Nutrition Risk Definitions

Policy

USDA Federal Regulations:
State plan requirements
246.4(a) Requirements. By August 15 of each year, each State agency shall submit to FNS for approval a State Plan for the following fiscal year as a prerequisite to receiving funds under this section. (11) A copy of the procedure manual developed by the State agency for guidance to local agencies in operating the Program. The manual shall include— (i) Certification procedures, including: (A) A list of the specific nutritional risk criteria by priority level which explains how a person's nutritional risk is determined;

Nutrition risk criteria
246.7(e)(2) Nutritional risk criteria. The following are examples of nutritional risk conditions which may be used as a basis for certification. These examples include—

(i) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements, such as anemia, underweight, overweight, abnormal patterns of weight gain in a pregnant woman, low birth weight in an infant, or stunting in an infant or child;

(ii) Other documented nutritionally related medical conditions, such as clinical signs of nutritional deficiencies, metabolic disorders, pre-eclampsia in pregnant women, failure to thrive in an infant, chronic infections in any person, alcohol or drug abuse or mental retardation in women, lead poisoning, history of high risk pregnancies or factors associated with high risk pregnancies (such as smoking; conception before 16 months postpartum; history of low birth weight, premature births, or neonatal loss; adolescent pregnancy; or current multiple pregnancy) in pregnant women, or congenital malformations in infants or children, or infants born of women with alcohol or drug abuse histories or mental retardation.

(iii) Dietary deficiencies that impair or endanger health, such as inadequate dietary patterns assessed by a 24-hour dietary recall, dietary history, or food frequency checklist; and

(iv) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, such as homelessness or migrancy.

Authority

7 CFRPart 246.4(a)(11)(i)(A)*excerpt*
7 CFR Part 246.7(e)(2)(i-iv)

Procedures

This policy provides

- Abbreviated definitions for the risk criteria used by the Iowa WIC Program
- Risk codes in numerical order using USDA numbers

- If the risk is considered high risk or not
- Priority assignments and
- The participant categories covered by each risk

For selected medical risks and selected dietary risks, an alpha character also appears with the USDA number. This character has been added to facilitate state reporting and tracking of specific risks and nutrition practices.

The full definitions for the risk criteria can be found on the WIC web portal.
https://hhs.iowa.gov/wic-portal/policies

Self-reporting of medical diagnoses

Some nutrition risk criteria, specified in the definition of each criterion allow an applicant or caregiver to tell the CPA (self-report) at the local WIC office that they or their child has a condition that was diagnosed by a physician.

- Self-reporting of a diagnosis by a physician or other recognized medical authority should not be confused with self-diagnosis, where a person simply claims to have or has had a medical condition, without any reference to professional diagnosis of that condition.

A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more probing questions related to the self-reported professional diagnosis, such as:

- Is the condition being managed by a medical professional;
- Name and contact information for that medical professional (to allow communication and verification if necessary);
- Is it being controlled by diet, medication, or other therapy; and
- What types of medications, if any have been prescribed or are being taken to address the condition.

Self-reporting for "History of..." conditions should be treated in the same manner as self-reporting for current conditions requiring a physician's diagnosis, i.e., the applicant may report to the CPA that s/he was diagnosed by a physician with a given condition at some point in the past.

- As with current conditions, self-diagnosis of a past condition should never be confused with self-reporting.

Potential medical conditions that are not listed

While most medical conditions have an impact on nutritional status, some conditions do not. For purposes of eligibility, the impact of the medical condition on nutritional status must be clearly documented.

Some definitions of nutrition-related medical conditions include a non-exhaustive list of potential conditions (e.g., 348=Central nervous system disorders). If a WIC applicant reports a condition that is not included in the WIC data system, the Competent Professional Authority

(CPA) must:

- Document in the applicant's record risk 360 "Other Medical Conditions, severe enough to affect nutritional status" and then select "Other as defined in the care plan" from the drop-down list.
- The CPA will then document the condition and how it interferes with food consumption, nutrient absorption or compromises nutritional status in the care plan.

High-risk conditions

The WIC data system automatically identifies some participants as high-risk based on their assigned risks. High risk conditions are identified by a + in the definitions listed below.

The Iowa WIC Program defines high risk as a nutrition problem or the potential for developing a nutrition problem that requires additional assessment, intervention, monitoring and evaluation by a licensed dietitian (Journal of the American Dietetic Association 2003; 103(6):1061-1072).

Requirements for high-risk conditions

Participants who are at high-risk must have at least one individual education contact by a registered, licensed dietitian and have a nutrition care plan written.

- This contact may take place at certification or at a subsequent education contact or the health update.

All contacts for high-risk participants must include a one-to-one contact and an updated care plan. (E.g. The participant can complete wichealth.org for their subsequent nutrition education contact but they must also have a phone or in person contact with a CPA).

+ next to the X indicates that the participant category is high risk for that condition.

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	I V	I	II	I V	III	V	III	VI
101	**Underweight/women:** Pregnant — Prepregnancy BMI <18.5	X											
	Breastfeeding <6 months postpartum & postpartum — Prepregnancy BMI <18.5 or current BMI <18.5			X									X
	Breastfeeding 6 months postpartum or more — Current BMI <18.5			X									
103a	**At risk of underweight/infants & children:** ● <24 months — >2.3rd percentile and ≤5th percentile weight-for-length as plotted on the CDC Birth to 24 months' gender specific growth charts* ● ≥24 months — >5th percentile and ≤10th percentile BMI-for-age as						**X+**			**X+**			

	plotted on the 2000 CDC age/gender specific growth charts **For the Birth to <24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months' gender specific hard copy growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.*												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
103b	**Underweight/infants & children:** ● <24 months — ≤2.3rd percentile weight-for-length as plotted on the CDC Birth to 24 months' gender specific growth charts* ● ≥24 months — ≤5th percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts **For the Birth to <24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months' gender specific hard*						**X+**			**X+**			

	copy growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.												
111	**Overweight/women:** Pregnant women — Prepregnancy BMI ≥25.0 Breastfeeding <6 months postpartum & postpartum — Prepregnancy BMI ≥25.0 Breastfeeding 6 months postpartum or more — Current BMI ≥25.0	**X**		**X** **X**									**X**
113	**Obese (Children 2-5 Years of Age)**: ≥95th percentile BMI, or ● Weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts **The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine*									**X+**			

	this risk.												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
114	**Overweight or at risk of overweight (infants & children):** **Infants:** <12 months (infant of obese mother) – Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy* **BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.* **Overweight/children ≥24 months:** ≥85th and <95th percentile BMI-for-age, or Weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts **The cut off is based on standing height measurements. Therefore, recumbent length*						**X**			**X**			

	measurements may not be used to determine this risk.												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
115	**High weight-for-length birth to < 24 months** ≥97.7th percentile weight-for-length as plotted on the CDC Birth to 24 months' gender specific growth charts **CDC labels the 97.7th percentile as the 98th percentile on the hard copy Birth to 24 months' gender specific growth charts. Electronic charts should use the 97.7th percentile as the cut-off.*						**X**			**X**			
121a	**At risk for short stature:** ● <24 months — >2.3rd percentile and ≤5th percentile length-for-age as plotted on the CDC Birth to 24 months' gender specific growth charts* ● ≥24 months — >5th percentile and ≤10th percentile stature-for-age as						**X**			**X**			

	plotted on the 2000 CDC age/gender specific growth charts **CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months' hard copy gender specific growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.*											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
121b	**Short stature:** ● <24 months - ≤ 2.3rd percentile length-for-age as plotted on the CDC Birth to 24 months' gender specific growth charts* ● ≥24 months - ≤5th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts The data system assigns nutrition risk criteria for short stature for premature						**X**			**X**			

	infants and children up to 24 months based on adjusted gestational age. **CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months' hard copy gender specific growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.*												
131	**Low maternal weight gain:** Defined as a low rate of weight gain such that **i**n the 2nd and 3rd trimesters for singleton pregnancies — ● Underweight women gain <1 lb./week ● Normal weight women gain <0.8 lb./week ● Overweight women gain <0.5 lb./week ● Obese women gain <0.4 lb./week OR Using a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine) weight gain grid, a pregnant woman's weight plots at any point beneath	**X+**											

	the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
133	**High maternal weight gain (for singleton pregnancies):** Pregnant women — Defined as a high rate of weight gain such that in the 2nd and 3rd trimesters: Underweight women gain more than 1.3 lb./week Normal weight women gain more than 1 lb./week Overweight women gain more than 0.7 lb./week Obese women gain more than 0.6 lb./week OR Using an IOM-based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight	**X**		**X**									**X**

	gain range for her respective prepregnancy weight category Breastfeeding & postpartum women — Weight gain in most recent pregnancy exceeded these levels based on prepregnancy BMI: ● Underweight >40 lb. ● Normal weight >35 lb. ● Overweight >25 lb. ● Obese >20 lb.												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
134	**Failure to thrive:** Failure to thrive (FTT) describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex (1, 2, 3, 4, 5). Typically a sign of undernutrition, the cause of FTT is often complex and includes many factors						**X+**			**X+**			
135	**Slowed/Faltering Growth Pattern:**						**X+ ≤ 6**						

	Infants Birth to 2 weeks- Excessive weight loss after birth, defined as ≥ 7% birth weight Infants 2 weeks to 6 Months of Age- Any weight loss using two separate weight measurements taken at least eight weeks apart.						**mo**						
141a	**Low birth weight:** ≤5.5 lb.						**X+**			**X+ < 24 mo**			
141b	**Very low birth weight:** ≤ 3 lb. 5 oz.						**X+**			**X+ < 24 mo**			
142a	**Preterm:** Preterm: Delivery of an infant born ≤ 36 6/7 weeks gestation						**X**			**X < 24 mo**			
142b	**Early Term Delivery:** Early Term: Delivery of an infant born ≥37 0 and ≤ 38 6/7 weeks' gestation						**X**			**X < 24 mo**			
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	

		I	IV	I	II	I V	I	II	I V	III	V	III	VI
153	**Large for gestational age:** ≥9 lbs.						**X**						
201	**Low hemoglobin/hematocrit:** Infants & children 6-23 months old — ● Hgb <11.0 gms Children 2-5 years old — ● Hgb <11.1 gms Pregnant women — ● Hgb <11.0 gms (for wks. 0-13, 27-40+) ● Hgb <10.5 gms (for wks. 14-26) Breastfeeding & postpartum women — ● Hgb <11.8 gms (for women 12-14 yrs.) ● Hgb <12.0 gms (for women 15-17 yrs.)	**X+**		**X+**			**X+**			**X+** **X+**		**X+**	

	• Hgb <12.0 gms (for women ≥18 yr.												
211	**Elevated blood lead level:** Women (all categories) and Infants - ≥5 ug/dl in the last 12 months Children- ≥ 3.5ug/dl in the last 12 months	**X+**		**X+**			**X+**			**X+**			**X+**
301	**Hyperemesis gravidarum:** Severe nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances.	**X+**											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
302	**Gestational diabetes:** Any degree of glucose or carbohydrate intolerance with onset or first recognition during pregnancy	**X+**											
303	**History of gestational diabetes** Note: For breastfeeding and postpartum women, with most recent pregnancy.	**X**		**X**									**X**

304	**History of preeclampsia** Note: For breastfeeding and postpartum women, with most recent pregnancy	**X**		**X**									**X**
311a	**History of preterm delivery:** As defined as: Preterm: Delivery of an infant born ≤ 36 6/7 weeks gestation Note: For pregnant women, any history of preterm or early term delivery. For breastfeeding and postpartum women, with most recent pregnancy.	**X**		**X**									**X**
311b	**History of early term delivery:** As defined as: Early Term: Delivery of an infant born ≥37 0/7 and ≤ 38 6/7 weeks' gestation Note: For pregnant women, any history of preterm or early term delivery. For breastfeeding and postpartum women, with most recent pregnancy.	**X**		**X**									**X**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**

321	**History of spontaneous abortion, fetal or neonatal loss:** ● Spontaneous abortion = spontaneous termination at <20 wks. or <500 grams ● Fetal death = spontaneous termination at ≥20 weeks ● Neonatal death = death of infant before 28 days of life Pregnant women — assign risk if: ● ≥2 spontaneous abortions *or* any history of fetal or neonatal death												
321a		**X**											
	Breastfeeding women — assign risk if: ● Most recent pregnancy was a multifetal gestation with ≥1 fetal *or* neonatal deaths but with 1or more infants still living												
321b				**X**									
	Postpartum women — assign risk if: ● Most recent pregnancy ended with a spontaneous abortion, a fetal loss *or* a neonatal death												

321c												X
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
331 331a 331b	**Pregnancy at young age:** ≤ 20 years at time of conception. Because actual date of conception is difficult to determine, the applicant's age at the last menstrual period (LMP) may be used to determine pregnancy before her 21st birthday. LMP before age 16 years LMP at ≥ 16 and ≤ 20 years Note: For breastfeeding and postpartum women, with most recent pregnancy.	**X+**		**X+**								**X+**	
332	**Short Interpregnancy Interval:** Conception <18 mo. from the date of a live birth to the conception of the subsequent pregnancy. Note: For breastfeeding and postpartum women, with most recent pregnancy.	**X**		**X**									**X**

334	**Lack of adequate prenatal care:** First prenatal visit ≥13 wks. or inadequate number of visits as follows: Wks. gestation — Inadequate if # visits is: 14-21 — 0 22-29 — ≤1 30-31 — ≤2 32-33 — ≤3 34+ — ≤4	**X**											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**IV**	**I**	**II**	**IV**	**III**	**V**	**III**	**VI**
335	**Multifetal gestation:** More than 1 fetus in a current pregnancy or the most recent pregnancy for breastfeeding and postpartum women	**X+**		**X+**									**X+**
336	**Fetal growth restriction:** Usually defined as fetal weight <10th percentile for gestational age.	**X**											

337	**History of large for gestational age birth:** ≥9 lbs. Note: For breastfeeding and postpartum women, with most recent pregnancy.	**X**		**X**									**X**
338	**Pregnant woman currently breastfeeding**	**X**											
339	**History of birth with nutrition related congenital or birth defect:** A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutrition intake such as inadequate zinc, inadequate folic acid, or excess vitamin A. Includes neural tube defects and cleft palate or lip. Note: For breastfeeding and postpartum women, with most recent pregnancy.	**X**		**X**									**X**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
341	**Nutrient deficiency or disease:** Any curren treated or untreated nutrient deficiency disease which can be the result of p	**X+**		**X+**			**X+**			**X+**			**X+**

	nutritional intake, chronic health conditions, acute health conditions, medications, altered nutrient metabolism, or a combination of these factors, and can impact the levels of both macronutrients and micronutrients in the body. Includes but is not limited to: ● Protein energy malnutrition ● Scurvy ● Osteomalacia ● Vitamin K deficiency ● Pellagra ● Xerophthalmia ● Iron Deficiency ● Rickets ● Beri beri ● Hypocalcemia												
342	**Gastrointestinal disorder:** Disorders that interfere with the intake, digestion or absorption of nutrients include but are not limited to:	**X+**		**X+**			**X+**			**X+**			**X+**

	• Gastroesophageal reflux disease (GERD). • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease (including ulcerative colitis or Crohn's disease) • Liver disease • Pancreatitis • Biliary tract disease												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**IV**	**I**	**II**	**IV**	**III**	**V**	**III**	**VI**
343	**Diabetes mellitus:** A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	**X+**		**X+**			**X+**			**X+**			**X+**
344	**Thyroid disorders:** hyperthyroidism, hypothyroidism, congenital	**X**		**X**			**X**			**X**			**X**

	hyperthyroidism, congenital hypothyroidism, postpartum thyroiditis												
345	**Hypertension and Prehypertension:** Hypertension is defined as high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension. Prehypertension is defined as being at high risk for developing hypertension, based on blood pressure levels.	**X+**		**X+**			**X+**			**X+**			**X+**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
346	**Renal disease:** Includes pyelonephritis and persistent proteinuria, but excludes urinary tract infections involving the bladder	**X+**		**X+**			**X+**			**X+**			**X+**
347	**Cancer:** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biological restraints. Where the	**X+**		**X+**			**X+**			**X+**			**X+**

	current condition or its treatment is severe enough to affect nutritional status.												
348	**Central nervous system disorders:** Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes but is not limited to: ● Epilepsy, ● Cerebral palsy, ● Neural tube defects such as spina bifida or myelomeningocele, ● Parkinson's disease, and ● Multiple sclerosis (MS).	**X+**		**X+**			**X+**			**X+**			**X+**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
349	**Genetic and congenital disorders:** Hereditary or congenital condition at birth that causes physical or metabolic abnormality where the current condition alters nutrition status metabolically,	**X+**		**X+**			**X+**			**X+**			**X+**

	mechanically, or both. Includes but is not limited to: ● Cleft lip or palate, ● Down's syndrome, ● Thalassemia major, ● Sickle cell anemia (not sickle cell trait), and ● Muscular dystrophy.												
351	**Inborn error of metabolism:** Inheri metabolic disorders caused by a defect in enzymes or their co-factors that metabol protein, carbohydrate, or fat. Inborn errors metabolism (IEM) generally refer to g mutations or gene deletions that a metabolism in the body, including but limited to: ● Amino acid disorders ● Organic acid metabolism disorders ● Fatty acid oxidation disorders ● Lysosomal storage diseases ● Urea cycle disorders	**X+**		**X+**			**X+**			**X+**			**X+**

	• Carbohydrate disorders • Peroxisomal disorders • Mitochondrial disorders												
352a	**Infectious disease- Acute** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. Includes but is not limited to: • Pneumonia • Meningitis (Bacterial/Viral) • Parasitic infections • Hepatitis A • Bronchitis (≥3 episodes in last 6 mo) • Listeriosis • Hepatitis E	**X**		**X**			**X**			**X**		**X**	
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
352b	**Infectious disease- Chronic**	**X+**		**X+**			**X+**			**X+**		**X+**	

	Conditions likely lasting a lifetime and require long-term management of symptoms. Includes but is not limited to: ● Hepatitis B ● Hepatitis C ● Hepatitis D ● HIV ● AIDS												
353	**Food allergies:** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Note: Risk 353 only applies to food allergies and should not be assigned to those who have non-immunologic adverse reactions to food.	**X+**		**X+**			**X+**			**X+**			**X+**
354	**Celiac disease:** An autoimmune disease precipitated by the ingestion of gluten that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as celiac sprue, gluten-sensitive enteropathy, and non-tropical Sprue.	**X+**		**X+**			**X+**			**X+**			**X+**

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	I V	I	II	I V	III	V	III	VI
355	**Lactose intolerance:** Syndrome of one or more of the following —diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.	X		X			X			X			X
356	**Hypoglycemia**	X+		X+			X+			X+			X+
357	**Drug-nutrient interactions:** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.	X		X			X			X			X
358	**Eating disorders:** Characterized by severe disturbances in a person's eating behaviors and related thoughts and emotions. They include, but are not limited to**:** • Anorexia Nervosa (AN) • Bulimia Nervosa (BN) • Binge-Eating Disorder (BED)	X+		X+									X+

	Note: The CPA may document evidence of disorders.												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
359	**Recent major surgery (including C-sections), trauma, or burns:** Severe enough to compromise nutritional status. Note: Any occurrence ≤2 mo. may be self-reported. Occurrences >2 mo. ago must have continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	**X**		**X**			**X**			**X**			**X**
360	**Other medical conditions:** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: • Juvenile Idiopathic Arthritis (JIA)	**X**		**X**			**X**			**X**			**X**

	• Systemic Lupus Erythematosus (SLE) • Polycystic Ovary Syndrome (PCOS) • Cardiovascular Disease • Persistent Asthma (moderate or severe) requiring daily medication • Cystic Fibrosis												
361	**Mental Illnesses :** "A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities (1)." Mental illnesses where the current condition, or treatment for the condition may affect nutrition status include, but are not limited to: • Depression • Post-Traumatic Stress Disorder (PTSD) • Personality Disorders • Schizophrenia	**X**		**X**						**X**			**X**

	• Anxiety Disorders • Obsessive-Compulsive Disorder (OCD) • Bipolar Disorders • Attention-Deficit/Hyperactivity Disorder (ADHD)												
362	**Developmental delays, sensory or motor delays interfering with the ability to eat:** Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but is not limited to: ● Minimal brain function, ● Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism, ● Birth injury, ● Head trauma, ● Brain damage, and ● Other disabilities	**X+**		**X+**			**X+**			**X+**			**X+**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	

		I	IV	I	II	I V	I	II	I V	III	V	III	VI
363	**Pre-Diabetes:** Impaired fasting glucose and/or impaired glucose tolerance. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.			**X+**									**X+**
371	**Nicotine and Tobacco Use:** Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (gums, patches).	**X**		**X**									**X**
372a	**Alcohol use:** Pregnant women — ● Any use Breastfeeding and postpartum women — ● High risk drinking: Routine consumption of ≥8 drinks per week	**X**		**X**									**X**

	or ≥4 drinks on any day. (a serving is 1 can of beer, 5 oz. wine, 1 ½ fluid ounces of liquor), or ● Binge drinking: drinks ≥4 drinks within 2 hours.											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
372b	**Substance Use:** Pregnant women — ● Any illegal substance use and/or abuse of prescription medications. ● Any marijuana use in any form. Breastfeeding and postpartum women — ● Any illegal substance use and/or abuse of prescription medications. ● Any marijuana use in any form (breastfeeding women only). Note: Tobacco is not considered an illegal drug under this risk code.	**X**		**X**									**X**

381	**Oral Health Conditions:** Oral health conditions include, but are not limited to: ● Dental caries, often referred to as "cavities" or "tooth decay", ● Periodontal diseases which is classified by the severity of the disease; gingivitis is a milder and reversible form while destructive forms are called periodontitis, and ● Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. Note: Diagnosed, documented or reported by a physician, dentist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	**X**		**X**			**X**			**X**			**X**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
382	**Fetal Alcohol Spectrum Disorders:** A group of conditions that can occur in a person whose mother	**X+**		**X+**			**X+**			**X+**			**X+**

	consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol- related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).												
383	**Neonatal Abstinence Syndrome (NAS):** NAS is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth.						**X+**						
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
401	**Failure to meet *Dietary Guidelines for Americans*:**		**X**			**X**					**X Onl**		**X**

	Based on the individual's estimated energy needs, the risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). May be assigned to participants ≥2 years old when a complete nutrition assessment has been done and no other medical nutrition risks or dietary risks have been assigned.									**y ≥2 yrs**		
411	**Inappropriate nutrition practices for infants:** Routine use of feeding practices that may result in impaired nutrient status, disease or health problems. Includes the following practices:											
411a	**Primary Nutrient Source Inappropriate:** Routinely using a substitute(s) for human milk or FDA-approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of inappropriate substitutes include: ● Low iron formula without iron supplementation ● Cow's milk, goat's milk, sheep's milk (whole, reduced fat, low-fat,								**X**			

	skim); canned evaporated or sweetened condensed milk ● Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions."												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
411b	**Routinely using nursing bottles or cups improperly:** Including the following practices: ● Using a bottle to feed fruit juice. ● Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ● Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ● Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ● Propping the bottle when feeding.								**X**				

	• Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant's bottle.											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
411c	**Inappropriate Complementary Foods:** Early introduction of solid foods: Any food other than human milk or iron-fortified infant formula before 6 months of age. Sugar/corn syrup added to beverage/food/pacifier: Adding sweet agents such as these to any beverage (including water) or prepared food, or used on a pacifier.								**X**				
411d	**Feeding practices disregard developmental needs:** Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger								**X**				

	cues). Feeding foods of inappropriate consistency, size or shape that puts infant at risk of choking. Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods.)												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
411e	**Potentially contaminated foods:** Feeding foods to an infant that could be contaminated with harmful microorganisms including: Unpasteurized fruit or vegetable juice; Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert,								**X**				

	blue-veined, and Mexican-style cheese; Raw or undercooked meat, fish, poultry, or eggs; Raw vegetable sprouts (alfalfa, clover, bean, and radish); and Deli meats, hot dogs, and processed meats (must be heated until steaming hot to be safe). Consuming honey: Added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc. Donor human milk acquired directly from individuals or the Internet.												
411f	**Inappropriately diluted formula:** Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). Failure to follow specific instructions accompanying a prescription.								**X**				
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**

411g	**Inappropriate frequency of breastfeeding:** Scheduled feedings instead of demand feedings. <8 feedings/24 hours if <2 months old								**X**				
411h	**Diet very low in calories or essential nutrients:** Vegan diet Macrobiotic diet Other diets very low in calories or essential nutrients.								**X**				
411i	**Inadequate sanitation resources or practices:** Limited or no access to a: Safe water supply (documented by appropriate officials) Heat source for sterilization, and/or Refrigerator or freezer for storage. Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:								**X**				

	<u>Unsafe practices for human milk include:</u> Heating/Thawing in the microwave Refreezing Adding freshly expressed unrefrigerated human milk to frozen human milk Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk. Feeding thawed refrigerated human milk more than 24 hours after it was thawed. Saving human milk from a used bottle for another feeding. Failure to clean breast pump per manufacturer's instruction. Donor human milk acquired directly from individuals or the Internet. <u>Unsafe practices include feeding formula that:</u> Storing at room temperature for more than 1 hour. Failure to prepare and/or store prepared												

	formula per manufacturer's or physician instructions. Using formula in a bottle one hour after the start of a feeding. Saving formula from a used bottle for another feeding. Failure to clean baby bottle properly											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**IV**	**I**	**II**	**IV**	**III**	**V**	**III**	**VI**
411j	**Potentially harmful dietary supplements: Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:** Single or multi-vitamins Mineral supplements Herbal or botanical supplements, remedies,								**X**				

	and teas												
411k	**Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.** Inadequate fluoride intake: Infants ≥6 months who are ingesting <0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride Inadequate vitamin D intake: Any infant (breastfed and non-breastfed) ingesting <1 quart (32 oz.) per day of vitamin D-fortified formula and not taking a supplement of 400 IU vitamin D/day.								**X**				
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
425	**Inappropriate nutrition practices for**												

	children: Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. Includes the following practices:												
425a	**Routinely feeding inappropriate beverages as the primary milk source.** Reduced fat milk before 24 months: Feeding non-fat or reduced-fat milks between 12-24 months, unless allowed by state agency policy for a child for whom overweight or obesity is a concern. Inappropriate imitation or substitute milk: Routine feeding as primary milk source of beverages such as: Sweetened condensed milk Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamers), or other "homemade concoctions."										**X**		
425b	**Routine use of sugar-containing beverages:** Soda/soft drinks Gelatin water Corn syrup solutions										**X**		

	Sweetened tea												
425c	**Routinely using nursing bottles, cups, or pacifiers improperly.** Using a bottle beyond 14 months of age Other inappropriate use of bottle or cup: Using a bottle to feed fruit juice, diluted cereal or other solid foods. Allowing child to fall asleep or be put to bed with a bottle at naps or bedtime. Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. Allowing a child to carry around and drink throughout the day from a covered or training cup.										**X**		
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
425d	**Feeding practices disregard developmental needs:** Inability to recognize, insensitivity to, or disregarding cues for hunger and satiety (e.g., forcing child to eat a certain type										**X**		

	and/or amount of food or beverage or ignoring a child's hunger cues). Feeding foods of inappropriate consistency, size or shape that puts child at risk of choking. Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). Feeding a child foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when child is ready and capable of eating mashed, chopped or appropriate finger foods.)											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
425e	**Potentially contaminated foods:** Feeding foods to a child that could be contaminated with harmful microorganisms including— Unpasteurized fruit or vegetable juice; Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert,										**X**		

	blue-veined, and Mexican-style cheese; Raw or undercooked meat, fish, poultry, or eggs; Raw vegetable sprouts (alfalfa, clover, bean, radish); and Deli meats, hot dogs, and processed meats (must be heated until steaming hot to be safe).												
425f	**Diet very low in calories or essential nutrients:** Vegan diet Macrobiotic diet Other diets very low in calories or essential nutrients**.**										**X+**		
425g	**Potentially harmful dietary supplements:** Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: Single or multi-vitamins Mineral supplements Herbal or botanical supplements, remedies, and teas										**X**		

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	I V	I	II	I V	III	V	III	VI
425h	**Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.** Inadequate fluoride intake: Children <36 months ingesting <0.25 mg fluoride/day when the water supply contains <0.3 ppm fluoride Children 36-60 months ingesting <0.50 mg fluoride/day when the water supply contains <0.3 ppm fluoride Inadequate vitamin D intake: Any child ingesting <1 quart (32 oz.) per day of vitamin D-fortified milk or formula and not taking a supplement of 400 IU vitamin D/day.										**X**		
425i	**Pica: Routine ingestion of non-food items including:** Ashes Carpet fibers										**X**		

	Cigarettes & cigarette butts Clay Dust Foam rubber Paint chips Soil Starch (laundry and cornstarch)											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
427	**Inappropriate nutrition practices for women:** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. Includes the following practices:												
427a	**Potentially harmful dietary supplements:** Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: Single or multiple vitamins		**X**			**X**							**X**

	Mineral supplements Herbal or botanical supplements, remedies and teas Cannabidiol (CBD) for Pregnant and Breastfeeding women only (Products labeled as CBD with any form of THC should be a risk with 373)												
427b	**Diet very low in calories or essential nutrients:** Consuming a diet very low in calories and/or essential nutrients/ or impaired caloric intake or absorption of essential nutrients following bariatric surgery. Examples include: Strict vegan diet Low-calorie diet Any other diet restricting calories and/or essential nutrients		**X+**			**X+**							**X+**
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**IV**	**I**	**II**	**IV**	**III**	**V**	**III**	**VI**
427c	**Pica: Compulsively ingesting non-food items including:** Dirt		**X**			**X**							**X**

	Baking soda Burnt matches Coffee grounds Chalk Cigarette ashes Clay Large quantities of ice and/or freezer frost Uncooked rice Paper Starch (laundry and cornstarch)												
427d	**Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.** Inadequate folic acid intake: Consumption of less than 400-800 mcg of folic acid from supplements daily by all WIC women categories. Inadequate iron supplementation: Pregnant woman consuming <27 mg of iron/day as a supplement. Inadequate iodine intake: Pregnant or breastfeeding woman consuming less than		**X**			**X**							**X**

	150 ug of supplemental iodine per day**.**											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
427e	**Potentially harmful foods:** Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms including— Raw or undercooked fish or shellfish, or food containing raw or undercooked seafood, e.g. sashimi, found in some sushi or ceviche; refrigerated smoked fish; partially cooked seafood, such as shrimp and crab; Raw or undercooked meat or poultry; Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; Unpasteurized, refrigerated pâté or meat spreads; Deli Salads: Deli Salads prepared without preservatives in a deli-type store or		**X**										

	restaurant; Unpasteurized milk or foods containing unpasteurized milk; Soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese such as queso blanco, queso fresco unless labeled as made with pasteurized milk; Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings (Caesar), cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; Raw sprouts (alfalfa, bean, clover, radish, microgreens); Unpasteurized fruit or vegetable juices. Unwashed fruits and vegetables												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
428	**Dietary risk associated with complementary feeding practices:** An infant of child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat								**X Only 4-**		**X Only 12-23**		

	independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding. Infants 4-11 months — Risk may be assigned when a complete nutrition assessment has been done, including 411/inappropriate nutrition practices for infants. Children 12-23 months — Risk may be assigned when a complete nutrition assessment has been done, including 425/inappropriate nutrition practices for children. Note: This risk cannot be used with other medical and dietary risk criteria.								**11 mo**		**mo**		
501	**Possibility of regression:** A participant who has previously been certified eligible for WIC may be considered to be at nutritional risk in the next certification			**X**			**X**			**X**			**X**

	period if the CPA determines there is a possibility of regression in nutritional status without the benefits that WIC provides. The use of this risk must be limited to one time following a certification period. Note: This risk cannot be used with other medical and dietary risk criteria.											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**IV**	**I**	**II**	**IV**	**III**	**V**	**III**	**VI**
502	**Out-of-state transfer, risk unknown:** Person with valid VOC document from another state, specific nutrition risk unknown.	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
601	**Breastfeeding mother of infant at nutritional risk:** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.												
601a	Breastfeeding mother of Priority I infant	**X**		**X**									
601b	Breastfeeding mother of Priority II infant				**X**								
601d	Breastfeeding mother of Priority IV infant		**X**			**X**							

602	**Breastfeeding complications/mother:** A breastfeeding mother with any of the following complications or potential complications for breastfeeding:												
602a	Severe breast engorgement	**X**		**X**									
602b	Recurrent plugged ducts	**X**		**X**									
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
602c	Mastitis (fever or flu-like symptoms with localized breast tenderness)	**X**		**X**									
602d	Flat or inverted nipples	**X**		**X**									
602e	Cracked, bleeding or severely sore nipples	**X**		**X**									
602f	Age 40 years	**X**		**X**									
602g	Failure of milk to come in by 4 days postpartum,=	**X**		**X**									
602h	Tandem nursing (breastfeeding two siblings who are not twins)	**X**		**X**									

603	**Breastfeeding complications/infant:** A breastfed infant with any of the following complications or potential complications for breastfeeding:												
603a	Jaundice						**X**						
603b	Weak or ineffective suck						**X**						
603c	Difficulty latching onto mother's breast						**X**						
603d	Inadequate stooling (for age, as determined by a physician or other health care professional), and/or <6 wet diapers/day						**X**						
701	**Mother on WIC while pregnant or mother not on WIC but was at nutrition risk:** An infant <6 months of age whose mother was a WIC participant during pregnancy OR whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions. Note: Medical conditions do not include dietary risks.							**X < 6 mo**					

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	I V	I	II	I V	III	V	III	VI
702	**Breastfeeding infant of mother at nutritional risk:** Breastfeeding infant of woman at nutritional risk.												
702a	Breastfed infant of mother at nutrition risk Priority I						**X**						
702b	Breastfed infant of mother at nutrition risk Priority II							**X**					
702d	Breastfed infant of mother at nutrition risk Priority IV								**X**				
801	**Homelessness: Lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:** A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; An institution that provides a temporary resident for individuals intended to be institutionalized;		**X**			**X**			**X**		**X**		**X**

	A temporary accommodation of not more than 365 days in the residence of another individual; or A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.												
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
802	**Migrancy:** Member of a family which contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 mo., and who establishes, for the purposes of such employment, a temporary abode.		**X**			**X**			**X**		**X**		**X**
901	**Recipient of abuse:** An individual who has experienced physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual.		**X**			**X**			**X**		**X**		**X**

	The experience of abuse may be self-reported by the individual, an individual's family member, or reported by a social worker, healthcare provider, or other appropriate personnel. Types of abuse relevant to the WIC population include, but are not limited to, the following: • Domestic violence: abuse committed by a current or former family or household member or intimate partner. • Intimate partner violence (IPV): a form of domestic violence committed by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) that may include physical violence, sexual violence, stalking, and/or psychological aggression (including coercive tactics). • Child abuse and/or neglect: any act or failure to act that results in harm to a child or puts a child at risk of harm. Child abuse may be physical (including shaken baby syndrome), sexual, or emotional abuse or												

	neglect of an infant or child under the age of 18 by a parent, caretaker, or other person in a custodial role (such as a religious leader, coach, or teacher).											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
902	**Woman or infant/child of primary caregiver with limited ability to make appropriate feeding decisions and/or prepare food.** Examples may include individuals who are: ≤17 years of age, Mentally disabled/delayed and/or have a mental illness such as clinical depression, Physically disabled to a degree which restricts or limited food preparation abilities, Currently using or having a history of abusing alcohol or other drugs, or Intellectual disability		**X**			**X**			**X**		**X**		**X**

	Note: The primary caregiver is defined as the person responsible for taking care of the infant/child and for making the feeding decisions or preparing meals in that household. This person is not necessarily the mother, guardian or adoptive parent of that infant/child.											
USDA Code	**Definition**	**Pregnant**		**Breastfeeding**			**Infants**			**Children**		**Postpartum**	
		I	**IV**	**I**	**II**	**I V**	**I**	**II**	**I V**	**III**	**V**	**III**	**VI**
903	**Foster care:** Entering the foster care system during the previous 6 mo. OR moving from one foster care home to another foster care home during the previous 6 mo.		**X**			**X**			**X**		**X**		**X**
904	**Environmental tobacco smoke exposure:** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as secondhand, passive, or involuntary smoke	**X**		**X**			**X**			**X**			**X**

	(1). The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems												

Best Practices

Validation of self-reported diagnoses

When an applicant self-reports a diagnosis, it is not necessary to obtain documentation of that diagnosis from a physician or psychologist but should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis and treatment plan.

There may also be instances when it is appropriate to request pertinent medical or nutrition information to support the nutrition risk determination and to assist WIC in providing an appropriate nutritional plan of care. Reports or documentation of diagnosis are also acceptable from a physician or someone working under the physician's orders, including nurses and physician's assistants. Non-traditional health care providers such as shamans, acupuncturists, chiropractors, or holistic health advisors are not considered physicians for purposes of this policy. It is not necessary to review or validate referral diagnoses against the definitions listed in this policy.

High-risk risks

If a registered, licensed dietitian (RD, LD) certifies the high-risk participant and writes the nutrition care plan, this contact meets the policy requirement for one individual contact by a RD, LD The RD, LD should determine the appropriate level of service for the second education contact (RD, LD or another CPA) and schedule it accordingly.

WIC CPAs can and should manually assign high-risk status for participants based on their professional judgment.