



Kansas WIC Program

Nutrition Risk Factors Postpartum (Non-Breastfeeding) Women

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Table of Contents

Intake of Dietary Supplements with Potentially Harmful Effects.....	1
Diet Very Low in Calories and/or Essential Nutrients	1
Pica	1
Inadequate Vitamin/Mineral Supplementation	1
Assumed Risk for Women and Children over 2 Years	2
✓ Eating Disorders	2
Oral Health Conditions.....	2
Disabilities Interfering with the Ability to Eat.....	2
☞ Tobacco Smoke Exposure in the Home.....	3
✓ Nutrient Deficiency Diseases	3
High Parity and Young Age	3
Multifetal Gestation	3
☞* History of Large for Gestational Age Infant Birth	4
☞ Preterm Delivery at Last Delivery	4
☞ Low Birth Weight Infant born at Last Delivery.....	4
Birth with Nutrition Related Birth Defect at Last Delivery	4
☞ Fetal or Neonatal Loss during Last Pregnancy	5
✓ Cancer	5
✓ Celiac Disease	5
Central Nervous System Disorders.....	5
Depression	6
Food Allergies	6
Gastrointestinal Disorders	6
Genetic and Congenital Disorders.....	7
Hypoglycemia	7
✓ Inborn Errors of Metabolism	7
✓ Infectious Diseases.....	9
Lactose Intolerance	10
Other Medical Conditions	10
☞* Recent Major Surgery, Trauma, Burns	10
✓ Renal Disease	11
Thyroid Disorders	11
✓ Drug Nutrient Interactions.....	11
Elevated Blood Lead Levels	11
Foster Care	12
✓ ☞Underweight	12
☞Overweight, less than six (<6) months postpartum	12
☞High Maternal Weight Gain	12
☞Low Hemoglobin / Hematocrit.....	12
☞Hypertension and Prehypertension.....	13
☞History of Preeclampsia.....	13
☞Pre-Diabetes	13

✓ ☒ Diabetes Mellitus	13
☒ History of Gestational Diabetes.....	14
☒ Pregnancy at a Young Age	14
☒ Short Interpregnancy Interval	14
☒ Maternal Smoking	14
☒ Alcohol and/or Illegal Drug Use.....	14
☒ Migrancy.....	15
☒ Homelessness	15
☒ Transfer of Certification	15
Table 1 - Risk Factors for Postpartum Women with Priority & USDA Risk Code	16
Table 2 - High-Risk Risk Factors for Postpartum Women	18
Table 3 - Risk Factors Requiring Documentation of Physician Diagnosis.....	19

✓ Risk Conditions marked with a check (✓) are considered high risk by the SA. LAs have the option of declaring any additional client as high risk by using “Professional Discretion High Risk”.

☒ Risk Conditions marked with a computer mouse (☒) are autocalculated by the KWIC system.

☒* Risk Conditions marked with a computer mouse (☒) and asterisk (*) are autocalculated by the KWIC system in situations when qualifying pertinent data exists in the KWIC system. However staff must assess and manually assign the risk factor if pertinent data is not part of the WIC record.

The definition for each Risk Condition is by followed the priority and the date the condition was last revised by the Risk Identification and Selection Collaborative.

Intake of Dietary Supplements with Potentially Harmful Effects

- Consuming inappropriate or excessive amounts of dietary supplements not prescribed by a physician. Including:
 - Single or multiple vitamins;
 - Mineral supplements; and
 - Herbal or botanical supplements/remedies/teas.

Priority 6
7/09

Diet Very Low in Calories and/or Essential Nutrients

- Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery. Such as:
 - Strict vegan diet;
 - Low-carbohydrate, high-protein diet;
 - Macrobiotic diet; and
 - Any other diet restricting calories and/or essential nutrients.

Priority 6
7/09

Pica

- Compulsively ingesting non-food items. Such as:
 - Ashes;
 - Baking soda;
 - Burnt matches;
 - Carpet fibers;
 - Chalk;
 - Cigarettes;
 - Clay;
 - Dust;
 - Large quantities of ice and/or freezer frost;
 - Paint chips;
 - Soil; and
 - Starch (laundry and cornstarch).

Priority 6
07/09

Inadequate Vitamin/Mineral Supplementation

- Inadequate vitamin/mineral supplementation recognized as essential by national public health policy. Including consumption of less than 400 µg of folic acid from fortified foods and/or supplements daily.

Priority 6
7/09

Assumed Risk for Women and Children over 2 Years

- A postpartum woman who meets the income and residential eligibility requirements may be presumed to be at nutrition risk based on failure to meet Dietary Guidelines **after the Kansas WIC Program Postpartum Diet Questionnaire has been assessed and no other risk factors are identified.** For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.

Priority 6
06/12 (Minor edit 10/14)

✓ Eating Disorders

- Presence of eating disorder(s) diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders or evidence of such disorders documented by the CPA. 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:
 - self-induced vomiting;
 - purgative abuse;
 - alternating periods of starvation;
 - use of drugs such as appetite suppressants, thyroid preparations or diuretics; or
 - self-induced marked weight loss.

Priority 3
04/01

Oral Health Conditions

- Diagnosis of oral health conditions a physician, dentist, or someone working under a physician's orders as self-reported by client; or as reported or documented by a physician or dentist, or someone working under physician's orders. Includes, but is not limited to:
 - Dental caries/cavities/tooth decay;
 - Periodontal disease (either stage - gingivitis or periodontitis); and
 - Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.

Priority 5
11/13

Disabilities Interfering with the Ability to Eat

- Developmental, sensory or motor disabilities that restrict the ability to consume chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:
 - minimal brain function;

- feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism;
- birth injury;
- head trauma;
- brain damage; or
- other disabilities.

Priority 4
04/01

Tobacco Smoke Exposure in the Home

- Living with someone who smokes inside the home. KWIC will assign if **Does anyone else smoke in the home?** is “Yes...” on most recent Health Interview/ATOD record.

Priority 6
06/07

✓ Nutrient Deficiency Diseases

- Presence of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients as diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. Diseases include, but are not limited to:
 - Protein Energy Malnutrition;
 - Scurvy;
 - Rickets;
 - Beri Beri;
 - Hypocalcemia;
 - Osteomalacia;
 - Vitamin K Deficiency;
 - Pellagra;
 - Cheilosis;
 - Menkes Disease; or
 - Xerophthalmia.

Priority 3
04/01

High Parity and Young Age

- Women under age 20 at date of conception for the most recent pregnancy, who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.

Priority 4
04/01

Multifetal Gestation

- More than one (> 1) fetus in the most recent pregnancy.

Priority 6 07/09

* History of Large for Gestational Age Infant Birth

- Giving birth to an infant weighing \geq to 9 lbs. (4000 grams) at the most recent pregnancy, or history of giving birth to an infant weighing \geq to 9 lbs. (4000 grams). Must be diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders.

KWIC will autocalculate if the woman is the linked mother of any infants or children and the **Birth Weight** is greater than or equal to 9 lbs, or if History for Large for Gestational Birth or Large for Gestational Age Infant Born at Last Delivery was recorded during any previous certification.

*Staff must assess and manually assign if the woman was not previously enrolled in the Kansas WIC Program or previous data is not recorded in KWIC.

Priority 6
04/04

Preterm Delivery at Last Delivery

- Birth of an infant at \leq 37 weeks gestation at the most recent delivery.

KWIC will autocalculate if weeks gestation at delivery is less than or equal to 37 weeks for most recent pregnancy. Note: This is based on calculation between the **Estimated Due Date and Pregnancy End Date on the mother's record** to determine the weeks of gestation at birth for the most recent pregnancy. So it is important to update the Estimated Due Date if the mother reports a change during pregnancy. Also if in review of the risk factors, the auto-assigned risk factor is incorrect, be sure to remove the risk factor before saving.

This currently does not autocalculate in the unusual occurrence of using "Add New Group Member" instead of recording the infant's birth on Record End of Pregnancy.

Priority 5
04/01

Low Birth Weight Infant born at Last Delivery

- Birth of an infant born weighing \leq 5 lb 8 oz (\leq 2500 grams) at the most recent delivery. KWIC will autocalculate if the woman is the linked mother of an infant who's recorded weight on the date of birth is less than or equal to 5 lb 8 oz.

Priority 5
04/01

Birth with Nutrition Related Birth Defect at Last Delivery

- Birth of an infant, at the most recent delivery, who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. The infant's condition must be diagnosed by a

physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders.

Priority 4
04/01

📁 Fetal or Neonatal Loss during Last Pregnancy

- A fetal, neonatal death, or spontaneous abortion during the most recent pregnancy. Must be diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders.
 - Fetal death is the spontaneous termination of a gestation at ≥ 20 weeks.
 - Neonatal death is the death of an infant within 0-28 days of life.
 - Spontaneous abortion is the spontaneous termination of a gestation at < 20 Weeks or of a fetus weighing < 500 grams.

KWIC will autocalculate if **Birth Outcome** on Health Interview or Record End of Pregnancy for any **Infant** this pregnancy is "Born Dead".

Priority 5
04/01 (Edit 10/14)

✓ Cancer

- Presence of cancer as diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.

Priority 3
04/01

✓ Celiac Disease

- Presence of Celiac Disease (CD) diagnosed by a physician as self reported by client; or as reported or documented by a physician or someone working under physician's orders. CD is 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. Celiac Disease is also known as:
 - Celiac Sprue;
 - Gluten Enteropathy; or
 - Non-tropical Sprue.

Priority 3
06/12

Central Nervous System Disorders

- Presence of central nervous system disorders diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. Central Nervous System Disorders are conditions which affect energy requirements, ability to feed self, or alter

nutritional status metabolically, mechanically, or both. These include, but are not limited to:

- Epilepsy;
- Cerebral Palsy (CP);
- Neural tube defects (NTDs), such as spina bifida;
- Parkinson's Disease; or
- Multiple Sclerosis.

Priority 5
06/07

Depression

- Presence of clinical depression, including postpartum depression as diagnosed by a physician or clinical psychologist as self reported by client; or as reported or documented by a physician or clinical psychologist, or someone working under physician's orders.

Priority 1
11/13

Food Allergies

- Presence of food allergies diagnosed by a physician as self reported by the caregiver; or as reported or documented by a physician, or someone working under physician's orders. Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

Priority 6
06/12

Gastrointestinal Disorders

- Presence of gastrointestinal disorders diagnosed by a physician, as self-reported by client; or as reported or documented by a physician, or someone working under physician's orders. Gastrointestinal disorders are diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to:
 - Gastroesophageal reflux disease (GERD);
 - Peptic ulcer;
 - Post-bariatric surgery;
 - Short bowel syndrome;
 - Inflammatory bowel disease, including ulcerative colitis or Crohn's disease;
 - Liver disease;
 - Pancreatitis; or
 - Biliary tract diseases.

Priority 5
07/09

Genetic and Congenital Disorders

- Presence of a hereditary or congenital condition at birth that causes physical or metabolic abnormality, such as genetic and congenital disorders as diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:
 - Cleft lip or palate;
 - Down's syndrome;
 - Thalassemia major;
 - Sickle cell anemia (not sickle cell trait); and
 - Muscular dystrophy.

Priority 5
04/01

Hypoglycemia

- Presence of hypoglycemia diagnosed by a physician, as self-reported by client; or as reported or documented by a physician, or someone working under a physician's orders.

Priority 6
04/01

✓ Inborn Errors of Metabolism

- Presence of inherited metabolic disorder caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat, diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to:
 - Amino Acid Disorders - Amino Acid Metabolism Disorders are characterized by the inability to metabolize a certain essential amino acid. The build-up of the amino acid that is not metabolized can be toxic. Treatment of amino acid disorders involves restricting one or more essential amino acids to the minimum required for growth and development and supplying the missing product due to the blocked reaction.
 - [Phenylketonuria \(includes clinically significant hyperphenylalaninemia variants\);](#)
 - [Maple syrup urine disease;](#)
 - [Homocystinuria;](#)
 - [Tyrosinemia;](#)
 - Carbohydrate Disorders - This group of disorders includes an enzyme deficiency or its cofactor that affects the catabolism or anabolism of carbohydrate. Carbohydrate disorders are complex and affect neurological, physical, and nutritional status.
 - [Galactosemia](#)
 - [Glycogen storage disease type I](#)

- [Glycogen storage disease type II](#) (see also [Pompe disease](#))
- [Glycogen storage disease type III](#)
- [Glycogen storage disease type IV \(Andersen Disease\)](#)
- [Glycogen storage disease type V](#)
- [Glycogen storage disease type VI](#)
- Hereditary Fructose Intolerance ([Fructose 1-phosphate aldolase deficiency](#), Fructose 1, 6, biphosphatase deficiency, fructose kinase deficiency)
- Fatty Acid Oxidation Disorders - Fatty acid oxidation defects include any enzyme defect in the process of mitochondrial fatty acid oxidation (FAO) system. The biochemical characteristic of all FAO defects is abnormally low ketone production as a result of the increased energy demands. This results in fasting hypoglycemia with severe acidosis secondary to the abnormal accumulation of intermediate metabolites of FAO, which can result in death.
 - [Medium-chain acyl-CoA dehydrogenase deficiency](#)
 - [Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency](#)
 - [Trifunctional protein deficiency type 1](#) (LCHAD deficiency)
 - [Trifunctional protein deficiency type 2](#) (mitochondrial trifunctional protein deficiency)
 - [Carnitine uptake defect](#) (primary carnitine deficiency)
 - [Very long-chain acyl-CoA dehydrogenase deficiency](#)
- [Organic Acid Metabolism Disorders](#) - Organic Acid Disorders are characterized by the excretion of non-amino organic acids in the urine. Most of the disorders are caused by a deficient enzyme involving the catabolism of specific amino acid(s). As a result, the non-metabolized substance accumulates due to the blockage of the specific metabolic pathway, which is toxic to certain organs and may also cause damage to the brain.
 - [Isovaleric acidemia](#)
 - [3-Methylcrotonyl-CoA carboxylase deficiency](#)
 - [Glutaric acidemia type I](#)
 - [Glutaric acidemia type II](#)
 - [3-hydroxy-3-methylglutaryl-coenzyme-A lyase deficiency](#)
 - [Multiple carboxylase deficiency](#) (Biotinidase deficiency, [Holocarboxylase synthetase deficiency](#))
 - [Methylmalonic academia](#)
 - [Propionic academia](#)
 - [Beta-ketothiolase deficiency](#)
- [Lysosomal Storage Diseases](#) - Lysosomal storage diseases are a group of related conditions characterized by increased storage of undigested large molecules in lysosomes. Lysosomes are cellular organelles responsible for intracellular degradation and recycling of macromolecules. Due to a defect in a specific lysosomal enzyme, the macromolecule that normally would be metabolized is not broken down; instead, it accumulates in the lysosomes. This leads to tissue damage, organ failure and premature death. Common clinical features include bone abnormalities, organomegaly, developmental impairment and central, peripheral nervous system disorders.
 - [Fabry disease](#) (α -galactosidase A deficiency)
 - [Gauchers disease](#) (glucocerebrosidase deficiency)

- [Pompe disease](#) (glycogen storage disease Type II, or acid α -glucosidase deficiency)
- [Mitochondrial Disorders](#) - Mitochondrial Disorders are caused by the dysfunction of the mitochondrial respiratory chain, or electron transport chain (ETC). Mitochondria play an essential role in energy production. The ETC dysfunction increases free radical production, which causes mitochondrial cellular damage, cell death and tissue necrosis and further worsens ETC dysfunction and thus forms a vicious cycle. The disorders can affect almost all organ systems. However, the organs and cells that have the highest energy demand, such as the brain and muscles (skeletal and cardiac) are most affected. The clinical features vary greatly among this group of disorders, but most have multiple organ dysfunctions with severe neuropathy and myopathy.
 - [Leber hereditary optic neuropathy](#)
 - [Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes \(MELAS\)](#)
 - [Mitochondrial neurogastrointestinal encephalopathy disease \(MNGIE\)](#)
 - [Myoclonic epilepsy with ragged-red fibers \(MERRF\)](#)
 - [Neuropathy, ataxia, and retinitis pigmentosa \(NARP\)](#)
 - [Pyruvate carboxylase deficiency](#)
- Peroxisomal Disorders - There are two types of peroxisomal disorders: single peroxisomal enzyme deficiencies and peroxisomal biogenesis disorders. These disorders cause severe seizures and psychomotor retardation. Peroxisomes are small organelles found in cytoplasm of all cells. They carry out oxidative reactions which generate hydrogen peroxides. They also contain catalase (peroxidase), which is important in detoxifying ethanol, formic acid and other toxins. Single peroxisomal enzyme deficiencies are diseases with dysfunction of a specific enzyme, such as acyl coenzyme A oxidase deficiency. Peroxisomal biogenesis disorders are caused by multiple peroxisome enzymes such as Zellweger syndrome and neonatal adrenoleukodystrophy.
 - [Zellweger Syndrome Spectrum](#)
 - [Adrenoleukodystrophy \(x-ALD\)](#)
- [Urea Cycle Disorders](#) - Urea Cycle Disorders occur when any defect or total absence of any of the enzymes or the cofactors used in the urea cycle results in the accumulation of ammonia in the blood. The urea cycle converts waste nitrogen into urea and excretes it from the kidneys. Since there are no alternate pathways to clear the ammonia, dysfunction of the urea cycle results in neurologic damages.
 - [Citrullinemia](#)
 - [Argininosuccinic aciduria](#)
 - [Carbamoyl phosphate synthetase I deficiency](#)

Priority 3
05/11 (Minor edit 10/14)

✓ Infectious Diseases

- An infectious disease within the past 6 months, and diagnosed by a physician as self reported by client; or as reported or documented by a physician, or

someone working under physician's orders. The condition must be severe enough to affect nutritional status. Includes, but is not limited to:

- Tuberculosis;
- Pneumonia;
- Meningitis;
- Parasitic infections;
- Hepatitis;
- Bronchiolitis (3 episodes in last 6 months);
- HIV (Human Immunodeficiency Virus infection); or
- AIDS (Acquired Immunodeficiency Syndrome).

Priority 3
04/01

Lactose Intolerance

- Presence of lactose intolerance diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.

Priority 6
06/12

Other Medical Conditions

- Presence of medical condition(s) with nutritional implications that are not included in any of the other medical conditions diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to:
 - Juvenile rheumatoid arthritis (JRA);
 - Lupus erythematosus;
 - Cardiorespiratory diseases;
 - Heart disease;
 - Cystic fibrosis; or
 - Persistent asthma (moderate or severe) requiring daily medication.

Priority 5
04/01

* Recent Major Surgery, Trauma, Burns

- Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence:
 - within the past two (≤ 2) months may be self reported;
 - 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.

KWIC will autocalculate if the woman's **Pregnancy End Date** is within 60 days and the **Delivery Method** recorded on any Health Interview for the current certification period is **C-Section**.

*Staff must assess and manually assign for other applicable conditions.

Priority 6
04/01

✓ Renal Disease

- Presence of renal disease diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

Priority 3
04/01

Thyroid Disorders

- Presence of a thyroid disorder diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders. Thyroid dysfunctions that occur in postpartum women are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to:
 - Hyperthyroidism - Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).
 - Hypothyroidism -Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.
 - Postpartum Thyroiditis-Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation fo the thyroid. Frequently, the resolution is spontaneous

Priority 6
05/11 (Edit 10/14)

✓ Drug Nutrient Interactions

- 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.

Priority 3, 04/01

Elevated Blood Lead Levels

- Blood lead level of $\geq 5 \mu\text{g}/\text{deciliter}$ within the past 12 months

Priority 6
05/15

Foster Care

- 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.

Priority 7
4/01

✓ Underweight

- Prepregnancy Body Mass Index (BMI) <18.5.¹

Priority 3
07/09

Overweight, less than six (<6) months postpartum

- Prepregnancy Body Mass Index (BMI) ≥25.1

Priority 6
07/09

High Maternal Weight Gain

- Total weight gain for most recent pregnancy that exceeds the upper limit of the Institute of Medicine's (IOM)-recommended range for her respective prepregnancy weight category. The risk factor is assigned using the singleton weight gain range.

<i>Prepregnancy Weight Category</i> ¹		<i>Upper limit of Weight Gain Range (lbs)</i>
Underweight	BMI <18.5	> 40
Normal weight	BMI 18.5 to 24.9	> 35
Overweight	BMI 25.0 to 29.9	> 25
Obese	BMI ≥ 30.0	> 20

Priority 5
06/10

Low Hemoglobin / Hematocrit

- Greater than or equal to 15 years of age
 - Hemoglobin less than (<) 12.0 g/dl
 - Hematocrit concentration less than (<) 36%
- Less than 15 years of age
 - Hemoglobin less than (<) 11.8 g/dl
 - Hematocrit concentration less than (<) 36%

¹ Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility.

📁 Hypertension and Prehypertension

- Presence of hypertension or prehypertension diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician's orders.
 - Hypertension is persistently high arterial blood pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg (140/90).
 - Prehypertension is blood pressure readings between 130/80 to 139/89 mm Hg.

Priority 6
07/09

📁 History of Preeclampsia

- Any history of preeclampsia diagnosed by a physician as self-reported by client; or as reported or documented by a physician, or someone working under a physician's orders. Preeclampsia is defined as pregnancy-induced hypertension (>140 mm Hg systolic or 90 mm Hg diastolic) with proteinuria developing usually after the 20th week of gestation.

Priority 6
07/09

📁 Pre-Diabetes

- Presence of pre-diabetes diagnosed by a physician, as self-reported by client; or as reported or documented by a physician, or someone working under a physician's orders.
 - 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.

Priority 6
07/09

✓ 📁 Diabetes Mellitus

- Presence of diabetes mellitus diagnosed by a physician, as self-reported by client; or as reported or documented by a physician, or someone working under a physician's orders.
 - Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Priority 3
07/09

📁 History of Gestational Diabetes

- Any history of gestational diabetes. The condition must be diagnosed by a physician as self-reported by client; or as reported or documented by a physician, or someone working under physician's orders.

Priority 6
07/09

📁 Pregnancy at a Young Age

- Conception of most recent pregnancy at 17 years of age or younger.

Priority 6
04/01 (Edit 10/14)

📁 Short Interpregnancy Interval

- Interpregnancy interval of <18 months from the date of a live birth to the conception of the subsequent pregnancy.

Priority 6
05/15

📁 Maternal Smoking

- Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.

Priority 6
04/01

📁 Alcohol and/or Illegal Drug Use

- Routine current use of ≥ 2 drinks per day;
- Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days; or
- Heavy Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days;

A serving or standard sized drink is:

- 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)

- Any illegal drug use

Priority 6
04/01

Migrancy

- A woman who is a member of a family which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

Priority 7 04/01

Homelessness

- A woman who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:
 - a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations;
 - an institution that provides a temporary residence for individuals intended to be institutionalized;
 - a temporary accommodation of not more than 365 days in the residence of another individual; or
 - a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Priority 7 04/01

Transfer of Certification

- Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.
- This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.

Priority n/a
04/01

Table 1 - Risk Factors for Postpartum Women with Priority & USDA Risk Code

For a listing of the USDA risk codes and priorities for all categories, see [PPM CRT 07.00.00 - Nutrition Eligibility](#).

Risk Factor	Priority	USDA Risk Code
Assumed Risk for Women & Children over 2 yrs	6	401
Birth with Nutrition Related Birth Defect at Last Delivery	4	339
Cancer	3	347
Celiac Disease	3	354
Central Nervous System Disorders	5	348
Depression	6	361
Diabetes Mellitus	3	343
Diet Very Low in Calories and/or Essential Nutrients	6	427.2
Disabilities Interfering with the Ability to Eat	4	362
Drug Nutrient Interactions	3	357
Eating Disorders	3	358
Elevated Blood Lead Levels	6	211
Fetal or Neonatal Loss during Last Pregnancy	5	321
Food Allergies	6	353
Foster Care	7	903
Gastrointestinal Disorders	5	342
Genetic and Congenital Disorders	5	349
High Maternal Weight Gain	5	133
High Parity and Young Age	4	333
History of a Large for Gestational Age Infant Birth	6	337
History of Gestational Diabetes	6	303
History of Preeclampsia	6	304
Homelessness	7	801

Risk Factor	Priority	USDA Risk Code
Hypertension and Prehypertension	6	345
Hypoglycemia	6	356
Inadequate Vitamin/Mineral Supplementation	6	427.4
Inborn Errors of Metabolism	3	351
Infectious Diseases	3	352
Intake of Dietary Supplements with Harmful Effects	6	427.1
Lactose Intolerance	6	355
Low Birth Weight Infant born at Last Delivery	5	312
Low Hemoglobin/Hematocrit	5	201
Maternal Smoking	6	371
Migrancy	7	802
Multifetal Gestation	6	335
Nutrient Deficiency Diseases	3	341
Oral Health Conditions	5	381
Other Medical Conditions	5	360
Overweight, less than six months postpartum	6	111
Pica	6	427.3
Pre-Diabetes	6	363
Pregnancy at a Young Age	6	331
Preterm Delivery at Last Delivery	5	311
Recent Major Surgery, Trauma, Burns	6	359
Renal Disease	3	346
Short Interpregnancy Interval	6	332
Thyroid Disorders	6	344
Tobacco Smoke Exposure in the Home	6	904
Transfer of Certification	1	502
Underweight	3	101

Table 2 - High-Risk Risk Factors for Postpartum Women

For information on providing nutrition education for high-risk clients, see [PPM NED 02.03.00 - Nutrition Education Contact - Second, High Risk](#).

<i>Risk Factor</i>
Cancer
Celiac Disease
Diabetes Mellitus
Drug Nutrient Interactions
Eating Disorders
Inborn Errors of Metabolism
Infectious Diseases
Nutrient Deficiency Diseases
Renal Disease
Underweight

Table 3 - Risk Factors Requiring Documentation of Physician Diagnosis

For the following risk factors the condition must be diagnosed by a physician as self-reported by client; or as reported or documented by a physician, or someone working under physician’s orders. Self-reporting of a diagnosis by a medical professional should not be confused with self diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. This should be documented by marking the [Risk Assigned Based on MD Diagnosis] check box on the Assign Risk Factors Window in KWIC.

<i>Risk Factor</i>
Birth with Nutrition Related Birth Defect at Last Delivery
Cancer
Celiac Disease
Central Nervous System Disorders
Depression ²
Diabetes Mellitus
Eating Disorders ³
Fetal or Neonatal Loss during Last Pregnancy
Food Allergies
Gastrointestinal Disorders
Genetic and Congenital Disorders
History of a Large for Gestational Age Infant Birth
History of Gestational Diabetes
History of Preeclampsia
Hypertension and Prehypertension
Hypoglycemia
Inborn Errors of Metabolism
Infectious Diseases
Lactose Intolerance
Nutrient Deficiency Diseases
Oral Health Conditions ⁴
Other Medical Conditions
Pre-Diabetes

² Depression can also be assigned based on diagnosis, documentation or report by a clinical psychologist.

³ Eating disorders can also be assigned based on adequate documentation by the CPA

⁴ Oral Health Conditions can also be assigned based on diagnosis, documentation or report by a dentist.

<i>Risk Factor</i>
Recent Major Surgery, Trauma, Burns ⁵
Renal Disease
Thyroid Disorders

⁵ Any occurrence 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.