

Nutrition Management Guidelines

Formula Fed Infant

Use the following nutrition management guidelines when certifying formula fed infant WIC clients. Elements indicated by an asterisk (*) are useful but not required to assess WIC eligibility. Underlined items indicate WIC risk factors, which should be assigned as identified or autocalculated by the KWIC system. See the Nutrition Risk Factors Manual for a complete definition of each risk factor. In addition, the nutrition management guidelines for specific conditions should be used as determined appropriate.

DEFINITION: A person from birth to the first birthday who is being fed infant formula.

RATIONALE: Nutritional status is an important factor affecting growth and development. Nutritional assessment techniques help to identify clients at risk and provide the basis for nutritional management, monitoring and evaluation.

MANAGEMENT:

1.0 **DESIRED HEALTH OUTCOME:** Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices

2.0 **GUIDELINES:**

- 2.1 The client must be physically present at certification unless a Competent Professional Authority has approved an exception.
- 2.2 Collect demographic information at certification.
- 2.3 Assess income information at certification.
- 2.4 Document the identity of the client at certification.
- 2.5 Document the identity of the caregiver at certification.
- 2.6 The Rights and Responsibilities Statement is read signed at certification.
- 2.7 Provide the caregiver the opportunity to register to vote at certification.
- 2.8 Assess nutritional risk at certification and mid-certification.
- 2.9 Complete assessment prior to determining topics for counseling.
- 2.10 Provide client centered nutrition counseling at certification and mid-certification.
- 2.11 Help caregiver make goals specific and realistic for their lifestyle at certification and mid-certification.
- 2.12 Immunization records are screened at certification and mid-certification.
- 2.13 Appropriate referrals should be made at certification and mid-certification.
- 2.14 Infants certified before 6 months postpartum must be given the opportunity to attend at least two additional appropriate nutrition education contacts.
- 2.15 Infants certified after they are 6 months old must be given the opportunity to attend one additional appropriate nutrition education contact.
- 2.16 WIC checks will be issued at certification, as appropriate.

- 3.0 EXPLAIN WIC BENEFITS AND CERTIFICATION PERIODS
 - 3.1 Review the purpose of the WIC Program
 - 3.1.1 Provide nutrition education and strategies for a healthy diet
 - 3.1.2 Provide supplemental foods
 - 3.1.3 Referrals
 - 3.1.4 Breastfeeding support
 - 3.2 Clarify the certification period (CRT 01.02.00)
 - 3.2.1 For an infant initially certified before 6 months of age the certification period ends the month of the infant's first birthday..
 - 3.2.2 For an infant initially certified after 6 months of age, the certification period is for 6 months.
 - 3.3 Offer the caregiver the opportunity to register to vote. (ADM 06.00.00)
 - 3.3.1 If the caregiver wants to register to vote - provide a Kansas Voter Registration Application.
 - 3.3.2 If the caregiver does not want to register to vote - provide a State of Kansas Agency Declination Form.
 - 3.4 The Rights and Responsibilities Form - The applicant's legal guardian must read, sign and date the form at the beginning of each certification period. (CRT 03.02.00)
 - 3.5 The nondiscrimination poster, "And Justice for All" and the Fair Hearing poster must be prominently displayed for all WIC clients and applicants to read. (PRI 01.01.00 and PRI 03.00.00)
 - 3.6 Explain that the nutrition assessment is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so WIC can provide benefits that are responsive to the client's wants and needs.

- 4.0 COLLECT DEMOGRAPHIC INFORMATION:
 - 4.1 Assess client identity.
 - 4.1.1 Name.
 - 4.1.2 Date of birth.
 - 4.1.3 Document proof of identity. (CRT 04.00.00)
 - 4.1.4 * Medicaid Number.
 - 4.2 Ethnicity / Racial Background.
 - 4.3 Assess and document caregiver identity. (CRT 04.00.00)
 - 4.4 Assess residency of the family group.
 - 4.4.1 Telephone information.
 - 4.4.2 Address
 - Street Address.
 - Mailing Address, if different.
 - 4.4.3 Document proof of residency. (CRT 05.00.00)
 - 4.5 Primary language. The primary language spoken in the client's home.
 - 4.6 Need for interpreter.
 - 4.6.1 The caregiver's need for an interpreter.
 - 4.6.2 Need for written communications in Spanish.

- 4.7 Migrancy status.
- 4.7.1 An infant who is a member of a household in which any member is a migrant farm worker.
- 4.7.2 A migrant farm worker is an individual whose principal employment is in agriculture, on a seasonal basis, who has been employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary home.
- 4.8 Homelessness. (CRT 05.01.00) An infant whose family lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:
- 4.8.1 A supervised publicly or privately operated shelter designed to provide temporary living quarters.
- 4.8.2 An institution that provides a temporary residence for persons intended to be institutionalized.
- 4.8.3 A temporary accommodation at the home of another individual, such as a friend or relative. This temporary accommodation cannot exceed 365 days.
- 4.8.4 A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- 4.9 Assess if the infant has entered into Foster Care or moved from one foster care home to another foster care home during the previous six months.
- 5.0 ASSESS INCOME INFORMATION:
- 5.1 Household composition. (CRT 06.02.00) - A group of related or non-related individuals who are living together as one economic unit .
- 5.2 Assess household income. (CRT 06.02.01)
- 5.2.1 Gross earnings for each household member.
- 5.2.2 Source of income.
- 5.3 Other Assistance. (CRT 06.01.01)
- 5.3.1 Medicaid (MC)
- Client receiving.
 - A pregnant woman in household receiving.
 - Another infant in household receiving.
- 5.3.2 Kansas Supplemental Nutrition Assistance Program (FS)
- 5.3.3 Temporary Assistance for Families (TAF).
- 5.3.4 Food Distribution Program on Indian Reservations (FDPIR)
- 5.4 Document proof of income or adjunctive eligibility. (CRT 06.03.00)
- 5.5 Calculate income eligibility.
- 6.0 ASSESS SOCIAL INFORMATION:
- 6.1 Assess potential parenting skills of caregiver.
- 6.1.1 * Educational status of the caregiver(s). Assign Infant Born to a Woman with Mental Retardation if appropriate.
- 6.1.2 * Emotional and psychological attitude of caregiver(s) toward parenting
- 6.1.3 * Family's nutrition knowledge.
- 6.2 *Medical Provider.

- 6.3 Screen for caregiver substance use.
- 6.3.1 Infant Born to a Woman who Abused Alcohol or Drugs during pregnancy.
- 6.3.2 Assess if anyone in the household currently smokes inside the home; assign Tobacco Smoke Exposure in the Home as appropriate.
- 7.0 ANTHROPOMETRIC AND LABORATORY ASSESSMENT:
- 7.1 Length of gestation.
- 7.1.1 Prematurity is an Infant born at \leq to 37 weeks gestation.
- 7.1.2 If infant is premature, calculate the adjusted gestational age.
- To calculate an adjusted gestational age:
 - Determine the adjustment for prematurity by subtracting the actual weeks gestational from 40 weeks.
 - Determine the adjusted gestational age by subtracting the adjustment for prematurity from the chronological postnatal age in weeks.
 - The KWIC system calculates the adjusted gestational age.
- 7.2 Obtain self-declared birth length and birth weight status.
- 7.2.1 A birth weight \leq 3 pounds 5 ounces (1500 g) is considered Very Low Birth Weight.
- 7.2.2 A birth weight between 3 pounds 5 ounces (1500 g) and 5 pounds 8 ounces (2500 g) is considered Low Birth Weight.
- 7.2.3 * Assess size for gestational age by plotting birth weight for gestation age at birth on an intrauterine growth reference.
- 7.3 Obtain current recumbent length measurement.
- 7.4 Obtain current weight, either nude or in dry diaper.
- 7.5 * Obtain current head circumference.
- 7.6 Review measurements on the appropriate graph.
- 7.6.1 Review Length/Age graph.
- Assess premature infants using adjusted gestational age.
 - The Length/Age graph will not be plotted and growth risk factors will not be assessed for infants who have not yet reached what would have been their due date. For counseling purposes, the infant's growth may be assessed using a growth chart for low birth weight (LBW) or very low birth weight (VLBW) infants consistent with the protocols of your local medical community.
 - Short Stature, recumbent length \leq 5% length/age.
 - At Risk of Short Stature, recumbent length, \geq 6% and \leq 10% length/age.
- 7.6.2 Review Weight/Length graph.
- Underweight, weight/length \leq 5% weight/length.
 - At Risk of Becoming Under, weight/length, \geq 6% and \leq 10%.
 - If weight/height is \leq 10th percentile, see the Underweight in Children Nutrition Management Guideline.

- 7.6.3 * Review the Weight/Age (0-36 mos.) graph.
- Assess premature infants using adjusted gestational age.
 - The Weight/Age graph will not be plotted for infants who have not yet reached what would have been their due date. For counseling purposes, the infant's growth may be assessed using a growth chart for low birth weight (LBW) or very low birth weight (VLBW) infants consistent with the protocols of your local medical community
- 7.6.4 * Review the Head Circumference graph.
- Assess premature infants using adjusted gestational age.
 - The Head Circumference/Age graph will not be plotted for infants who have not yet reached what would have been their due date. For counseling purposes, the infant's growth may be assessed using a growth chart for low birth weight (LBW) or very low birth weight (VLBW) infants consistent with the protocols of your local medical community
- 7.7 Assess hemoglobin / hematocrit.
- 7.7.1 If the infant is < 6 months of age at the initial certification
- A hemoglobin / hematocrit is not required until 9 - 12 months of age.
 - Infants may be routinely screened at 12 months of age. LAs are encouraged to schedule this appointment prior to the infants first birthday.
- 7.7.2 If the infant is 6 months of age or older at the initial certification, obtain hemoglobin/ hematocrit.
- Low Hemoglobin / Hematocrit.
 - Hemoglobin < 11.0 g/dl.
 - Hematocrit concentration < 33%.
- 7.7.3 *Assess factors that affect hemoglobin/hematocrit. Altitude - Long term residency at altitudes 3,000 - 3,999 feet above sea level will increase hemoglobin by about 0.2 g/dl and hematocrit by approximately 0.5%.
- 7.8 Assess if infant has had a blood lead test in the past 12 months.
- 7.8.1 If no, refer to the appropriate local resource. If the WIC clinic is located at the infant's medical home, it is recommended a blood lead test is completed while the infant is in the clinic.
- 7.8.2 If yes, assess level.
- An Elevated Blood Lead Level is ≥ 10 $\mu\text{g/dl}$.
 - If blood lead level is ≥ 5 $\mu\text{g/dl}$ see the Lead Poisoning Nutrition Management Guideline.

- 8.0 ASSESS MEDICAL/NUTRITIONAL HISTORY AND RISK FACTORS
 - 8.1 Current and usual dietary intake and practices as recorded on the age appropriate Diet Questionnaire. Refer to the WIC Staff Guidance Document for the Diet Questionnaire for information on assessing for Nutrition Risk Factors related to dietary intake and practices.
 - 8.1.1 Young Infant Diet Questionnaire for infants 0 – 6 months of age.
 - 8.1.2 Toddler Diet Questionnaire for infants 6 – 12 months old
 - 8.2 Adequacy of cooking facilities/food resources - Limited or no access to a stove for sterilization or a refrigerator or freezer for storage can contribute to Inappropriate Handling of Formula or Breastmilk.
 - 8.3 Adequacy and safety of water supply - Limited or no access to a safe water supply (documented by appropriate officials) is Inappropriate Handling of Formula or Breastmilk.
 - 8.4 * Household member responsible for purchase and preparation of food.
 - 8.5 Cultural, regional, or religious factors affecting food choices.
 - 8.6 Breastfed ever
 - 8.7 Amount and type of infant formula or other milk sources currently used. Routinely using a substitute for breastmilk or iron-fortified formula as the primary nutrient source is Feeding a substitute for breastmilk or iron fortified formula.
 - 8.8 Types of formulas tried and reasons for changing. See Formula Manufacturers & Products for a complete listing of products and suggested uses for each.
 - 8.9 Formula preparation and handling, including dilution, sanitation, and storage practices.
 - 8.9.1 Improperly Diluted Formula
 - 8.9.2 Inappropriate Handling of Formula or Breastmilk.
 - 8.10 Amount consumed per day.
 - 8.11 Inappropriate Use of Bottles or Cups.
 - 8.12 Use of infant cereal, baby food and other food items
 - 8.12.1 Assess for Inappropriate Introduction of Complementary Foods
 - 8.12.2 Assess for Feeding Practices that Disregard Development Needs.
 - 8.12.3 Feeding Foods that Could be Contaminated
 - 8.13 Food allergies/intolerances.
 - 8.14 Any reported diet restrictions or modifications. Assess for a Diet Very Low in Calories and/or Essential Nutrients.
 - 8.15 Dental Problems that impair the ability to ingest food in adequate quantity.
 - 8.16 Developmental, sensory or motor delays or other Disabilities Interfering with the Ability to Eat.
 - 8.17 Clinical manifestations of Nutrient Deficiency Diseases.
 - 8.18 Evaluate Vitamin / Mineral usage
 - 8.18.1 Assess if the client is taking supplemental iron.

- 8.18.2 Assess client's total fluoride intake from supplements and local water source. Ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride is considered Inadequate Vitamin/Mineral Supplementation for infants who are 6 months of age or older.
- 8.18.3 Assess if the client is taking supplemental Vitamin D. Not taking a daily supplement of 400 IU of vitamin D is considered Inadequate Vitamin/Mineral Supplementation for infants consuming less than a quart of formula a day.
- 8.18.4 Assess for Intake of Dietary Supplements with Potentially Harmful Effects. Routine consumption of inappropriate or excessive amounts of dietary supplements not prescribed by a physician.
- 8.19 Assess use of medications, prescribed and/or over-the-counter. Evaluate for Drug Nutrient Interactions.
- 8.20 Medical conditions affecting nutritional status.
- 8.20.1 Cancer.
- 8.20.2 Celiac Disease.
- 8.20.3 Central Nervous System Disorders.
- 8.20.4 Diabetes Mellitus.
- 8.20.5 Failure to Thrive.
- 8.20.6 Fetal Alcohol Syndrome.
- 8.20.7 Gastrointestinal Disorders.
- 8.20.8 Genetic and Congenital Disorders.
- 8.20.9 Hypertension and Prehypertension.
- 8.20.10 Inborn Errors of Metabolism.
- 8.20.11 Infectious Diseases.
- Bronchiolitis (3 episodes in last 6 months).
 - HIV (human immunodeficiency virus).
 - AIDS (acquired immunodeficiency syndrome)
 - Hepatitis.
 - Tuberculosis.
 - Meningitis.
 - Parasitic infections.
 - Pneumonia.
- 8.20.12 Other Medical Conditions.
- Juvenile rheumatoid arthritis.
 - Lupus erythematosus.
 - Cardiorespiratory diseases.
 - Heart disease.
 - Cystic fibrosis. If the infant is diagnosed with cystic fibrosis, see the Cystic Fibrosis Nutrition Management Guidelines.
 - Persistent asthma (moderate or severe)
- 8.20.13 Recent Major Surgery, Trauma, Burns.
- 8.20.14 Renal Disease
- 8.20.15 Thyroid Disorders.

- 8.21 Mother's WIC status during pregnancy - An infant born to a mother who was on WIC during pregnancy is considered an Infant Born to a WIC Eligible Woman.
- 9.0 ASSESS WIC NUTRITIONAL RISK ELIGIBILITY: If over 4 months old and no nutritional risk factors are identified assign the Assumed Risk for Infants and Children between 4 and 24 Months.
- 10.0 ASSESS CAREGIVER CONCERNS:
- 10.1 Colic.
 - 10.2 Constipation. If constipation is a concern, see Constipation in Infants Nutrition Management Guidelines.
 - 10.3 Development.
 - 10.4 Allergies.
 - 10.5 Growth
 - 10.6 Infant Care.
 - 10.7 Spitting Up.
- 11.0 NUTRITION COUNSELING: (NED 02.01.00)
- 11.1 Solicit questions or concerns regarding diet.
 - 11.2 Work with client to determine counseling topics, by prioritizing client's concerns, counselor concerns and identified risks.
 - 11.3 Review appropriate concepts or guidelines. Possible topics include:
 - 11.3.1 Early hunger cues and signs of satiety.
 - 11.3.2 Proper handling of prepared formula.
 - 11.3.3 Appropriate use of bottles
 - 11.3.4 Appropriate introduction of complementary foods rich in iron gradually beginning around 6 months of age.
 - Foods of inappropriate consistency, size, or shape that put the infant at risk of choking.
 - Foods that may cause an allergic reaction (e.g., eggs whites, seafood, chocolate, citrus fruits, and tomatoes).
 - 11.3.5 No honey until after first birthday.
 - 11.3.6 Normal growth pattern for infants.
- 12.0 REVIEW THE POTENTIAL DANGERS OF CAREGIVER SUBSTANCE ABUSE: (CRT 08.03.00)
- 12.1 If the caregiver does not use any alcohol, tobacco or other drugs, praise for not using these substances.
 - 12.2 If anyone routinely smokes around the infant, provide information on the potential dangers of secondhand smoke exposure.
 - 12.3 If the caregiver is smoking cigarettes, provide information on the potential dangers of smoking and refer for smoking cessation.
 - 12.4 If the caregiver is using alcohol or other drugs, refer for treatment and review the effects of drugs/alcohol and consequences to the physical and mental health of the mother and infant.

- 13.0 DEVELOP CLIENT'S GOAL
 - 13.1 Work with caregiver to choose the area(s) from the items discussed to focus on and write a goal for each area.
 - 13.2 Assist in developing small steps to help the caregiver meet each goal.
 - 13.3 Discuss potential barriers with caregiver and together arrive at a plan that addresses obstacles.

- 14.0 ASSESS IMMUNIZATION STATUS:
 - 14.1 Review the current immunization record. If the current immunization record is not available, ask the applicant to bring it to the next WIC appointment.
 - 14.2 Screen the immunization status by using one of the following methods.
 - 14.2.1 Use the WebIZ Recommendations on the KWIC Immunization Window.
 - 14.2.2 Count the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine recorded in relation to their age.
 - By 3 months of age - 1 or more doses.
 - By 5 months of age - 2 or more doses.
 - By 7 months of age - 3 or more doses.
 - 14.2.3 **OR** Compare the complete immunization record with the current Advisory Committee on Immunization Practices (ACIP) Recommended Childhood Immunization Schedule.
 - 14.3 If the immunizations are not up-to-date.
 - 14.3.1 Provide recommended immunization schedule.
 - 14.3.2 Refer to the infant's medical home for completion. If the WIC clinic is located at the infant's medical home, it is recommended that immunizations are provided while the infant is in the clinic.

- 15.0 PROVIDE REFERRALS AS APPROPRIATE.
 - 15.1 SRS Programs. (CRT 08.02.00)
 - 15.1.1 Temporary Assistance for Families (TAF).
 - 15.1.2 Supplemental Nutrition Assistance Program (FS).
 - 15.1.3 Medicaid.
 - 15.1.4 Child Support Enforcement.
 - 15.1.5 KAN Be Healthy
 - 15.2 Immunizations.
 - 15.3 Blood Lead Screening.
 - 15.4 Health Care Provider.
 - 15.5 Healthy Start.
 - 15.6 Early Intervention Services for Infants and Toddlers.
 - 15.7 Early Head Start.

- 16.0 SCHEDULE FOLLOW-UP NUTRITION EDUCATION.
- 16.1 Infants initially certified under 6 months of age.
- 16.1.1 Scheduled a mid-certification between 5½ and 9 months of age.
- 16.1.2 Low risk clients should be scheduled for 2 secondary nutrition education contacts. (NED 02.02.00)
- Between the first certification and the mid-certification visits.
 - Between the mid-certification and the infant's first birthday.
- 16.1.3 High-risk clients must be scheduled for 2 individual high-risk contacts with the RD. (NED 02.03.00)
- Between the first certification and the mid-certification visits.
 - Between the mid-certification and the infant's first birthday.
- 16.1.4 The high or low risk status may change at the mid-certification appointment. Clients should be scheduled for the appropriate type of contact based upon their current risk status.
- 16.2 Infants initially certified over 6 months of age.
- 16.2.1 Low risk clients should be scheduled for a secondary nutrition education contact. (NED 02.02.00)
- 16.2.2 High-risk clients must be scheduled for an individual high risk contact with the RD. (NED 02.03.00)
- 17.0 ISSUE CHECKS:
- 17.1 Assign appropriate food package, see the Food Package and Special Formula Policies Training Module for information.
- 17.2 Review WIC approved foods to be issued to client
- 17.2.1 WIC foods are to promote and support nutritional well-being and should not be shared with other people.
- 17.2.2 The foods provided by the WIC program are supplemental and are not intended to meet all daily food requirements.
- 17.3 Educate on check usage and WIC Approved Food List. (FCI: 04.01.00)
- 17.3.1 Authorized items for each food category issued.
- 17.3.2 Definition of least expensive brand and which food categories.
- 17.3.3 Always take WIC Approved Food List and photo ID to store
- 17.3.4 Approved WIC vendors.
- 17.3.5 Shopping with WIC checks.
- 17.3.6 No substitutions allowed.
- 17.3.7 Handling WIC checks.
- 18.0 PROGRAM REGULATIONS AND GUIDELINES. Give WIC applicants specific program information that is pertinent to their participation in the program.