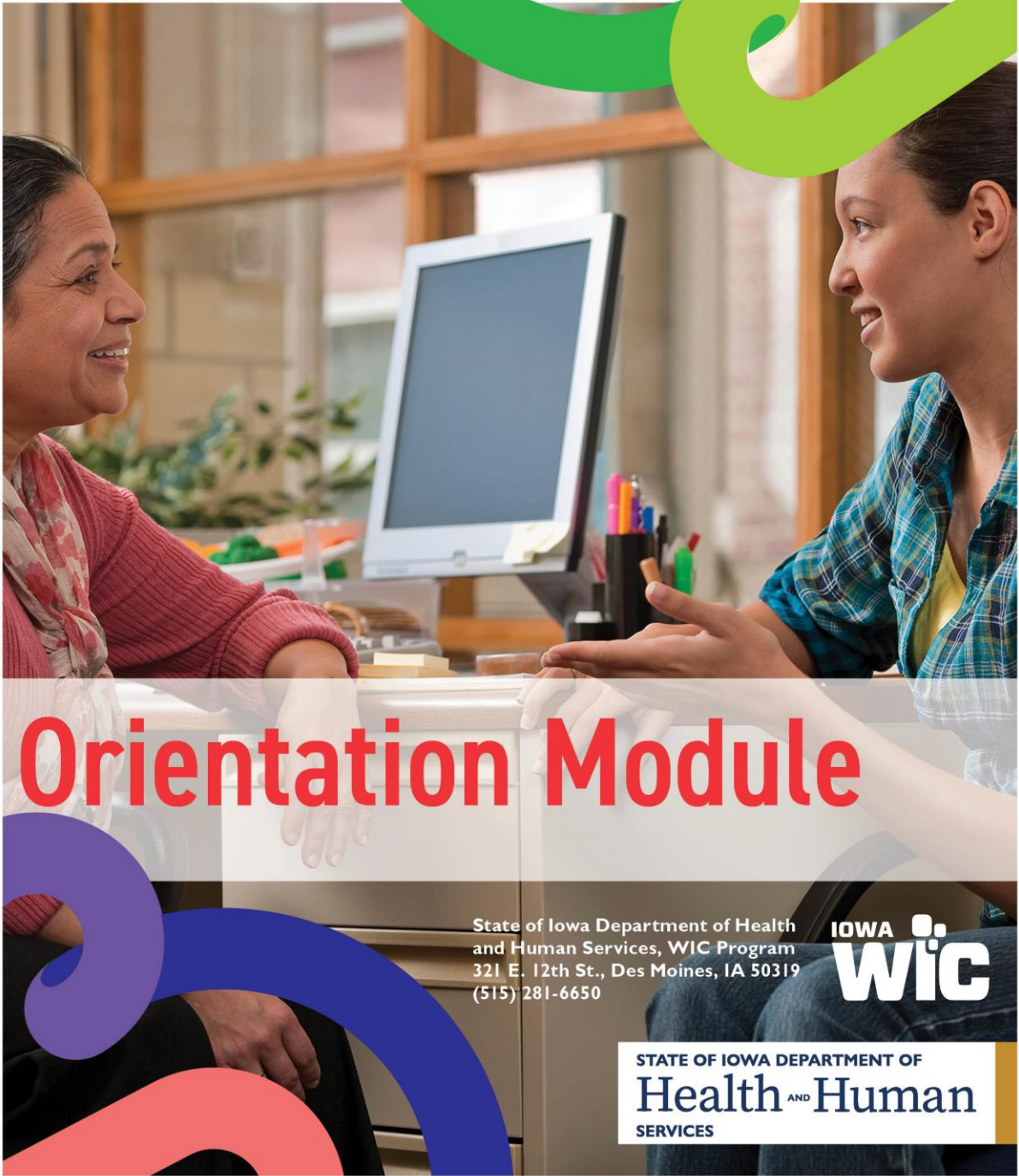


LEVEL 1

WIC Certification Program



Orientation Module

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STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Table of Contents

| | |
|--|-----------|
| PREFACE | 2 |
| HOW TO USE THIS MODULE | 2 |
| SECTION I: IOWA WIC NEW EMPLOYEE TRAINING COURSE | 3 |
| OBJECTIVES..... | 3 |
| THE IOWA WIC NEW EMPLOYEE TRAINING COURSE..... | 3 |
| ON-THE-JOB-TRAINING..... | 3 |
| LEVEL 1 – INTAKE..... | 4 |
| LEVEL 2..... | 4 |
| LEVEL 3..... | 4 |
| MODULE AND ONLINE COURSE POST-TESTS..... | 5 |
| PROFESSIONAL DEVELOPMENT | 5 |
| RESOURCES..... | 5 |
| RESOURCES AVAILABLE IN YOUR CLINIC AND ON THE WIC WEB PORTAL:..... | 5 |
| SECTION II: INTRODUCTION TO THE WIC PROGRAM | 7 |
| OBJECTIVES..... | 7 |
| TRAINING ACTIVITY: UNDERSTANDING THE WIC PROGRAM | 7 |
| OVERVIEW OF THE WIC PROGRAM | 7 |
| WHAT IS WIC? | 7 |
| THE WIC PROGRAM’S MAIN BENEFITS | 8 |
| PARTICIPANT-CENTERED..... | 8 |
| NUTRITIOUS FOODS..... | 8 |
| NUTRITION EDUCATION | 9 |
| BREASTFEEDING PROMOTION AND SUPPORT | 9 |
| REFERRALS TO HEALTH AND OTHER SOCIAL SERVICES..... | 9 |
| SUPPORT OF THE LOCAL WIC PROGRAM | 9 |
| ROLES AND RESPONSIBILITIES OF WIC STAFF..... | 10 |
| STATE NUTRITION CONSULTANT | 10 |
| IS WIC SUCCESSFUL? | 10 |
| <i>Self-check: Practice your knowledge</i> | 11 |
| TOURING THE IOWA WIC POLICIES AND PROCEDURES MANUAL | 11 |
| SECTION III: ELIGIBILITY REQUIREMENTS | 12 |
| OBJECTIVES..... | 12 |
| WHO IS ELIGIBLE FOR WIC? | 13 |
| GETTING ON THE WIC PROGRAM: APPLICANT SCREENING | 13 |
| SCREENING PROCEDURE | 13 |
| CERTIFICATION PROCEDURE | 15 |
| SEPARATION OF DUTIES..... | 16 |
| NUTRITION ASSESSMENT..... | 16 |
| NUTRITION INTERVIEW..... | 17 |
| UNDERSTANDING THE NUTRITION INTERVIEW..... | 17 |
| WEIGHT AND HEIGHT/LENGTH MONITORING TOOLS | 18 |
| <i>Self-check: Practice your knowledge</i> | 18 |
| . | 18 |
| CERTIFICATION PERIODS..... | 18 |
| NUTRITION EDUCATION CONTACTS | 19 |
| HEALTH UPDATE APPOINTMENT | 20 |
| RECERTIFICATION | 20 |
| APPOINTMENT CALENDAR | 21 |
| <i>Self-check: Practice your knowledge</i> | 21 |

| | |
|--|-----------|
| <i>Answers</i> | 22 |
| PROCESSING STANDARDS..... | 22 |
| IDENTITY, RESIDENCY, AND INCOME DOCUMENTATION | 23 |
| IDENTITY | 23 |
| eWIC CARD..... | 23 |
| RESIDENCY..... | 24 |
| MISSING DOCUMENTATION - PROVISIONAL CERTIFICATION..... | 24 |
| NO DOCUMENTATION OF RESIDENCY OR INCOME | 25 |
| REPORTS OF ZERO INCOME | 26 |
| <i>Self-check: Practice your knowledge</i> | 26 |
| <i>Answers</i> | 26 |
| INCOME ELIGIBILITY..... | 27 |
| ADJUNCTIVE ELIGIBILITY | 27 |
| VERIFYING ADJUNCTIVE ELIGIBILITY | 28 |
| NEWBORN MEDICAID COVERAGE..... | 29 |
| CALCULATING HOUSEHOLD INCOME | 29 |
| INCOME | 29 |
| EXAMPLES OF HOUSEHOLD SIZE AND INCOME DETERMINATION | 30 |
| WIC INCOME GUIDELINES | 31 |
| SPECIAL CIRCUMSTANCES | 31 |
| <i>Self-check: Practice your knowledge</i> | 32 |
| <i>Answers</i> | 32 |
| BECOMING FAMILIAR WITH THE WIC PARTICIPANTS' RIGHTS AND RESPONSIBILITIES..... | 33 |
| SECTION IV: FOCUS | 33 |
| PERFORMANCE OBJECTIVES | 34 |
| FOCUS USER RESOURCES..... | 34 |
| FOCUS HELP DESK..... | 34 |
| WIC HELP DESK EMAIL..... | 34 |
| WIC HELP DESK PHONE LINE..... | 34 |
| SECTION V: CIVIL RIGHTS | 35 |
| PERFORMANCE OBJECTIVES | 35 |
| CIVIL RIGHTS AND THE WIC PROGRAM | 35 |
| WIC POLICY | 35 |
| WIC CIVIL RIGHTS REQUIREMENTS | 35 |
| CIVIL RIGHTS COMPLAINTS..... | 36 |
| <i>Self-check: Practice your knowledge</i> | 36 |
| SECTION VI: BREASTFEEDING | 37 |
| BREASTFEEDING IN IOWA..... | 37 |
| IOWA BREASTFEEDING LAWS TO KNOW..... | 38 |
| BREASTFEEDING IN PUBLIC..... | 38 |
| WORKPLACE ACCOMMODATIONS FOR NURSING MOTHERS ACT | 38 |
| POSTPONEMENT OF JURY SERVICE FOR A PERSON WHO IS BREASTFEEDING A CHILD ACT | 39 |
| BREAST MILK COMPOSITION | 39 |
| BENEFITS OF BREASTFEEDING FOR BABIES..... | 39 |
| BENEFITS OF BREASTFEEDING FOR MOTHERS..... | 40 |
| BREASTFEEDING MOTHERS: | 40 |
| CURRENT BREASTFEEDING RECOMMENDATIONS | 40 |
| EXCLUSIVE BREASTFEEDING..... | 41 |
| CONTRAINDICATIONS TO BREASTFEEDING | 41 |
| BARRIERS TO BREASTFEEDING..... | 42 |
| KEY BREASTFEEDING SUPPORT PEOPLE..... | 42 |
| SECTION VII: PROVIDING DRUG ABUSE INFORMATION IN THE WIC PROGRAM | 43 |
| PERFORMANCE OBJECTIVES | 44 |

| | |
|--|-----------|
| WIC POLICY | 44 |
| RATIONALE | 44 |
| SMOKING, ALCOHOL, AND DRUG USE ALSO HAVE NEGATIVE EFFECTS ON NUTRITION | 45 |
| WIC RECOMMENDS | 45 |
| PREGNANCY AND SMOKING | 45 |
| PREGNANCY AND ALCOHOL..... | 45 |
| PREGNANCY AND DRUGS..... | 46 |
| PREGNANCY AND MARIJUANA | 46 |
| BREASTFEEDING AND SMOKING | 46 |
| BREASTFEEDING AND ALCOHOL..... | 47 |
| BREASTFEEDING AND DRUGS..... | 47 |
| BREASTFEEDING AND MARIJUANA | 47 |
| SPECIFIC DRUGS AND THEIR EFFECTS | 49 |
| ALCOHOL OR OTHER DRUGS /TOBACCO USE NUTRITION RISK FACTORS | 50 |
| NON-JUDGMENTAL FOCUS | 51 |
| NEGATIVE COMMENTS <i>NOT</i> TO USE | 51 |
| POSITIVE STATEMENTS YOU CAN USE | 51 |
| HOW TO SHARE MESSAGES..... | 51 |
| <i>Self-check: Practice your knowledge</i> | 51 |
| SECTION VIII: REFERRALS IN THE WIC PROGRAM | 53 |
| PERFORMANCE OBJECTIVE..... | 53 |
| WIC POLICY | 53 |
| <i>Self-check: Practice your knowledge</i> | 54 |
| TRAINING ACTIVITY | 54 |

Preface

Welcome to the Special Supplemental Nutrition Program for Women, Infants, and Children; better known as WIC!

This module will guide you through some of the first steps necessary to gain the skills for your new position -namely, to learn background information about the WIC Program, its operations, and your role.

How to Use This Module

The WIC Orientation Module is the foundation for learning about the WIC Program. This module contains required training activities that must be completed in order to successfully complete the Orientation Module that can be found on the [WIC Web Portal](#).

Someone in your clinic should be available to show you the techniques and skills you will need to become skillful in your job. Ask your Supervisor and/or Lead Staff if there are any special instructions for you and whom to go to for assistance, such as a trainer or an experienced colleague.

If you have questions during your training, do not hesitate to ask your Supervisor and/or Lead Staff for answers.

The WIC Program provides specific nutritious foods, nutrition education, and referrals to pregnant, breastfeeding, and postpartum women, and to infants and children up to their fifth birthday.

Section I: Iowa WIC New Employee Training Course

Objectives

Upon completion of this section, you will be able to:

1. Describe two main parts of the New Employee Training Course.
2. Create a schedule for your completion of the New Employee Training Course.
3. Identify and locate resources in the clinic that will provide information to do your job.

The Iowa WIC New Employee Training Course

As a new employee, your work will be reviewed at the WIC clinic by your Supervisor and/or Lead Staff responsible for training you. This person is responsible for assisting you in completing each training activity and showing you how to track your progress in Focus.

The training course has two main parts:

1. Required activities listed on the orientation checklist
2. On-the-job training

The modules, online courses, and activities in each level of training are intended for self-paced learning. The orientation checklists are available on the [WIC Web Portal](#). Your Supervisor and/or Lead Staff is available to assist with your questions, keep you on track, and evaluate your performance throughout these three levels.

On-the-Job-Training

Your Supervisor and/or Lead Staff will need to develop a training plan to assist you with on-the-job training. This includes training activities around local policy and procedure, the Iowa WIC Program data system called Focus, and local agency referrals and resources.

Level 1 - Intake

WIC support staff screen WIC applicants to determine whether an individual is eligible for enrollment in the WIC Program. They collect participant eligibility information and enter that information into Focus.

Level 1 training activities help you to:

- Discuss the purpose and function of WIC
- Understand and perform the procedures to determine the eligibility of participants
- Provide an initial explanation of WIC
- Refer participants to other health care providers/agencies
- Understand and successfully use Focus to perform routine and basic functions

All activities in Level 1 must be completed within **one month** of hire. Upon completion of each activity, let your Supervisor and/or Lead Staff know the results. Your Supervisor and/or Lead Staff will show you how to electronically document completion in Focus. You may track and print your training completion along with your Supervisor and/or Lead Staff by accessing the Operations > Staff > Staff Training panel in Focus. Use the Training and Education Record, located under the Nutrition Services Forms section of WIC policies as a guide of activities to be completed.

Level 2

Level 2 consists of information and learning experiences to develop and reinforce your understanding, confidence, and ability to work with participants on nutritional issues of basic nutrition, pregnancy, infancy, childhood, and breastfeeding.

All activities in Level 2 must be completed within **six months** of employment. Upon completion of each activity, let your Supervisor and/or Lead Staff know the results. Your Supervisor and/or Lead Staff will have you electronically document completion in Focus. Once again, use the Training and Education Record as a guide of activities to be completed.

Level 3

Level 3 focuses on participant-centered education (PCE), also referred to as participant-centered care, and consists of Value Enhanced Nutrition Assessment (VENA) and nutrition education through such ideas as motivational interviewing, stages of change, rapport building, and transitioning from assessment to counseling based on participant's nutrition risks factors, needs, and interests.

Level 3 needs to be completed within **9 months** of employment. Once completed, let your Supervisor and/or Lead Staff know the results and electronically documented in Focus.

Module and Online Course Post-Tests

After the completion of each module and online course you will be required to complete a post-test which is located on the WIC Web Portal. You will need to enter the completion date in Focus.

Professional Development

A training and development program for local WIC agency personnel is critical to maintaining quality services and managing personnel change. In addition to the New Employee Training Courses, see the Local Agency Personnel Training policy for additional continuing education requirements.

Resources

Many resources are available from the State WIC Office to help you stay current on health and nutrition and other topics. The State WIC Office directly emails some of these resources to committee members such as:

- **Nutrition Services Committee** - resources are shared with this committee via email and during quarterly calls.
- **BF Advisory Committee** - resources are shared with this committee via email and during quarterly calls.
- **Support Staff Advisory Committee** - resources are shared with this committee via email and during quarterly calls.
- **Help Desk Information** - an email shared with all WIC users on a variety of data system topics

Resources available in your clinic and on the WIC Web Portal:

- **Iowa WIC Policies and Procedures** - contains all of the federal and state regulations, procedural, financial, and reporting requirements.
- **Iowa Nutrition Risk Manual**- contains detailed information for every Nutrition Risk Factor.

Section I: Iowa WIC New Employee Training Course

- **Iowa WIC Formula Product Guide** - provides information on WIC-approved infant formulas, special formulas, and medical foods.

As with any new job, your job at WIC will require you to remember many details about policies and procedures. Use the information (such as cheat sheets and webinar recordings) available on the WIC Web Portal as a resource for questions or concerns.

Section II: Introduction To The WIC Program

Objectives

Upon completion of this section, you should be able to:

1. Define and describe the WIC Program to an applicant.
2. Identify the federal agency that administers the WIC Program.
3. Identify the state agency that directs the WIC Program in Iowa.
4. Discuss at least three ways the State's role differs from the local agency's role in the administration of the WIC Program.
5. Use the Iowa WIC Policies and Procedures Manual as the source to retrieve information on WIC Program policies and procedures.

Training Activity: Understanding the WIC Program

View the video: [Saving the Children: The Story of WIC](#). Listen for information regarding the history of the WIC Program and the important role we play in protecting the health of low-income women, infants, and children.

Overview of the WIC Program

What is WIC?

WIC is a program officially named the Special Supplemental Nutrition Program for Women, Infants, and Children. Congress created the WIC Program because research has shown that when women suffer from malnutrition during pregnancy, they and their unborn children are likely to have health and nutrition problems.

The most important times of human development are as a fetus, infant, and young child. During these stages, the body's future ability for both physical and mental growth is determined. The right supply of nutrients from healthy foods can make the difference between a healthy child and one whose nervous system and brain cells never develop to their full potential.

Because women and children with lower incomes are more vulnerable to poor nutritional status, the WIC Program was created in 1972.

The WIC Program’s Main Benefits

The main benefits to the participant on the WIC Program include:

- Nutritious foods
- Nutrition education
- Breastfeeding promotion and support
- Referrals to health care and other social services

Participant-Centered

The Iowa WIC Program provides all services using a participant-centered approach - focusing on people’s capacities, strengths, developmental needs, individual situation, and point of view - not solely on their problems, risks, or negative behaviors. Participant-centered services emphasize partnership with the participant, giving the participant the freedom to choose the options that work for them, thereby encouraging participants to determine what is most important to them, and to identify their own ideas for change. You’ll learn more about participant-centered education in Level 3 of training.

Nutritious Foods

The foods that WIC provides help meet the special nutrition needs of pregnant women, postpartum and breastfeeding women, infants, and children up until the age of five. WIC foods are high in protein, calcium, iron, and vitamins. WIC foods are only meant to supplement the participant’s diet; the program does not provide all the food and nutrients a participant needs. The foods each WIC participant receives will vary depending on their category and nutritional needs.

WIC gives participants a special type of card called an eWIC card to buy nutritious foods at the store. The participants receive a food package for each month they are on WIC. The WIC food package is an individual monthly food prescription determined by WIC staff in partnership with the participant. Some of the foods available include: milk, cheese, eggs, cereal, juice, whole grains, fruits, vegetables, beans, peanut butter, and infant formulas. The foods in the individual monthly packages vary. For example, the mother of an exclusively breastfed infant (that is, her infant doesn't receive formula) is provided a few additional types of foods and larger quantities of some foods (for example, eggs, cheese, and fish), than a breastfeeding woman who feeds her baby with some formula too.

The foods offered on the WIC Program were selected because they are rich in nutrients important for proper growth and development. These nutrients include:

| | | |
|---------|------------|-----------|
| Protein | Calcium | Vitamin A |
| Iron | Folic Acid | Vitamin C |

Nutrition Education

Better food habits lead to healthier families. WIC offers nutrition education to all WIC participants and their families. Through WIC nutrition education, families can learn to make healthy food and lifestyle choices. WIC nutrition education is participant-centered, designed to meet the needs of each participant.

Breastfeeding Promotion and Support

As a premier public health program, one of WIC's roles is to promote and support breastfeeding. WIC does this by:

- Providing all WIC staff with basic breastfeeding training
- Providing opportunities for additional, advanced breastfeeding training
- Providing education to women about breastfeeding during pregnancy and after delivery
- Participating in community efforts to support breastfeeding
- Providing additional food to women who are exclusively breastfeeding to complement their increased nutritional needs
- Providing breast pumps and pump supplies to women who need to express their milk
- Providing women additional support through the Breastfeeding Peer Counseling Program

Referrals to Health and Other Social Services

Partnerships with other public health and social service programs are key to WIC's success. WIC encourages all participants to receive complete health care. WIC is required to refer participants who are behind on their immunizations to their health care provider or local public health. WIC is also required to screen women for alcohol, tobacco, and other drug use and refer those with identified concerns. Please ask your Supervisor and/or Lead Staff for a list of participant referrals in your community.

Support of the Local WIC Program

WIC is federally funded by the United States Department of Agriculture (USDA). The State WIC Office, located at the Iowa Department of Public Health, manages the funding received from USDA - budgeting and providing each local WIC agency with funding to operate. The State WIC Office is also responsible for contracting with the local agencies, authorizing grocery stores and special purpose vendors to sell WIC food benefits, and ensuring that local agencies follow the USDA and State WIC regulations and procedures. The local agencies certify participants, provide nutrition education, and issue WIC food benefits.

Roles and Responsibilities of WIC Staff

Many different people, with a variety of skills, work together to provide WIC services. All local WIC agencies have a WIC Coordinator, support staff, at least one WIC licensed dietitian, and Designated Breastfeeding Expert (DBE). WIC Programs may also have nurses, nutrition educators, social workers, or International Board Certified Lactation Consultants (IBCLCs). The number of WIC staff usually depends upon the number of WIC participants at the clinic (caseload).

All WIC clinics have Breastfeeding Peer Counselors. To learn more about local agency WIC roles and responsibilities please review the policies under Organization and Management for each staff position and role.

State Nutrition Consultant

A state nutrition consultant is assigned to each local agency. Nutrition consultants are licensed dietitians that work for the Iowa Department of Public Health. Part of their job responsibilities includes visiting WIC clinics to provide support, mentoring, and guidance to your WIC agency. They also provide technical assistance to local agencies regarding policies, procedures, clinic flow, and best practices. Between visits, your nutrition consultant is also available via phone or email. Ask your Supervisor and/or Lead Staff for the contact information for the nutrition consultant assigned to your local agency. They are the direct point of contact if you have questions for the State WIC Office.

Is WIC Successful?

Since it was started in 1972, WIC has gained a reputation for being the premier public health nutrition program. Studies, reviews, and reports show that the WIC Program is cost-effective in protecting or improving the health and nutrition status of low-income women, infants, and children.

Many studies show that pregnant women who participate in WIC seek earlier prenatal care and consume a more healthy diet. They have longer pregnancies leading to fewer premature births, have fewer low and very low birth weight babies, and have fewer fetal and infant deaths. A low birth weight baby is more likely to have medical issues and even death than a baby born at a normal weight.

In May of 2019, the National WIC Association (NWA) reported that for every \$1.00 spent on WIC, a \$2.48 savings in medical, educational, and productivity costs was seen. These findings show the success of WIC's role; nutritious food, nutrition education, and health care referrals for women, infants, and children nationwide.

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

1. Observe a co-worker providing WIC services to a new participant. As you watch, listen to their description of the following:
 - The services provided by WIC
 - Explanation of WIC and participant's rights and responsibilities
 - The food package the participant will receive
 - Use of the eWIC card

Touring the Iowa WIC Policies and Procedures Manual

The Iowa WIC Program Policies and Procedure Manual is the “go to” place for all questions concerning policies and procedures. As you go through your training, you are encouraged to become familiar with the information contained in the policies and procedures. Refer to it if you need more detail than is contained in the modules. It is updated regularly and posted to the [WIC Web Portal](#) under Policies.

The Policies and Procedures Manual is organized into functional areas, and under each section are various related policies and in some cases, forms and procedures too.

Section III: Eligibility Requirements

Objectives

Upon completion of this section, you will be able to:

1. Discuss the four criteria for an applicant to be eligible for the WIC Program.
2. Determine if an applicant is eligible, given certain criteria.
3. Use the policies on the WIC Web Portal to find information when eligibility questions arise.
4. Identify the minimum medical nutrition data required at a certification appointment.
5. Explain the certification periods for a WIC participant to an applicant.
6. Discuss categorical ineligibility to a participant.
7. Describe the priority system and identify which priorities are at higher medical / nutrition risk.
8. State the procedures for proper processing standards for new applicants.
9. Describe the process for making an applicant eligible.

Who is Eligible for WIC?

The WIC Program does not discriminate based on race, color, national origin, sex (including gender identity and sexual orientation), age, or disability. Applicants must meet four criteria to be eligible for WIC- residency, category, income, and nutrition risk.

1. **Live in Iowa.**

- All of Iowa is served by WIC.
- A family should be served at the WIC agency in the county where they reside. See the Residency Requirements policy for exceptions.

2. **Be in a category served by WIC.** To be eligible an applicant must be:

- A pregnant woman
- A breastfeeding woman up to one year postpartum
- A non-breastfeeding woman up to 6 months postpartum
- An infant
- A child up to their 5th birthday

3. **Have an income at or below the WIC Income Guidelines.** See the guidelines posted on the Iowa WIC website and WIC Web Portal, updated every year in July.

4. **Have a Nutrition Risk.** The risks are health conditions or diet issues that can be helped with nutritious foods and nutrition education. This is determined during the first WIC appointment after the three other criteria are met.

NOTE: Dads, grandparents, foster parents, or other guardians may apply for WIC for children in their care.

Getting On the WIC Program: Applicant Screening

Screening occurs before an appointment is scheduled. Screening is used to determine if a person interested in WIC is likely eligible to receive the services based on the eligibility guidelines listed above. Potential WIC participants will usually call the local WIC clinic and you will screen them over the phone, or sometimes in-person, for potential eligibility. See policy Income Determination for more information.

Screening Procedure

To do the screening, you may create a “record” in Focus and will ask the following questions. Some clinics may write this information down before entering it into Focus.

1. Do any of the following describe someone in your household?
 - An infant
 - A child up to 5 years of age
 - A pregnant woman
 - A postpartum woman up to 6 months after delivery
 - A breastfeeding woman up to one year after delivery
2. Do you live in Iowa and is this clinic in the WIC service area where you reside? If an applicant states the clinic they are calling is not in the service area, refer them to the WIC agency that is.
3. How many people live in the household? You ask this question because the income guidelines take into account the number of people in the household. For pregnant women, you must ask them if they want to include the unborn baby in their household size.
4. Is anyone in the family currently enrolled in any of the following programs? Current participation in these programs serves as evidence of financial eligibility for participation in WIC since income screening has already been completed by these programs.
 - Iowa Medicaid
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)/Family Investment Program (FIP)
 - Head Start/Early Head Start
5. What is the household gross income (before taxes or other deductions are withheld)?

If the screening reveals that the person is likely eligible for WIC, then a certification appointment will be scheduled. A screening does not guarantee eligibility. Eligibility is determined at the certification appointment. A certification appointment is the very first WIC appointment for an applicant. This appointment is often referred to as a “cert”.

Next, you tell an applicant what information they need to bring to their appointment and how long the appointment will take. Typically, they would need to bring:

- Anyone in the household enrolling for WIC services
- Proof of ID for the parent/guardian and those who will receive benefits
- Proof of address

Section IV: Focus

- Proof of all household income received during the last 30 days or proof of eligibility in one of the other assistance programs
6. If the family does NOT meet the eligibility requirements, they can be referred to other community resources.

Certification Procedure

When the participant comes to the WIC clinic for their certification appointment, you will open their record that was created. All applicants must be physically present at certification appointments, unless they meet criteria for an exception (see Physical Presence Requirements policy for more information).

1. Explain the purpose of the WIC Program.
2. Complete the intake process by viewing and verifying the proof of identity, residency, and income.
3. Provide an opportunity to register to vote.
4. Collect weight, height/length measurements, and perform a hemoglobin screening (if applicable).
5. Perform a thorough nutrition assessment, engaging the participant in a conversation about health, diet, and past/current medical conditions to determine the presence of nutrition risk factors.
 - This includes the assessment of anthropometric measurements (height or length and weight), hemoglobin screening, discussion of health/medical conditions, nutrition practices, lifestyle (physical activity and substance abuse or exposure to), and personal factors (income, education, culture, etc.).
 - Examples of nutrition risk factors for women are obesity, low maternal weight gain, low hemoglobin/hematocrit, and a history of a preterm/early-term delivery.
 - Examples of nutrition risk factors for children and babies are underweight, overweight, low hemoglobin/hematocrit, and poor nutrition practices, such as routine use of sugar-containing beverages.
6. Provide nutrition information.
 - Prioritize one to two topics of interest or concern to the participant.

Section IV: Focus

- Provide related information based on nutritional needs, household situations, and cultural preferences.
 - Provide breastfeeding support and information to pregnant and postpartum women and their families.
 - Use handouts to help support educational messages.
 - Work with the participant to establish “next steps”. This is referred to as goal setting to help encourage participants to put into action something that was discussed during the appointment.
7. Review the participants’ rights and responsibilities (see page 32) and have the participant sign in Focus, indicating they read and understood.
 8. Provide referrals to community resources, if needed.
 9. Document the nutrition education provided in Focus.
 10. Assign a food package in Focus based on each eligible family member’s category and nutrition needs. Assign an eWIC card (if not already assigned) and issue food benefits.
 11. Provide the *Using Your Iowa eWIC Card* brochure, the *Family Food Benefits* list, the *Iowa WIC Approved Foods* brochure, and teach the participant about how to use their eWIC card.
 12. Schedule a return appointment or inform the participant when they need to call the clinic to schedule a return visit.

Separation of Duties

The staff person who determines income eligibility cannot be the same person who determines the medical or nutrition risk, but either person can issue the benefits. In WIC clinics, this will be accomplished by a support staff determining income eligibility, a CPA determining nutrition risk, eligibility, and certifying the participant, and a support staff issuing the eWIC card, benefits, and obtaining signature of receipt of benefits.

Nutrition Assessment

A nutrition assessment is a conversation with the participant about their health, diet, and past/current medical conditions. It also includes taking the participant’s measurements that the CPA will consider when assigning nutrition risks factors in Focus. The CPA will use the Nutrition Interview in Focus to help gather and document some of this information. Based on the nutrition assessment and the participant’s concerns, interests, and priorities, the CPA and

the participant will decide on nutrition or health topics to discuss. In order to do this, the CPA will collect the following information:

- Measurements (length/height and weight)
- Iron Status (hemoglobin/hematocrit)
- Health/Medical Conditions - collected during the Nutrition Interview
- Nutrition Practices - collected during the Nutrition Interview
- Lifestyle (including physical activity and substance abuse or exposure) - collected during the Nutrition Interview

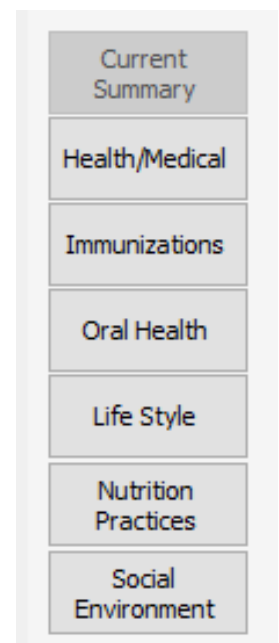
Nutrition Interview

The Nutrition Interview in Focus contains a series of questions designed to assist you with completing the nutrition assessment and identifying nutrition risk factors. There are six different interviews in Focus based on the participant category, which are:

- Pregnant
- Breastfeeding
- Not Breastfeeding Woman
- Infant Breastfeeding/Partial
- Infant Formula Feeding
- Child

Understanding the Nutrition Interview

Focus will determine the appropriate interview based on the participant's category and breastfeeding status. When a new Nutrition Interview is created, there are buttons along the side of the interview (see image to right). Not all of these buttons are available for every participant category. The different buttons pertain to areas of assessment. Within each of these buttons are questions used to assess the participant's health and nutritional status. In addition, there are text boxes where you can enter information and radio buttons that can be clicked for nutrition risk factor assignment. Finally, it is strongly encouraged that all pertinent nutrition practices questions are asked of each applicant, however, the CPA should exercise professional discretion about which questions to ask based on the applicant's risk profile, relevance of each question to the applicant's age, developmental status, and/or categorical status, and previous responses to the same question. Some questions are required to be able to move out of the Nutrition Interview, for example health care or provider designation.



Focus will also automatically enter some “objective” risk factor codes. All other risk factors called “subjective” risk factors must be assigned in Focus by you.

Weight and Height/Length Monitoring Tools

In addition to collecting information in the Nutrition Interview to complete a nutrition assessment, you also weigh and measure participants and record the results in the Anthropometric panel of Focus. There is a weight gain chart in Focus used for pregnant women and weight and length/height charts for children. You will learn more about weighing, measuring, and monitoring in the Screening Module.

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

1. Observe a certification appointment. Jot down your observations and answer the following questions:
 - a. What questions are asked to determine eligibility?
 - b. What measurements are taken?
 - c. What areas does the staff person assess to complete a thorough nutrition assessment?

Certification Periods

When a person is determined eligible for WIC, s/he is certified or enrolled for a specific period of time (generally six months to one year). This is referred to as the certification period. At the end of the certification period, a participant’s eligibility must be re-evaluated and this is called a “recertification”.

The certification end date (CED) is the day a participant’s certification period ends. The CED will always be the last day of the month. Focus allows you to recertify or re-enroll a participant up to 30 days before their CED. You can find participant’s CED in the Focus participant header (see image below). Information that is more specific can be found on the Certification panel in Focus.



In general, the certifications periods are:

| | |
|--|---|
| Pregnant woman | From certification appointment until the last day of the month 6 weeks following delivery or when the pregnancy ends; may be recertified as a breastfeeding or non-breastfeeding woman after delivery. |
| Breastfeeding woman | From certification appointment until the last day of the month 1 year following delivery , as long as the mom continues to breastfeed. |
| Non-Breastfeeding, postpartum woman | From certification appointment following delivery until the last day of the month 6 months after delivery . |
| Babies 5 months & younger | From their first certification appointment until the last day of the month in which the baby turns 1 year old . |
| Babies 6 months & older | Certified for 6 months , then may be recertified for one year at the next certification appointment. |
| Children | Certified for 1 year at a time , then may be recertified for another 12 months for as long as they are eligible. Eligibility automatically ends on the last day of the month in which the child turns 5 years old. |

Nutrition Education Contacts

An important part of the WIC Program is nutrition education. WIC participants receive nutrition education at their certification (enrollment), mid-certification (health update), re-certification (re-enrollment), and nutrition education appointments. During a six month certification period, a minimum of two nutrition education contacts must be made available to participants, or to the parent/guardian of a baby and child participant. For certification periods greater than six months (babies, breastfeeding women, and children), nutrition education contacts must be made available at least quarterly, or every three months.

Participants may receive their nutrition education contact as a one-on-one education, group education, and for follow-up appointments as an online lesson or over the phone counseling. All nutrition education contacts are documented in the participant’s record in Focus. Following the certification appointment, participants may be provided with nutrition education choices, such as online (wichealth.org) or phone counseling. You will talk with the participant to find out how s/he has been doing since the last WIC appointment.

During the nutrition education contact:

- Discuss the participant’s last visit, especially the previous next step or goal, referrals, and plan
- Collect additional medical data (growth measurement, iron screening), if necessary
- Provide participant-centered nutrition education

Section IV: Focus

- Assign nutrition risks factors, if appropriate
- Discuss next steps and determine goals and a plan with the participant
- Provide referrals, if needed
- Document the nutrition education provided
- Issue food benefits
- Schedule a return appointment

Health Update Appointment

A health update appointment is for infants, children, and breastfeeding women. Babies certified on WIC at birth through 5 months of age receive an infant health update visit every 3 months. Children are scheduled for a health update appointment approximately 5-7 months after the certification or recertification visit. Breastfeeding women are scheduled for a health update appointment to coincide with her infant's health update appointment, around 5-7 months of age.

The health update appointment for an infant, child, or woman is similar. During the health update:

- Collect weight, height/length measurements, and do an iron screening (if applicable)
- Complete a nutrition assessment to determine nutrition risk factors
- Provide nutrition information
- Provide referrals to community resources, if needed
- Document the nutrition education provided
- Create a new care plan, if appropriate
- Issue food benefits
- Schedule a return appointment

Recertification

When the participant's initial certification period ends, s/he must be recertified to continue to participate in WIC. Recertification is similar to the initial certification appointment. The participant goes through the same process, updating any information that has already been collected and stored in Focus.

Below is an example of an appointment schedule for a certification period following a child's certification (appointment in January):

Appointment Calendar

| Date | Time | Notes |
|-------------|----------|--|
| March 9 | 9:30 am | Nutrition education appointment. Bring eWIC card. |
| June 5 | 3:45 pm | Health update appointment. Bring child and eWIC card. |
| September 4 | 11:00 am | Nutrition Education appointment. Bring eWIC card. |
| December 1 | 10:15 am | Recertification appointment. Bring child, proof of income, address, and eWIC card. |

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

Read the following statements. Place a “T” (for True) or an “F” (for False) in the space to the left of each of the following statements:

1. ___ The certification period is when a participant is eligible to receive WIC services.
2. ___ The process for recertifying a participant is almost identical to the initial certification.
3. ___ During a certification period only one nutrition education contact must be made available.
4. ___ Health update appointments are for infants only.
5. How often do participants receive nutrition education?
6. What is the purpose of the certification and recertification appointments?

ANSWERS

1. True
2. True
3. False
4. False
5. During a six-month certification period, participants receive a minimum of two nutrition education contacts. For longer certification periods, participants receive a nutrition education contact every three months.
6. To determine or re-determine if a person is eligible or ineligible for WIC services.

Processing Standards

There are requirements for notifying new applicants of their eligibility or ineligibility to receive WIC services within certain timelines.

The following applicants must be offered a certification appointment, must be notified of their eligibility or ineligibility, and must receive food benefits, if eligible, within 10 calendar days of contacting the clinic to request WIC services.

- Pregnant women
- Infants less than 6 months
- Breastfeeding women
- Members of migrant populations

All other likely eligible applicants must be offered a certification appointment, notified of their eligibility or ineligibility, and, if eligible, must receive food benefits within 20 calendar days of contacting the clinic to request WIC services.

Identity, Residency, and Income Documentation

For each WIC certification and recertification appointment, the participant is asked to bring documentation of identity, residency, and income. Staff need to review this information to assess the participant's current eligibility to receive WIC services. You are also responsible for documenting the information on identity, residency, and income in the participant's Focus record. Take a moment now to look through the Eligibility section of the Policies and Procedures Manual on the [WIC Web Portal](#) for specific information on the topics presented below.



NOTE: WIC does not ask or require proof of US citizenship. WIC does not require proof of pregnancy.

Identity

Each time a person is certified or recertified for WIC, they must show proof of identity (ID). This includes infants and children, as well as pregnant and postpartum women. The parent/guardian must also show ID. Proof of identity must also be shown when the parent/guardian/participant is attending a follow-up appointment or picking up food benefits at the clinic (such as special formula). This requirement is to help prevent fraud. You

will document the provided proof of identity on the Identity panel of Focus. Acceptable forms of identification are listed in the WIC data system.

eWIC Card

A parent/guardian is issued an eWIC card during their certification appointment and it serves as an identification card for future nutrition education, health update, and recertification appointments. Parents/guardians are asked to bring their eWIC card to every WIC clinic visit.

NOTE: Once identity has been verified at the certification visit, the eWIC card is an acceptable form of ID for recertification, health update, and nutrition education visits. The eWIC card is never an acceptable proof of ID at the first certification visit.

Residency

Each time a person is certified or recertified for WIC, they must show proof of residency or address. This requirement is to ensure that the applicant lives in Iowa.

Sometimes a participant may want to come to your clinic even though their home is in another city or county. They may work, attend school, or have childcare near your clinic. We want to provide the best customer service to the participant and reduce barriers to participating in the WIC program, therefore, an Iowa WIC participant may choose to receive WIC services in the county where they work, attend school, or have childcare with approval from WIC staff. The local agency WIC Coordinators should work together to determine the best location to serve the family. See Residency Requirements policy for more information. A list of local agency phone numbers, addresses, and hours is available on the [Iowa WIC website](http://www.signupwic.com) or at www.signupwic.com.

NOTE: Residency refers to where the person normally sleeps at night. It is not the same as proof of citizenship. WIC does not require proof of US citizenship.

Missing Documentation - Provisional Certification

If an applicant does not bring documentation of residency or income to their WIC appointment, s/he can be certified on that day, provided with one month of food benefits, and asked to provide the documentation within 30-days. This is called Provisional Certification, when you are able to temporarily enroll an individual. The individual must provide proof of identity and one of the two other proofs (residency or income) to process a provisional certification.

You should be reasonably sure the individual meets the income guidelines. When proofs are not brought, you should suggest other forms of acceptable proofs that the participant may have. For example:

- If a participant's ID does not list current address you may ask if the participant's car registration/title/insurance is available and lists the current address.
- A parent/guardian may not have ID for a child, but you are able to access the Iowa Immunization Registry Information System (IRIS) and use the child's online immunization record as proof of ID. Ask your Supervisor and/or Lead Staff about IRIS access.

In addition, electronic versions of proof of residence or income are allowed. Participants may submit or show proof of residence or income via fax, email, smartphone, or text within the 30-day grace period. Once the electronic version of the proof is received, you will record the

Section IV: Focus

documentation presented in the Income and/or Contact/ Address panel in Focus, certify the participant, and provide food benefits remotely. This practice is helpful to assist with overcoming barriers of applicants or participants having to return to the clinic within a short time period with necessary proof of income or residence. Proofs received electronically should meet the same criteria and include the same information as proofs viewed in person.

These guidelines must be followed in order to provisionally certify an individual who did not bring, but has all the required proofs:

- Participant must provide proof of ID, **AND**
- Participant must have one of the two following proofs (in addition to ID):
 1. Residency, or
 2. Income

The missing proof must be brought to the clinic or submitted electronically within 30 days. If the participant returns within the 30-day period with the necessary proof, or submits proof electronically, the participant is certified, issued food benefits, and is scheduled a return appointment.

If the missing proof is not brought within 30 days, the participant will be automatically terminated by Focus and will have to enroll again. The system will not allow a second, subsequent 30-day provisional certification period if the participant does not provide the required documentation before the provisional certification period ends. However, if the participant's provisional certification is terminated by the system and it is within 45 days of the original appointment, the data used to complete the health and nutrition assessment for the provisional certification may be used to complete the full certification process (i.e. height, weight, hemoglobin, etc.). If more than 45 days have passed, the entire certification appointment must be completed with new health and nutrition data.

If a participant brings proof of identity but is missing proof for both residence **AND** income, the participant **cannot** be provisionally certified (temporarily enrolled) and food benefits may **not** be issued at this visit. Instead, schedule another WIC appointment for the participant to bring all required proofs or let them know the option to submit proof of residence and/or income electronically.

No Documentation of Residency or Income

If a person cannot provide documentation of identity, residency, or income due to special circumstances (such as theft, disaster, homelessness, or migrant status), s/he can verbally declare their residence and/or income. The verbally declared income and/or residence is recorded in Focus. The parent/guardian/participant is asked to sign an affidavit (written

statement) captured in Focus that confirms their residence or income. The participant may then be certified for the normal time frame. These situations should not be the norm and should only be approved in extenuating circumstances.

Reports of Zero Income

If an applicant reports zero income:

- Remember, WIC defines a family (economic unit) as a group of related or unrelated persons sharing financial and other resources.
- Applicants declaring a zero income should be asked to describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care and clothing. Sources of income such as withdrawals from savings, child support, or assistance from sources not living in the economic unit, should be reviewed.
 - If the applicant identifies a source of income in response to the questions leave the field, “proof” blank, tell participant to provide proof within 30 days write an alert to follow-up, and issue only one month of food benefits.
 - If the applicant still reports zero income print the “Signed Statement” from the WIC data system and have them complete the form and sign it.
 - select “Affidavit” for the proof provided, complete the section of the form about income, and consider the applicant income eligible.

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

1. Read the Identification Requirements, Residency Requirements, and Income Determination policies, review drop downs in Focus and answer the following:
 - a. List three acceptable forms of ID for infants/children.
 - b. List three acceptable forms of proof of residency.
 - c. List three acceptable forms of proof of income.
2. Practice what you would tell a participant about what proofs they need to bring to their certification appointment. You may practice silently to yourself or with a coworker.

ANSWERS

1.
 - a. The list includes: driver’s license, non-driver ID, immunization record, passport/visa, medical or health benefit card, birth certificate, Social Security card, work or school ID card, foster placement papers, etc.

Section IV: Focus

- b. The list includes: utility bills, rent or mortgage receipts, and state/local government-issued documents with current address (e.g., driver's license, Iowa non-driver ID, voter registration, public assistance notification, vehicle registration, pay stubs, etc.)
- c. The list includes: Pay stubs, copies of payroll checks, unemployment benefit "white sheets", business records, income tax returns, signed statement by employer, and award notices (DHS, child support, alimony, foster care payment, etc.)

Income Eligibility

Each time a person is certified for WIC, their income is reviewed to determine if their household income falls within the WIC Income Guidelines. There are two ways to determine income eligibility:

1. Adjunctive Eligibility
2. Calculating household income

Adjunctive Eligibility

Adjunctive eligibility is a term used to describe "automatic" income eligibility for WIC based on income screening already completed by other assistance programs. WIC accepts current participation in the following programs as evidence of financial eligibility for participation in WIC:

- Iowa Medicaid or any of Iowa's other Medicaid Programs (such as being presumptively eligible for Medicaid, an applicant for the Medicaid Home and Community Based III and Handicapped Services (HCBS-IH), Intellectual Disability waiver (ID), AIDS/HIV, or Brain Injured (BI) waiver program (including applicants on a waiting list)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance to Needy Families/Family Investment Program (TANF/FIP)
- Head Start/Early Head Start

SNAP/TANF/FIP

- If the household has SNAP or TANF/FIP benefits, all members of the household are adjunctive eligible.

Medicaid

Section IV: Focus

- If a pregnant woman or baby has Medicaid, all members of the household qualify for adjunctive eligibility (verify that the participant's Medicaid is active).
- If a child has Medicaid, it only qualifies that child for adjunctive eligibility.
- If a foster child (even if a baby) has Medicaid, it qualifies only the foster child/baby for adjunctive eligibility because WIC considers the foster child/baby a one-person household.
- If a postpartum woman has Medicaid, it only qualifies her for adjunctive eligibility.

Verifying Adjunctive Eligibility

The participant must show proof that they are currently eligible for the other programs, as described in the Adjunctive Eligibility policy. A SNAP card or Iowa Medicaid card alone cannot be used as proof because it does not show current eligibility. However, active eligibility for the programs can be determined through:

SNAP or TANF/FIP

- An Award Letter */Eligibility Notice*

Medicaid

- Iowa Medicaid Portal Access (IMPA)
- Medicaid toll free number
- ELVS (MCAH agencies only)
- EDISS

Head Start/Early Head Start

- Head Start/Early Head Start Income Eligibility form*

* Can view proof electronically (smart phone or computer) or the participant may provide a hard copy

NOTE: All local agencies have access to the Iowa Medicaid Portal Access, an online way for WIC staff to verify participant eligibility. Talk with your Supervisor and/or Lead Staff about how to get access. Otherwise, you can access the Medicaid toll free number to verify Medicaid enrollment.

Participants who are adjunctively eligible will still need to be asked to verbally state their gross monthly income (before taxes or deductions are withheld) and that number must be entered in Focus.

You are expected to always ask for adjunctive eligibility first and only use other forms of proof of income, such as pay stubs, if the participant is **not** adjunctively eligible. Participants should not be asked to provide another proof of income if you verify active enrollment in Medicaid/SNAP/TANF/FIP.

Newborn Medicaid Coverage

If a mom had Medicaid (any type of Medicaid- Limited/Emergency, or Transitional Medicaid) during pregnancy, her baby will automatically receive Medicaid benefits until 1 year-of-age.

Since the baby is eligible for Medicaid, all WIC eligible family members will also be income eligible for WIC because a baby with Medicaid income qualifies the entire household.

Calculating Household Income

If a family does not bring in proof that they are adjunctively eligible, or if adjunctive eligibility only covers the individual participant and not all eligible WIC participants in the household, then you must calculate their total household income to determine eligibility. You must verify all sources of income for the household for the last 30 days. The household size and total income are compared to the WIC Income Guidelines to determine if the family is eligible for WIC.

For WIC purposes, a household is defined as:

- A person or group of people, related or not, who usually (though not necessarily) live together and whose income and consumption of goods and services are shared.
- If a pregnant woman is initially over income, you can increase the household size by the number of babies she is carrying if she is okay with it. For example, a pregnant mom lives alone and her household income is \$2,150 a month. By only counting her as a household size of one she is over income, therefore, we can now ask the mom if we can count the baby she is carrying and increase her household size to two. Now mom is WIC-income eligible.

It is reasonable to assume that people living together (other than those living in institutional settings and homeless facilities), whether related or not, are likely to be receiving support and have some shared resources. This would make them members of the household unit with whom they live according to WIC's definition of a household.

Income

Include the income of all household members for the last 30 days. Generally, the type of proof of income used for calculating income includes:

- Current pay stubs for the last 30 days
- Unemployment benefits “white sheets”
- Social Security/Social Security Disability
- Foster child/parent placement letter

- Signed letter from employer stating gross earnings for the last 30 days
- Military Leave and Earnings Statement (LES)
- Letter of alimony or child support payments

Income information is entered on the Income panel in Focus. You can enter more than one source of income. Focus then calculates the total monthly income from all sources of income entered.

NOTE: For detailed information on calculating income, income to include in calculations, and uncommon situations, see the Income Determination policy in the Policies and Procedures Manual.

Examples of Household Size and Income Determination

- Sabrina lives alone in an apartment. She is pregnant with twins. She receives \$550 a month from her father and earns \$1600 a month from work. Sabrina’s income from her job and the money received from her father must be included in the income determination. If she chooses not to count her infants in the household, she is a household size of one and is not income eligible. If she chooses to include the two babies she is carrying in the household size, she is now a household of three and would then be income eligible.
- Josefina lives with her boyfriend and their 2-month-old infant. Josefina works part-time and her boyfriend works full-time. They cook their meals together and shop together. Household size= 3. Income for both adults must be included in the income determination.
- Ada has a 3-year-old son and lives with a roommate. She works and so does her roommate. She and her roommate split the bills evenly and each pays half. Ada and her son buy their food separately. Household size = 2. Only Ada’s income needs to be considered in the income determination.

WIC Income Guidelines

An applicant's gross income (before taxes and other deductions are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines. WIC uses the federal poverty guidelines to determine the WIC Income Guidelines. The federal government updates the guidelines each year. If a family's income falls at or below the levels on the WIC Income Guidelines, they have an income that qualifies them for WIC. This is done by verifying all sources of income for the household for the last 30 days. The household size and total income are compared to the WIC Income Guidelines to determine if the family is eligible for WIC. The most current version of the guidelines can be found on the Iowa WIC [website](#).

Special Circumstances

In some cases, income calculation is different than normal.

Foster Children

Foster children are counted as a household size of one. Use only the payment the foster family receives for the child's care as the income.

Transfers

A WIC participant can transfer their certification to another county or state if they move. Participants transferring from another state should arrive with a VOC (Verification of Certification) form or card. Participants transferring within Iowa do not need a VOC. You can look up their certification information in Focus. If a transferring participant's certification period has not ended, they are eligible for WIC services at your clinic. You do not need to rescreen their income eligibility. They will need to show ID and current proof of residency.

Split or Joint Custody

The child can only qualify for WIC in one parent's household. However, if at any time a caregiver or additional parent/guardian arrives at the WIC clinic with legal proof of custody of a child participant, the head of household may be changed with accompanying proof of identification. You are discouraged from taking sides or making decisions regarding custody. In difficult situations, you can refer caregivers to the Department of Human Services for assistance. In circumstances where parents/guardians cannot agree to share WIC foods, it is possible to issue benefits in two separate households, however, this is not ideal as it requires children to attend WIC appointments in both households and requires splitting the food benefits evenly between the two households.

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

Look through the Identification, Residency, Household Size and Income policies and refer to the WIC Income Guidelines to answer the questions about each situation:

1. You receive a call from a woman who is breastfeeding her 13-month-old. She wants to know if she is eligible. Is the mom eligible?
2. The Diaz family walks in wanting to know if they are eligible for the WIC Program. The family consists of Maria, who is pregnant, Mark, her husband, and their two children: Alfonzo, a 2-year-old boy, and Sophie, a 6-year-old girl. The family doesn't want to count the unborn infant in their household size. The family makes \$30,000 annually.
 - a. What is the household size?
 - b. Is the family income eligible for the WIC Program?
 - c. Which members of the family are categorically eligible?
3. Debbie Morgan calls. She is a single parent of a one-month-old baby. The baby was premature and is being fed a special formula through a tube to receive extra calories. The mother works full time and makes \$3,900 a month. No one in the family receives Medicaid.
 - a. What is the household size?
 - b. Is the family income eligible for the WIC Program?
 - c. Which member of the family may be categorically eligible?
4. Juliet just had her baby, Willie, who is 2-weeks-old. She brought her Medicaid card and tells you she applied for Medicaid for Willie yesterday, but doesn't have a Medicaid card for him yet. She did have Medicaid during her pregnancy and it was previously used to income qualify her. She didn't bring any other proof of income to the appointment. Does Juliet's active participation in Medicaid adjunctively qualify her and her baby, Willie?

ANSWERS

- 1) No, because she doesn't fit into any of the 3 categories:
 - Pregnant,

Section IV: Focus

- Breastfeeding women up to their baby's first birthday,
- Non-breastfeeding women up through 6 months postpartum.

2)

- a) Household size= 4 since the family does not want to count the unborn infant.
- b) Yes, they are income eligible.
- c) Maria and Alfonzo would be categorically eligible.

3)

- a) Household size = 2.
- b) No, she is over income for her family size.
- c) Both mom and baby are categorically eligible but not income eligible and therefore would not qualify for WIC.

- 4) Yes. When a newborn's mother had Medicaid benefits during her pregnancy, the baby is automatically eligible to receive Medicaid until one year of age under Newborn Medicaid Coverage. If the newborn's WIC certification occurs prior to the baby being assigned a Medicaid number, enter "saw mom's" for the infant in the MA ID field in Focus. Since the baby will automatically receive Medicaid, this income qualifies the entire household.

Becoming Familiar with the WIC Participants' Rights and Responsibilities

The WIC Rights and Responsibilities Form describes the WIC participant's rights and responsibilities while participating in the WIC Program. The participant, parent/guardian, or proxy must read the Rights and Responsibilities form (or have the R&R read to them) and sign the signature pad, acknowledging acceptance at every certification or recertification appointment.

Read the WIC Rights and Responsibilities Form on the WIC web portal under the Certification, Eligibility and Coordination of Services Forms section.

The form is available in English and Spanish. You may need to explain the points to an interpreter for a person who speaks another language.

Section IV: Focus

Performance Objectives

Upon completion of this section, you should be able to:

- Locate the Focus User Help in the Focus system.

Focus User Resources

Learning how to use Focus is best done through observing coworkers and on-the-job training. However, you have a reference available -- the Focus User Help.

- The User Help describes procedures for doing many Focus system activities and provides information on various screens. Locate the Focus User Help in Focus by clicking the F1 key on the keyboard or by choosing User Help from the Help menu.

Focus Help Desk

There may be times you'll need help with Focus; the State WIC Office has a help desk to support you. There are two ways to contact the help desk; via email or via phone. The help desk is available Monday through Friday during the hours of 8:00 a.m. until 4:30 p.m.

WIC Help Desk Email

For assistance with Focus issues, enter a ticket by emailing wichd@idph.iowa.gov.

WIC Help Desk Phone Line

- **Phone Number:** 1-800-532-1579, option #2

Follow the instructions provided in the recording to contact the appropriate mailbox.

Section V: Civil Rights

Performance Objectives

Upon completion of this section, you should be able to:

- Define WIC's policy on Civil Rights.
- State six protected classes.
- Explain why it is important for WIC programs to follow Civil Rights rules and regulations.
- Explain how to correctly process a Civil Rights claim.

Civil Rights and the WIC Program

WIC Policy

No person shall be excluded from participation in, denied benefits of, or otherwise subjected to discrimination by the WIC Program on the grounds of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability.

The WIC Program has a responsibility to provide services to handicapped or disabled participants equal to those provided to non-handicapped or non-disabled participants.

WIC Civil Rights Requirements

1. Collect data on applicant/participant ethnicity/race:

- Data is used to generate reports required by the Federal government.
- Ethnicity must be asked before race is asked.
- FNS requires that all program applicants be asked to identify all applicable racial categories, however providing this information is voluntary. Self-identification is the preferred method of obtaining information about an individual's ethnicity and race. If an applicant refuses to self-identify, visual observation shall be used to collect the data. Selection of one race and ethnic group is acceptable when local agency staff performs visual identification. A data collector may not second guess or challenge an applicant's self-declaration unless such declarations are blatantly false.
- You are required to clearly explain that the information is only for statistical use by USDA and will not be used for any other purpose.
- Data collected has no effect on eligibility.

Section V: Civil Rights

For USDA's definition of ethnicity and race, please read the Civil Rights training on data collection.

2. Give public notification:

- WIC is required to have a system in place to inform applicants and participants of their rights and responsibilities.
- Federal regulations require that the Nondiscrimination Statement (refer to the USDA Nondiscrimination Statement policy) be used on all materials used to inform the public about or describe the WIC Program (such as outreach and referral materials), denial and termination letters, missed appointment policies, reminder materials, eligibility standards, and program applications.
- Display the USDA, And Justice for All posters prominently in all WIC clinics. The poster must be displayed at a minimum at clinic entrances participants may use and in waiting areas. And Justice for All posters may be ordered by contacting your State WIC Office Nutrition Consultant.

3. Other Civil Rights Requirements:

1. Give Program information in the appropriate language spoken by the person.
2. Have bilingual staff or other translation resources available for non-English speaking persons.
3. Ensure WIC offices are accessible for persons with disabilities.
4. Address the needs of participants who live in rural areas.

Civil Rights Complaints

Any person alleging discrimination can file a complaint within 180 days of the alleged discriminatory action. All civil rights complaints must be accepted.

For more details, see policy Complaints, in the Policies and Procedures Manual.

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

Discuss with Supervisor and/or Lead Staff the differences between civil rights and customer service complaints.

Section VI: Breastfeeding

No matter what your job title is at the WIC agency, everyone has contact with WIC participants. This means all staff can influence and support a participant’s decision to breastfeed.

It’s helpful to know that WIC’s definition of breastfeeding is “the practice of feeding a mother's breastmilk to her infant(s) on the average of at least once a day.” This is the definition that should be used to determine a mother’s WIC participant category.

We never want to assume a woman will bottle-feed just because she bottle-fed her other children or because she had a previous unsuccessful breastfeeding experience. Support systems may not have been in place or even accessible to her before. Instead, we should assure her that support is available from WIC and that WIC staff know about other sources of support in the community too.

Breastfeeding women are eligible for WIC services up to one year postpartum. The breastfeeding assessment and how much formula the infant receives will determine which food package a woman receives. It also will determine if she continues to receive a food package for herself after the baby is six-months-old. If a breastfeeding woman receives enough formula that she is no longer eligible for WIC food benefits for herself, she should still stay active on the program to receive breastfeeding support and nutrition education.

Breastfeeding in Iowa

Iowa moms want to breastfeed. In order to breastfeed exclusively and for longer, moms need support. Below are the breastfeeding rates in the state compared to WIC participants in Iowa:

**CDC 2020 Breastfeeding Report Card
Iowa Breastfeeding Rates**



**WIC Breastfeeding Prevalence Report
Iowa WIC Breastfeeding**



Section VI: Providing Drug Abuse Information in the WIC Program

Source: CDC National Immunization Survey (NIS), 2020 Breastfeeding Report Card, 2017 births and Focus Breastfeeding Prevalence Report, 2017 births.

The majority of moms start breastfeeding. The drop off in breastfeeding that occurs over time may be because of the barriers and challenges that sometimes come with breastfeeding, such as lack of breastfeeding knowledge, poor family or social support, and lack of supportive employers and work schedules, to name a few.

Moms who have lower incomes, are less educated, are of a racial/ethnic minority, and that are less than 20 years old may have less access to breastfeeding support, more barriers, and may stop breastfeeding earlier. Therefore, these moms need even more support.

We want to help all moms and families in Iowa reach their breastfeeding goals, whatever they may be, by removing barriers and increasing knowledge and support.

Iowa Breastfeeding Laws to Know

It is important to know and understand Iowa laws that protect the rights of families to breastfeed. You can support and inform families of these laws so all families know their rights.

Breastfeeding in Public

The Iowa law ([§ 135.30A](#)) states: A woman may breastfeed the woman's own child in any public place where the woman's presence is otherwise authorized.

Workplace Accommodations for Nursing Mothers Act

President Obama signed the Affordable Care Act (ACA) on March 30, 2010. See the combined full text of Public Laws 111-148 and 111-152 [here](#). Among many provisions, Section 4207 of the law amends the Fair Labor Standards Act (FLSA) of 1938 ([29 U.S. Code 207](#)) to require an employer to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express milk. The employer is not required to compensate an employee receiving reasonable break time for any work time spent for such purpose. The employer must also provide a place that is free from intrusion, other than a bathroom, for the employee to express breast milk. If these requirements impose undue hardship, an employer that employs fewer than 50 employees is not subject to these requirements. The federal requirements shall not preempt a state law that provides greater protections to employees.

Postponement of Jury Service for a Person Who is Breastfeeding a Child Act

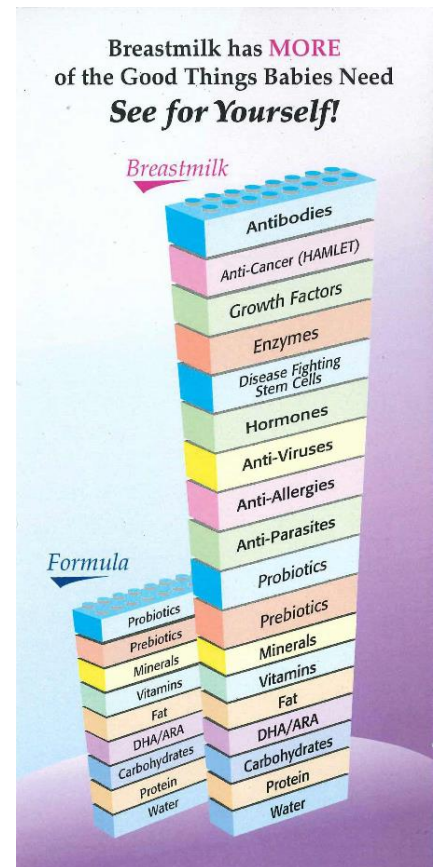
The Iowa law (§607A.5) allows a woman to be excused from jury service if she submits written documentation verifying, to the court's satisfaction, that she is the mother of a breastfed child and is responsible for the daily care of the child.

Breast Milk Composition

Breast milk has over 200 nutrients and is the perfect combination of ingredients to help babies grow healthy and strong. Some of the components of human milk include:

- Antibodies and antiviruses to fight disease
- Vitamins and minerals needed for proper nutrition
- Growth factors that help with infant growth and development
- Enzymes that promote easier digestion
- Prebiotics to promote a healthy gut
- And more!

As you can see in the image to the right, formula has what an infant needs to grow and thrive, but breast milk has components that cannot be replicated.



Benefits of Breastfeeding for Babies

Breastfeeding is also beneficial for many reasons. Breastfeeding has been shown to reduce babies' risks of:

- Obesity
- Ear infections
- Respiratory infections
- Gastrointestinal infections
- Atopic dermatitis (eczema)
- Type 1 and Type 2 diabetes
- Leukemia
- Sudden Infant Death Syndrome (SIDS)

Benefits of Breastfeeding for Mothers

Breastfeeding has many health benefits for mothers, including reducing their risks of:

- Premenopausal breast cancer
- Ovarian cancer
- Type 2 diabetes
- Rheumatoid arthritis
- Cardiovascular disease (including high blood pressure and high cholesterol)

Breastfeeding mothers:

- Miss less work since their baby is healthier
- Recover from childbirth faster since their uterus shrinks back to its pre-pregnancy size faster
- Have fewer expenses since there is no formula to buy
- Have the convenience of feeding baby at night or being able to get up and go without preparing or packing formula, bottles, etc.
- Protect the environment as breastfeeding doesn't require bottles to wash or formula cans to throw away
- Experience maternal fulfillment and bonding with baby created by the unique physical and emotional connection breastfeeding provides

Current Breastfeeding Recommendations

Almost all mothers can breastfeed successfully. The current recommendations by the American Academy of Pediatrics include:

- Initiate breastfeeding within the first hour of life
- Breastfeed exclusively for the first 6 months (this means an infant does not receive any additional foods or fluids except vitamin D supplementation unless medically necessary)
- Continue breastfeeding with complimentary foods up to one year of age and beyond if mutually desired by the mother and infant

The World Health Organization recommends continued breastfeeding for two years and beyond.

Exclusive Breastfeeding

Extensive research documents that exclusive breastfeeding provides the greatest health benefit to mothers and infants. The longer the duration of breastfeeding, the greater the protection breastfeeding provides.

Contraindications to Breastfeeding

Given the widespread advantages of breastfeeding, it is the optimal feeding method for healthy newborns. However, there are a few situations where breastfeeding is not recommended.

For infants, these include:

- Galactosemia- A rare genetic metabolic disorder where baby cannot digest galactose and special formula that is galactose-free is needed
- Maple syrup urine disease- A special formula free of leucine, isoleucine, and valine is needed
- Phenylketonuria or PKU- Some breastfeeding is possible under careful monitoring, a special phenylalanine-free formula will also be needed

Contraindications for mothers include:

- HIV positive status (in the United States)
- Untreated, active tuberculosis
- Human T-cell lymph tropic virus type I or type II
- Illegal drugs use
- Undergoing radiation therapies
- Taking cancer chemotherapy
- Herpes simplex lesions on a breast (until all active lesions have resolved, continue breastfeeding on the unaffected breast)

There are a small number of medications that require the avoidance of breastfeeding. In many cases, there are safe medication alternatives available that do not require mothers to interrupt breastfeeding. WIC participants should work with a WIC CPA or Designated Breastfeeding Expert and their healthcare provider to determine if breastfeeding is compatible with their medication.

Barriers to Breastfeeding

Some common reasons women struggle to initiate or continue breastfeeding as long as they originally planned include:

Lack of Confidence

Lack of confidence about milk production underlies many of the barriers that moms have about breastfeeding. You can make a difference by affirming new mothers and building their confidence in their ability to breastfeed with anticipatory guidance and lots of support.

Busy Lives

New mothers are often overextended. Breastfeeding can be hard to imagine with their busy lives. Most mothers need information on how breastfeeding and employment or school can both work. Many mothers are relieved to learn they can begin expressing milk soon after their baby is born to relieve fullness and then freeze that milk for later use.

Embarrassment

Feeling embarrassment about breastfeeding in public or when family is present is a barrier frequently identified by mothers. Some women are only shy about breastfeeding in public for fear their breasts will be exposed.

Fear of Pain

Fear of pain can keep mothers from considering breastfeeding and is a factor in early weaning. Pain can often be relieved by adjusting baby's latch while feeding.

Lack of Support

Lack of support is a big reason that mothers do not initiate or continue to breastfeed. Crucial support people include babies' fathers/mothers' partners and other family, especially grandmothers.

Key Breastfeeding Support People

Key breastfeeding support people influence a mother's decision to try breastfeeding in the first place and the length of time she will successfully breastfeed.

Father Support

The support a mother receives from the baby's father is crucial to breastfeeding initiation and success. It's important to address barriers fathers or partners may have with breastfeeding too. Their concerns may be different from the mother's concerns. They could involve factors such as feeling left out if their partner breastfeeds, worrying about pain their partner may experience with breastfeeding, concerns about whether their partner will make enough milk to feed the baby, and whether breastfeeding will interfere with their relationship with their partner. Mother may also assume (correctly or incorrectly) that their partner won't be supportive, so encourage her to have those discussions early on in the pregnancy.

Grandmother Support

Grandmothers are very influential on a mother's infant feeding decisions. Sometimes grandmothers have been exposed to myths and misinformation from when they were raising their children and when formula feeding was more common. They also may see breastfeeding as difficult for their daughters or daughter-in-laws, and with best intentions and a caring nature, want to help make feeding the baby easier. It is important to involve the grandmother in prenatal and postpartum education. Grandmothers can be given many ideas of ways to feel close to their grandchildren and ways to support not only their new grandchildren, but their daughter or daughter-in-law, as well.

Ways grandmothers as well as all other family and friends can support mom and baby include:

- Holding the baby
- Changing the baby
- Cooking for the family
- Helping with cleaning or other household chores
- Running errands
- Spending time with baby when mom needs a shower or nap

Section VII: Providing Drug Abuse Information in the WIC Program

Performance Objectives

Upon completion of this section, you should be able to:

- Identify WIC's role in providing information about the risk of alcohol, tobacco, and other drugs.
- Identify why alcohol, tobacco, and other drugs are incompatible with good nutrition.
- Identify risks of alcohol, tobacco, and other drug use to the fetus during pregnancy.
- Identify possible effects of alcohol, tobacco, and drug use on breastfeeding for the breastfeeding mother and for the breastfed infant.
- Identify Iowa WIC Program's method of screening participants for alcohol and other drug use.
- Identify methods and demonstrate ability for providing alcohol, smoking, and drug information and referrals to WIC participants.
- Identify resources available for informing WIC participants on the dangers of alcohol and other drug use during pregnancy.

WIC Policy

You must provide information on the dangers of drugs and other harmful substances to all pregnant and breastfeeding women participants and, if appropriate, refer for further assessment and treatment. Local WIC agencies must maintain a current list of local resources for substance abuse counseling and treatment.

Rationale

Smoking, exposure to secondhand smoke, alcohol, and drugs present health risks for all WIC participants.

- During pregnancy, a mother's exposure to these substances can result in poor pregnancy outcomes such as birth defects, low birth weight, small for gestational age, and prematurity (being born 3 weeks or more before their due date).
- Babies who are exposed to drugs in the womb experience withdrawal after birth.
- Smokers and those exposed to secondhand smoke have increased risk for developing asthma and other respiratory illness. The risks for babies and young children are especially high because they are growing quickly.
- A breastfeeding mother passes on the chemicals that she has been exposed to. Infants are less able to process these.
- Drug and alcohol abuse can lead to impaired ability of caregivers and result in abusive family situations and neglect.

Smoking, alcohol, and drug use also have negative effects on nutrition

- Tobacco, alcohol, and other drugs tend to suppress the appetite and can therefore interfere with healthy eating habits and normal weight gain during pregnancy.
- Drugs can deplete the pregnant woman and her fetus of the nutrients needed for healthy growth.
- Cyanide in cigarette smoke strips nutrients from food and the baby she is carrying will not get those nutrients.
- Alcohol can interfere with the absorption of essential nutrients and may decrease the supply of needed nutrients to the fetus.
- The placenta provides nourishment and oxygen to the fetus; substances ingested have the potential to get to the fetus through the placenta.
- Marijuana can have adverse effects on development. Use during pregnancy has been linked to developmental delays. Marijuana is secreted in human milk, and may affect the baby.

WIC Recommends

Abstinence— scientists know that these substances can cause harm. Each person is different and so is each situation. Sometimes a small exposure can cause a great deal of harm. There are no “safe limits” and any exposure is a gamble.

Get help— Cigarettes, alcohol, and drugs each contain addictive substances. People who want to quit can increase their chance of being successful at quitting by getting help and support. You should become knowledgeable about resources for referral.

Pregnancy and Smoking

Smoking causes a decrease in the amount of oxygen the baby receives causing the baby to be born too small. In other words, the baby may not get enough oxygen for adequate growth. In addition, cigarettes contain thousands of chemicals such as carbon monoxide (gas that comes out of car exhaust), acetone (found in nail polish remover), ammonia (found in toilet cleaner), and formaldehyde (used to preserve dead bodies). Smoking is also associated with prematurity and sudden infant death syndrome (SIDS).

Pregnancy and Alcohol

Babies exposed to alcohol in utero can suffer physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

Alcohol can damage the fetus by:

- Constricting the blood vessels, alcohol interferes with blood flow in the placenta, which hinders the delivery of nutrients and oxygen to the fetus.
- Triggering cell death in a number of ways, causing different parts of the fetus to develop abnormally.
- Creating toxic by-products that may become concentrated in the brain of the fetus when the alcohol is broken down by the body.

More severely affected babies are classified as having Fetal Alcohol Syndrome (FAS). FAS is characterized by abnormal facial features, growth deficiencies, and central nervous system (CNS) problems. People with FAS might have problems with learning, memory, attention span, communication, vision, hearing, or a combination of these. These problems often lead to difficulties in school and problems getting along with others. FAS is a permanent condition. It affects every aspect of an individual's life and the lives of his or her family.

Pregnancy and Drugs

- Drugs can cross the placenta resulting in birth defects and fetal death.
- Drugs can impair the placenta leading to poor fetal growth.
- Drugs can also cause miscarriage and preterm birth.
- Babies born to moms who use drugs can be born addicted.

Pregnancy and Marijuana

Tetrahydrocannabinol (THC), the chemical in marijuana that provides the "high", can pass from the mother to the fetus through the placenta. The fetus is exposed to THC used by the mother. Use of marijuana during pregnancy is associated with negative effects on exposed children, no matter when it is used during pregnancy. The negative effects include decreased academic ability, cognitive function, and attention. These effects may not appear until adolescence.

- There is no known safe amount of marijuana use during pregnancy.
- Some hospitals test babies after birth for drugs. If the baby tests positive for THC at birth, child protective services will be notified.

Breastfeeding and Smoking

- Chemicals in cigarettes can interfere with milk production and can lead to low milk supply and early weaning.
- Chemicals in cigarettes can interfere with the let-down reflex.

- Mothers who smoke should wait to smoke until after a feeding to minimize the chemicals in her breast milk.

Breastfeeding and Alcohol

- Alcohol can reduce the let-down reflex and the quantity of milk.
- When a lactating woman consumes alcohol, some of the alcohol is transferred into her milk and can enter the infant's body through that milk.
- The 2020 DGA's say: "Not drinking alcohol also is the safest option for women who are lactating. Generally, moderate consumption of alcoholic beverages by a woman who is lactating (up to 1 standard drink in a day) is not known to be harmful to the infant, especially if the woman waits at least 2 hours after a single drink before nursing or expressing breast milk. Additional information on breastfeeding and alcohol can be found at: [cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/alcohol.html](https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/alcohol.html). Women considering consuming alcohol during lactation should talk to their healthcare provider."
- A woman may express breastmilk before consuming alcohol to feed the expressed milk to her infant later.
- The common practice of pumping the breasts and discarding the milk immediately after drinking alcohol does not hasten the disappearance of alcohol from the breastmilk. As long as the mother has measurable blood alcohol levels, newly produced milk will still contain alcohol. If a mother drinks to excess, she should pump and dump her breast milk.

Breastfeeding and Drugs

- A woman who is taking prescription medications should talk with her doctor about their safety during breastfeeding.
- Many prescription medications can be taken safely during breastfeeding.
- Illegal drugs should not be taken while breastfeeding. These drugs can get into the breast milk and affect the infant. Stimulant drugs such as amphetamines can make infants irritable. Drugs like heroin, marijuana, and methadone can make infants feel poorly and drowsy. Exposure to drugs can also make infants drug-dependent.

Breastfeeding and Marijuana

Because of the potential risks to the infant, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that marijuana should not be used while breastfeeding.

Section VI: Providing Drug Abuse Information in the WIC Program

- THC consumed by the mother enters her breast milk and can be passed from the mother's milk to her infant, potentially affecting the infant. THC is stored in the body in fat, and infants have a high percentage of body fat, including in their developing brains. Because THC is stored in fat, it remains in the body for a long time.
- Marijuana smoke contains many of the same respiratory disease-causing and carcinogenic toxins as tobacco smoke, often in concentrations several times greater than in tobacco smoke.
- There is concern regarding impaired neurodevelopment and insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, therefore, women who are breastfeeding should be encouraged to discontinue marijuana use.

Specific Drugs and Their Effects

| Drug | Possible Effects |
|--|--|
| Alcohol | Use may increase risk of spontaneous abortion, premature delivery, vaginal bleeding, premature separation of the placenta, fetal distress, intrauterine growth retardation, and low birth weight. No level of alcohol consumption has been proven to be free from risk. |
| Amphetamines (speed, uppers, crystal, meth) | Use may increase risk of premature delivery, low birth weight, and fetal abnormalities. Infants whose mothers used amphetamines while pregnant also may have abnormal sleep patterns, tremors, rigid muscles, and may feed poorly. |
| Cocaine (coke, snow, blow) | Use of cocaine increases the risk of spontaneous abortion, placental separation, premature delivery, low birth weight and shorter length, cerebral infarction, reduced head circumference, and neurological abnormalities. Infants of cocaine-using mothers may have problems with muscle control and the ability to orient. |
| Crack (rock) | Use of crack increases the risk of premature delivery, growth retardation, and reduced head circumference. Increased risk of spontaneous abortion, placental separation, cerebral infarction, and neurological abnormalities. |
| Hallucinogens (PCP, LSD, Peyote) | PCP readily crosses the placenta, but little is known about effects. A small study showed infants had more instability and were less easily consoled than other drug exposed infants. |
| Inhalants (glue) | Defects similar to those in FAS—abnormal facial features and mental retardation. |
| Marijuana | Use of tetrahydrocannabinol (THC), the chemical in marijuana that provides the “high”, during pregnancy is associated with negative effects on exposed children. The negative effects include decreased academic ability, cognitive function, and attention. These effects may not appear until adolescence. Any THC consumed by the mother enters her breast milk and can be passed from the mother’s milk to her infant, potentially affecting the infant. |
| Narcotics (heroin, smack) | Toxemia, stillbirth, and neonatal death, premature placental separation, eclampsia, placental insufficiency, breech, premature labor, and ruptured membranes. Infants may exhibit withdrawal symptoms known as Neonatal Abstinence Syndrome (NAS). |
| Sedatives, Hypnotics, Tranquilizers (valium, Ativan, downers, ludes) | Use during 1st trimester increases risk of fetal malformations including cleft palate, lip anomalies, and malformations of the heart, arteries, and joints. Use during the last months of pregnancy is associated with withdrawal symptoms for infant. |

| Drug | Possible Effects |
|---|--|
| Tobacco (chew, cigars, pipes, and snuff also) | Use of tobacco increases the risk of placental separation, vaginal bleeding during pregnancy, low-lying placenta, ruptured membranes, premature birth, low birth weight, and shorter length. Also associated with increased incidence of miscarriage, fetal death, and stillbirth. Infants of smokers are more likely to die of SIDS. Environmental tobacco smoke can cause respiratory conditions in newborns. Children of smokers are more likely to become smokers than those whose parents do not smoke. |

Alcohol or Other Drugs /Tobacco Use Nutrition Risk Factors

The Iowa WIC Program screens all participants for alcohol or other drugs use through questions in the Nutrition Interview. Based on participant responses the following nutrition risk factors are assigned:

- NRF 371: Nicotine and Tobacco Use
- NRF 372A: Alcohol use
- NRF 372B: Substance use (includes marijuana for breastfeeding and non-breastfeeding postpartum women)
- NRF 382: Fetal Alcohol Spectrum Disorders
- NRF 383: Neonatal Abstinence Syndrome (NAS)
- NRF 904: Environmental Tobacco Smoke Exposure

A key strategy to support healthy mothers and healthy infants is to prevent the start of smoking and promote cessation (to quit) before, during, and after pregnancy by providing referrals to smoking cessation support programs. You can identify those who smoke and their willingness to quit. The Ask, Advise, Assist, Arrange steps provides guidance in implementing a brief intervention for smoking cessation.

- **Ask:** every participant if they smoke (or are exposed to secondhand smoke), drink, or use drugs.
- **Advise:** give a clear message explaining the dangers of the behavior and the advantages of quitting.
- **Assess:** the participant’s interest in quitting. For participants who are “not ready to quit”, ask them to discuss their reasons. Often people who have addictions are afraid that they won’t be successful. You may be able to help them by providing a referral to an agency that can assist them. **Assist:** If the participant is willing, refer her to an appropriate agency or program. Some things that you can do to help increase the chances that the participant will follow through with the referral: Give the participant written information with the name, address, and telephone number. Call the agency while the participant is in the office to set up the visit.

- **Arrange:** Follow up with the participant to see how things are going.

WIC is required to maintain and make available a list of local resources. Receiving such a list may prompt some participants to voluntarily seek out services. This information can be featured on bulletin boards, posters, in individual discussions, group sessions, or given as handouts or flyers.

Non-Judgmental Focus

- Scare tactics are wrong.
- Guilt is not productive and will not motivate a pregnant woman to change nearly as well as praise.
- Negative comments will not motivate.
- Keep the prevention message positive.

Negative Comments *NOT* to Use

- *“Your drinking has already damaged your baby.”*
- *“If you really loved your baby, you would not drink so much.”*
- *“Continued drinking will ruin your health and prevent your child from developing normally.”*

Positive Statements You Can Use

- *“If you stop drinking now, you have a better chance of having a healthy baby.”*
- *“Your concern for your baby will help you be a good mother.”*
- *“You will feel better when you are sober and so will your child.”*

How to Share Messages

- Show compassion
- Be accurate and specific
- Be realistic and positive
- Use active listening skills

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

Role-play the following with your trainer.

Section VI: Providing Drug Abuse Information in the WIC Program

1. Discuss WIC's role in providing information about alcohol or other drugs.
2. Discuss our basic recommendation about alcohol or other drugs and why WIC has this "simple message."

Section VIII: Referrals in the WIC Program

Performance Objective

Upon completion of this section, you should be able to:

1. Identify WIC's role in providing referrals.

WIC Policy

One of the functions of the WIC Program is to provide appropriate referrals to health and public assistance programs. Many families come to WIC with needs beyond nutrition education, breastfeeding support, and supplemental foods. It is our job to link participants with resources outside of WIC so they can be healthy and safe. Offering meaningful and appropriate referrals at the right time can help families get the support they need to be healthy.

You'll need to know what health and social services are available in your area. Some common referrals in the WIC Program include:

- Iowa QUITLINE
- Drug and Alcohol Abuse Treatment Programs
- Domestic Violence Programs
- Family Planning
- Food Assistance Programs/Food Banks
- Head Start and Early Head Start
- Health Care Program for Children with Special Needs (HCP)
- HIV Testing Services and Treatment Programs
- Homeless Shelters
- Immunizations
- Lactation Support/La Leche League
- Medicaid
- Mental Health Services
- Oral Health Services
- Nurse Family Partnership (NFP)
- Temporary Assistance to Needy Families/Family Investment Program (TANF/FIP)
- Public Health Nurse
- Supplemental Nutrition Assistance Program (SNAP)

Document all referrals in Focus. Documentation can assist with participant follow-up and ensure that any referral information offered is consistent.

SELF-CHECK: PRACTICE YOUR KNOWLEDGE

1. Ask your Supervisor and/or Lead Staff if you have a listing of local community services. Review the list and find out more about the services you are unfamiliar with.

Training Activity

Section VII: Referrals in the WIC Program

Now that you have completed this module, please take the Orientation Module online post-test. For access instructions please visit the Iowa WIC website. **Good Luck!**