

Risk Factor				High Risk	Priority	Category	Criteria Definition																				
ANTHROPOMETRIC																											
100 <u>Low Weight for Height</u>																											
101	HR = PG:101 with 371	INWIC	I	Pregnant	Prepregnancy Body Mass Index (BMI) < 18.5 →(If RF 101 and 371 are selected together the participant will be H).																						
			I	Breastfeeding	PP Breastfeeding Women Who are < 6 Months Postpartum - Prepregnancy or current Body Mass Index (BMI) < 18.5. PP Breastfeeding Women Who are ≥ 6 Months Postpartum - Current Body Mass Index (BMI) < 18.5.																						
			III	NBF PP Adol	Prepregnancy or Current Body Mass Index (BMI) < 18.5.																						
			VI	NBF PP Adult																							
			A woman (< 6mo. PP) with a postpartum BMI of < 18.5 on the Ht/Wt/Blood tab may indicate: (a) inadequate weight gain during pregnancy, (b) postpartum depression, (c) eating disorder, (d) and/or disease, any or all of which need to be addressed. If a PrePregnancy weight of zero (0) is entered the system may assign Risk Factor 101 in error. CPA's should note incorrect risk factor assignments made by INWIC in the Nutrition Risk Screen Note.																								
103 <u>Underweight or at Risk of Underweight (Infants & Children)</u>																											
103	HR	INWIC	I	Infants	At risk of Underweight Birth to < 24 months: > 2.3rd percentile and ≤ 5th percentile weight-for-length. 2 - 5 years: >5th and ≤ 10th percentile Body Mass Index (BMI)-for-age.																						
			III	Children	Underweight Birth to < 24 months: ≤ 2.3rd percentile weight-for-length. 2 - 5 years: ≤ 5th percentile Body Mass Index (BMI)-for-age.																						
			THIS IS NOW HR ANYTIME 103 IS ASSIGNED, NOT JUST FOR "UNDERWEIGHT"																								
110 <u>High Weight for Height</u>																											
111		INWIC	I	Pregnant	Prepregnancy Body Mass Index (BMI) ≥ 25																						
			I	Breastfeeding	PP Breastfeeding Women Who are < 6 Months Postpartum - Prepregnancy Body Mass Index (BMI) ≥ 25. PP Breastfeeding Women Who are ≥ 6 Months Postpartum - Current Body Mass Index (BMI) ≥ 25.																						
			III	NBF PP Adol	Prepregnancy Body Mass Index (BMI) ≥ 25																						
113	HR	INWIC	III	Children	Obese (Children 2-5 Years of Age) ≥ 24 months to 5 years of age and ≥ 95th percentile Body Mass Index (BMI)-for-age or weight-for-stature.																						
			III	Children	Overweight (Children 2-5 Years of Age) ≥ 24 months of age and ≥ 85th and < 95th percentile Body Mass Index (BMI)-for-age or weight-for-stature.																						
115	No HR	INWIC	I	Infants	High Weight-for Length (Birth to < 24 months)																						
	HR		III	Children	Birth to < 24 months: ≥ 97.7th percentile weight-for-length																						
120 <u>Short Stature</u>																											
121		INWIC	I	Infants	Short Stature or At Risk of Short Stature Short Stature Birth to < 24 months: ≤ 2.3rd percentile length-for-age. 2 to 5 years: ≤ 5th percentile stature-for-age.																						
			III	Children	At Risk of Short Stature Birth to < 24 months: > 2.3rd percentile and ≤ 5th percentile length-for-age. 2 to 5 years: >5th percentile and ≤ 10th percentile stature-for-age.																						
			Note: For premature infants (with a history of prematurity), assignment will be based on adjusted gestational age.																								
130 <u>Inappropriate Growth/Weight Gain Pattern</u>																											
131	No HR-1st Trimester	INWIC	I	Pregnant	<p style="text-align: center;"><u>Low Maternal Weight Gain</u></p> <p>There are two different criteria that are used to determine if risk factor 131 should be assigned to a participant.</p> <p>A. The first criteria is used only during the 2nd or 3rd trimesters, when there are at least 2 measurements that occur on or after the 2nd trimester and the measurements are at least 7 days apart. The guidelines for a low rate of weight gain using this criteria, for singleton pregnancy, are as follows: Underweight women with a weight gain of less than 1.0 pound per week Normal weight women with a weight gain of less than 0.8 pounds per week Overweight women with a weight gain of less than 0.5 pounds per week Obese women with a weight gain of less than 0.4 pounds per week</p> <p>B. The second criteria will be used to at any point in pregnancy (i.e. including weight gained in the 1st, 2nd AND 3rd trimesters), when there is not enough data to use the first criteria (above). The guidelines for a low rate of weight gain using this criteria, for singleton pregnancy, are as follows: <ul style="list-style-type: none"> A low rate of weight gain such that at any point in pregnancy, using the Institute of Medicine (IOM) weight gain grid for her respective prepregnancy weight group, a pregnant woman's weight plots at any point beneath the bottom line for the appropriate weight gain range (below). </p> <p style="text-align: center;">Total Weight Gain Guidelines</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Prepregnancy Weight Groups</th> <th>BMI Range</th> <th>Singleton Pregnancy</th> <th>Provisional Guidelines Twin Gestation*</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> <td>28-40 lbs</td> <td>Consistent Rate of Gain</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>25-35 lbs</td> <td>37-54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>15-25 lbs</td> <td>31-50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥30.0</td> <td>11-20 lbs</td> <td>25-42 lbs</td> </tr> </tbody> </table>			Prepregnancy Weight Groups	BMI Range	Singleton Pregnancy	Provisional Guidelines Twin Gestation*	Underweight	<18.5	28-40 lbs	Consistent Rate of Gain	Normal Weight	18.5 to 24.9	25-35 lbs	37-54 lbs	Overweight	25.0 to 29.9	15-25 lbs	31-50 lbs	Obese	≥30.0	11-20 lbs	25-42 lbs
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HR	HR-2nd or 3rd Trimester Only																										

The INWIC system uses the CDC BMI for Age Tables for anyone 20 years of age or less. For anyone over 20 years of age, the system is using the following formula to determine BMI: (Weight in lb)/703/Height²

Risk Factor Summary Sheet

ANTHROPOMETRIC																																											
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130					<u>Inappropriate Growth/Weight Gain Pattern</u>																																						
132		I	Pregnant	INWIC	<u>Maternal Weight Loss During Pregnancy</u> Any weight loss below pregravid weight during 1st trimester, or weight loss of ≥ 2 pounds (≥ 1 kg) in the 2nd or 3rd trimesters (14-40 weeks gestation)																																						
133		I	Pregnant	INWIC	<u>High Maternal Weight Gain</u> Pregnant Women: There are two different criteria that are used to determine if risk factor 133 should be assigned to a participant. A. The first criteria is used only during the 2nd or 3rd trimesters, when there are at least 2 measurements that occur on or after the 2nd trimester and the measurements are at least 7 days apart. The guidelines for a high rate of weight gain using this criteria, for singleton pregnancy, are as follows: Underweight women with a weight gain of more than 1.3 pounds per week Normal weight women with a weight gain of more than 1.0 pounds per week Overweight women with a weight gain of more than 0.7 pounds per week Obese women with a weight gain of more than 0.6 pounds per week B. The second criteria will be used to at any point in pregnancy(i.e. including weight gained in the 1st, 2nd AND 3rd trimesters), when there is not enough data to use the first criteria (above).The guidelines for a high rate of weight gain using this criteria, for singleton pregnancy, are as follows: • A high rate of weight gain such that at any point in pregnancy, using the Institute of Medicine (IOM) weight gain grid for her respective prepregnancy weight group, a pregnant woman's weight plots at any point above the top line for the appropriate weight gain range (below). <u>Total Weight Gain Guidelines</u>																																						
		I III VI	Breastfeeding NBF PP Adol NBF PP Adult	INWIC	PP Breastfeeding and PP Nonbreastfeeding: Most recent Singleton Pregnancy only: Assignment based on Total Gestational Weight Gain during the most recent pregnancy using the Total Weight Gain Guidelines listed above for the participant's Prepregnancy Weight Group. *Multi-fetal (RF 335 will INWIC assign for eligibility purposes) • A gain of 1.5 lbs/wk during the 2nd and 3rd trimesters is associated with reduced risk of preterm and LBW delivery of twins. • Overall weight gain in triplet pregnancies should be around 50 lbs with a steady rate of gain of approximately 1.5 lbs/wk throughout the pregnancy.																																						
131 and 133		I	Pregnant		<u>Risk Factor Counseling Guidelines</u> There are prenatal women whose initial weight at the beginning of their pregnancy (in comparison to their pre-pregnancy weight) was inadequate or excessive, plotting outside the acceptable range either below or above the line on the grid, and whose weight gain over time follows the weight gain curve. For these women the CPA may determine that the prenatal woman is gaining at an appropriate rate based on the recommended weekly weight gain rate (see 131 or 133). The assigned risk factor would continue to be valid but the CPA may determine the need for continued PN weight checks. For risk factor 131 the high risk determination may be waived by the CPA and the PN woman placed on tri-monthly check issuance instead of monthly issuance. These types of assessments and decisions would be documented in the SOAP Note for the counseling session. <u>Weekly Prenatal Weight Gain Guidelines (Singleton Pregnancies)</u>																																						
Counseling Guidelines					<table border="1"> <thead> <tr> <th rowspan="3">Pregpregnancy Weight Groups</th> <th rowspan="3">BMI Range</th> <th colspan="2">Risk Factor 131</th> <th colspan="2">Risk Factor 133</th> </tr> <tr> <th colspan="2">Trimester</th> <th colspan="2">Trimester</th> </tr> <tr> <th>1st (Total Wt. Gain)</th> <th>2nd and/or 3rd</th> <th>1st (Total Wt. Gain)</th> <th>2nd and/or 3rd</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> <td><2.2 lbs</td> <td><1.0 lbs/wk</td> <td>>6.6 lbs</td> <td>>1.3 lbs/wk</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td><2.2 lbs</td> <td><0.8 lbs/wk</td> <td>>6.6 lbs</td> <td>>1.0 lbs/wk</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td><2.2 lbs</td> <td><0.5 lbs/wk</td> <td>>6.6 lbs</td> <td>>0.7 lbs/wk</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td><1.1 lbs</td> <td><0.4 lbs/wk</td> <td>>4.4 lbs</td> <td>>0.6 lbs/wk</td> </tr> </tbody> </table> <p>(1st trimester info based on information from the growth grid development by North Carolina DHHS 06/10; 2nd & 3rd trimester info based on USDA Risk Factor)</p>	Pregpregnancy Weight Groups	BMI Range	Risk Factor 131		Risk Factor 133		Trimester		Trimester		1st (Total Wt. Gain)	2nd and/or 3rd	1st (Total Wt. Gain)	2nd and/or 3rd	Underweight	<18.5	<2.2 lbs	<1.0 lbs/wk	>6.6 lbs	>1.3 lbs/wk	Normal Weight	18.5 to 24.9	<2.2 lbs	<0.8 lbs/wk	>6.6 lbs	>1.0 lbs/wk	Overweight	25.0 to 29.9	<2.2 lbs	<0.5 lbs/wk	>6.6 lbs	>0.7 lbs/wk	Obese	≥ 30.0	<1.1 lbs	<0.4 lbs/wk	>4.4 lbs	>0.6 lbs/wk
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	HR HR	I III	Infants Children	CPA	<u>Failure to Thrive</u> Presence of failure to thrive (FTT) diagnosed by a physician as self-reported by applicant/participant/caregiver or as documented by a physician or someone working under a physician's order.																																						

*Presence of condition as diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

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130 <u>Inappropriate Growth/Weight Gain Pattern</u>																																					
135	HR	I	Infants	<p><u>Inadequate Growth</u></p> <p>An inadequate rate of weight gain as defined below.</p> <p>A. Infants from birth to 1 month of age:</p> <ul style="list-style-type: none"> excessive weight loss after birth not back to birth weight by 2 weeks of age <p>B. Infants from birth to 6 months of age:</p> <p>Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the table below.</p> <p>See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples.</p> <table border="1"> <thead> <tr> <th>Age</th> <th colspan="2">Average Weight Gain</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Birth - 1 mo</td> <td>18 gm/day</td> <td>4 1/2 oz/wk</td> </tr> <tr> <td>19 oz/mo</td> <td>1 lb 3 oz/mo</td> </tr> <tr> <td rowspan="2">1-2 mos</td> <td>25 gm/day</td> <td>6 1/4 oz/wk</td> </tr> <tr> <td>27 oz/mo</td> <td>1 lb 11 oz/mo</td> </tr> <tr> <td rowspan="2">2-3 mos</td> <td>18 gm/day</td> <td>4 1/2 oz/wk</td> </tr> <tr> <td>19 oz/mo</td> <td>1 lb 3 oz/mo</td> </tr> <tr> <td rowspan="2">3-4 mos</td> <td>16 gm/day</td> <td>4 oz/wk</td> </tr> <tr> <td>17 oz/mo</td> <td>1 lb 1 oz/mo</td> </tr> <tr> <td rowspan="2">4-5 mos</td> <td>14 gm/day</td> <td>3 1/2 oz/wk</td> </tr> <tr> <td>15 oz/mo</td> <td></td> </tr> <tr> <td rowspan="2">5-6 mos</td> <td>12 gm/day</td> <td>3 oz/wk</td> </tr> <tr> <td>13 oz/mo</td> <td></td> </tr> </tbody> </table>	Age	Average Weight Gain		Birth - 1 mo	18 gm/day	4 1/2 oz/wk	19 oz/mo	1 lb 3 oz/mo	1-2 mos	25 gm/day	6 1/4 oz/wk	27 oz/mo	1 lb 11 oz/mo	2-3 mos	18 gm/day	4 1/2 oz/wk	19 oz/mo	1 lb 3 oz/mo	3-4 mos	16 gm/day	4 oz/wk	17 oz/mo	1 lb 1 oz/mo	4-5 mos	14 gm/day	3 1/2 oz/wk	15 oz/mo		5-6 mos	12 gm/day	3 oz/wk	13 oz/mo	
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				<p>C. Infants/Children 6 months to 59 months of age:</p> <p><input type="checkbox"/> <u>Option I</u>: Based on 2 weights taken at least 3 months apart, the infant's/child's actual weight gain is less than the calculated expected weight gain based on the table below. See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples.</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Average Weight Gain</th> </tr> </thead> <tbody> <tr> <td rowspan="4">6-12 mos</td> <td>9 g/day</td> </tr> <tr> <td>2 ¼ oz/wk</td> </tr> <tr> <td>9 ½ oz/mo</td> </tr> <tr> <td>3 lbs 10 oz/6 mos</td> </tr> <tr> <td rowspan="4">12-59 mos</td> <td>2 ½ g/day</td> </tr> <tr> <td>0.6 oz/wk</td> </tr> <tr> <td>2.7 oz/mo</td> </tr> <tr> <td>1 lb/6 mos</td> </tr> </tbody> </table> <p>OR</p> <p><input type="checkbox"/> <u>Option II</u>: A low rate of weight gain over a six (6) month period (+ or - 2 weeks) as defined by the following chart. See Attachment 135-B in the Risk Criteria Manual for guidance on using measurements not taken within a 5-6 month interval.</p> <table border="1"> <thead> <tr> <th>Age in months at end of 6 month interval</th> <th>Weight gain per 6 month interval in pounds</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>≤ 7 lbs</td> </tr> <tr> <td>9</td> <td>≤ 5 lbs</td> </tr> <tr> <td>12</td> <td>≤ 3 lbs</td> </tr> <tr> <td>18-60</td> <td>≤ 1 lbs</td> </tr> </tbody> </table>	Age	Average Weight Gain	6-12 mos	9 g/day	2 ¼ oz/wk	9 ½ oz/mo	3 lbs 10 oz/6 mos	12-59 mos	2 ½ g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mos	Age in months at end of 6 month interval	Weight gain per 6 month interval in pounds	6	≤ 7 lbs	9	≤ 5 lbs	12	≤ 3 lbs	18-60	≤ 1 lbs											
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141	HR	I	Infants	<p><u>Low Birth Weight & Very Low Birth Weight</u></p> <p>Low Birth Weight (LBW)</p> <p>Birth weight defined as ≤ 5 lb 8 oz (≤ 2500 g) for infants and children less than 24 months old.</p> <p>Very Low Birth Weight (VLBW)</p> <p>Birth weight defined as ≤ 3 lb 5 oz (≤ 1500 g) for infants and children less than 24 months old.</p>																																	
	HR	III	Children																																		
142		I	Infants	<p><u>Prematurity</u></p> <p>Birth at ≤ 37 weeks gestation (infants and children less than 24 months old).</p>																																	
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150 <u>Other Anthropometric Risk</u>																																					
*151		I	Infants	<p><u>Small for Gestational Age (SGA)</u></p> <p>for infants and children less than 24 months old</p>																																	
		III	Children																																		
*153		I	Infants	<p><u>Large for Gestational Age (LGA)</u></p> <p>Birth weight ≥ 9 pounds (≥ 4000 g).</p>																																	

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BIOCHEMICAL																																												
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I III VI	Breastfeeding NBF PP Adol NBF PP Adult	<table border="1"> <thead> <tr> <th colspan="2">Amount of Smoking</th> <th colspan="3">Years of Age</th> <th>High Risk</th> </tr> <tr> <th colspan="2"></th> <th>12 to <15</th> <th>15-18</th> <th>≥ 18</th> <th>all ages</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td colspan="4">hgb/hct</td> </tr> <tr> <td colspan="2">Non-Smoking</td> <td>< 11.8/36</td> <td>< 12.0/36</td> <td>< 12.0/36</td> <td>≤ 10.0/30</td> </tr> <tr> <td colspan="2">Smoking up to <1 pack per day</td> <td>< 12.1/37</td> <td>< 12.3/37</td> <td>< 12.3/37</td> <td>≤ 10.0/30</td> </tr> <tr> <td colspan="2">Smoking 1 up to 2 packs per day</td> <td>< 12.3/38</td> <td>< 12.5/38</td> <td>< 12.5/38</td> <td>≤ 10.0/30</td> </tr> <tr> <td colspan="2">Smoking 2 packs plus per day</td> <td>< 12.5/38</td> <td>< 12.7/38</td> <td>< 12.7/38</td> <td>≤ 10.0/30</td> </tr> </tbody> </table> <p>Hct values are based on Table 201-C of rounded Hct values adapted from CDC for those agencies that obtain Hct readings in whole numeric values.</p>	Amount of Smoking		Years of Age			High Risk			12 to <15	15-18	≥ 18	all ages			hgb/hct				Non-Smoking		< 11.8/36	< 12.0/36	< 12.0/36	≤ 10.0/30	Smoking up to <1 pack per day		< 12.1/37	< 12.3/37	< 12.3/37	≤ 10.0/30	Smoking 1 up to 2 packs per day		< 12.3/38	< 12.5/38	< 12.5/38	≤ 10.0/30	Smoking 2 packs plus per day		< 12.5/38	< 12.7/38	< 12.7/38	≤ 10.0/30
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210 Other Biochemical Test Results Which Indicate Nutritional Abnormality																																												
211		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p>Elevated Blood Lead Levels</p> <p>Blood lead level of ≥ 5 µg/dL within the past 12 months</p>																																								

The Medical Conditions Drop Down will automatically appear when the client or AR answers "Yes" to the health information question:

- "Does your baby have any health or medical issues?"
- "Does your child have any health or medical issues?"
- "Do you have any health or medical issues?" (women)

These are mandatory questions.

The CPA may select as many choices as appropriate. These risk factors are also available for selection on the risk factor screen.

REF ID	Status					DESCRIPTION
301			P			Hyperemesis Gravidarum
302			P			Gestational Diabetes
303			P	N	B	History of Gestational Diabetes
304			P	N	B	History of Preeclampsia
311			P	N	B	History of Preterm Delivery
312			P	N	B	History of Low Birth Weight
321			P	N	B	History of Spontaneous Abortion, Fetal or Neonatal Loss
332			P	N	B	Closely Spaced Pregnancies
333			N	N	B	High Parity and Young Age
335			P	N	B	Multifetal Gestation
336			P			Fetal Growth Restriction
337			P	N	B	History of a Birth of a Large for Gestational Age Infant
338			P			Pregnant Woman Currently Breastfeeding
339			P	N	B	Hist. of Birth w/ Nutr. Related Congenital or Birth Defect
341	I	C	P	N	B	Nutrient Deficiency Diseases
342	I	C	P	N	B	Gastro-Intestinal Disorders
343	I	C	P	N	B	Diabetes Mellitus
344	I	C	P	N	B	Thyroid Disorders
345	I	C	P	N	B	Hypertension and Prehypertension
346	I	C	P	N	B	Renal Disease
347	I	C	P	N	B	Cancer
348	I	C	P	N	B	Central Nervous System Disorders
349	I	C	P	N	B	Genetic and Congenital Disorders
351	I	C	P	N	B	Inborn Errors of Metabolism
352	I	C	P	N	B	Infectious Diseases
353	I	C	P	N	B	Food Allergies
354	I	C	P	N	B	Celiac Disease
355	I	C	P	N	B	Lactose Intolerance
356	I	C	P	N	B	Hypoglycemia
357	I	C	P	N	B	Drug-Nutrient Interactions
358			P	N	B	Eating Disorders
359	I	C	P	N	B	Recent Major Surgery, Trauma, Burns
361			P	N	B	Depression
362	I	C	P	N	B	Developmental, Sensory or Motor Delays
363			P	N	B	Pre-Diabetes
372					B	Alcohol and Illegal Drug Use
381	I	C	P	N	B	Oral Health Conditions
382	I	C				Fetal Alcohol Syndrome

Risk Factor Summary Sheet

CLINICAL/HEALTH/MEDICAL																
Risk Factor	High Risk	Priority	Category	Criteria Definition												
300 <u>Pregnancy-Induced Conditions</u>																
*301	HR	I	Pregnant	Pregnancy Info (conditional) & CPA Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. <u>Hyperemesis Gravidarum</u> Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. Current pregnancy only. <u>Gestational Diabetes</u> History of diagnosed gestational diabetes mellitus. (The new criteria does not specify, "applies to current or most recent pregnancy only") <u>History of Gestational Diabetes</u> History of diagnosed preeclampsia <u>History of Preeclampsia</u>												
*302	HR	I	Pregnant													
*303		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult													
*304		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult													
310 <u>Delivery of Low-Birthweight/Premature Infant</u>																
311		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Pregnancy Info & CPA <u>History of Preterm Delivery</u> Defined as: Birth of an infant at ≤ 37 weeks gestation. <u>Pregnant</u> : any history of preterm delivery. <u>Postpartum Breastfeeding and Non-Breastfeeding</u> : applies to most recent pregnancy only. <u>History of Low Birth Weight</u> Defined as: Birth of an infant weighing ≤ 5 lbs 8oz (≤ 2500 grams) <u>Pregnant</u> : any history of low birth weight. <u>Postpartum Breastfeeding and Nonbreastfeeding</u> : applies to most recent pregnancy only.												
312		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult													
320 <u>Prior Stillbirth, Fetal or Neonatal Death</u>																
*321		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Pregnancy Info & CPA <u>History of Spontaneous Abortion, Fetal or Neonatal Loss</u> <u>Pregnant</u> : two or more spontaneous abortions or any history of fetal or neonatal death (pregnant) <u>Postpartum Breastfeeding</u> : most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. <u>Postpartum Nonbreastfeeding</u> : most recent pregnancy only. Spontaneous Abortion: spontaneous termination of a gestation at < 20 weeks or < 500 gms Fetal Death: spontaneous termination of a gestation at ≥ 20 weeks. Neonatal Death: death of an infant within 0-28 days of life.												
330 <u>General Obstetrical Risks</u>																
331	HR	I	Pregnant	CPA <u>Pregnancy at a Young Age</u> Defined as: Conception ≤ 17 years of age. <u>Pregnant</u> : current pregnancy only. <u>Postpartum Breastfeeding and Nonbreastfeeding</u> : applies to most recent pregnancy only. <u>Short Interpregnancy Interval</u> (formerly known as "Closely Spaced Pregnancies") Defined as an interpregnancy interval (IPI) of <18 months from the date of a live birth to the conception of the subsequent pregnancy. (Note: excludes women who miscarried or had a stillbirth - these are risk 321) <u>High Parity and Young Age</u> Defined as: Women under age 20 at date of conception who have had 3 or more pregnancies of at least 20 weeks duration, regardless of birth outcome. <u>Pregnant</u> : current pregnancy only. <u>Postpartum and breastfeeding</u> : applies to most recent pregnancy only.												
	HR	I	Breastfeeding													
	HR	III	NBF PP Adol													
		VI	NBF PP Adult													
332		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult													
333		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult													
334		I	Pregnant	Pregnancy Info & CPA <u>Lack of/or Inadequate Prenatal Care</u> Prenatal care which starts after the 1st trimester (after 13th week) OR; First prenatal visit in the third trimester (7-9 months) OR; <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Weeks of Gestation</th> <th>Number of Prenatal Visits</th> </tr> </thead> <tbody> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </tbody> </table> INWIC assigns this RF if the date entered in the "Date of Prenatal Checkup" field is after 13 weeks gestation.	Weeks of Gestation	Number of Prenatal Visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less
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*Presence of condition as diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

CLINICAL/HEALTH/MEDICAL					
Risk Factor	High Risk	Priority	Category		Criteria Definition
300 <u>Pregnancy-Induced Conditions</u>					
335		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Pregnancy Info & CPA	<u>Multifetal Gestation</u> Pregnant: more than one (> 1) fetus in the current pregnancy. Postpartum Breastfeeding and Nonbreastfeeding: more than one fetus in the most recent pregnancy.
*336		I	Pregnant	CPA	<u>Fetal Growth Restriction</u> Usually defined as a fetal weight < 10th %ile for gestational age.
*337		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Pregnancy Info & CPA	<u>History of Birth of a Large for Gestational Age Infant</u> Any history of giving birth to an infant weighing ≥ 9 lbs. (4000 gm).
338		I	Pregnant	CPA	<u>Pregnant Woman Currently Breastfeeding</u> Breastfeeding woman now pregnant
*339		I HR HR HR	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Pregnancy Info & CPA	<u>History of Birth with Nutrition Related Congenital or Birth Defect</u> A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, for example: <ul style="list-style-type: none"> • inadequate zinc, • folic acid, • excess vitamin A. Pregnant: Any history of birth with nutrition-related congenital or birth defect Postpartum and breastfeeding: Most recent pregnancy
340 <u>Nutrition-Related Risk Conditions (e.g. Chronic Disease, Genetic Disorder, Infection)</u>					
*341		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<u>Nutrient Deficiency Disease</u> Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to: <ul style="list-style-type: none"> • Beri Beri, • Cheilosis, • Hypocalcemia, • Menkes Disease, • Osteomalacia, • Pellagra, • Protein Energy Malnutrition, • Rickets, • Scurvy, • Vitamin K Deficiency, • Xerophthalmia.
*342		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<u>Gastro-Intestinal Disorders</u> Disease(s) and/or condition(s) that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <ul style="list-style-type: none"> • Biliary tract diseases, • Gastroesophageal Reflux Disease (GERD), • Inflammatory Bowel Disease (IBD) including Ulcerative Colitis or Crohn's disease, • liver disease, • Pancreatitis, • Peptic Ulcer, • Post-bariatric surgery, • Short Bowel Syndrome.
*343		I HR HR HR HR	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<u>Diabetes Mellitus</u> Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.
*344		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<u>Thyroid Disorders</u> Thyroid Dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include but are not limited to, the following: <ul style="list-style-type: none"> • Congenital Hyperthyroidism • Congenital Hypothyroidism • Hyperthyroidism • Hypothyroidism • Postpartum Thyroiditis
*345		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<u>Hypertension and Prehypertension</u> Presence of hypertension or prehypertension <u>Hypertension</u> - commonly referred to as high blood pressure, is defined as persistently high arterial blood pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg. <u>Prehypertension</u> - blood pressure readings between 130/80 to 139/89 mm Hg. People with prehypertension are twice as likely to develop hypertension.
*346		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<u>Renal Disease</u> Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

*Presence of condition as diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

Risk Factor Summary

CLINICAL/HEALTH/MEDICAL				
Risk Factor	High Risk	Priority	Category	Criteria Definition
340 <u>Nutrition-Related Risk Conditions (e.g. Chronic Disease, Genetic Disorder, Infection)</u>				
*347	HR	I	Infants	<p align="center"><u>Cancer</u></p> <p>The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p>
	HR	III	Children	
	HR	I	Pregnant	
	HR	I	Breastfeeding	
	HR	III	NBF PP Adol	
	HR	VI	NBF PP Adult	
*348		I	Infants	<p align="center"><u>Central Nervous System Disorders</u></p> <p>Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Epilepsy, • Multiple Sclerosis (MS), • Neural tube defects (NTD) such as Spina Bifida, • Parkinson's disease,
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*349		I	Infants	<p align="center"><u>Genetic and Congenital Disorders</u></p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • Cleft lip or palate, • Down's syndrome, • Muscular Dystrophy (MD), • Sickle Cell Anemia (not Sickle Cell trait), • Thalassemia Major.
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*351		I	Infants	<p align="center"><u>Inborn Errors of Metabolism</u></p> <p>Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gen mutations or gene deletions that alter metabolism in the body, including but not limited to:</p> <ul style="list-style-type: none"> • Amino Acid Disorders • Carbohydrate Disorders • Fatty Acid Oxidation Disorders • Lysosomal Storage Diseases • Mitochondrial Disorders • Organic Acid Metabolism Disorders • Peroxisomal Disorders • Urea Cycle Disorders
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*352		I	Infants	<p align="center"><u>Infectious Disease</u></p> <p>The infectious disease must be present within the past 6 months. A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • AIDS (Acquired Immunodeficiency Syndrome), • Bronchiolitis (3 episodes in last 6 months), • Hepatitis, • HIV (Human Immunodeficiency Virus infection), • Meningitis, • Parasitic infections, • Pneumonia, • Tuberculosis,
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*353		I	Infants	<p align="center"><u>Food Allergies</u></p> <p>Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.</p>
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*354		I	Infants	<p align="center"><u>Celiac Disease</u></p> <p>An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food.</p> <p>Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue, • Gluten-sensitive Enteropathy, • Non-tropical Sprue.
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*355		I	Infants	<p align="center"><u>Lactose Intolerance</u></p> <p>The syndrome of one or more of the following:</p> <ul style="list-style-type: none"> • diarrhea, • abdominal pain, • flatulence, • and/or bloating <p>that occurs after lactose ingestion.</p>
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*356		I	Infants	<p align="center"><u>Hypoglycemia</u></p> <p>Presence of hypoglycemia.</p>
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	
*357		I	Infants	<p align="center"><u>Drug Nutrient Interactions</u></p> <p>Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p>
		III	Children	
		I	Pregnant	
		I	Breastfeeding	
		III	NBF PP Adol	
		VI	NBF PP Adult	

*Presence of condition as diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

Pregnancy Information

All Prenatal Women		
Mandatory	Question/Statement	RF
Yes	<p>Smoking:</p> <p>Currently smoking?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes) → number/day <u>(No. in Box)</u></p> <p>3 months prior to pregnancy?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, number/day <u>(No. in Box)</u> →</p> <p>Smoking Change:*</p> <p><input type="checkbox"/> Decreased smoking amount</p> <p><input type="checkbox"/> Did not stop smoking, still smoking</p> <p><input type="checkbox"/> Increased smoking</p> <p><input type="checkbox"/> Not applicable, did not smoke</p> <p><input type="checkbox"/> Started smoking</p> <p><input type="checkbox"/> Stopped smoking completely</p> <p><input type="checkbox"/> Tried to stop or decrease, but failed</p> <p><input type="checkbox"/> Unknown or refused to answer</p> <p>Note: Risk factor 371 is also available for CPA selection from the risk factor screen.</p>	<p>371</p> <p>No RF</p>
Yes	<p>Alcohol and Illegal Drug Use</p> <p><u>Current</u> alcohol intake?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, number/week <u>(No. in Box)</u> →</p> <p>3 months prior to pregnancy?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, number/week <u>(No. in Box)</u> →</p>	<p>372</p> <p>No RF</p>
Yes	<p>Are you consuming “recreational” drugs?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, entry required in box <u>(Box)</u> →</p> <p>Note: Risk factor 372 is also available for CPA selection from the risk factor screen.</p>	<p>372</p>
Yes	<p>Is this your first pregnancy?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If No additional questions appear)</p> <p>Date last pregnancy ended: (MM/DD/YYYY)</p> <p><u>(#in Box)</u> # Previous pregnancies</p> <p><u>(#in Box)</u> # Pregnancies lasting 20 weeks or more</p> <p><u>(#in Box)</u> # Pregnancies resulting in live birth</p>	

Pregnancy Information

All Prenatal Women																														
Mandatory	Question/Statement	RF																												
Yes	<p>Have you received prenatal care for this pregnancy?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes two additional questions appear)</p> <p>Date of First visit: (MM/DD/YYYY) <u>(#in Box)</u> # of prenatal care visits</p> <table style="margin-left: 100px;"> <tr> <td>Wks Gestation</td> <td># Prenatal Visits</td> <td></td> <td></td> </tr> <tr> <td><14</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>14-21</td> <td>0</td> <td>→</td> <td>334</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> <td>→</td> <td>334</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> <td>→</td> <td>334</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> <td>→</td> <td>334</td> </tr> <tr> <td>34+</td> <td>4 or less</td> <td>→</td> <td>334</td> </tr> </table> <p>Note: Risk factor 334 is also available for CPA selection from the risk factor screen.</p>	Wks Gestation	# Prenatal Visits			<14	N/A			14-21	0	→	334	22-29	1 or less	→	334	30-31	2 or less	→	334	32-33	3 or less	→	334	34+	4 or less	→	334	
Wks Gestation	# Prenatal Visits																													
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32-33	3 or less	→	334																											
34+	4 or less	→	334																											
Yes	<p>Check all that apply to this pregnancy:*</p> <p><input type="checkbox"/> Hyperemesis gravidarum → 301 <input type="checkbox"/> Gestational diabetes → 302 <input type="checkbox"/> Preeclampsia → 304 <input type="checkbox"/> Multifetal gestation → 335 <input type="checkbox"/> None Apply</p> <p>Note: The 300 risk factors are also available for CPA selection from the risk factor screen</p>																													
Yes	<p>Conditional question: for woman with previous pregnancy----- During any previous pregnancy did you have:*</p> <p><input type="checkbox"/> Gestational diabetes → 303 <input type="checkbox"/> Preeclampsia → 304 <input type="checkbox"/> Premature delivery (37 weeks or less) → 311 <input type="checkbox"/> Infant weighing 5 lb 8 oz or less → 312 <input type="checkbox"/> Infant weighing 9 pounds or more → 337 <input type="checkbox"/> 2 or more spontaneous abortions or any fetal death → 321 <input type="checkbox"/> Infant born alive but died within 28 day → 321 <input type="checkbox"/> Infant with congenital or other birth defect → 339 <input type="checkbox"/> None apply</p> <p>Note: The 300 risk factors are also available for CPA selection from the risk factor screen</p>																													

Pregnancy Information

All Postpartum Women		
Mandatory	Question/Statement	RF
Yes	<p>Smoking: Currently smoking?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes) → number/day <u>(No. in Box)</u></p> <p>3 months prior to pregnancy?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, number/day <u>(No. in Box)</u> →</p> <p>Smoking Change:*</p> <p><input type="checkbox"/> Decreased smoking amount <input type="checkbox"/> Did not stop smoking, still smoking <input type="checkbox"/> Increased smoking <input type="checkbox"/> Not applicable, did not smoke <input type="checkbox"/> Started smoking <input type="checkbox"/> Stopped smoking completely <input type="checkbox"/> Tried to stop or decrease, but failed <input type="checkbox"/> Unknown or refused to answer</p> <p>Note: Risk factor 371 is also available for CPA selection from the risk factor screen.</p>	<p>371</p> <p>No RF</p>
Yes	<p>Alcohol and Illegal Drug Use <u>Current</u> alcohol intake?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> <2 per day → <input type="checkbox"/> ≥ 2 per day → <input type="checkbox"/> ≥ 5 per day-1 time per month → <input type="checkbox"/> ≥ 5 per day-5 times per month →</p> <p>3 months prior to pregnancy?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, number/week <u>(No. in Box)</u> →</p> <p>Note: Risk factor 372 is also available for CPA selection from the risk factor screen.</p>	<p>No RF</p> <p>372</p> <p>372</p> <p>372</p> <p>No RF</p>
Yes	<p>Are you consuming "recreational" drugs?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, entry required in box <u>(Box)</u> →</p> <p>Note: Risk factor 372 is also available for CPA selection from the risk factor screen.</p>	<p>372</p>
Yes	<p>Did you receive prenatal care for this past pregnancy?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes two additional questions appear)</p> <p>Date of First visit: (MM/DD/YYYY)</p>	<p>No RF</p>

Pregnancy Information

All Postpartum Women		
Mandatory	Question/Statement	RF
Yes	<p>Check all that apply to the most recent pregnancy:*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Premature delivery (37 weeks or less) → <input type="checkbox"/> Infant weighing 5 lb 8 oz or less → <input type="checkbox"/> Infant weighing 9 pounds or more → <input type="checkbox"/> Multifetal gestation → <input type="checkbox"/> Infant with congenital or other birth defect → <input type="checkbox"/> Cesarean section → <input type="checkbox"/> Spontaneous abortion or fetal death → <input type="checkbox"/> Infant born alive but died within 28 day → <input type="checkbox"/> Other (specify) <u>(Entry in Box)</u> <input type="checkbox"/> None Apply 	<p>311</p> <p>312</p> <p>337</p> <p>335</p> <p>339</p> <p>359</p> <p>321</p> <p>321</p>
Note: The 300 risk factors are also available for CPA selection from the risk factor screen		
Yes	<p>Have you ever had:*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gestational diabetes → <input type="checkbox"/> Preeclampsia → <input type="checkbox"/> None apply 	<p>303</p> <p>304</p>
Note: The 300 risk factors are also available for CPA selection from the risk factor screen		

Risk Factor Summary

CLINICAL/HEALTH/MEDICAL					
Risk Factor	High Risk	Priority	Category		Criteria Definition
340 <u>Nutrition-Related Risk Conditions (e.g. Chronic Disease, Genetic Disorder, Infection)</u>					
*358		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<p><u>Eating Disorders</u></p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • alternating periods of starvation, • self-induced marked weight loss. • thyroid preparations or diuretics, • purgative abuse, • self-induced vomiting, • use of drugs such as appetite suppressants,
*359		I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA Pregnancy Info & CPA	<p><u>Recent Major Surgery, Trauma, Burns</u></p> <p>Major surgery (including C-Section), trauma or burns severe enough to compromise nutritional status. If within the past two (≤ 2) months may be self reported. If more than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.</p>
*360		I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<p><u>Other Medical Conditions</u></p> <p>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. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Cardiorespiratory diseases, • Juvenile Rheumatoid Arthritis (JRA), • Cystic Fibrosis, • Lupus Erythematosus, • Heart disease, • persistent Asthma (moderate or severe) requiring daily medication.
*361		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<p><u>Depression</u></p> <p>Presence of clinical depression, including postpartum depression.</p> <p>Presence of condition diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under physician's orders, or as self reported by applicant/participant/caregiver.</p>
362		I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA	<p><u>Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat</u></p> <p>Developmental, sensory, or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:</p> <ul style="list-style-type: none"> • minimal brain function • feeding problems due to a developmental disability such as Pervasive Development Disorder (PDD) which includes: <ul style="list-style-type: none"> ■ Autism, ■ brain damage, ■ birth injury, ■ head trauma, ■ other disabilities.
*363		I III VI	Breastfeeding NBF PP Adol NBF PP Adult	CPA	<p><u>Pre-Diabetes</u></p> <p>Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as Pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for Diabetes Mellitus.</p>
370 <u>Substance Abuse (Drugs, Alcohol, Tobacco)</u>					
371		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Pregnancy Info & CPA	<p><u>Maternal Smoking</u></p> <p>Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars. (If RF 371 and 101 are selected together then H)</p> <p>Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.</p>
372		I III VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA Pregnancy Info & CPA	<p><u>Alcohol and Illegal Drug Use</u></p> <p><u>Pregnant:</u></p> <ul style="list-style-type: none"> • Any alcohol use. • Any illegal drug use. <p><u>Postpartum Breastfeeding and Nonbreastfeeding:</u></p> <p>[A serving or standard sized drink is:</p> <ul style="list-style-type: none"> ■ 1 can of beer (12 fluid oz.); ■ 5 oz. Wine; ■ 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs)] <ul style="list-style-type: none"> • Routine Drinking: (current use of ≥ 2 drinks per day) • Binge Drinking: (drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days) • Heavy Drinking: (drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days) <ul style="list-style-type: none"> • Any illegal drug use

*Presence of condition as diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

CLINICAL/HEALTH/MEDICAL				
Risk Factor	High Risk	Priority	Category	Criteria Definition
380				
<u>Other Health Risks</u>				
*381		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p><u>Oral Health Conditions</u></p> <p>Oral health conditions include, but are not limited to:</p> <ul style="list-style-type: none"> Dental caries, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria, that metabolize sugars to produce acid which, over time, demineralizes tooth structure. Periodontal diseases are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. See http://www.perio.org/consumer/2a.html for information on periodontal disease. Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p>Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>
			INWIC	
*382		I III	Infants Children	<p><u>Fetal Alcohol Syndrome</u></p> <p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.</p>
			INWIC	
400				
<u>Failure to Meet Dietary Guidelines for Americans</u>				
401		VI IV IV V VI	Children ≥2yo Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p><u>Failure To Meet Dietary Guidelines for Americans*</u></p> <p>Based on an individual's estimated energy needs, 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)</p> <p>*This risk may be assigned <u>only to individuals</u> (2 years and older) for whom a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children, or #427, Inappropriate Nutrition Practices for Women) has been performed <u>& for whom no other risk(s) are identified.</u></p>
			CPA	
410				
<u>Inappropriate Nutrition Practices</u>				
<p>Routine nutrition or feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below. Refer to "Attachment to RF's 411, 425 or 427 - Justification and References" for expanded explanation of these criterion.</p>				
411				
<u>Inappropriate Nutrition Practices for Infants</u>				
411.1		IV	Infants	<p><u>Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.</u></p> <p>Examples of substitutes:</p> <ul style="list-style-type: none"> Low Iron formula without iron supplementation Cow's milk, goat's milk, sheep's milk (whole, reduced fat, lowfat, skim), canned evaporated or sweetened condensed milk Imitation or substitute milks (such as rice- or soy-based beverages or non-dairy creamer), or other "homemade concoctions"
			CPA	
411.2		IV	Infants	<p><u>Routinely using nursing bottles or cups improperly.</u></p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> Using a bottle to feed fruit juice. Feeding any sugar-containing fluids such as soda/soft drinks, gelatin water, corn syrup solutions, 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. Allowing an infant to carry around & drink throughout the day from a covered/training cup. Adding any food (cereal or other solid foods) to the infant's bottle.
			CPA	
411.3		IV	Infants	<p><u>Routinely offering complementary foods or other substances that are inappropriate in type or timing.</u></p> <p>Complementary foods are defined as: any foods or beverages other than breastmilk or infant formula.</p> <p>Examples of inappropriate complementary foods:</p> <ul style="list-style-type: none"> Adding sweet agents such as sugar, honey, or syrups to a beverage (including water), prepared food, or a pacifier Any food other than breast milk or iron-fortified infant formula before 4 mo. of age.
			CPA	
411.4		IV	Infants	<p><u>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</u></p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> 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 cues). Feeding foods of inappropriate consistency, size, or shape that put infants 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 foods 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).
			CPA	

*Presence of condition as diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

Nutrition Questions

All Children		
Mandatory	Question/Statement	RF
Yes	<p>Does your child consume any non-food items?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, what kind _____ (Fill in Box) _____ (If yes) →</p> <p>Note: Risk factor 425.9 is also available for CPA selection from the risk factor screen.</p>	425.9
Yes	<p>Does your child consume any cold deli meats, cold hot dogs, raw or undercooked meats or eggs, soft cheese, raw fish, raw sprouts, or unpasteurized foods?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, what kind _____ (Fill in Box) _____ (If yes) →</p> <p>Note: Risk factor 425.5 is also available for CPA selection from the risk factor screen.</p>	425.5

All Prenatal, Postpartum Breastfeeding and Non-Breastfeeding Women		
Mandatory	Question/Statement	RF
Yes	<p>Do you consume any non-food items?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, what kind _____ (Fill in Box) _____ (If yes) →</p> <p>Note: Risk factor 427.3 is also available for CPA selection from the risk factor screen.</p>	427.3
Yes	<p>Does you consume any cold deli meats, cold hot dogs, raw or undercooked meats or eggs, soft cheese, raw fish, raw sprouts, or unpasteurized foods?*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, what kind _____ (Fill in Box) _____ (If yes) →</p> <p>Note: Risk factor 427.5 is also available for CPA selection from the risk factor screen.</p>	427.5

DIETARY											
Risk Factor	High Risk	Priority	Category	Criteria Definition							
<u>410</u> <u>Inappropriate Nutrition Practices</u>											
411.5		IV	Infants	<p><u>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</u></p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> ● Unpasteurized fruit or vegetable juice ● Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese ● Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.) ● Raw or undercooked meat, fish, poultry, or eggs ● Raw vegetable sprouts (alfalfa, clover, bean, and radish) ● Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) 							
411.6		IV	Infants	<p><u>Routinely feeding inappropriately diluted formula.</u></p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> ● Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). ● Failure to follow specific instructions accompanying a prescription. 							
411.7		IV	Infants	<p><u>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</u></p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> ● Scheduled feedings instead of demand feedings ● Less than 8 feedings in 24 hours if less than 2 months of age ● Less than 6 feedings in 24 hours if between 2 and 6 months of age 							
411.8		IV	Infants	<p><u>Routinely feeding a diet very low in calories and/or essential nutrients.</u></p> <p>A diet that is very low in calories and/or essential nutrients is defined as a highly restrictive diet that prevents adequate intake of nutrients, interferes with growth and development and may lead to other adverse physiological effects.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> ● [Strict] Vegan diet; ● Macrobiotic diet; and ● Other diets very low in calories and/or essential nutrients 							
411.9		IV	Infants	<p><u>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula</u></p> <p>Limited or no access to a:</p> <ul style="list-style-type: none"> ● Safe water supply (documented by appropriate officials such as municipal or health department authorities); ● Heat source for sterilization, and/or ● Refrigerator or freezer for storage. <p>Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Human milk</p> <ul style="list-style-type: none"> ● Thawing in a microwave ● Feeding frozen human milk more than 24 hours after being thawed ● Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk ● Failing to clean breast pump per manufacturer's instruction </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> ● Refreezing ● Saving human milk from a used bottle for another feed </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> ● Adding fresh expressed unrefrigerated human milk to frozen </td> </tr> <tr> <td colspan="3" style="vertical-align: top;"> <p>Formula</p> <ul style="list-style-type: none"> ● Storing at room temperature for more than 1 hour ● Using formula in a bottle one hour after the start of a feeding ● Saving formula from a used bottle for another feeding </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ● Failure to store prepared formula per manufacturer's instructions ● Failure to clean baby bottle properly </td> </tr> </table> <p>**The appropriate and safe practice is to add chilled freshly expressed breastmilk, in an amount that is smaller than the milk that has been frozen for no longer than 24 hours. (See the Justification for references)</p>	<p>Human milk</p> <ul style="list-style-type: none"> ● Thawing in a microwave ● Feeding frozen human milk more than 24 hours after being thawed ● Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk ● Failing to clean breast pump per manufacturer's instruction 	<ul style="list-style-type: none"> ● Refreezing ● Saving human milk from a used bottle for another feed 	<ul style="list-style-type: none"> ● Adding fresh expressed unrefrigerated human milk to frozen 	<p>Formula</p> <ul style="list-style-type: none"> ● Storing at room temperature for more than 1 hour ● Using formula in a bottle one hour after the start of a feeding ● Saving formula from a used bottle for another feeding 			<ul style="list-style-type: none"> ● Failure to store prepared formula per manufacturer's instructions ● Failure to clean baby bottle properly
<p>Human milk</p> <ul style="list-style-type: none"> ● Thawing in a microwave ● Feeding frozen human milk more than 24 hours after being thawed ● Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk ● Failing to clean breast pump per manufacturer's instruction 	<ul style="list-style-type: none"> ● Refreezing ● Saving human milk from a used bottle for another feed 	<ul style="list-style-type: none"> ● Adding fresh expressed unrefrigerated human milk to frozen 									
<p>Formula</p> <ul style="list-style-type: none"> ● Storing at room temperature for more than 1 hour ● Using formula in a bottle one hour after the start of a feeding ● Saving formula from a used bottle for another feeding 			<ul style="list-style-type: none"> ● Failure to store prepared formula per manufacturer's instructions ● Failure to clean baby bottle properly 								
411.10		IV	Infants	<p><u>Feeding dietary supplements with potentially harmful consequences.</u></p> <p>Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ● Single or multi-vitamins, ● Mineral supplements; and ● Herbal or botanical supplements/remedies/teas 							
411.11		IV	Infants	<p><u>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</u></p> <ul style="list-style-type: none"> ● Infants who are 6 months of age or older who are ingesting < 0.25 mg of fluoride daily when the water supply contains < 0.3 ppm fluoride ● Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D. 							

DIETARY				
Risk Factor	High Risk	Priority	Category	Criteria Definition
<u>410 Inappropriate Nutrition Practices</u>				
<u>425 Inappropriate Nutrition Practices for Children</u>				
425.1		V	Children	<p><u>Routinely feeding inappropriate beverages as the primary milk source.</u></p> <p>Examples of inappropriate beverages as primary milk source:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age, unless allowed by State agency policy for child for whom overweight or obesity is a concern) or sweetened condensed milk; and • Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other "homemade concoctions."
425.2		V	Children	<p><u>Routinely feeding a child any sugar-containing fluids.*</u></p> <p>Examples of sugar-containing fluids:</p> <ul style="list-style-type: none"> • Soda/soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea <p>*Excess milk intake is not included in this risk factor.</p> <p>The Justification discusses evidence that sugar, especially sucrose, is the major dietary factor affecting dental caries. Consumption of foods high in "fermentable carbohydrates, such as sucrose, increases the risk of childhood caries and tooth decay." The supporting information discusses "teaching parents the importance of reducing high frequency exposure to obvious and hidden sugars"; limiting "sweet or sticky sugars"; and "avoiding frequent consumption of juice." (Ref's 6&7)</p>
425.3		V	Children	<p><u>Routinely using nursing bottles, cups or pacifiers improperly</u></p> <p>Examples of improper use of bottles, cups or pacifiers:</p> <ul style="list-style-type: none"> • Using a bottle to feed: <ul style="list-style-type: none"> • Fruit juice • Diluted cereal or other solid foods. • Allowing the 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. • Using a bottle for feeding or drinking beyond 14 months of age. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to carry around and drink throughout the day from a covered or training cup.
425.4		V	Children	<p><u>Routinely using feeding practices that disregard the developmental needs or stages of the child</u></p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children 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 food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).
425.5		V	Children	<p><u>Feeding foods to a child that could be contaminated with harmful microorganisms.</u></p> <p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined and Mexican-style cheese • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish) • Deli meats, hot dogs, processed meats (avoid unless heated until steaming hot)
425.6		V	Children	<p><u>Routinely feeding a diet very low in calories and/or essential nutrients.</u></p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • [Strict] Vegan diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients
425.7		V	Children	<p><u>Feeding dietary supplements with potentially harmful consequences.</u></p> <p>Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multi-vitamins, • Mineral supplements; and • Herbal or botanical supplements/remedies/teas
425.8		V	Children	<p><u>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</u></p> <ul style="list-style-type: none"> • Children who are < 36 mo. of age consuming < 0.25mg of fluoride/day when the water supply contains < 0.3ppm fluoride • Children who are ≥ 36 mo. of age consuming < 0.50 mg of fluoride daily when the water supply contains < 0.3 ppm fluoride • Children who consume < 1L (1qt) of vitamin D fortified milk or formula/day and are not supplemented with 400 IU of vitamin D
425.9	HR	V	Children	<p><u>Routine ingestion of nonfood items (pica).</u></p> <p>Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> • Ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, soil, foam rubber, paint chips, starch (laundry and cornstarch)

DIETARY				
Risk Factor	High Risk	Priority	Category	Criteria Definition
410 <u>Inappropriate Nutrition Practices</u>				
427 <u>Inappropriate Nutrition Practices for Women</u>				
427.1		IV IV V VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Health Info & CPA <u>Consuming dietary supplements with potentially harmful consequences.</u> Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: <ul style="list-style-type: none"> • Single or multi-vitamins, • Mineral supplements; and • Herbal or botanical supplements/remedies/teas
427.2		IV IV V VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	CPA <u>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</u> Examples include but are not limited to: <ul style="list-style-type: none"> • [Strict] Vegan diet; • Low-carbohydrate, high-protein diet • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients
427.3	HR HR HR HR	IV IV V VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Nutrition Info & CPA <u>Compulsively ingesting non-food items (pica).</u> Examples of inappropriate nonfood items: <ul style="list-style-type: none"> • ashes, • carpet fibers, • clay, • paint chips, • starch (laundry and cornstarch) • baking soda, • chalk, • dust, • soil, • burnt matches, • cigarettes, • large quantities of ice and/or freezer frost,
427.4		IV IV V VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Health Info & CPA <u>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</u> <ul style="list-style-type: none"> • Pregnant woman consuming < 27mg of supplemental iron/day. • Pregnant or Breastfeeding Woman consuming < 150 µg of supplemental iodine/day. • Non-pregnant woman (Postpartum participant) consuming < 400 mcg of folic acid from fortified foods and/or supplements/day. <p><u>From the Justification page:</u> During pregnancy and lactation the iodine requirement is sharply elevated. The RDA for iodine during pregnancy is 220 µg and 290 µg during lactation (29). Severe iodine deficiency during pregnancy can cause cretinism and adversely affect cognitive development in children (32). Even mild iodine deficiency may have adverse effects on the cognitive function of children (33). Since the 1970s, according to the 2001-2002 National Health and Nutrition Examination Surveys (NHANES), there has been a decrease of approximately 50% in adult urinary iodine values. For women of child bearing age, the median urinary iodine value decreased from 294 to 128 µg per liter (34). The American Thyroid Association recommends that women receive prenatal vitamins containing 150 µg of iodine daily during pregnancy and lactation (35). <u>The iodine content of prenatal vitamins in the United States is not mandated, thus not all prenatal vitamins contain iodine (36). Pregnant and breastfeeding women should be advised to review the iodine content of their vitamins and discuss the adequacy of the iodine with their health care provider.</u></p>
427.5		IV IV V VI	Pregnant Breastfeeding NBF PP Adol NBF PP Adult	Nutrition Info & CPA <u>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.</u> Examples of potentially harmful foods for a woman: <ul style="list-style-type: none"> • Raw fish or shellfish including oysters, clams, mussels, and scallops • Refrigerated smoked seafood unless it is an ingredient in a cooked dish, (i.e. a casserole) • Raw or undercooked meat or poultry • Hot dogs, luncheon meats (cold cuts), meat spreads and pâté, fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot • Unpasteurized milk or foods containing unpasteurized milk • Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco or Panela unless labeled as made with pasteurized milk • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, beverages such as unpasteurized eggnog • Raw sprouts (alfalfa, clover, and radish) • Unpasteurized fruit or vegetable juices
428 <u>Inappropriate Nutrition Practices</u>				
428		IV V	Infants (4 to 12 mo) Children (12 to 23 mo)	CPA <u>Dietary Risk Associated with Complementary Feeding Practices.</u> An infant or child is considered at risk when they have begun or are expected to begin to consume complementary foods and beverages; to eat independently; to be weaned from breastmilk or infant formula; or to transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans. <p>[A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.]</p>

Health (Medical) Questions

Infant—All Infants

All Infants				
Mandatory	Question/Statement			RF
Yes	<input type="checkbox"/> # wet diapers in the past 24 hours* <input type="checkbox"/> Not applicable	< 6 and BFing	→	603 Assign for BF infants only

Health (Medical) Questions

All Infants				
Mandatory	Question/Statement			RF
Yes	Does anyone smoke inside the home?*	<input type="checkbox"/> Yes	→	904
		<input type="checkbox"/> No		

All Children				
Mandatory	Question/Statement			RF
Yes	Does anyone smoke inside the home?*	<input type="checkbox"/> Yes	→	904
		<input type="checkbox"/> No		

Pregnancy Information

All Prenatal Women		
Mandatory	Question/Statement	RF
Yes	<p>Smoking: Does anyone smoke inside the home?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes) →</p> <p>Note: Risk factor 904 is also available for CPA selection from the risk factor screen.</p>	904

All Postpartum Women		
Mandatory	Question/Statement	RF
Yes	<p>Smoking: Does anyone smoke inside the home?*</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes) →</p> <p>Note: Risk factor 904 is also available for CPA selection from the risk factor screen.</p>	904

Risk Factor Summary Sheet

OTHER				
Risk Factor	High Risk	Priority	Category	Criteria Definition
900 <u>Other Nutritional Risks</u>				
901		IV V IV IV V VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p align="center"><u>Recipient of Abuse</u></p> <p>State law requires the reporting of known or suspected child abuse or neglect. Battering or child abuse/neglect within past 6 months as self-reported or as documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p> <ul style="list-style-type: none"> • Battering generally refers to violent physical assaults on women. • Child abuse/neglect: Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.
902	HR	IV V IV IV V VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p align="center"><u>Woman with, or Infant/Child of Primary Caregiver with, Limited Ability to Make Feeding Decisions and/or Prepare Food</u></p> <p>Woman/emancipated minor, or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:</p> <ul style="list-style-type: none"> • ≤ 17 years of age; • mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); • physically disabled to a degree which restricts or limits food preparation abilities; or • currently using or having a history of abusing alcohol or other drugs.
903		IV V IV IV V VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p align="center"><u>Foster Care</u></p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p> <p>(If the child is in the same foster home at a subsequent certification a General note must be made that the child is still in foster care.)</p>
904		I III I I III VI	Infants Children Pregnant Breastfeeding NBF PP Adol NBF PP Adult	<p align="center"><u>Environmental Tobacco Smoke Exposure</u></p> <p>Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to passive, secondhand, or involuntary smoke from tobacco products inside the home</p>