for special formula. Sarina's mom is referred to the WIC nutritionist for nutrition counseling.

# Slow Weight Gain

135



Category.....	<b>I, C</b>
Risk Level.....	<b>MEDIUM</b>



## Risk Description

An infant or child who has slow weight gain based on the assessment factors listed below.

<b>At risk if:</b>	<p><b>Infants from birth to 1 month of age:</b>                  Excessive weight loss (<math>\geq 10\%</math>) after birth                  Not back to birth weight by 2 weeks of age</p> <p><b>Infants from birth to 6 months of age:</b>                  Based on two weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the weight gain table in Policy 675</p> <p><b>Infants &amp; Children from 6 months to 59 months of age:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Option I:</b> Based on two weights taken at least 3 months apart, the infant's or child's actual weight gain is less than the calculated expected weight gain based on the weight gain table in Policy 675</li> <li>▪ <b>Option II:</b> A low rate of weight gain over a 6-month period (+ or - 2 weeks) as defined by the chart in Policy 675</li> </ul>
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### ***Reason for Risk***

Slow weight gain in infants and children can be a warning sign for potential health, diet or social problems.

### ***How is Risk Assigned?***

- ◆ TWIST-selected.
- ◆ Based on weight entered on the “Medical Data” screen.

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### **NOTE**

This is a complicated calculation and should only be manually assigned by a WIC nutritionist.

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### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.

### ***Example***

Shirley is 19 months old. At her last certification appointment, her weight gain had slowed. She is at WIC today for a follow-up appointment with the nutritionist and a weight check. Today the WIC nutritionist will talk with Shirley’s mom about the foods Shirley is eating. They will talk about foods that are appropriate for her age and healthy feeding behaviors.

# Low Birth Weight (LBW)

141



Category.....	<b>I, C (up to 24 months)</b>
Risk Level.....	<b>HIGH or MEDIUM</b>



## Risk Description

An infant or child under 24 months whose birth weight was less than or equal to 5 pounds, 8 ounces (2500 grams).

<b>At risk if:</b>	Birth weight is $\leq$ <b>5 pounds 8 oz</b> or $\leq$ <b>2500 grams</b>
<b>NOT at risk if:</b>	Birth weight is $\geq$ 5 pounds 9 oz or $\geq$ 2501 grams

## Reason for Risk

Infants who are born LBW need a high quality diet to catch up in their growth.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on birth weight entered on the “Medical Data” screen.



### **Additional Documentation**

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **infant/child meets the high-risk criteria**, the CPA must manually change the risk level to high.

<b>Change to HIGH risk level if:</b>	Birth weight is $\leq 1500$ <i>grams</i> or $\leq 3$ <i>pounds 5 oz</i> (VLBW – Very low birth weight)
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### **Education/Referrals**

- ◆ If this is a HIGH risk level – a **referral to the WIC nutritionist is required**.
- ◆ If this is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Some low birth weight infants may need special formula to help their growth catch up.

### **Example**

Georgie's birth weight was 4 pounds, 2 ounces. Her birth weight was entered on TWIST during her first certification visit. She will automatically be assigned Risk 141 until she is 24 months old.

# Prematurity

142



Category.....**I, C (up to 24 months)**

Risk Level..... **MEDIUM**



## Risk Description

For infants and children under 24 months of age who were born prematurely – less than or equal to 37 weeks gestation.

<b>At risk if:</b>	Born at $\leq 37$ weeks gestation – AND – Infant or child is now $< 24$ months
<b>NOT at risk if:</b>	Born at $> 37$ weeks gestation – OR – Child age 2 – 5

## Reason for Risk

Premature infants have higher nutritional needs for increased growth. They may also have physical problems that can interfere with growth, including sucking problems and digestive problems.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the information entered on the “Medical Data” screen using the “Gestational Age Adjust” button.



### ***Additional Documentation***

Entering the weeks gestation using the “Gestational Age Adjust” button is important so TWIST can adjust the growth charts for prematurity.



### ***Education/Referrals***

- ◆ This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Premature infants may need special formula, “human milk fortifier” or increased breastfeeding support.
- ◆ Assess growth based on adjusted age.

### ***Example***

Josie is now 3 weeks old. She was born at 36 weeks gestation. She was 3 pounds, 1 ounce at birth. Josephina, Josie’s mom, is pumping breast milk and feeding it to her with a bottle. She is also giving her human milk fortifier, which has been specially prescribed on her WIC vouchers. Josephina is borrowing an electric breast pump from WIC to use to pump her milk. Josie is followed by the WIC nutritionist as her special nutritional needs will change frequently in the first few months.

# Small for Gestational Age (SGA)

151



Category.....	<b>I, C (up to 24 months)</b>
Risk Level.....	<b>LOW</b>



## Risk Description

- ◆ For infants and children under 24 months.
- ◆ An infant or child who has been diagnosed as small for gestational age by a health care provider.

<b>At risk if:</b>	<i>Health care provider diagnosed</i> small for gestational age – AND – Infant or child is now < <b>24 months</b>
<b>NOT at risk if:</b>	Parent or guardian believes the infant/child was small for gestational age, but the infant/child has NOT been diagnosed by a health care provider – OR – Child age 2 – 5

## Reason for Risk

Small for gestational age means that the infant did not grow to the expected size during pregnancy. Many of these babies are small even though they are full-term.

Infants who are born small for gestational age may have physical or developmental problems which interfere with nutritional status or food intake.

### ***How is Risk Assigned?***

- ◆ CPA-selected.
- ◆ Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ See *More Information about Medical Conditions* for more information about small for gestational age.
- ◆ In most cases, babies born small for gestational age are not born prematurely. Therefore, in most cases the regular growth charts will be used.
- ◆ Verify that the infant/child is receiving follow-up medical care.
- ◆ Ask if the infant/child has any other medical conditions.

### ***Example***

TJ was born the day before his due date. His mother had a normal pregnancy. TJ was 4 pounds, 8 ounces at birth – he was diagnosed as small for gestational age because he was not premature. In the few weeks following his birth, it was found that TJ has a genetic condition which caused him to be small at birth. TJ is receiving follow-up medical care from his physician for his genetic condition. TJ is assigned Risk 151.

# Large for Gestational Age (LGA)

153



Category.....	<b>Infants only</b>
Risk Level.....	<b>LOW</b>



## Risk Description

- ◆ For infants only.
- ◆ Infant who is more than or equal to 9 pounds at birth ( $\geq 4000$  grams)  
– OR –
- ◆ Infant who has been diagnosed as large for gestational age by a health care provider.

<b>At risk if:</b>	Infant's birth weight is $\geq 9$ pounds ( $\geq 4000$ grams) – OR – Health care provider diagnosed large for gestational age
<b>NOT at risk if:</b>	Infant $< 9$ pounds and has NOT been diagnosed large for gestational age by a health care provider – OR – Child $> 12$ months

### ***Reason for Risk***

Infants who are born large for gestational age may have physical or developmental problems which interfere with nutritional status or food intake.



### ***How is Risk Assigned?***

- ◆ TWIST-selected if  $\geq 9$  pounds birthweight.
  - Based on birth weight entered on the “Medical Data” screen.
- ◆ CPA selected if diagnosed by health care provider and infant is not  $\geq 9$  pounds at birth.



### ***Additional Documentation***

No special requirements.

### ***Education/Referrals***

Ask if the infant has any other medical conditions.

### ***Example***

Nai was born full term. Her birth weight was 10 pounds, 1 ounce. She has no other medical conditions and her growth is normal. Nai is enrolled with Risk 153.

# Low Hematocrit/ Low Hemoglobin

201

Category.....**ALL**Risk Level.....**HIGH or MEDIUM**

## Risk Description

Hemoglobin and hematocrit are two tests that measure the blood to find the participant's risk for anemia (low blood iron). See the table below for the blood levels that would make a participant at risk.

<b>At risk if:</b>	<b>Category:</b>	<b>Hemoglobin (Hgb) level:</b>	<b>Hematocrit (Hct) level:</b>
	Infants 0 – 8 months	WIC doesn't assess infants this age	
	Infants 9 – < 12 months	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Children 12 – < 24 months	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Children 2 – 5 years	<i>Less than 11.1</i>	<i>Less than 33.0</i>
	Pregnant women (0 – 13 weeks)	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Pregnant women (14 – 26 weeks)	<i>Less than 10.5</i>	<i>Less than 32.0</i>
	Pregnant women (27 – 40 weeks)	<i>Less than 11.0</i>	<i>Less than 33.0</i>
	Breastfeeding/ Non-breastfeeding	<i>Less than 12.0</i>	<i>Less than 36.0</i>

### **Reason for Risk**

Iron is an important part of the blood. It is needed for a healthy pregnancy, during lactation and for recovery after childbirth. It is also needed for infants and children to grow and develop normally.

### **How is Risk Assigned?**

- ◆ TWIST-selected.
- ◆ Based on the hematocrit or hemoglobin level entered on the “Medical Data” screen.

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### **NOTE**

Hemoglobin and hematocrit levels can be affected by living in a high altitude. TWIST automatically adjusts the levels for high altitude areas in Oregon.

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### **Additional Documentation**

- ◆ TWIST always automatically assigns a medium risk level for this risk.
- ◆ If the **participant meets the high-risk criteria**, the CPA must manually change the risk level to high. (See the table on the next page for the high-risk criteria.)



### **Education/Referrals**

- ◆ See *More Information about Medical Conditions* to learn more about anemia.
- ◆ If this is a HIGH risk level, **a referral to the WIC nutritionist is required.**
- ◆ If this is a MEDIUM risk level, a referral to a health professional or the WIC nutritionist is recommended.
- ◆ Recommend more iron-rich foods.

*Risk 201 Continued*

<b>Change to HIGH risk level if:</b>	If any hematocrit or hemoglobin that is below recommended levels remains the same or continues to drop at recertification or at follow-up		
	– OR –		
	When test results fall within the following guidelines:		
	<b>Category:</b>	<b>Hemoglobin (Hgb) level:</b>	<b>Hematocrit (Hct) level:</b>
	Infants 9 – < 12 months	<i>0 – 9.9</i>	<i>0 – 29.9</i>
	Children 12 – < 24 months	<i>0 – 9.9</i>	<i>0 – 29.9</i>
	Children 2 – 5 years	<i>0 – 10.0</i>	<i>0 – 29.9</i>
	Pregnant women 1st trimester (0 – 13 weeks)	<i>0 – 9.9</i>	<i>0 – 29.9</i>
	Pregnant women 2nd trimester (14 – 26 weeks)	<i>0 – 9.4</i>	<i>0 – 28.9</i>
Pregnant women 3rd trimester (27 – 40 weeks)	<i>0 – 9.9</i>	<i>0 – 29.9</i>	
Breastfeeding/ Non-Breastfeeding	<i>0 – 10.9</i>	<i>0 – 32.9</i>	

**Example**

Allyza is an 18 month-old girl at WIC for recertification. Her hemoglobin/hematocrit level is 9.6/29. TWIST automatically selects Risk 201. The CPA changes the risk level to HIGH because her hematocrit level is low enough to meet the high-risk criteria. Allyza is referred to the WIC nutritionist for nutrition counseling.



# Elevated Blood Lead Levels 211



Category.....	<b>ALL</b>
Risk Level.....	<b>HIGH</b>



## Risk Description

Blood lead level more than or equal to 10 µg/deciliter within the past 12 months.

<b>At risk if:</b>	Blood lead level $\geq 10$ µg/deciliter within past 12 months
<b>NOT at risk if:</b>	Blood level is $< 10$ µg/deciliter – OR – Blood level was taken more than 12 months ago

## Reason for Risk

High blood lead levels can affect nutritional status, health, learning, behavior and can affect the growing fetus.

## How is Risk Assigned?

- ◆ TWIST-selected.
- ◆ Based on the blood lead level entered on the “Medical Data” screen.



### ***Additional Documentation***

No special requirements.



### ***Education/Referrals***

- ◆ This is a HIGH risk level – a **referral to the WIC nutritionist is required.**
- ◆ See *More Information about Medical Conditions* to learn more about lead poisoning.

### ***Example***

Malek is 18 months old and at WIC for his recertification. His mom brings a note from her doctor with his blood lead level, which was just tested. His result was 11 µg/deciliter. He is recertified with Risk 211 and referred to the WIC nutritionist for high-risk counseling.