

4-2 Job Aid: Selecting Risks – Infants

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic –health and growth			
Tell me about your baby’s health.	Type in response	None	
*Does your baby have any health problems or medical concerns?	<ul style="list-style-type: none"> • Yes • No 	Medical risks selected by certifier from pop-up	High
How do you feel about your baby’s growth?	Type in response	None	
Is your baby taking any medicine now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc
Topic – immunizations			
*Are DTaP vaccines up to date?	<ul style="list-style-type: none"> • Yes, record reviewed • No, record reviewed, referral made • Unknown, no record available, referral made • Younger than 3 months, no screening 	None	

Environmental (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - smoking			
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	
Topic – mother’s history			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
*Was the baby's mom on WIC during the pregnancy?	<ul style="list-style-type: none"> • Yes and baby is less than 6 months old • No and baby is less than 6 months old • Baby is older than 6 months • Unknown 	701 - Infant Born to WIC Mom or WIC Eligible Mom	
If the baby's mother was not on WIC during her pregnancy, did she have any risks during her pregnancy that would have qualified her for WIC?	<ul style="list-style-type: none"> • Yes, and the baby is less than 6 months old, document in notes • No 	701 - Infant Born to WIC Mom or WIC Eligible Mom	Doc
Was there any use of alcohol or drugs during this pregnancy?	<ul style="list-style-type: none"> • Yes • No 	703 – Infant Born to Woman with Alcohol or Drug Use during the most Recent Pregnancy	High Doc
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your baby?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of abuse	

Dietary (Diet Assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – breastfeeding			
*How are you feeding your baby?	<ul style="list-style-type: none"> ▪ Breastfeeding ▪ Partially breastfeeding ▪ Formula feeding 	None	
*If fully breastfeeding: How often does your baby breastfeed in 24 hours?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Less than 8 feedings in 24 hours before age 2 months 	411.7 -Infrequent Breastfeeding	
If fully breastfeeding: Is your baby breastfeeding as often as he/she wants?	<ul style="list-style-type: none"> ▪ Yes ▪ No, scheduled feedings 	411.7 -Infrequent Breastfeeding	
*If partially breastfeeding: How often does your baby breastfeed in 24 hours?	<ul style="list-style-type: none"> ▪ Numeric 	None	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
*If formula feeding only: How long did you breastfeed?	<ul style="list-style-type: none"> ▪ Length of time 	None	
*If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?	<ul style="list-style-type: none"> ▪ Age 	None	
Topic – bottle feeding			
If partially breastfeeding or formula feeding, how much formula does your baby drink each day?	<ul style="list-style-type: none"> ▪ Numeric 	None	
*If offering formula, how are you preparing the formula?	<ul style="list-style-type: none"> ▪ Correct ▪ Incorrect 	411.6 – Incorrect Dilution of Formula	Doc
If using a bottle, what does your baby drink from the bottle?	<ul style="list-style-type: none"> ▪ Breastmilk and/or formula ▪ Substitute for formula or breast milk (cow’s milk, goat’s milk, soy beverage) 	411.1 – Use of Substitutes for Breast Milk or Formula	Doc
If using a bottle, what besides breastmilk or formula do you put in the bottle?	<ul style="list-style-type: none"> ▪ Breast milk, formula or water only ▪ Juice or other sweetened beverages ▪ Infant cereal ▪ Both sweetened beverages and cereal ▪ Other 	411.2 – Inappropriate Use of Bottles and Cups	Doc
If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?	<ul style="list-style-type: none"> ▪ No ▪ Yes 	411.2 – Inappropriate Use of Bottles and Cups	Doc
If using a bottle at one year, what is your plan for weaning?	Type in response	None	
Topic – feeding skills (younger infants)			
How can you tell when your baby is hungry or full?	<ul style="list-style-type: none"> ▪ Recognizes appropriate cues ▪ Does not recognize cues 	411.4 – Inappropriate Feeding Practices	Doc

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
What is/was your plan for introducing infant cereal and baby foods to your baby?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Introduce early, before 6 months 	411.3 – Early Introduction of Solid Foods	
At what age did you start offering infant cereal and baby foods to your baby?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Introduce early, before 6 months ▪ Introduce late, after 8 months 	411.3 – Early Introduction of Solid Foods 411.4 – Inappropriate Feeding Practices	Doc
What baby foods have you offered?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Inappropriate for age 	411.4 – Inappropriate Feeding Practices	Doc
What is your plan for introducing finger foods?	Type in response	None	
What is your plan for introducing a cup?	Type in response	None	
Topic – feeding skills (older infants)			
How well does your baby feed himself/herself?	<ul style="list-style-type: none"> ▪ Appropriate for age • No self feeding 	411.4 – Inappropriate Feeding Practices	Doc
How well does your baby use a cup?	<ul style="list-style-type: none"> ▪ Appropriate for age • No cup use 	411.4 – Inappropriate Feeding Practices	Doc
What finger foods do you offer your baby?	<ul style="list-style-type: none"> ▪ Appropriate for age • Inappropriate for age 	411.4 – Inappropriate Feeding Practices	Doc
Topic – food safety			
How do you handle and store expressed breast milk or leftover formula?	<ul style="list-style-type: none"> • Appropriate • Inappropriate 	411.9 – Improper Handling of Breast Milk or Formula	Doc
Does your baby eat honey, undercooked meat or drink unpasteurized juice?	<ul style="list-style-type: none"> • No • Yes 	411.5 – Feeding Potentially Harmful Foods	Doc
Topic – supplements			
Is your baby receiving a vitamin D supplement?	<ul style="list-style-type: none"> • Yes • No but drinks 1 quart of formula/day • No • Unknown 	411.11 – Inadequate Fluoride and Vitamin D Supplementation	
Is your baby receiving fluoride after age 6 months?	<ul style="list-style-type: none"> • Yes, fluoridated water or fluoride supplements • No • Unknown 	411.11 – Inadequate Fluoride and Vitamin D Supplementation	
Topic – food security			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> • Yes • No 	None	
Screened and offered infant FVB?	<ul style="list-style-type: none"> • Yes • No 	None	