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Blood Tests

Policy

USDA Federal Regulations: (1) Determination of nutritional risk. (i) Required nutritional risk data. (A) At a minimum, height or length and weight measurements shall be performed and/or documented in the applicant's file at the time of certification. In addition, a hematological test for anemia such as a hemoglobin, hematocrit, or free erythrocyte protoporphyrin test shall be performed and/or documented at certification for applicants with no other nutritional risk factor present. For applicants with a qualifying nutritional risk factor present at certification, such test shall be performed and/or documented within 90 days of the date of certification. However, for breastfeeding women 6-12 months postpartum, such hematological tests are not required if a test was performed after the termination of their pregnancy. In addition, such hematological tests are not required, but are permitted, for infants under nine months of age. All infants nine months of age and older (who have not already had a hematological test performed or obtained, between the ages of six and nine months), shall have a hematological test performed between nine and twelve months of age or obtained from referral sources. This hematological test does not have to occur within 90 days of the date of certification. Only one test is required for children between 12 and 24 months of age, and this test should be done 6 months after the infant test, if possible. At the State or local agency's discretion, the hematological test is not required for children ages two and older who were determined to be within the normal range at their last certification. However, the hematological test shall be performed on such children at least once every 12 months. Hematological test data submitted by a competent professional authority not on the staff of the local agency may be used to establish nutritional risk. However, such referral hematological data must:

(1) Be reflective of a woman applicant's category, meaning the test must have been taken for pregnant women during pregnancy and for postpartum or breastfeeding women following termination of pregnancy;

(2) Conform to the anemia screening schedule for infants and children as outlined in paragraph (e)(1)(ii)(B) of this section; and

(3) Conform to recordkeeping requirements as outlined in paragraph (i)(4) of this section. (i.e., certification records must reflect the date the blood test was taken if different from the date of certification.)

(B) Height or length and weight measurements and, with the exceptions specified in paragraph (e)(1)(v) of this section, hematological tests, shall be obtained for all participants, including those who are determined at nutritional risk based solely on the established nutritional risk status of another person, as provided in paragraphs (e)(1)(iv) and (e)(1)(v) of this section.

B) Hematological test for anemia. (1) For pregnant, breastfeeding, and postpartum women, and child applicants, the hematological test for anemia shall be performed or obtained from referral sources at the time of certification or within 90 days of the date of certification. The

hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources (with the exception of presumptively eligible pregnant women).

(2) Infants nine months of age and older (who have not already had a hematological test performed, between six and nine months of age, by a competent professional authority or obtained from referral sources), shall between nine and twelve months of age have a hematological test performed or obtained from referral sources. Such a test may be performed more than 90 days after the date of certification.

(3) For pregnant women, the hematological test for anemia shall be performed during their pregnancy. For persons certified as postpartum or breastfeeding women, the hematological test for anemia shall be performed after the termination of their pregnancy. For breastfeeding women who are 6-12 months postpartum, no additional blood test is necessary if a test was performed after the termination of their pregnancy. The participant or parent/guardian shall be informed of the test results when there is a finding of anemia, and notations reflecting the outcome of the tests shall be made in the participant's file. Nutrition education, food package tailoring, and referral services shall be provided to the participant or parent/guardian, as necessary and appropriate.

(B) Height or length and weight measurements and, with the exceptions specified in paragraph (e)(1)(v) of this section, hematological tests, shall be obtained for all participants, including those who are determined at nutritional risk based solely on the established nutritional risk status of another person, as provided in paragraphs (e)(1)(iv) and (e)(1)(v) of this section.

(ii) Timing of nutritional risk data. (B) Hematological test for anemia. (1) For pregnant, breastfeeding, and postpartum women, and child applicants, the hematological test for anemia shall be performed or obtained from referral sources at the time of certification or within 90 days of the date of certification. The hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources (with the exception of presumptively eligible pregnant women).

(2) Infants nine months of age and older (who have not already had a hematological test performed, between six and nine months of age, by a competent professional authority or obtained from referral sources), shall between nine and twelve months of age have a hematological test performed or obtained from referral sources. Such a test may be performed more than 90 days after the date of certification.

(3) For pregnant women, the hematological test for anemia shall be performed during their pregnancy. For persons certified as postpartum or breastfeeding women, the hematological test for anemia shall be performed after the termination of their pregnancy. For breastfeeding women who are 6-12 months postpartum, no additional blood test is necessary if a test was performed

after the termination of their pregnancy. The participant or parent/guardian shall be informed of the test results when there is a finding of anemia, and notations reflecting the outcome of the tests shall be made in the participant's file. Nutrition education, food package tailoring, and referral services shall be provided to the participant or parent/guardian, as necessary and appropriate.

Authority

7 CFR Part 246.7(e)(1)(i)(A)(1-3)
7 CFR Part 246.7(e)(1)(i)(B)
7 CFR Part 246.7(e)(1)(ii)(B)(1-3)
WIC Policy Memo #2001-2
Centers for Disease Control and Prevention. Recommendations to Prevent and Control Iron Deficiency in the United States. MMWR 1998; 47 (No. RR-3)

Procedures

Hemoglobin results from other credible sources such as a healthcare provider, child health program or Head Start agency can be used. The test must reflect the participant's categorical status, (i.e. a hemoglobin taken during the end of pregnancy cannot be used to certify her as postpartum) the results must be documented within 90 days of the certification and it must meet the screening schedule requirements for certifications listed below.

Age/Category	Screening Schedule	Notes
Birth - 12 months	Once between 9-12 months	This test result cannot also be used for the 12-24 month test. You can use a test result from between 6 and 9 months but this should not be the usual practice.
12 - 24 months	Once between 12-24 months	This test is recommended to be done 6 months after the 9-12 month test.
24 - 60 months	Once between 24-36 months Once between 36-48 months Once between 48-60 months	There could be more than 12 months between tests yet the child is still up-to-date with the screening schedule.

Pregnancy	During their current pregnancy	Bloodwork results will be analyzed based on the trimester the data was obtained.
Breastfeeding/Not Breastfeeding	After the termination of their pregnancy.	----

- WIC staff can take these measurements verbally from staff at the source, (e.g. nurse at the doctor's office or Head Start program)
- they may be faxed, mailed or emailed to the WIC clinic by the source or the
- parent, guardian, or participant can bring in the documentation from the source (e.g. a Health History Card, clinic visit summary or data from a patient portal).

For teleWIC appointments, when bloodwork measurements are needed, to the extent possible, local agencies must make concerted efforts to obtain referral data in advance of or at the time of the appointment.

- When bloodwork referral data is obtained prior to the appointment, the CPA will create a new blood record and record the results, making sure to adjust the bloodwork date to coincide with the date the bloodwork was done.
- If data is not available prior to the appointment, the CPA will create a new blood record and indicate the results were not collected and choose the appropriate No Test Performed Reason.
    - Every effort will then be made to obtain referral data (through use of release of information forms, requesting participant/parent/guardian obtain and submit measurements in person or electronically, and/or offering/scheduling the participant a time to come in to get screened for anemia at the WIC clinic) within the next 90 days.
    - Once received, the results will be recorded, adjusting the blood work date accordingly to coincide with the date it was done.
    - If the bloodwork data is not received within 90 days, staff will continue to try to collect it but the participant will not be terminated provided that the CPA has identified a nutrition risk for eligibility.

Universal Precautions training is required for all WIC staff performing blood screenings.

If an applicant has one qualifying nutrition risk factor AND has a health care appointment soon, WIC personnel may choose not to perform bloodwork and follow-up to obtain the results from the referral source within 90 days. Document this by selecting “Appointment with provider” for the data system field, “No test performed reason.” Local agencies must follow-up to get these results.

It is critical to record the results and the actual date blood work was performed in the participant's electronic record. This helps monitor compliance with the anemia screening schedule and to ensure accurate risk assessment.

One test at or before 12 months cannot be used to meet the requirement for the 9-12 month infant screening and the 12-24 month child screening.

Follow-up tests at 6 month intervals are needed for children and breastfeeding women who:

- Had a low hemoglobin or hematocrit reading at the previous screening.
    - A follow-up is not required for children with Thalassemia if they are followed closely by a physician.
- For children who are currently at risk for anemia due to recent illness or diagnosis of a medical condition.

WIC programs can perform one follow-up blood test for a participant between certification appointments. For the purposes of this policy, a follow-up blood test is an additional test; it is not the blood test conducted for eligibility purposes. However, WIC personnel are encouraged to explore other locally available sources for ongoing health care and follow-up assessments for WIC participants with anemia. (i.e., private providers, child and maternal health programs)

Medical and Religious Exemptions:

Invasive blood tests are not performed by WIC when the applicant:

- Is less than 6 months old,
- Has religious beliefs that prohibit having blood drawn, or
- Will be harmed by the finger stick because of a medical condition such as:
    - Hemophilia
    - Osteogenesis imperfecta (fragile bones), or
    - Serious skin disease.

These applicants must have other qualifying risk factors in order to be found eligible for WIC services. When a medical condition precludes testing at the WIC clinic, document this exception by selecting "Medical condition" for the data system field, "No test performed reason." Alternative methods for obtaining bloodwork data must then be used and the results documented in the participant record. These could include the following:

- Obtain referral data from the applicant's health care provider, or
- Refer the applicant to a laboratory with personnel trained to collect blood from persons with medical conditions.

If a blood test is not performed because of the applicant's religious beliefs, document the applicant's refusal by selecting "Religious statement" for the data system field, "No test performed reason."

Parent/Guardian Refusal:

If a parent/guardian refuses to allow WIC staff to screen for anemia the following steps will be followed:

- If the agency has a noninvasive hemoglobin test onsite, (i.e. Pronto) explain that it does not draw blood and ask if it would be an acceptable alternative. Note: The participant must still meet the requirements of the machine to have this option (weigh at least 22 pounds to use the pediatric sensor).
- If the above is not an option and the participant has another qualifying nutrition risk factor that makes them eligible for the WIC program staff will select "No Blood Work Taken" and document P/G Refusal as the No Test Performed Reason. Staff must then follow agency protocol to obtain referral data from the applicant's health care provider.

Referral criteria: The hematocrit and hemoglobin tests conducted at WIC clinics are screening tests. These tests are used because they are inexpensive, simple to perform, and reasonably accurate and reproducible. If results from clinic blood tests are abnormal, more accurate and sophisticated tests are needed to diagnose anemia or polycythemia.

- The risk criteria for hemoglobin and hematocrit levels used by the Iowa WIC Program are defined as below the 95 percent confidence interval (i.e., below the .025 percentile) for healthy well-nourished individuals of the same age, sex, and stage of pregnancy. Referral criteria are often set at lower levels than the risk criteria.
- If a pregnant woman has a hemoglobin concentration of <9.0 gm or a hematocrit level of <27.0%, refer her for further medical evaluation.
- Local agencies are also encouraged to work with local health care providers in their service area to establish referral criteria that are mutually acceptable for infants and children.
- Polycythemia (unusually high hematocrit or hemoglobin levels) may be an indication of complications of pregnancy such as inadequate blood volume expansion, hypertension, or pre-eclampsia. In children, polycythemia may be an indication of congenital heart disease or other medical conditions.
    - When a hemoglobin or hematocrit value is unusually high, assess the following: Smoking status (smoking increases these blood values), and Hydration (hemoglobin and hematocrit levels will appear higher if an individual is dehydrated). If one or both of these factors are present, consider repeating the blood work at that visit to determine if the result reflects actual status or problems with technique.
    - Refer pregnant women with hemoglobin concentrations >15.0 gm or hematocrit levels >45.0% for further evaluation. Referral criteria for polycythemia have not been established for children and non-pregnant women.

Best Practices

Ideally, for the benefit of both participants and WIC program administration, all bloodwork data and documentation necessary to complete the nutrition assessment should be available prior to or

on the day of the certification appointment. This will allow for all components of the appointment to be completed without additional follow-up contacts or delays.

Best practice options for the blood tests as part of the WIC certification process.

If the applicant…	THEN…
has a risk and brings referral data	use the referral data.
has a risk and had/has an appointment with another provider	follow-up in 90 days to get the data.
is up-to-date with screening schedule, and has a risk	skip the blood test.
is up-to-date with screening schedule, and does not have a risk	do the blood test.
is not up-to-date with the screening schedule, · has no scheduled appointment with another provider, and · does not have a risk do the blood	do the blood test.

Best practice options for follow up on blood test results:

- Write an alert in the data system to follow-up at the next appointment,
- Complete a Request for Information form and send it directly to the health care provider OR give it to the parent/caretaker to take to the appointment,
- Provide the parent/caretaker with a Health History Card, request that their provider record the results on the card, and bring the card back to the WIC clinic the next time they pick up benefits, or
- Make a referral to the Title V Program for care coordination services.

Note: Health History Cards are intended to facilitate the sharing of health data between a participant's health care provider and their local WIC agency and to reduce duplication of services. The cards have blanks for the participant's height, weight, and blood test results and can be ordered from the ISU Distribution Center. Health History Cards may be used in three ways:

- Your agency may provide a supply of cards to health care providers in your service area, as part of your outreach efforts. Health care providers can then use the cards to share data with your agency.
- If a participant has a regular appointment with her health care provider before the next certification, give the participant a card to take to the appointment.

- When medical information is obtained at the WIC appointment, this should be entered on the card for the participant to share with the health care provider at the next appointment.

If a local agency demonstrates poor performance in obtaining referral data, the State Agency may require the agency to perform bloodwork and limit the use of referral data only to previously collected data. It is not the intent of policy to sanction participants who fail to provide referral data. These participants are eligible for WIC on the basis of another qualifying risk. However, it is not in the best interest of participants to repeatedly certify them in the absence of bloodwork data. Lack of blood work could be an indication of problems with access to care that WIC staff should investigate. Therefore, when a participant fails to provide referral bloodwork data for a certification period, bloodwork must be available from a referral source or drawn at the WIC clinic for the next certification period.

Data field: Deferred results: Marking the checkbox, "Deferred results" in the WIC data system allows the bloodwork record to be edited in the future with the results. This is intended for blood work drawn at the appointment but the results were not available. This data system feature will be used most often to document blood lead results drawn by Child Health program staff.

For infants, bloodwork data should be obtained closer to 9 months of age for infants at risk for anemia (infants lacking a regular source of dietary or supplemental iron). Bloodwork data can be done closer to the first birthday for infants who are not at high risk for anemia. A blood test between 6-9 months can be used to meet this requirement. This is to be the exception, not usual practice.

Tracking blood tests: Bloodwork results are displayed in the data system to help WIC personnel track whether the screening schedule has been met. For more information about this feature, check the Help menu in the data system.

WIC's role in follow-up care includes:

- Nutrition education,
- Referring participants to a health care provider,
- Obtaining and reviewing the follow-up lab values, and
- Coordinating nutrition education with the health care provider's recommendations.