

**Indiana WIC Program
Indiana State Department of Health**

High-risk Policy

Policy

A client's high-risk status will be based on risk factors included in the State's high-risk list or on assignment of high-risk by the Competent Professional Authority (CPA). A high-risk assignment lasts the duration of the client's Certification.

Authority

7 CFR Part 246.7(2)
Nutrition Services, Standard 7 Nutrition Education and Counseling, August 2013.

Procedure

- I. Individual nutrition education for high-risk clients should focus on improving the dietary, anthropometric or hematologic findings; and supporting medical and dietary therapies given by the client's health care providers.
- II. The CPA will determine a timeframe for scheduling a high-risk contact with a qualified nutritionist. At the high-risk contact, a qualified nutritionist will provide individual counseling.
 - A. The qualified nutritionist should determine the need for an additional high-risk contact and individual counseling.
 - B. Resolution of high-risk should be based on current anthropometric and/or hematologic measurements and/or nutrition assessment. Reason for resolution does not include being followed by a physician or having transportation issues.
 - C. Once high-risk is resolved the client may be offered low-risk nutrition education at the next contact.
- III. The following risk factors will automatically assign as high-risk in the MIS:
 - A. Prenatal
101 Underweight Women (in combination w/ 371 Maternal Smoking)*

131 Low Maternal Wt. Gain ($\geq 2^{\text{nd}}$ trimester only)*
201 Anemia ($\leq 10\text{gm/dl Hgb}$; or $\leq 30\%\text{Hct}$)
301 Hyperemesis Gravidarum
302 Gestational Diabetes
331 Pregnancy at a Young Age
343 Diabetes Mellitus
347 Cancer
427.3 Compulsively Ingesting Non-food Items (Pica)
902 Woman with Limited Ability to Make Feeding Decisions or Prepare Food
*these risk factors are linked to the State's infant mortality reports

- B. Breastfeeding
 - 201 Anemia ($\leq 10\text{gm/dl Hgb}$; $\leq 30\%\text{ Hct}$)
 - 331 Pregnancy at a Young Age
 - 339 History of Birth with Nutrition Related Congenital or Birth Defect
 - 343 Diabetes Mellitus
 - 347 Cancer
 - 427.3 Compulsively Ingesting Non-food Items (Pica)
 - 902 Woman with Limited Ability to Make Feeding Decisions or Prepare Food
- C. Postpartum Non-Breastfeeding
 - 201 Anemia ($\leq 10\text{gm/dl Hgb}$; $\leq 30\%\text{ Hct}$)
 - 331 Pregnancy at a Young Age
 - 339 History of Birth with Nutrition Related Congenital or Birth Defect
 - 343 Diabetes Mellitus
 - 347 Cancer
 - 427.3 Compulsively Ingesting Non-food Items (Pica)
 - 902 Woman with Limited Ability to Make Feeding Decisions or Prepare Food
- D. Infants
 - 103 Underweight
 - 134 Failure to Thrive
 - 135 Slowed/Faltering Growth Pattern ($\leq 6\text{mo}$)
 - 141 Low Birth Weight & Very Low Birth Weight
 - 201 Anemia ($\leq 10\text{gm/dl Hgb}$; $\leq 30\%\text{ Hct}$)
 - 347 Cancer
 - 383 Neonatal Abstinence Syndrome

703 Infant Born of Woman with Mental Retardation or Alcohol or
Drug Abuse During Most Recent Pregnancy
902 Primary Caregiver with Limited Ability to Make Feeding
Decisions or Prepare Food

E. Children

103 Underweight
113 Obese (Child ≥ 24 mo-5years)
115 High Weight-for-Length (high risk for child only)
134 Failure to Thrive
141 Low Birth Weight & Very Low Birth Weight (<24 months
only)
201 Anemia (≤ 10 gm/dl Hgb; $\leq 30\%$ Hct)
343 Diabetes Mellitus
347 Cancer
425.9 Routine Ingestion of Non-food Items (Pica)
902 Primary Caregiver with Limited Ability to Make Feeding
Decisions or Prepare Food