2026 WIC Nutrition Risk Update In-Service

Purpose of this training

This training gets certifiers/CPAs ready for the 2026 updates to WIC nutrition risk criteria. Nutrition risk changes can affect how you:

- Assign risks
- Document risks
- Support and refer participants

You'll learn what's changing, why it matters, and what you'll do differently.

Who this training is for

This training is for WIC local agency certifiers/CPAs.

Important dates

- **June 1, 2026:** You can begin this training
- **September 30, 2026:** You must complete this training

- **October 1, 2026:** Nutrition risk updates go into effect

What you'll walk away with

After you complete this in-service, you'll be able to:

- **Name** the risk being discontinued in 2026.
- **Identify** the 9th most common food allergen.
- **Name** the risk assigned when a pregnant or breastfeeding adult reports CBD use.
- **List** two approaches to supporting caregivers of infants 0 to 11 months with low birth weight.

Overview of 2026 nutrition risk updates

What's changing this year

Here is a quick overview of the four nutrition risk changes happening this year.

Click the + icon to expand each box below.

Note: Risk 312 and Risk 427.1 have changes going into effect on October 1, 2026.

Risk 312: History of Low Birth Weight —

This risk will be **discontinued** on October 1, 2026.

Risk 427.1: Inappropriate Use of Dietary Supplements —

This risk will include **CBD products** in any form starting October 1, 2026.

Note: Risk 353 and Risk 141A do not have time-sensitive changes.

Risk 353: Food Allergies

This risk added **sesame** as the ninth most common food allergen.

Risk 141A: Low Birth Weight

This risk now guides staff on how to support parents and caregivers of infants with low birth weight ages 0 to 11 months.

Why do nutrition risks get updated?
Each year, the Food and Nutrition Service (FNS) reviews and updates nutrition risks for WIC programs using evidence-based research. These updates help keep WIC practices aligned with the latest science and ensure that risks are assigned consistently across WIC programs.

Knowledge check

Which risk will be **discontinued** in 2026?

- ○ Risk 353: Food Allergies
- ○ Risk 312: History of Low Birth Weight
- ○ Risk 141A: Low Birth Weight
- ○ Risk 427.1: Inappropriate Use of Dietary Supplements

SUBMIT

Continue

Updates to Risk 312: History of Low Birth Weight

What's changing

Risk 312: History of Low Birth Weight retires on October 1, 2026.

Risk 311: History of Preterm or Early Term Delivery already captures adults with a history of a preterm or early term birth, which is the leading cause for low birth weight infants.

Risk 312: History of Low Birth Weight

This risk retires on October 1, 2026 because its criteria are included in Risk 311: History of Preterm or Early Term Delivery.

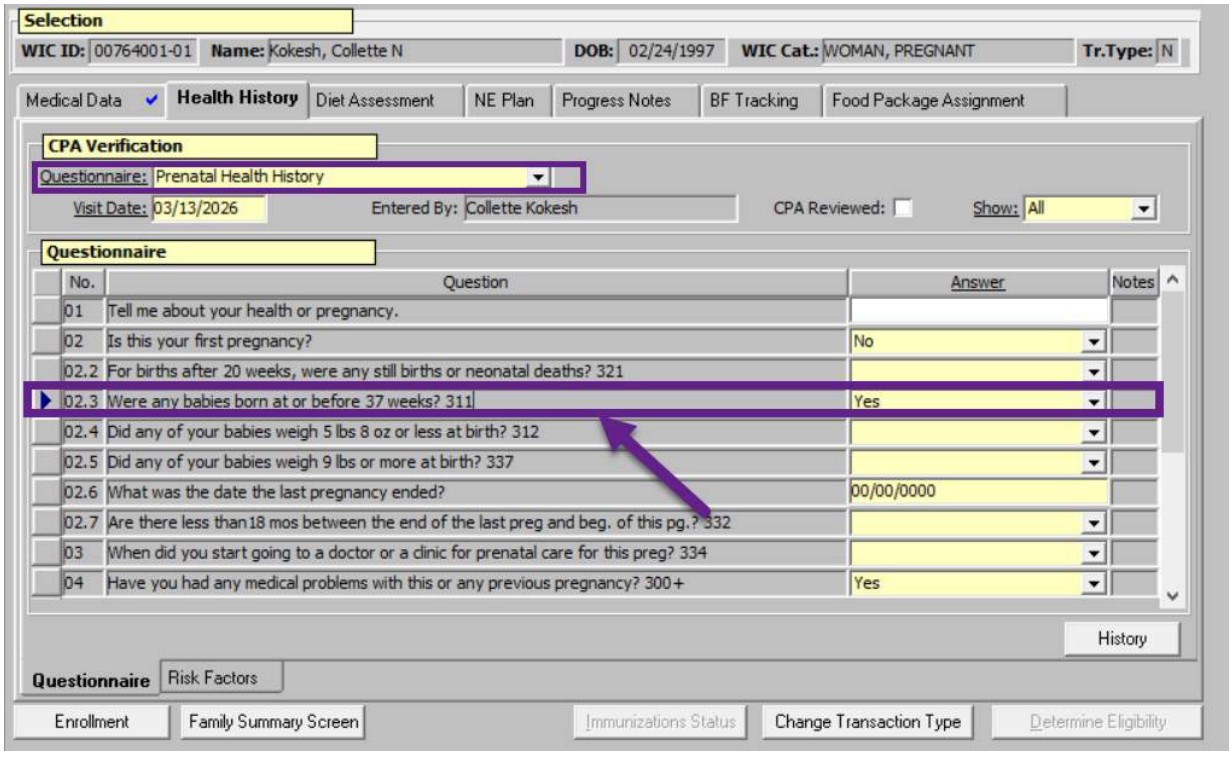
Risk 311: History of Preterm or Early Term Delivery

You will continue to assign this risk to adults who either:

- Gave birth before 37 weeks (postpartum participants)
- Had any previous births before 37 weeks (pregnant participants)

How this will look in the data system for pregnant participants

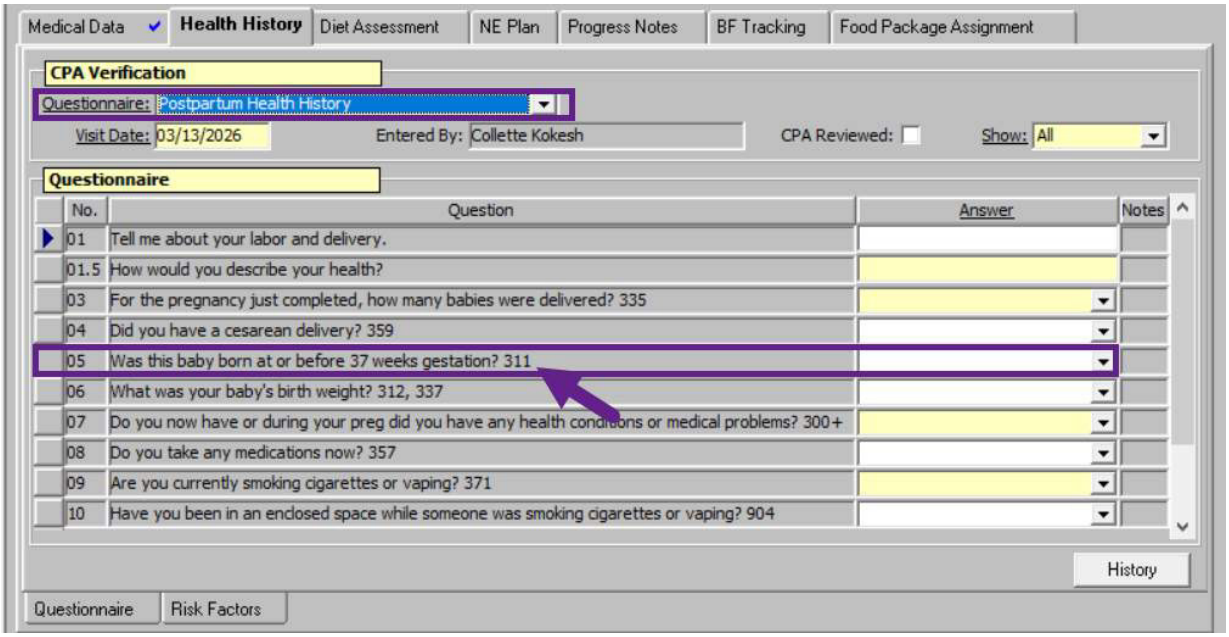
The data system will auto-assign Risk 311 for adults who reports any previous birth before 37 weeks. (Question 2.3 on the Prenatal Health History form).



This image shows where Risk 311 will be captured on the Prenatal Health History form for a pregnant participant.

How this will look in the data system for postpartum participants

The data system will auto-assign Risk 311 for adults who report their most recent birth was before 37 weeks. (Question 5 on the Postpartum Health History form).



This image shows where Risk 311 will be captured on the Postpartum Health History form for a postpartum participant.

Practice

Question 1/2

Molly just gave birth and is here for her recertification appointment. You pull up the Postpartum Health History Questionnaire and ask her if her baby was born at or before 37 weeks. She tells you she delivered at 35 weeks. You enter her answer in the data system.

What risk will the data system automatically assign to Molly?

- ○ The data system will not assign any risk.
- ○ Risk 311: History of Preterm or Early Term Delivery
- ○ Risk 312: History of Low Birth Weight
- ○ Risk 312: History of Low Birth Weight **and** Risk 311: History of Preterm or Early Term Delivery.

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Question 2/2

Tasha is pregnant with her second child and is here for her certification appointment. You pull up the Prenatal Health History Questionnaire and ask her if this is her first child. She says no, and that her previous baby was born early at 34 weeks or so. You enter her answer in the data system.

What risk will the data system automatically assign to Tasha?

- ○ The data system will not assign any risk.
- ○ Risk 312: History of Low Birth Weight
- ○ Risk 312: History of Low Birth Weight **and** Risk 311: History of Preterm or Early Term Delivery
- ○ Risk 311: History of Preterm or Early Term Delivery

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CONTINUE

Updates to Risk 427.1: Inappropriate Use of Dietary Supplements

What's changing

Cannabidiol (CBD) products are being added to this risk. This is because they are often used as supplements. Research on CBD use during pregnancy and breastfeeding is limited and the potential risks are unknown.

What you need to know

- Risk 427.1 includes **CBD products** starting October 1, 2026.
- This risk will apply to both **pregnant** and all **breastfeeding** (some, mostly, and fully) participants using CBD.
- You will **manually** assign Risk 427.1 when a pregnant or breastfeeding participant reports using CBD in any form.
- This risk will not apply to non-breastfeeding postpartum participants using CBD products.

If the supplement includes tetrahydrocannabinol (THC), do not assign Risk 427.1 to pregnant and breastfeeding participants.

Assign Risk 372: Alcohol and Substance Use if the CBD product also includes THC for pregnant or breastfeeding participants.

When asking what vitamins or other supplements the participant is taking, CBD may be on their supplement list. Common forms of CBD include oils or

tinctures, teas, gummies, or capsules.

Practice

Question 1/3

You are here with Jordan and completing her certification appointment. You ask her if she's taking any supplements. Jordan is pregnant and she says that she takes a CBD gummy at night to help her sleep.

Starting October 1, 2026, what risk will you assign to Jordan?

- ○ None. I won't need to assign a risk to Jordan because CBD use is safe for pregnant adults.
- ○ I will manually assign Risk 427.1 to Jordan because she is pregnant and reported using CBD.
- ○ The data system will automatically assign Risk 427.1 to Jordan because she is using CBD.

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Question 2/3

Laynie is here for her mid-certification postpartum appointment. She is still fully breastfeeding her twins. When you ask Laynie if she's taking any vitamins or supplements, she says she started drinking herbal tea with some CBD in it before work to help with her anxiety.

Starting October 1, 2026, what risk will you assign to Laynie?

- None. The data system will automatically assign Risk 427.1 to Laynie because she's using CBD.
- None. I won't need to assign a risk to Laynie because CBD is safe for breastfeeding adults.
- I will manually assign Risk 427.1 to Laynie because she is breastfeeding and reported using CBD.

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Question 3/3

Maria is a postpartum participant who is providing some breastmilk for her infant. While answering the question on the Diet Assessment Questionnaire, she tells you that she uses a CBD tincture nightly and the label says it has a small amount of THC.

What risk do you need to manually assign Maria in this scenario?

- [ ] I will manually assign Risk 427.1 because CBD use is reported.
- [ ] I will manually assign Risk 372 because Maria is using a CBD product that includes THC.
- [ ] I will not assign any risk because CBD and THC use is legal in Oregon.
- [ ] I will manually assign **both** Risk 427.1 and Risk 372 because Maria is using a product with CBD and THC.

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CONTINUE

Updates to Risk 353: Food Allergies

What's changing

Sesame is now the ninth most common food allergy. We'll also review some main aspects of this risk.

What you need to know

- **Sesame** is the ninth most common food allergy.
- Assign Risk 353: Food Allergies to participants (adults, infants, children) only when a food allergy is diagnosed by a health care provider.
- A diagnosis of a food allergy from a health care provider can be:
    - Documented, like in a Medical Documentation Form (MDF), after-visit summary, or an electronic health record
    - Self-reported by the participant
- Food allergies activate an immune response in the body. Food intolerances do not involve the immune system.

What is the di erence between a food allergy and food intolerance?

Click to flip over each flash card and learn the diÇerence.

Food Allergy

Food allergies activate an immune response in the body. A tiny trace of food can activate a severe allergic reaction and can be life-threatening.

Food Intolerance

Food intolerances do not activate an immune system response in the body. Food intolerances can cause discomfort rather than severe danger. This can show up in many ways, such as digestive distress, headaches, dizziness, and more.

Food allergies can happen from any type of food. Here are the most common:

1. Peanuts
2. Cow's milk
3. ShellÈsh
4. Tree nuts
5. Eggs
6. Fish
7. Wheat
8. Soy
9. **Sesame**

What is the difference between a self-reported diagnosis and a self-diagnosis?

Click to flip over each flash card and learn the difference.

Self-Reported Diagnosis

A self-reported diagnosis is when a participant tells you about a **diagnosis given by a healthcare provider**.

For example, “My doctor told me I have an allergy to sesame.”

Self-Diagnosis

A self-diagnosis is when a participant believes they have an allergy **without a diagnosis from a health care provider.**

For example, “I think I am allergic to bread because it makes me feel bloated.”

Question 1/3

Jesse tells you she thinks she is allergic to wheat because she gets cramps every time she eats bread. You ask her if she's discussed this with her health care provider, and she says no.

Is this a **self-diagnosis** or a **self-reported diagnosis**?

- ○ Self-diagnosis. No risk assigned.
- ○ Self-reported diagnosis. Assign Risk 353.

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Question 2/3

Tatiana shares that her doctor recently diagnosed her with an allergy to sesame.

Is this a **self-diagnosis** or a **self-reported diagnosis**?

- ○ Self-diagnosis. No risk assigned.
- ○ Self-reported diagnosis. Assign Risk 353.

SUBMIT

Question 3/3

Which of these was recently added as the ninth most common food allergy in the United States?

- ○ Strawberries
- ○ Sesame
- ○ Seaweed

Squash

SUBMIT

CONTINUE

Updates to Risk 141A: Low Birth Weight

Oregon WIC categorizes Risk 141 into two groups based on the infant or child's age when the risk is assigned:

- **Risk 141A**: Low Birth Weight for infants 0 to 11 months. This is high risk. You must refer to your WIC Nutritionist.
- **Risk 141B**: Low Birth Weight for infants 12 months and children 13 to 23 months. This is medium risk. You do not need to refer to your WIC Nutritionist.

Your local agency might provide specific supports or referral pathways for Risk 141A or Risk 141B not covered in this in-service. Be sure to follow your local agency's procedures for this risk.

Infants born with low birth weight may face unique feeding or medical challenges, especially when born prematurely, compared to normal weight infants.

What's changing

No changes are being made to Risk 141A. This update provides ideas for supporting families with an infant 0 to 11 months born with low birth weight.

What you need to know

- Low birth weight infants may face unique feeding or medical challenges, especially when born prematurely, compared to infants born at or above 5 pounds, 8 ounces.
- Parents and caregivers may not have had time to think about a feeding plan.
- There are several ways you can give individualized support to parents or caregivers in this scenario.

How to support parents or caregivers of low birth weight infants

Read each item and check the box to continue.

- [ ] Provide early, frequent breastfeeding support.
- [ ] Refer to a breastfeeding peer counselor (if available) for peer support.
- [ ] Refer to the WIC Designated Breastfeeding Expert (DBE) for advanced lactation and breastfeeding support.
- [ ] Recommend a hospital-grade electric pump if the infant is in the Neonatal Intensive Care Unit (NICU) or cannot latch.
- [ ] Discourage informal milk sharing or buying milk online due to contamination and safety risks. For information on safer milk sharing, talk to your WIC DBE.
- [ ] Provide nutrition education and make referrals for any concerns about feeding, growth, health, or development.
- [ ] Offer anticipatory guidance about common feeding challenges.

Practice

Question1/1

Leslie is here with her son, Oscar. Oscar was born at 5 pounds, 5 ounces. When you enter his weight, the data system assigns Risk 141A: Very Low Birth Weight.

Oscar is now two months old and growth is looking great. Leslie is extra worried about making enough breast milk for Oscar, so she's asked you what she should do.

What are two good ways you can support Leslie? Choose two options from the list below.

- [ ] Refer Leslie to your agency's Designated Breastfeeding Expert (DBE).
- [ ] Tell Leslie she should look into buying milk online from mothers who have extra.
- [ ] Diagnose the cause of Oscar's low birth weight and create a treatment plan.
- [ ] Offer breastfeeding education and support to Leslie within the scope of your role.

SUBMIT

CONTINUE

Takeaways

Nutrition risk updates impact how the data system assigns risks, how you assign risks, and how you support or refer participants. Let's review the key things you need to know for each nutrition risk update happening this year.

Takeaway 1

Risk 312: History of Low Birth Weight

- This risk **retires** on **October 1, 2026**.
- Risk 311: History of Preterm or Early Term Delivery already captures adults with a history of a preterm or early term birth, which is the leading cause for low birth weight infants. This risk is not changing.

Takeaway 2

Risk 427.1: Inappropriate Use of Dietary Supplements

- This risk includes **CBD products** in any form starting **October 1, 2026**.
- **Manually assign** this risk when a **pregnant** or **breastfeeding** (some, mostly, or fully) participant reports using CBD.
- If the supplement includes tetrahydrocannabinol (THC), do not manually assign Risk 427.1 to pregnant and breastfeeding participants. Instead, manually assign Risk 372: Alcohol and Substance Use.

Takeaway 3

Risk 353: Food Allergies

- Manually assign Risk 353 for any **documented** or **self-reported diagnosis** of a food allergy from a health care provider.
- Remember: **Sesame** is now the ninth most common food allergy in the United States.

Takeaway 4

Risk 141A: Low Birth Weight

- Provide tailored support to parents or caregivers of infants with low birth weight 0 to 11 months.
  Some examples:
  - Provide breastfeeding education within the scope of your role
  - Refer to a breastfeeding peer counselor or your agency's Designated Breastfeeding Expert (DBE)
- There are no other changes to this risk.

CONTINUE

Final practice

Check your learning! There are five questions below.

Note: These questions are not graded. Your answers will not impact your completion of this in-service.

Question

01/05

A postpartum participant, Maya, is here for her recertification appointment. Her baby was born at 36 weeks and weighed 5 lb 6 oz. Under current guidelines, the data system assigns both Risk 311: History of Preterm or Early Term Delivery and Risk 312: History of Low Birth Weight to Maya.

Starting October 1, 2026, which risk assigned to Maya will be discontinued?

- Risk 311: History of Preterm or Early Term Delivery.
- Both Risk 311 and 312 will be discontinued starting October 1, 2026.
- Risk 312: History of Low Birth Weight.
- Neither risk will be discontinued starting October 1, 2026.

Question

Nina shares that her doctor recently diagnosed her with an allergy to fish.

Is this a **self-diagnosis** or a **self-reported diagnosis**?

- ◯ Self-diagnosis. No risk assigned.
- ◯ Self-reported diagnosis. Assign Risk 353.

Question

Which of the foods below is considered a common food allergy in the United States?

- Seaweed
- Sunflower seeds
- Sesame
- Squash

Question

Lila is a breastfeeding participant here for her recertification appointment. You are completing Lila's Diet Assessment Questionnaire and ask her about her supplement use. Lila shares she takes a CBD tincture because she's heard it's good for sleep.

Starting October 1, 2026, which risk will you manually assign to Lila?

- ◯ Risk 427.1: Inappropriate Use of Dietary Supplements.
- ◯ Risk 372: Alcohol and Substance Use.
- ◯ Risk 427.4: Inadequate Iron, Iodine, or Folic Acid Supplementation.
- ◯ I will not need to assign a risk to Lila because CBD is safe for breastfeeding women.

Question

Margo is here with her infant, Noel, for her certification appoint. Noel was born at 4lb, 4 oz, making her low birth weight. The data system auto-assigns Risk 141A to Noel.

Margo tells you she is extra concerned about making enough milk for Noel for her to grow.

What are two ways you can offer support to Margo? (Choose two)

- [ ] Connect Margo to your local agency's Designated Breastfeeding Expert (DBE) or breastfeeding coordinator.
- [ ] Suggest Margo search for breastfeeding pages on social media.
- [ ] WIC doesn't have any ways to support Margo in this situation.
- [ ] Offer breastfeeding education and support to Margo within the scope of your role.

Lesson 8 of 8

Thank you!

You've completed the 2026 nutrition risk update in-service!

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