

KANSAS WIC POLICY MEMORANDUM
KANSAS-WIC-P-2016-01

TO: Parent and Sub-Agencies

FROM: Dave Thomason
Nutrition & WIC Services Director

DATE: October 28, 2015

RE: Updated Standard WIC Affidavit Form
Certification – Referral Name Change
Training – Risk Factor Update, Required Training

Updated Standard WIC Affidavit form

The [Standard WIC Affidavit](#) form has been updated for the BFPC program. Starting in FFY2016, the salaries and fringe benefits are the only items that should be reported under the BFPC column, other than indirects (if applicable) for the BFPC program. The State Agency decided that all other BFPC expenses will be paid with regular WIC funds. Therefore, all other expenses such as office supplies, phones, etc. should be placed in one of the four cost categories (as applicable) on the affidavit. Local Agencies should begin using the new form or a form similar to the revised form that encompasses the BFPC changes.

If you have any questions concerning the form contact Rachelle Hazelton at rhazelton@kdheks.gov or call (785) 296-1328.

ACTION REQUIRED: Notify all WIC staff, as well as other Health Department or County staff who are involved with providing affidavits to the WIC Program.

Certification – Referral Name Change

When selecting “Referrals – From” in the KWIC system, staff have had the option to choose “SRS.” This proof will no longer be available as a choice as of 11/01/15. The option now available to choose is “DCF”.

ACTION REQUIRED: Notify all staff.

Training – Risk Factor Update, Required Training

On October 22, an email was sent to agencies containing the *Kansas Risk Factor Update – October 2015* document along with the KWIC Client Services 2.0.1 Release Notes. The document includes detailed information about the newly automated risk factors and more detailed information about the risk factor changes listed in the September P-Memo's list of policy changes.

The document is included at the end of this P-memo and is posted to the Training page of the Kansas WIC website. http://www.kansaswic.org/local_agencies/training.html

ACTION REQUIRED: If certifying staff have not already reviewed the *Kansas Risk Factor Update – October 2015*, they should do so soon.

If you have any questions regarding this memo, please contact the state staff member assigned to your agency.

Items: Kansas Risk Factor Update - October 2015

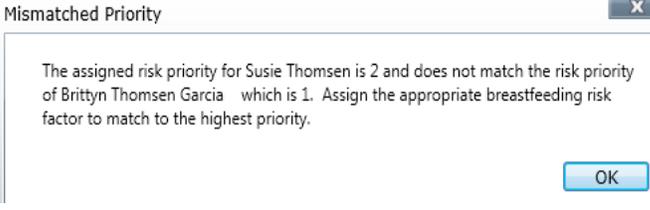
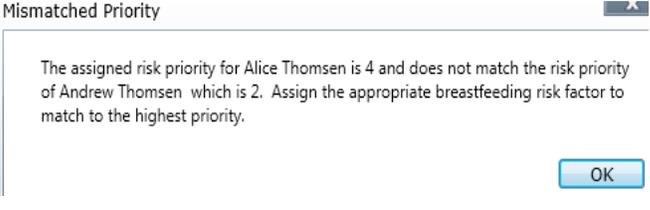
Kansas Risk Factor Update – October 2015

New Automated Risk Factors: Description and Reminders

Effective 10/26/2015, with the release of KWIC Version 2.0.1, several additional risk factors will be automated. The Risk Factor Manuals that were placed on the website for the October 1, 2015 policy were updated with the new automation information, but there have been a few errors noted in some of the manuals. All corrected risk factor manuals will be posted by 10/26/15 and will have a revision date of 10/26/2015. http://www.kansaswic.org/local_agencies/risk_factors.html



- Even though there now are many more automated risk factors, certifying staff members should still be knowledgeable about the risk factor definitions.
- Notice that some of the automated risk factors contain a warning that conditions might exist in which the certifying staff member might need to assign the risk factor manually, e.g. Woman with a history of preterm birth who has never been on WIC before.
- During nutrition assessment/certification, the certifying staff member should thoughtfully review the **entire** list of risk factors, including the ones that are auto-assigned. Staff should:
 - Notice that, as before, automated risk factors in the Nutrition Risk Manuals are identified with the symbol  . The definition describes the auto-assignment in detail.
 - Review which risk factors require documentation of a physician’s diagnosis and open the auto-assigned risk factor to mark the “Based on MD Diagnosis” checkbox. At the end of each manual, Table 3 lists all the risk factors that require documentation of a physician’s diagnosis.
 - Treat the auto-assigned risk factors like those that are manually assigned. If notes are needed to clarify severity, treatment, etc., either make a risk note, or document in the regular KWIC Notes.
- Details about new automated risk factors are included in the following table.
 - The Notes column contains the definition from the Risk Factor Manual with the particular text about automation highlighted in yellow. Additional notes are also included.
 - We’ve already identified additional automation aspects that we’d like to have, as indicated by a “For Future Release” note under two risk factors. We’re unsure when these additional changes will be made, but no sooner than the next KWIC release in spring of 2016.
 - The Parameters column is a slightly more detailed explanation of what is in the yellow of the Notes column.

Risk	Category	Parameters	Notes
<p>Breastfeeding Dyad Risk Factors – Risk is NOT automatically assigned but KWIC was changed so a message will pop up and warn if the other member of the dyad is not the same priority.</p>			
<p>BF Infant of a Woman at Priority 1 Nutritional Risk</p> <p>BF Infant of a Woman at Priority 4 Nutritional Risk</p>	<p>I</p>	<p>If linked woman has calculated Priority of 1 based on assigned risk factors.</p> <p>If linked woman has calculated Priority of 4 based on assigned risk factors.</p>	<p>No risk is auto-assigned. But if the mother and infant priorities do not match, when you save the risk factor screen, there will be a popup message, such as:</p>  <p>In this example, the staff member needs to equalize Susie’s priority to that of her mother by manually assigning “Breastfeeding Infant of a Woman at Priority 1 Nutritional Risk” to Susie.</p> <p>(Note that the Nutrition Risk Factor Manual “Revised October 2015 erroneously stated the risk factor would be auto-assigned. The corrected Nutrition Risk Factor Manual will be posted by Oct. 26.)</p>
<p>Breastfeeding Mother of Infant at Priority 1 Nutritional Risk</p> <p>Breastfeeding Mother of Infant at Priority 2 Nutritional Risk</p> <p>Breastfeeding Mother of Infant at Priority 4 Nutritional Risk</p>	<p>BF</p>	<p>Display the message on Save of Assign Risk Factors if</p> <ul style="list-style-type: none"> the client is a member of a Breastfeeding Dyad, and the other member has been certified Today the highest risk priority assigned does not match the other member of the dyad. 	<p>No risk is auto-assigned. But if the mother and infant priorities do not match, when you save the risk factor screen, there will be a popup message, such as:</p>  <p>In this example, the staff member needs to equalize Alice’s priority to that of her infant by manually assigning “Breastfeeding Mother of Infant at Priority 2 Nutritional Risk” to Alice.</p> <p>(Note that the Nutrition Risk Factor Manual “Revised October 2015 erroneously stated the risk factor would be auto-assigned.</p>

Infant and Children – New Automated Risk Factors			
Large for Gestational Age	I	If Birth Weight is \geq 9 Pounds	 Large for Gestational Age <ul style="list-style-type: none"> Birth weight greater than or equal to (\geq) 9 pounds.
Infant Up to 6 Month Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy	I	If the infant's Month Age is \leq 6 months and Mother On WIC During Pregnancy? is "On WIC in [State]" or "On WIC in Other Program".	 *Infant Born to a WIC Eligible Woman <ul style="list-style-type: none"> An infant less than ($<$) six months of age whose mother was a WIC Program client during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions. KWIC will autocalculate if the infant is less than or equal to 6 months of age and the Health Interview record has Mother On WIC During Pregnancy? as "On WIC in Kansas" or "On WIC in Other Program". *Staff must assess and manually assign if the mother was not on WIC during pregnancy.
Environmental Tobacco Smoke Exposure	I C	If Household Smoking is "Yes..." on most recent Health Interview record for the Current Episode .	 Tobacco Smoke Exposure in the Home <ul style="list-style-type: none"> Living with someone who smokes inside the home. KWIC will assign if Environmental Tobacco Smoke Exposure: Household Smoking is "Yes..." on most recent Health Interview record.
Pregnant, Breastfeeding and Postpartum Women – New Automated Risk Factors			
Environmental Tobacco Smoke Exposure	PG BF PP	If Does anyone else smoke in the home? is "Yes..." on most recent Health Interview/ATOD record for the Current Episode .	 Tobacco Smoke Exposure in the Home <ul style="list-style-type: none"> 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.
History of Preterm Delivery	PG	If History of Preterm Delivery or Preterm Delivery at Last Delivery Risk Factor assigned for any previous Episode .	 *History of Preterm Delivery <ul style="list-style-type: none"> Any history of giving birth to an infant at \leq 37 weeks gestation. KWIC will autocalculate if the woman has ever had History of Preterm Delivery or Preterm Delivery at Last Delivery

			<p>risk factor assigned for any previous certification.</p> <p>*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.</p>
Preterm Delivery At Last Delivery	BF PP	Calculate the difference between Estimated Due Date and Pregnancy End Date to determine the weeks gestation at birth for most recent pregnancy. Auto assign if weeks gestation at delivery is ≤ 37 wks.	<p> Preterm Delivery at Last Delivery</p> <ul style="list-style-type: none"> • Birth of an infant at ≤ 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. <p>This is based on calculation between the Estimated Due Date and Pregnancy End Date on the mother's record to determine the weeks 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.</p> <p>Also if in review of the risk factors, the auto-assigned risk factor is incorrect, be sure to remove the risk factor before saving.</p> <p>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.</p> <p><u>For Future Release:</u> If infant is added to family and linked to mother, but not added as a direct result to an ending of a pregnancy, the system will use assumptions (to be determined during more analysis) to determine whether or not the linked infant's weeks gestation should be included in this risk calculation.</p>

History of Low Birth Weight	PG	If History of Low Birth Weight or Low Birthweight Infant Born at Last Delivery was recorded for any previous Episode .	<p> * History of Low Birth Weight</p> <ul style="list-style-type: none"> Any history of giving birth to an infant born weighing ≤ 5 lb 8 oz (≤2500 grams). KWIC will autocalculate if History of Low Birth Weight or Low Birthweight Infant Born at Last Delivery is recorded for any previous certification. <p>*Staff must assess and manually assign if the woman was not previously enrolled in the Kansas WIC Program or the risk factor was not previously assigned.</p> <p><u>For Future Release:</u> Birth weight of any linked infants or children is ≤ 5 Pounds 8 Ounces</p>
Low Birth Weight At Last Delivery	BF PP	Birth Weight of linked infant from <i>most recent pregnancy</i> is ≤ 5 Pounds 8 Ounces	<p> Low Birth Weight Infant born at Last Delivery</p> <ul style="list-style-type: none"> Birth of an infant born weighing ≤ 5 lb 8 oz (≤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.
History of Fetal or Neonatal Loss	PG	If History of Fetal or Neonatal Loss Risk Factor assigned for any previous Episode .	<p> * History of Fetal or Neonatal Loss</p> <ul style="list-style-type: none"> Any history of fetal or neonatal death or 2 or more spontaneous abortions. 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. <ul style="list-style-type: none"> 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. A spontaneous abortion (SAB) is the spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams. <p>KWIC will autocalculate if the History of Fetal or Neonatal Loss Risk Factor assigned for any previous certification.</p> <p>*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.</p>

Inadequate Prenatal Care	PG	<p>For the most recent Health Interview record for the Current Episode:</p> <ul style="list-style-type: none"> • If Month Prenatal Care Began is greater than \geq Seventh Month or, • If weeks gestation is ≥ 14 weeks and Month Prenatal Care Began is No Medical Care, or • If gestation weeks at First Prenatal Visit Date is ≥ 14 	<p> * Inadequate Prenatal Care</p> <ul style="list-style-type: none"> • First prenatal visit in the third trimester (7-9 months) or: <table border="1" data-bbox="852 310 1521 535"> <thead> <tr> <th><i>Weeks Gestation</i></th> <th><i>Number of prenatal visits</i></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> <ul style="list-style-type: none"> • KWIC will autocalculate if Month Prenatal Care Began on the most recent Health Interview record is greater than seven (7). or, • If weeks gestation is ≥ 14 weeks and Month Prenatal Care Began is No Medical Care, or • If gestation weeks at First Prenatal Visit Date is ≥ 14 <p>*Staff must also assess using the table and manually assign if appropriate</p> <p>(Note that the Nutrition Risk Factor Manual “Revised October 2015” omitted the last two bullet statements. The corrected Nutrition Risk Factor Manual will be posted by Oct. 26.)</p>	<i>Weeks Gestation</i>	<i>Number of prenatal visits</i>	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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History of a Large for Gestational Age Infant Birth	PG BF PP	<ul style="list-style-type: none"> • If Birth Weight of any linked infants or children is ≥ 9 Pounds 	<p style="text-align: center;">Pregnant</p> <p> * History of Large for Gestational Age Infant Birth</p> <ul style="list-style-type: none"> • Any 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 birth weight of any infants or children is greater than or equal to 9 lb, or if History of a Large for Gestational Age Infant Birth or Large for Gestational Age infant Born at Last Delivery was recorded during any previous certification. <p>*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.</p>												

			<p style="text-align: center;">Breastfeeding and Postpartum</p> <p>* History of Large for Gestational Age Infant Birth</p> <ul style="list-style-type: none"> • 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 greater \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. <p>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.</p> <p>*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</p>
Recent Major Surgery, Trauma, Burns	BF PP	If the Delivery Method is C-Section and the Pregnancy End Date is within 60 days.	<p>* Recent Major Surgery, Trauma, Burns</p> <ul style="list-style-type: none"> • Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: <ul style="list-style-type: none"> • 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. <p>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.</p> <p>*Staff must assess and manually assign for other applicable conditions.</p>

Non- Automated Risk Factors

The following changes were briefly described in the September Policy Memo. Here is a repeat and a little more information. These changes were made based on changes at the federal level.

- Dental Problems.
 - For all client categories, Dental Problems is now **Oral Health Conditions** and may also be diagnosed by a dentist, but **not** by the CPA. The Risk Factor Manual definition states: 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.)
 - Staff may use the “Based on MD Diagnosis” checkbox if diagnosed by a dentist.
 - This name was updated effective October 22, 2016.
- Large for Gestational Age Infant Born at Last Delivery
 - For breastfeeding and postpartum women, the risk factor was changed to **History of a Large for Gestational Age infant Birth**, which includes any LGA birth, not just the most recent.
 - Will be auto-assigned as described in the previous section.
- Inappropriate Handling of Formula and Breastmilk. The “access” part of the definition did not change. The “handling” part of the definition was changed to :
Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula. Examples of inappropriate practices (including but not limited to):
 - Limited or no access to a:
 - Safe water supply (documented by appropriate officials e.g. municipal or health department authorities);
 - Heat source for sterilization; and/or
 - Refrigerator or freezer for storage.
 - Failure to prepare, handle and store bottles or storage containers or breast pumps properly. Published guidelines on the handling and storage of breastmilk may differ among pediatric nutrition authorities. However, the following breastmilk feeding, handling and storage practices, for example, are considered inappropriate and unsafe:
 - Human Milk
 - Thawing in a microwave
 - Refreezing
 - Adding freshly expressed unrefrigerated breastmilk to frozen breastmilk¹
 - Adding refrigerated breastmilk to frozen breastmilk in an amount that is greater than the amount of frozen human milk
 - Feeding thawed breastmilk more than 24 hours after it was thawed
 - Saving breastmilk from a used bottle for another feeding
 - Failure to clean breastpump per manufacturer’s instruction
 - Formula
 - Storing at room temperature for more than 1 hour
 - Failure to store prepared formula per manufacturer’s instructions

Based on MD Diagnosis

¹ 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.

- Using formula in a bottle one hour after the start of a feeding
 - Saving formula from a used bottle for another feeding
 - Failure to clean baby bottle properly
- Depression.
 - For children, Depression was deleted as a risk factor.
 - For women, the definition now specifies that postpartum depression is included.
 - May also be diagnosed by a clinical psychologist. The Risk Factor Manual definition states “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.”
 - Staff may use the “Based on MD Diagnosis” checkbox if diagnosed by a **Based on MD Diagnosis**
 - As additional background and training on this important issue, please read the following article.

WIC Risk Factor - Depression

Depression is a risk factor often missed when certifying a woman as pregnant or postpartum for WIC. It is important to assign this risk factor and refer clients because untreated it can lead to poor pregnancy outcomes, child abuse and neglect, discontinuation of breastfeeding, inappropriate medical care, developmental delays and behavior problems in children. The definition for this risk factor is:

“The presence of clinical depression, including postpartum depression diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician’s orders, or as self-reported by the applicant/participant/caregiver.”² If a client self-reports a diagnosis made by a medical professional, this should not be confused with self-diagnosis, where a person claims to have the medical condition although self-diagnosis might merit a referral.

To determine if depression should be assigned, review medications with the client. If the client takes antidepressants such as Cymbalta, Lexapro, Zoloft, Prozac, Wellbutrin, Paxil or Effexor (this list is not inclusive), ask if prescribed for depression, assign the risk factor and document in risk notes as diagnosed by physician and medication prescribed. Many antidepressants are suitable for use during pregnancy and breastfeeding.

It is important to refer clients who may be depressed to their primary health care provider or to mental health services. Pregnant adolescents have a prevalence rate of depression almost twice as high as adults and non-pregnant adolescents. WIC staff may be the first to notice symptoms of depression during pregnancy or postpartum depression (PPD.) PPD occurs in 10 – 20 percent of

² USDA, FNS WIC Nutritional Risk Criteria

women within one year of birth of a child. It is one of the most frequent post-pregnancy complications. Altarum Institute³ found that nearly 20 percent of WIC moms had PPD symptoms such as feeling down, depressed, hopeless, or having little interest or pleasure in doing things compared to fewer than seven percent in women not eligible for WIC. Be sure to investigate referral resources in your community. The Pregnancy and Postpartum Resource Center based in the Kansas City area has support groups and useful information on their website -

<http://www.kansasppd.org/>

The Edinburgh Postnatal Depression Scale is an easy screening tool that several Kansas WIC clinics have found to be useful in determining if a client should be referred.

<http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf> Contact the state WIC office for a copy in Spanish.

Other screening tools could be adapted for use - the Epidemiologic Studies Depression Scale.

<http://counsellingresource.com/lib/quizzes/depression-testing/cesd/> or the Patient Health

Questionnaire <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

WIC staff may work with clients who have the “baby blues” which are characterized by mild depressive symptoms, tearfulness, anxiety, mood fluctuations, irritability, increased sensitivity and fatigue. These symptoms typically peak four to five days after delivery and resolve by the tenth day postpartum. Some researchers feel that true postpartum depression occurs three weeks to five months after birth so clients continue to need to be screened. Mood has been found to be affected by stress hormones, immune markers and sleep quality. New research is finding that inflammation is the risk factor contributing to depression. Increased levels of proinflammatory cytokines caused by common experiences in new motherhood such as sleep disturbance, postpartum pain and past or current psychological trauma are contributors. Inflammation levels normally rise during the last trimester of pregnancy which may be a factor in the high risk of depression during the third trimester.⁴ If a mom has the urge to harm herself or infant and/or is hearing voices or having hallucinations or confusion, she may have postpartum psychosis and needs help immediately. More information about postpartum depression can be found at:

[Guidance for Screening and Referring Women with or At Risk for Depression](#)

[Postpartum Support International](#)

³ Pooler, J. Postpartum Depression, Low-income Women, and WIC: Examples of Integrated Screening and Referral Efforts. <http://altarum.org/health-policy-blog/postpartum-depression-low-income-women-and-wic-examples-of-integrated-screening-and-referral-efforts>

⁴ USDA, FNS WIC Nutritional Risk Criteria