

New York State WIC Nutrition Risk Criteria & Priority System
For use with WPM Section 1137: Nutrition Assessment and Risk Priority

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Introduction

The Nutrition Risk Criteria & Priority System provides a complete list of New York State (NYS) WIC Nutrition Risk Criteria with detailed definitions, interpretations, and parameters for risk assignment. For more detail, and references related to each risk criterion (including internet links to reputable resources), refer to the United States Department of Agriculture (USDA) Nutrition Risk Write-Ups. USDA refers to risks as Nutrition Risk Criteria. Throughout this supplement Nutrition Risk Criteria are referred to as “nutrition risks” or “risks.”

This supplement is organized alphabetically by risk category with the risks in each risk category listed in numerical order by USDA risk number from the least to the greatest. Included in these tables are the USDA risk criteria; priority levels; the risk definitions/interpretation; High Risk (HR) designation; and the question/answer which generates the risk in the NYS WIC Program’s management information system (MIS).

Nutrition Risk Assignment and Generation

Most risks are system-generated in the MIS; however, a few must be manually assigned by a Qualified Nutritionist (QN) or Competent Professional Authority (CPA).

During a certification, risks are generated by going to the Nutrition Risk screen after completing all the required screens in the Guided Script that precede the Nutrition Risk screen. Once the QN/CPA accesses the Nutrition Risk screen, applicable system-generated risks will be displayed.

Risks can be generated at any point during the certification, including at appointments other than certifications, and any time data is entered or edited on an applicable screen within the Guided Script. The user must save the screen, then the QN/CPA must navigate to the Nutrition Risk screen to allow the system to generate any risks that were not generated during the certification.

To manually assign a risk, the QN/CPA must click the ‘Add’ button on the Nutrition Risk screen and select from the available risks. The only risks that can be manually assigned are ones that cannot be system-generated. For all risks that are manually assigned, the supporting information must be apparent upon review of the participant’s record. The following chart lists the only risks that can be manually assigned in the MIS.

Manually Assigned Nutrition Risk Criteria						
USDA Risk #	Risk Criteria	Participant Category				
		Pregnant	Breastfeeding	Non-Breastfeeding	Infant	Child
114	Overweight or At Risk of Overweight (<12 months infant of obese mother ONLY)				X	
131	Low Maternal Weight Gain (Singleton pregnancy– Method 2 ONLY)	X				
133	High Maternal Weight Gain (Multifetal gestation or Singleton pregnancy - Method 2)	X				
334	Lack of Inadequate Prenatal Care (Method 2 only)	X				
601.01	Breastfeeding Mother of Infant at Nutrition Risk (P1)	X	X			
601.02	Breastfeeding Mother of Infant at Nutrition Risk (P2)	X	X			
601.03	Breastfeeding Mother of Infant at Nutrition Risk (P4)	X	X			
702.01	Breastfeeding Infant of Mother at Nutrition Risk (P1)				X	
702.02	Breastfeeding Infant of Mother at Nutrition Risk (P4)				X	
901	Recipient of Abuse	X	X	X	X	X
902	Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	X	X	X	X	X
903	Foster Care	X	X	X	X	X

In the MIS, when a risk is generated or added on the Nutrition Risk screen, it will display with the USDA Risk # listed first, then the priority will display in [brackets], followed by the risk name. For example, risk 302 Gestational Diabetes will appear as: 302 [1] – Gestational Diabetes. The participant’s priority is equal to the highest priority risk for which they qualify.

Several risks have multiple definitions. In some cases, the MIS will system-generate one definition of a risk, but the other definition must be manually assigned. This is indicated throughout this supplement in the NYWIC Screen/Question column, and in the table above. For example, risk 114 Overweight and at Risk of Overweight (Infants and Children) has four definitions. The MIS will system-generate three of these definitions. The fourth definition, which only applies to infants (<12 months) born to a woman with a BMI ≥ to 30 at conception or during the first trimester of the pregnancy, must be manually assigned.

Breastfeeding Dyads

A Breastfeeding parent and their infant form a breastfeeding dyad. One member of the dyad is certified based on the nutrition risk eligibility status of the other dyad member.

- A breastfeeding parent and their infant must be placed at the same and the highest priority level for which either is qualified. The QN/CPA must manually assign the Breastfeeding Dyad Risk to the dyad member who has the lower priority.
- If both the breastfeeding parent and infant are assessed at the same priority level, the Breastfeeding Dyad Risk must only be assigned to one of them.

Removing Risks

System-generated risks cannot be removed from the Nutrition Risk screen. The only way to remove a system-generated risk is to change the data that was entered into the MIS that caused the risk to generate on the same day the data was entered into the system. If the data is changed after the day it was originally entered, the risk will not be removed. If a risk was generated or assigned incorrectly and cannot be removed, best practice is for the QN/CPA to document this in the Comment section on the Nutrition Risk screen.

Manually assigned risks can be removed from the Nutrition Risk screen by selecting the risk and clicking the Remove button. This can only be done on the same day the risk was added.

Participant Categories

Identification of participant categories are noted in various ways. The MIS indicates participant categories using abbreviations, while the USDA Nutrition Risk Write-Ups spell out participant categories. Within this policy supplement, categories are noted similarly to those in the Nutrition Risk Write-Ups. The chart below provides additional details.

Participant Categories	NYWIC Categories (Abbreviations)	Categories used in this supplement
Pregnant Woman	WPG	Pregnant
Woman Breastfeeding Fully	WBF	Breastfeeding
Woman Breastfeeding Partially	WBP	
Woman Non-Breastfeeding (postpartum)	WNB	Non-Breastfeeding
Infant Breastfeeding Fully	IBF	Infant
Infant Breastfeeding Partially	IBP	
Infant Non-Breastfeeding	INB	
Child (age 1-4)	C1, C2, C3, C4	Child

New York State High Risk (HR) Criteria

The following table lists NYS WIC High Risk Criteria and applicable participant categories. High risks are also indicated throughout this supplement by an “X” in the High Risk (HR) column next to the applicable participant category and priority listed in the Category – [Priority] column. Throughout this supplement some risk definitions state: “Verification Recommended.” This indicates that the QN/CPA should use professional judgement to consider obtaining additional confirmation from the participant’s health care provider regarding the medical condition or issue, with the participant’s permission.

USDA Risk #	High Risk Criteria	Participant Category					*VR
		Pregnant	Breastfeeding	Non-Breastfeeding	Infant	Child	
103.01	Underweight				X	X	
113	Obese Children 2-5 Years of Age					X	
115	High Weight-for-Length				X	X	
134	Failure to Thrive				X	X	X
135	Slowed/Faltering Growth Pattern				X		
141.01	Very Low Birth Weight				X		
141.02	Low Birth Weight				X		
201.01	Low Hematocrit/Low Hemoglobin	X	X	X	X	X	
211	Elevated Blood Lead Levels	X	X	X	X	X	X
302	Gestational Diabetes	X					X
304.01	History of Preeclampsia	X					
343	Diabetes Mellitus	X	X	X	X	X	X
345	Hypertension and Prehypertension	X	X	X	X	X	X
349	Genetic and Congenital Disorders				X	X	
351	Inborn Errors of Metabolism (PKU,MSUD, etc.)	X	X	X	X	X	X
383	Neonatal Abstinence Syndrome				X		

*VR: Verification Recommended

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
ANTHROPOMETRY				
101 Underweight (Women)	Pregnant - [1] Non-Breastfeeding - [3] Breastfeeding - [1]		<p>Pregnant Woman: prepregnancy BMI less than 18.5.</p> <p>Non-Breastfeeding Woman: prepregnancy or current BMI less than 18.5.</p> <p>Breastfeeding Woman (less than 6 months postpartum): prepregnancy or current BMI less than 18.5.</p> <p>Breastfeeding Woman (6 months or more postpartum): current BMI less than 18.5.</p> <p>Data must be to date and ≤ 60 days prior to cert begin date.</p>	Screen: Wt/Ht/Bloodwork
103.01 Underweight (Infants and Children)	Infant - [1] Child - [3]	X X	<p>Infant or Child less than 2 years old: weight for recumbent length less than or equal to the 2.3rd percentile.</p> <p>Child 2 to 5 years old: BMI less than or equal to the 5th percentile. This parameter cannot be used for children 24-36 months with a recumbent length measurement, since only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p>	Screen: Wt/Ht/Bloodwork
103.02 At Risk of Becoming Underweight (Infants and Children)	Infant - [1] Child - [3]		<p>Infant or Child less than 2 years old: weight for recumbent length more than the 2.3rd to less than or equal to the 5th percentile.</p> <p>Child 2 to 5 years old: BMI greater than the 5th to less than or equal to 10th percentile.</p> <p>Note: This parameter cannot be used for children 24-36 months with a recumbent length measurement, since only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p>	Screen: Wt/Ht/Bloodwork

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
111 Overweight (Women)	Pregnant - [1] Non-Breastfeeding - [6] Breastfeeding - [1]		<p>Pregnant Woman: prepregnancy BMI \geq to 25.</p> <p>Non-Breastfeeding Woman: prepregnancy BMI \geq to 25.</p> <p>Breastfeeding Woman (less than 6 months postpartum): prepregnancy BMI \geq to 25.</p> <p>Breastfeeding Woman (6 months or more postpartum): current BMI \geq to 25.</p> <p>Data must be to date and \leq 60 days prior to cert begin date.</p>	Screen: Wt/Ht/Bloodwork
113 Obese (Children 2-5 Years)	Child - [3]	X	<p>Child 2 to 5 years old with BMI \geq to the 95th percentile.</p> <p><u>Note:</u> This parameter cannot be used for children 24-36 months with a recumbent length measurement, since only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p> <p>Data must be to date \leq 60 days prior to cert. begin date and after 2nd birthday.</p>	Screen: Wt/Ht/Bloodwork
114 Overweight and At Risk for Overweight (Infants and Children)	Child (2- 5 yrs) - [3]		<p>Overweight: Child 2 to 5 years old with BMI \geq to the 85th and $<$ the 95th percentile.</p> <p>This parameter cannot be used for children 24-36 months with a recumbent length measurement, since only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p> <p>Data must be to date, \leq 60 days prior to cert. begin date and after 2nd birthday .</p>	Screen: Wt/Ht/Bloodwork
	Infant - [1]		<p>At Risk of Overweight (<12 months Infant of Obese mother): Infant (<12 mos) born to a Woman with a BMI \geq to 30 at conception or during the first trimester of the pregnancy.</p> <p>BMI must be based on self-reported prepregnancy weight and height, or on a measured weight and height documented by staff or HCP.</p>	Screen: Nutrition Risk Manually Assigned
	Child - [3]		<p>At Risk of Overweight (\geq12 months Child of Obese mother): Child (\geq12 mos) with a biological mother whose BMI \geq to 30 at the time of certification.</p> <p>BMI must be based on self-reported weight and height, or on weight and height measurements taken at the time of certification. If the mother is pregnant or has had a baby within the past six months, use her prepregnancy weight to assess for obesity.</p>	Screen: Health Question: Mother's Ht and Wt

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
	Infant - [1] Child - [3]		<p>At Risk of Overweight (Infant or Child of Obese father): Infant or Child with a biological father whose BMI \geq 30 at the time of certification.</p> <p>BMI must be based on father's self-reported weight and height, or on weight and height measurements taken at the time of the certification.</p>	<p>Screen: Health</p> <p>Question: Father's Ht and Wt</p>
115 High Weight for Length	Infant - [1] Child - [3]	X X	<p>Infant or Child less than 2 years old with high weight for recumbent length \geq to the 97.7th percentile.</p> <p>Data must be to date and \leq 60 days prior to cert. begin date.</p> <p>Children between 12-23 months of age with this risk may qualify for the option of 1% or nonfat milk and/or fat-reduced yogurt issuance based on QN/CPA recommendation and parent/caretaker agreement.</p>	<p>Screen: Wt/Ht/Bloodwork</p>
121 Short Stature or At Risk of Short Stature (Infants and Children)	Infant - [1] Child - [3]		<p><u>Short Stature:</u> Infant or Child less than 2 years old: with recumbent length for age \leq the 2.3rd percentile.</p> <p>Child 2 to 5 years old: with standing height for age \leq the 5th percentile.</p> <p><24 months: Data must be to date and \leq 60 days prior to cert. begin date</p> <p><u>At Risk of Short Stature:</u> Infant or Child less than 2 years old: with recumbent length for age greater than the 2.3rd to less than or equal to the 5th percentile.</p> <p>For infant/ child born less than or equal to 37 weeks gestation, the assignment of this risk is based on adjusted gestational age.</p> <p>\geq 24 months: Data must be to date, \leq 60 days prior to cert. begin date and after the 2nd birthday to generate risk.</p> <p>Child 2 to 5 years old with standing height for age greater than the 5th to less than or equal to the 10th percentile.</p>	<p>Screen: Wt/Ht/Bloodwork</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question												
131 Low Maternal Weight Gain (Singleton Pregnancy)	Pregnant - [1]		<p>Singleton pregnancies: Method 1</p> <p>Low rate of weight gain, second and third trimesters, such that: Underweight: less than 1 pounds per week Normal Weight: less than .8 pounds per week Overweight: less than .5 pounds per week Obese: less than .4 pound per week*</p> <p>NYWIC generates this risk definition based on the above, when more than 1 weight is entered and one of the weights is entered in 2nd or 3rd trimester.</p>	Screen: Wt/Ht/Bloodwork												
			<p>Singleton pregnancies: Method 2</p> <p>Low weight gain at any point in pregnancy, such that: Using the National Academies of Sciences, Engineering and Medicine (NASEM) – -based weight gain grid, a pregnant woman’s weight plots at a point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.</p> <p>Use the following to determine the participant’s prepregnancy weight group:</p>	Screen: Nutrition Risk Manually Assigned												
			<table border="0"> <thead> <tr> <th><u>Prepregnancy Weight Groups</u></th> <th><u>Definition</u></th> <th><u>Recommended Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI <18.5</td> <td>28 - 40 pounds</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>25 - 35 pounds</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>15 - 25 pounds</td> </tr> <tr> <td>Obese</td> <td>BMI ≥30.0</td> <td>11-20 pounds*</td> </tr> </tbody> </table> <p>These values are used for all women. *Maternal weight gain ranges are based on NASEM’s 2009 recommendations for weight gain during pregnancy.</p>	<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Recommended Weight Gain</u>	Underweight	BMI <18.5	28 - 40 pounds	Normal Weight	BMI 18.5 to 24.9	25 - 35 pounds	Overweight	BMI 25.0 to 29.9	15 - 25 pounds	Obese
<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Recommended Weight Gain</u>														
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Overweight	BMI 25.0 to 29.9	15 - 25 pounds														
Obese	BMI ≥30.0	11-20 pounds*														
131 Low Maternal Weight Gain (Multifetal Pregnancy)	Pregnant - [1]		<p>Multifetal weight gain for all Women Categories:</p> <p>TWINS:</p> <table border="0"> <thead> <tr> <th><u>Prepregnancy Weight Groups</u></th> <th><u>Total Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Normal Weight</td> <td>37-54 pounds</td> </tr> <tr> <td>Overweight</td> <td>31-50 pounds</td> </tr> <tr> <td>Obese</td> <td>25-42 pounds</td> </tr> </tbody> </table> <p>For underweight women, a consistent rate of weight gain of 1.5 pounds per week during the second and third trimesters is advisable.</p>	<u>Prepregnancy Weight Groups</u>	<u>Total Weight Gain</u>	Normal Weight	37-54 pounds	Overweight	31-50 pounds	Obese	25-42 pounds	Screen: Nutrition Risk Manually Assigned				
<u>Prepregnancy Weight Groups</u>	<u>Total Weight Gain</u>															
Normal Weight	37-54 pounds															
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Obese	25-42 pounds															

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question															
			<p>TRIPLETS: Optimal weight gain should be around 50 pounds. Weight gain should be steady or approximately 1.5 pounds per week throughout the pregnancy.</p> <p>MULTIFETAL PREGNANCIES: A steady rate of weight gain that is higher than that of the singleton pregnancy should be addressed. Multifetal pregnancies are considered a nutrition risk for WIC in and of themselves (See USDA risk #335, Multifetal gestation).</p>																
<p>133 High Maternal Weight Gain (Singleton Pregnancy)</p>	<p>Pregnant - [1]</p>		<p>Singleton pregnancies: Method 1</p> <p>High rate of weight gain, second and third trimesters, such that: Underweight: more than 1.3 pounds per week Normal Weight: more than 1 pounds per week Overweight: more than .7 pounds per week Obese: more than .6 pound per week*</p> <p>NYWIC will generate this definition of the risk based on the above, when more than 1 weight is entered and one of those weights is entered in the 2nd or 3rd trimester. See chart below to determine participant's prepregnancy weight group.</p>	<p>Screen: Wt/Ht/Bloodwork</p>															
			<p>Singleton pregnancies: Method 2</p> <p>High weight gain at any point in pregnancy, such that: Using the NASEM-based weight gain grid, a pregnant woman's weight plots at a point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</p> <p>NYWIC does not generate this definition of the risk. Assign the risk based on the prenatal weight gain grid.</p>	<p>Screen: Nutrition Risk</p> <p>Manually Assigned</p>															
	<p>Breastfeeding - [1] Non-Breastfeeding - [6]</p>		<p>Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy. Singleton pregnancies. Total gestational weight gain exceeding the upper limit of NASEM's recommended range based on prepregnancy BMI as follows:</p> <table border="0" data-bbox="737 1177 1444 1365"> <thead> <tr> <th><u>Weight Groups</u></th> <th><u>Definitions</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI <18.5</td> <td>>40 pounds</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>>35 pounds</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>>25 pounds</td> </tr> <tr> <td>Obese</td> <td>BMI ≥30.0</td> <td>>20 pounds</td> </tr> </tbody> </table> <p>These values will be used for all women. *Maternal weight gain ranges are based on the NASEM's 2009 recommendations for weight gain during pregnancy.</p>	<u>Weight Groups</u>	<u>Definitions</u>	<u>Cut-off Value</u>	Underweight	BMI <18.5	>40 pounds	Normal Weight	BMI 18.5 to 24.9	>35 pounds	Overweight	BMI 25.0 to 29.9	>25 pounds	Obese	BMI ≥30.0	>20 pounds	<p>Screen: Wt/Ht/Bloodwork</p>
<u>Weight Groups</u>	<u>Definitions</u>	<u>Cut-off Value</u>																	
Underweight	BMI <18.5	>40 pounds																	
Normal Weight	BMI 18.5 to 24.9	>35 pounds																	
Overweight	BMI 25.0 to 29.9	>25 pounds																	
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USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question								
133 High Maternal Weight Gain (Multifetal Pregnancy)	Pregnant [1]		<p>TWINS:</p> <table border="0"> <tr> <td><u>Prepregnancy Weight Groups</u></td> <td><u>Total Weight Gain</u></td> </tr> <tr> <td>Normal Weight</td> <td>37-54 pounds</td> </tr> <tr> <td>Overweight</td> <td>31-50 pounds</td> </tr> <tr> <td>Obese</td> <td>25-42 pounds</td> </tr> </table> <p>For underweight women, a consistent rate of weight gain of 1.5 pounds per week during the second and third trimesters is advisable.</p> <p>TRIPLETS: Optimal weight gain should be around 50 pounds. Weight gain should be steady of approximately 1.5 pounds per week throughout the pregnancy.</p> <p>MULTIFETAL PREGNANCIES: A steady rate of weight gain that is higher than that of the singleton pregnancy should be addressed. Multifetal pregnancies are considered a nutrition risk for WIC in and of themselves (See USDA risk #335, Multifetal gestation).</p>	<u>Prepregnancy Weight Groups</u>	<u>Total Weight Gain</u>	Normal Weight	37-54 pounds	Overweight	31-50 pounds	Obese	25-42 pounds	<p>Screen: Wt/Ht/Bloodwork</p> <p>or</p> <p>Screen: Nutrition Risk Manually Assigned</p>
<u>Prepregnancy Weight Groups</u>	<u>Total Weight Gain</u>											
Normal Weight	37-54 pounds											
Overweight	31-50 pounds											
Obese	25-42 pounds											
134 Failure to Thrive	Infant - [1] Child - [3]	X X	<p>Failure-to-thrive (FTT) describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex. FTT must be diagnosed, documented, or reported by a healthcare provider or someone working under a healthcare provider's orders. A FTT diagnosis may be self-reported by the applicant/participant/participant representative.</p> <p>Some of the indicators that a healthcare provider might use to diagnose FTT include:</p> <ul style="list-style-type: none"> • Weight-for-age repeatedly below the 2.3rd percentile for infants/children under 2 years or repeatedly below the 5th percentile for children 2 years and older • Weight-for-length repeatedly below the 2.3rd percentile for infants/children under 2 years or BMI repeatedly below the 5th percentile for children 2 years and older • Stature-for-age consistently below the 2.3rd percentile for infants/children younger than 2 years or repeatedly below 5th percentile for children 2 years and older • Weight <75% of median ("typical") body weight-for-age • Weight <80% of median weight-for-stature • Progressive fall-off in weight-for-age, weight-for-stature, and/or stature-for-age, that crosses down two major percentile lines • Rate of weight gain less than the 5th percentile based on World Health Organization velocity standards <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: "Does your baby/child have any health or medical issues?"</p> <p>Answer that generates risk: Failure to Thrive</p>								

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
135 Slowed/Faltering Growth Pattern	Infant - [1]	X	This risk only applies to infants ≤ 6 months of age. Birth to 2 weeks of age: <ul style="list-style-type: none"> Excessive weight loss after birth: ≥ 7% of birth weight 2 weeks to 6 Months of age: <ul style="list-style-type: none"> Any weight loss, based on two weights taken at least 8 weeks apart. 	Screen: Wt/Ht/Bloodwork
141.01 Very Low Birth Weight (VLBW)	Infant - [1] Child - [3]	X	Infant or child under 2 years of age whose birth weight is ≤ 3 pounds 5 ounces or 1500 grams.	Screen: Wt/Ht/Bloodwork
141.02 Low Birth Weight (LBW)	Infant – [1] Child – [3]	X	Infant or child under 2 years of age whose birth weight is ≤ 5 pounds 8 ounces or 2500 grams but greater than 3 pounds 5 ounces or 1500 grams.	Screen: Wt/Ht/Bloodwork
142 Preterm or Early Term Delivery	Infant - [1] Child - [3]		Preterm Delivery: Infant or Child under 2; born at <37 weeks gestation.	Screen: Wt/Ht/Bloodwork Question: Completed Weeks Gestation Answer that generates risk: 0-36
			Early Term Delivery: Infant or Child under 2; born ≥37 to <39 weeks gestation.	Screen: Wt/Ht/Bloodwork Question: Completed Weeks Gestation Answer that generates risk: 37-38
151 Small for Gestational age	Infant - [1] Child - [3]		Infant or Child under 2 whose birth weight is less than the 10 th percentile for gestational age. Verification is recommended.	Screen: Health Question: “Does your baby/child have any health or medical issues?” Answer that generates risk: SGA, 24 mos. <10 th for gestation

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
153 Large for Gestational Age	Infant - [1]		Infant whose birth weight is \geq 9 pounds (4000 grams).	Screen: Wt/Ht/Bloodwork Question: Birthweight Answer that generates risk: Birth weight \geq 9 pounds
336 Fetal Growth Restriction	Pregnant - [1]		Fetal weight less than 10 th percentile for gestational age. Diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. Verification is recommended.	Screen: Health Question: "Do you or your health care provider have any special concerns about your pregnancy?" Answer that generates risk: Fetal Growth Restriction

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
BREASTFEEDING				
601.01 Breastfeeding Mother of Infant at Nutrition Risk (P1)	Breastfeeding - [1] Pregnant - [1]		<p>Breastfeeding Woman of Infant at Nutrition risk.</p> <p>The breastfeeding woman must be assigned to the highest priority for which her infant qualifies. The breastfed infant and the breastfeeding mother must be the same priority.</p> <p>Example: If a breastfeeding mother is priority 4, but her infant is priority 1, the QN/CPA would manually assign risk 601.01 to the mother so both participants would be the same, and highest, priority.</p> <p>The breastfed infant cannot be assigned USDA risk #702 (Breastfeeding infant of woman at nutrition risk P1 & P4) if this risk is used to certify the breastfeeding woman.</p>	<p>Screen: Nutrition Risk</p> <p>Manually Assigned</p>
601.02 Breastfeeding Mother of Infant at Nutrition Risk (P2)	Breastfeeding - [2] Pregnant - [2]			
601.03 Breastfeeding Mother of Infant at Nutrition Risk (P4)	Breastfeeding - [4] Pregnant - [4]			
602 Breastfeeding Complications or Potential Complications (Women)	Breastfeeding - [1] Pregnant - [1]		<p>Any of the following are considered complications or potential complications for a Breastfeeding Woman:</p> <ul style="list-style-type: none"> • Severe breast engorgement • Recurrent plugged ducts • Mastitis • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • 40 years of age or older • Failure of milk to come in by four days postpartum • Tandem nursing 	<p>Screen: Breastfeeding</p> <p>Question: “Are you experiencing any of the following?”</p> <p>Answer that generates risk:</p> <ul style="list-style-type: none"> • Severe breast engorgement • Recurrent plugged ducts • Mastitis • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • 40 years of age or older • No milk at 4 days postpartum • Tandem nursing/Multiples

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
603 Breastfeeding Complications or Potential Complications (Infants)	Infant - [1]		Any of the following are considered complications or potential complications for Breastfed Infants : <ul style="list-style-type: none"> • Jaundice • Weak or ineffective suck • Difficulty latching onto mother's breast • Inadequate stooling 	Screen: Breastfeeding Question: "Does your breastfeeding baby have?" Answer that generates risk: <ul style="list-style-type: none"> • Jaundice • Weak suck • Difficulty with Latch-on • Inadequate stooling
702.01 Breastfeeding Infant of Woman at Nutrition Risk (P1)	Infant - [1]		Breastfeeding Infant of Woman at Nutrition risk. The breastfed infant must be assigned to the highest priority for which the breastfeeding mother qualifies. The breastfed infant and the breastfeeding mother must be the same priority.	Screen: Nutrition Risk Manually Assigned
702.02 Breastfeeding Infant of Woman at Nutrition Risk (P4)	Infant - [4]		Example: If a breastfeeding infant is priority 4, but the mother is priority 1, the QN/CPA would manually assign risk 702.01 to the infant so both participants would be the same, and highest, priority. The breastfeeding mother cannot be assigned USDA risk #601 (Breastfeeding Mother of Infant at Nutrition Risk P1, P2 & P4) if this risk is used to certify her infant.	

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
DIETARY FACTORS				

<p>353 Food Allergies</p>	<p>Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [6] Infant - [1] Child - [3]</p>		<p>Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.</p> <p>Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver. Verification is recommended.</p> <p>There are several types of immune responses to foods, including immunoglobulin E (IgE)-mediated, non-immunoglobulin E (non-IgE)-mediated or mixed. IgE-mediated responses typically occur within minutes up to a couple of hours after ingestion. Non-IgE-mediated responses are generally delayed in onset, occurring > 2 hours after ingestion. Examples of non-IgE-mediated allergic reactions to foods:</p> <ul style="list-style-type: none"> • Food protein induced enterocolitis syndrome (FPIES) • Food protein-induced allergic proctocolitis (FPIAP) • Food protein-induced enteropathy (FPE) <p>Not included: Lactose Intolerance (use USDA risk #355 Lactose Intolerance) Gluten Intolerance (use USDA risk #354 Celiac Disease)</p>	<p>Screen: Health</p> <p>1. Question: “Do you/Does your baby/child have any food allergies?”</p> <p>Answer that generates risk: “Yes,” then any selection</p> <p>And/or</p> <p>2. Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk:</p> <ul style="list-style-type: none"> • Food protein-induced enterocolitis syndrome (FPIES) • Food protein-induced allergic proctocolitis (FPIAP) • Food protein-induced enteropathy (FPE)
<p>355 Lactose Intolerance</p>	<p>Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [6] Infant - [1] Child - [3]</p>		<p>Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.</p> <p>Presence of condition diagnosed, documented, or reported by a health care provider, or as self-reported by applicant, participant, or caregiver. Verification is Recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: Lactose Intolerance</p>
<p>381 Oral Health Conditions</p>	<p>Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [6] Infant - [1] Child - [3]</p>		<p><u>Women and Children:</u> Tooth decay, gingivitis, periodontal disease, tooth loss and/or ineffectively replaced teeth or oral infections that impair the ability to ingest food in adequate quantity or quality.</p> <p>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.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any dental problems?”</p> <p>Answer that generates risk: Any selection besides “Other”</p>

			<p>Infants and Children: The bacteria Mutans Streptococci (MS) metabolizes sugar that produce acid that causes cavities. MS originates in the mother and is transmitted to child via saliva through cup and utensil sharing. Any feeding practice that allows frequent sugar consumption in the presence of MS causes cavities: propped bottles containing sweetened liquids or formula, consumption of juice or sweetened liquids from sippy cups; and snacking on high cariogenic foods.</p> <p>The American Dental Association recommends the first dental visit occur within 6 mos. of eruption of the first tooth and no later than 12 mos. of age.</p>	
USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
401 Failure to Meet Dietary Guidelines for Americans	Pregnant - [4] Breastfeeding - [4] Non-Breastfeeding - [6] Child (≥ 2 years) - [5]		<p>Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, the failure to meet Dietary Guidelines for Americans 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.)</p> <p>This risk may be assigned only to individuals (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 and no other risk(s) are identified. #401 would be the only risk assigned to the participant.</p>	System-generated @ Nutrition Risk screen when there are no other risks. May not be manually assigned.
411 Inappropriate Nutrition Practices for Infants (11 sub-categories): routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.				

<p>411.01 Routinely using a substitute(s) for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life</p>	<p>Infant - [4]</p>		<p>NYWIC Description: “Routinely using a substitute for breastmilk/formula”</p> <p>These fluids do not contain nutrients in amounts appropriate for infants. Examples of substitutes include but are not limited to:</p> <ul style="list-style-type: none"> • Low iron formula without iron supplementation; • Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim); • Canned evaporated or sweetened condensed milk; and • Imitation or substitute milks (such as rice-or-soy-based beverages, non-dairy creamer), or other “homemade concoctions”. 	<p>Screen: Nutrition</p> <p>Question: “In addition to breastmilk, do you routinely give your baby any other beverages?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Low iron formula • Cow’s milk • Goat/sheep’s milk • Substitute milk (rice, soy, nut) • Homemade mixtures/non-dairy creamer • Canned evaporated or sweetened condensed milk
<p>USDA Nutrition Risk Criteria</p>	<p>Category - [Priority]</p>	<p>High Risk(HR)</p>	<p>Definition/Interpretation</p>	<p>NYWIC Screen/ Question</p>
<p>411.02 Routinely using nursing bottles or cups improperly</p>	<p>Infant - [4]</p>		<p>Examples of improper use include but are not limited to:</p> <ul style="list-style-type: none"> • Using a bottle to feed fruit juice; • Routine use of a bottle to feed liquids other than breast milk, formula, or water. This includes any sweetened beverage such as soda (pop), soft drinks, gelatin water, corn syrup solutions, and sweetened tea; • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bed time; • Allowing the infant to use a bottle without restriction (e.g., walking around with a bottle) or as a pacifier; • Propping the bottle when feeding; • Allowing the infant to carry around and drink throughout the day from a covered training cup; and • Adding any food (cereal or other solid foods) to the infant’s bottle. 	<p>Screen: Nutrition</p> <p>Question: “Does your baby”</p> <p>Answers that generate risk: Any selection besides “None of the above”</p>

<p>411.03 Routinely offering complementary foods or other substances that are inappropriate in type or timing</p>	<p>Infant - [4]</p>		<p>NYWIC Description: “Routinely Offers Complementary Foods that are Inappropriate”</p> <p>Complementary foods are any foods or beverages other than breast milk or infant formula. Examples of early/inappropriate introduction of complementary foods include but are not limited to:</p> <ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; • Feeding any food other than breast milk or iron-fortified infant formula before 6 months of age (early introduction of solids); and • Offering juice before solids. 	<p>Screen: Nutrition</p> <p>1. Question: “At what age did your baby start any foods or beverages other than breastmilk or formula?” Answer that generates risk: “Before 6 mos”</p> <p>And/or</p> <p>2. Question: “In addition to breastmilk, do you routinely give your baby any other beverages?” Answer that generates risk: “Sugar sweetened drinks”</p>
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USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
<p>411.04 Routinely using feeding practices that disregard the developmental needs or stage of the infant</p>	<p>Infant - [4]</p>		<p>NYWIC Description: “Feeding Practices that Disregard Developmental Needs/Stage”</p> <p>Examples of improper feeding practices 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); • Rigid feeding schedules; • 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); and • Feeding 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). 	<p>Screen: Nutrition</p> <p>Question: “Are there other feeding concerns?”</p> <p>Answer that generates risk: Any selection besides “None”</p>
<p>411.05 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins</p>	<p>Infant - [4]</p>		<p>NYWIC Description: “Feeding foods that could be contaminated”</p> <p>Examples of potentially harmful foods include but are not limited to:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Raw or 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, poultry, eggs, fish or shellfish (oysters); • Raw vegetable sprouts (alfalfa, clover, bean, and radish); and • Deli meats (cold cuts), hot dogs and processed meats (that are NOT reheated until steaming hot). • Donor human milk acquired directly from individuals or the Internet <p>• *Consuming undercooked or raw tofu is no longer considered a risk by USDA. However, counseling should be provided on the proper purchase, storage and handling of tofu as general food safety practices</p>	<p>Screen: Nutrition</p> <p>Question: “Does your baby eat raw, undercooked or unpasteurized foods?”</p> <p>Answer that generates risk: Any selection besides “Fish high in mercury” and “Tofu raw/undercooked”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
411.06 Routinely feeding inappropriately diluted formula	Infant - [4]		Failure to follow manufacturer’s dilution instructions (this includes stretching formula for household economic reasons). Failure to follow specific instructions accompanying a prescription.	Screen: Nutrition Question: “How do you mix the formula?” Answer that generates risk: “Diluted Incorrectly”
411.07 Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients	Infant - [4]		NYWIC Description: “Limiting Frequency of Nursing Exclusively Breastfed Infant” Exclusively breastfeeding infants only. Examples of inappropriate frequency of nursing include: <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings; and • Less than 8 feedings in 24 hours if less than 2 months of age 	Screen: Breastfeeding Question: “How many times is the baby breastfeeding or given breast milk in a day (24 hours)?” Answer that generates risk: 0-7
411.08 Routinely feeding a diet very low in calories and/or essential nutrients	Infant - [4]		Examples of diets low in calories/essential nutrients include but are not limited to: <ul style="list-style-type: none"> • Vegan or Macrobiotic diets; • Diets very low in calories (highly restricted diets); • Diets excluding one or more food groups; and • Diets in which intake of foods low in essential nutrients displaces intake of nutrient-dense foods (includes routine intake of high fat and/or sugar foods). 	Screen: Nutrition Question: “Does your baby follow a special diet?” Answers that generate risk: <ul style="list-style-type: none"> • High protein/low carb • Low calorie • Macrobiotic • Vegan

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
<p>411.09 Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula</p>	<p>Infant - [4]</p>		<p>NYWIC Description: “Unsanitary Preparation/Handling/Storing Breastmilk/Formula”</p> <p>Examples of inappropriate sanitation include limited or no access to:</p> <ul style="list-style-type: none"> • Safe water supply (documented by appropriate officials); • Heat source for sterilization; and/or • Refrigerator or freezer for storage. <p>Failure to properly prepare, handle and store bottles or storage containers of expressed human milk or formula may cause gastrointestinal infection.</p> <p>The following human milk feeding, handling, preparation and storage practices are considered inappropriate and unsafe:</p> <ul style="list-style-type: none"> • Thawing frozen human milk in the microwave oven; • Refreezing human milk; • Adding freshly expressed unrefrigerated human milk to already frozen human milk in a storage container; • Feeding previously thawed human milk held in the refrigeration for more than 24 hours; • Saving human milk from a used bottle for another use at another feeding; • Failure to clean breast pump per manufacturer’s instruction. • Feeding donor human milk acquired directly from individuals or the Internet. <p>There is evidence that after 48 hours of refrigeration, human milk significantly loses important antibacterial and antioxidant properties.</p> <p>The following formula feeding, handling, preparation, and storage practices are considered inappropriate and unsafe:</p> <ul style="list-style-type: none"> • Storing at room temperature longer than 1 hour; • Failure to store prepared formula per manufacturer’s instruction; • Has been held in the refrigerator longer than 48 hours for concentrate or ready-to-feed; 24 hours for powder; • Using formula in a bottle one hour after the start of the feeding; • Using formula in a bottle from an earlier feeding; and • Failure to clean baby bottle properly. 	<p>Screen: Nutrition</p> <p>1. Question: “How do you store the formula or breastmilk?”</p> <p>Answer that generates risk: “Stored incorrectly”</p> <p>And/or</p> <p>2. Question: “What sanitation methods do you use to prepare and handle breastmilk or formula?”</p> <p>Answer that generates risk: “Unsanitary”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
<p>411.10 Feeding dietary supplements with potentially harmful consequences</p>	<p>Infant - [4]</p>		<p>Examples of dietary supplements, if fed in excess of recommended dosage, may be toxic or have harmful consequences include but are not limited to:</p> <ul style="list-style-type: none"> • Single or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas. <p>Like drugs, herbal and botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications.</p> <p>This risk criterion includes but is not limited to - Any intake of herbs/teas with potentially harmful effects.</p>	<p>Screen: Health</p> <p>1. Question: “Vitamin and mineral intake”</p> <p>Answer that generates risk: “Excessive” (if checked for any vitamin/supplement)</p> <p>And/or</p> <p>2. Question: “Do you give your baby any herbs, supplements or remedies?”</p> <p>Answer that generates risk: “Yes”</p>
<p>411.11 Routinely not providing dietary supplements recognized as essential by national public health policy when an infant’s diet alone cannot meet nutrient requirements</p>	<p>Infant - [4]</p>		<p>NYWIC Description: “Routinely Not Providing Essential Dietary Supplements”</p> <p>Based on an infant’s specific needs and environmental circumstances.</p> <p>Fluoride:</p> <ul style="list-style-type: none"> • <u>Infants six months of age or older</u> who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. <p>Vitamin D:</p> <ul style="list-style-type: none"> • <u>Exclusively breastfed infants</u> who are not taking a supplement of 400 IU of vitamin D. • <u>Partially and Non-breastfed infants</u> who 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. <p>The American Academy of Pediatrics (AAP) recommends the initiation of vitamin D supplements beginning in the first few days of life.</p>	<p>Screen: Health</p> <p>Question: Vitamin and mineral intake</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • “Inadequate” – when checked for Fluoride or Vitamin D • “None-Not OK” - when checked for Fluoride or Vitamin D

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
425 Inappropriate Nutrition Practices for Children (9 sub-categories): routine use of feeding practices that may result in impaired nutrient status, disease or health problems.				
425.01 Routinely feeding inappropriate beverages as the primary milk source	Child - [5]		<p>Examples of inappropriate beverages as the primary milk source include but are not limited to:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age only, unless allowed for a child whom overweight or obesity is a concern) or sweetened condensed milk (Whole milk consumption for >24 mos. is not a USDA risk, however it does present a counseling opportunity.); • Imitation or substitute milks (such as inadequately or unfortified rice or soy-based beverages, non-dairy creamer), or other “homemade concoctions”; and • Goat’s milk, sheep’s milk, imitation and substitute milks (that are unfortified or inadequately fortified). 	<p>Screen: Nutrition</p> <p>Question: “What milk does your child drink most often?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Goat or sheep unfortified/ unpasteurized • Homemade mixtures/non-dairy creamer • Nut milks • Rice beverages • Soy beverages (unfortified) • Canned evaporated or sweetened condensed milk <p><u>If child is 12-24 months:</u></p> <ul style="list-style-type: none"> • Fat-free/skim cow’s or lactose free • Low-fat/1% cow’s or lactose free • Reduced-fat/2% cow’s or lactose free

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
425.02 Routinely feeding a child any sugar-containing fluids	Child - [5]		<p>Examples of sweetened beverages include but are not limited to daily intake of the following:</p> <ul style="list-style-type: none"> • Soda/soft drinks; • Gelatin water; • Corn syrup solutions (including fruit/sport drinks); and • Sweetened tea. 	<p>Screen: Nutrition</p> <p>Question: “Does your child regularly drink any of the following?”</p> <p>Answer that generate risk: “Soda, fruit/sport drinks or sweetened tea”</p>
425.03 Routinely using nursing bottles, cups, or pacifiers inappropriately	Child - [5]		<p>Examples of improper use include but are not limited to:</p> <ul style="list-style-type: none"> • Using a bottle to feed fruit juice, diluted cereal or other foods; • Allowing the child to fall asleep or go 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 the child to carry around and drink throughout the day from a covered or training cup. 	<p>Screen: Nutrition</p> <p>Question: “Does your child”</p> <p>Answers that generate risk: Any selection besides “None of the above”</p>
425.04 Routinely using feeding practices that disregard the developmental needs or stages of the child	Child - [5]		<p>NYWIC Description: “Using Practices that Disregard Developmental Needs/Stages”</p> <p>Examples of improper feeding practices 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 • Rigid feeding schedules; • Feeding foods of inappropriate consistency, size or shape that put the child at risk of choking; • Not supporting a child’s need for growing independence with self-feeding and • Feeding foods with inappropriate textures based on his/her developmental Stage 	<p>Screen: Nutrition</p> <p>Question: “Are there any other feeding concerns?”</p> <p>Answers that generate risk: “Yes”, then any selection</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
<p>425.05 Feeding foods to a child that could be contaminated with harmful microorganisms or toxins</p>	<p>Child - [5]</p>		<p>NYWIC Description: “Feeding Foods Containing Potential Harmful Microorganisms”</p> <p>Examples of potentially harmful foods include but are not limited to:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Raw or unpasteurized dairy products or soft cheeses (such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese); • Raw or undercooked meat, poultry, eggs, fish or shellfish (oysters); • Raw vegetable sprouts (alfalfa, clover, bean, and radish); and • Deli meats (cold cuts), hot dogs and processed meats (that are NOT reheated until steaming hot). <p>*Consuming undercooked or raw tofu is no longer considered a risk by USDA. However, counseling should be provided on the proper purchase, storage and handling of tofu as general food safety practices.</p>	<p>Screen: Nutrition</p> <p>Question: “Does your child eat raw, undercooked or unpasteurized foods?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Deli meats/hot dogs not steaming • Fish/shellfish raw/undercooked/smoked • Juice unpasteurized • Meat/poultry/eggs raw/unpasteurized • Milk unpasteurized • Soft cheese • Sprouts raw
<p>425.06 Routinely feeding a diet very low in calories and/or essential nutrients</p>	<p>Child - [5]</p>		<p>Examples of diets low in calories/essential nutrients include but are not limited to:</p> <ul style="list-style-type: none"> • Vegan or Macrobiotic diets; • Diets very low in calories (highly restricted diets); • Diets excluding one or more food groups; and • Diets in which intake of foods low in essential nutrients displace intake of nutrient-dense foods (includes routine intake of high fat and/or sugar foods) 	<p>Screen: Nutrition</p> <p>1. Question: “Does your child eat these foods every day?”</p> <p>Answer that generates risk: “No” for any (Fruits, Vegetables, or Whole Grains)</p> <p>And/or</p> <p>2. Question: “Does your child follow a special diet?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • High protein/low carb • Low calorie • Macrobiotic • Vegan

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
<p>425.07 Feeding dietary supplements with potentially harmful consequences</p>	<p>Child - [5]</p>		<p>NYWIC Description: “Giving Dietary Supplements with Harmful Consequences”</p> <p>Examples of dietary supplements, if fed in excess of recommended dosage, may be toxic or have harmful consequences include but are not limited to:</p> <ul style="list-style-type: none"> • Single or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas. <p>Like drugs, herbal and botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications.</p> <p>This risk criterion includes but is not limited to - Any intake of herbs/teas with potentially harmful effects to children.</p>	<p>Screen: Health</p> <p>1. Question: “Vitamin and mineral intake” Answer that generates risk: “Excessive” (if checked for any vitamin/supplement)</p> <p>And/or</p> <p>2. Question: “Do you give your child any herbs, supplements or remedies?” Answer that generates risk: “Yes”</p>
<p>425.08 Routinely not providing dietary supplements recognized as essential by national public health policy when a child’s diet alone cannot meet Nutrient requirements</p>	<p>Child - [5]</p>		<p>NYWIC Description: “Routinely Not Providing Essential Dietary Supplements”</p> <p>Based on a child’s specific needs and environmental circumstances.</p> <ul style="list-style-type: none"> • Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. <ul style="list-style-type: none"> - Since 1 quart of milk is in excess of the recommended 2 cups a day for pre-school children, most children will require a vitamin D supplement. - If the child is taking a multivitamin containing 400 IU of vitamin D, they are meeting their vitamin D requirement. <p>(Children consuming more than the recommended 2 cups of milk per day on a consistent basis should be assessed for overall dietary intake, eating pattern and weight. Parental education should focus on meeting the dietary guidelines for all food groups and eating a variety of foods rather than trying to meet vitamin D requirements through excess milk consumption.)</p> <p>For children living in fluoride deficient areas:</p> <ul style="list-style-type: none"> • Providing children less than 36 months of age with less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age with less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. 	<p>Screen: Health</p> <p>Question: “Vitamin and mineral intake”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • “Inadequate” – when checked for Fluoride or Vitamin D • “None-Not OK” - when checked for Fluoride or Vitamin D

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
425.09 Routine ingestion of non-food items (pica)	Child - [5]		<p>Compulsive ingestion of non-food items over a sustained period of time. This is often seen in children with obsessive-compulsive disorders, mental retardation and sickle cell disease.</p> <p>Examples of inappropriate non-food items include but are not limited to: ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, foam rubber, paint chips, soil, and starch (laundry and cornstarch).</p>	<p>Screen: Health</p> <p>Question: "Does your child have any health or medical issues?"</p> <p>Answer that generates risk: "Pica"</p>
427 Inappropriate Nutrition Practices for Women (5 sub-categories): Routine use of feeding practices that may result in impaired nutrient status, disease or health problems.				
427.01 Consuming dietary supplements with potentially harmful consequences	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<p>This risk criterion includes but is not limited to - Any intake of herbs/teas with potentially harmful effects to women.</p> <p>Examples of dietary supplements, which when ingested in excess of recommended dosages, may be toxic or have harmful consequences include but are not limited to:</p> <ul style="list-style-type: none"> • Single or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas • Cannabidiol (CBD), for Pregnant and Breastfeeding women only (<i>Products labeled as CBD with any form of THC use risk #372 Alcohol and Substance Use</i>) <p>Most nutrient toxicities occur through excessive supplementation of particular nutrients, such as vitamins A, B-6 and the minerals iron and selenium. Excessive amounts of vitamin A during pregnancy can cause birth defects. Caution should be advised with the use of all herbal, CBD and dietary supplements during pregnancy and breastfeeding because safety, purity, effectiveness are not guaranteed because they are not regulated by the Food and Drug Administration (FDA).</p> <p>Many falsely believe that because herbs are natural that they are safe. Some herbs may be harmful during pregnancy because of the rapidly growing fetus and can be vulnerable to adverse effects due to rapid cell growth and division. Other herbs can cause uterine contractions and bleeding.</p>	<p><u>Pregnant/Breastfeeding/Non-Breastfeeding Categories:</u> Screen: Health</p> <p>1. Question: "Current vitamin and mineral intake"</p> <p>Answer that generates risk: "Excessive" (if checked for any vitamin or mineral)</p> <p>And/or</p> <p><u>Pregnant/Breastfeeding Categories:</u> Screen: Health</p> <p>2. Question: "Do you take any herbs, supplements, remedies or use cannabidiol (CBD) in any form (no THC present)?"</p> <p>Answer that generates risk: "Yes"</p> <p><u>Non-Breastfeeding Categories:</u> 2. Question: "Do you take any herbs, supplements or remedies?"</p> <p>Answer that generates risk: "Yes"</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
427.02 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<p>NYWIC Description: “Diet Very Low Calories/Nutrients; Impaired Intake/Absorption”</p> <p>Woman consuming highly restrictive diets are at risk for primary nutrient deficiencies, especially during pregnancy. This may increase the risk of birth defects, suboptimal fetal development and chronic health problems in their children.</p> <p>Examples of highly restrictive diets include but are not limited to:</p> <ul style="list-style-type: none"> • Vegan diets; • Low-carbohydrate, high-protein diets; • Diets very low in calories (highly restricted diets); • Diets excluding one or more food groups; • Diets in which intake of foods low in essential nutrients displaces intake of nutrient-dense foods (includes routine intake of high fat and/or sugar foods); • Restrictive food intake or impaired absorption after bariatric surgery. 	<p>Screen: Nutrition</p> <p>1. Question: “Do you follow a special diet?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Any other diet restricting calories and/or essential nutrients • Low calorie • Strict Vegan <p>And/or</p> <p>2. Question: “Do you eat these foods every day?”</p> <p>Answers that generate risk: “No” (for any Fruit, Vegetables, or Whole Grains)</p>
427.03 Compulsively ingesting non-food items (pica)	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<p>The persistent craving for, or eating of, non-food items.</p> <p>Examples of inappropriate non-food items include but are not limited to: dirt, cigarette ashes, baking soda, burnt matches, coffee grounds, chalk, uncooked rice, clay, large quantities of ice and/or freezer frost, paper, and starch (laundry and cornstarch).</p>	<p>Screen: Health</p> <p>Question: “Do you have any health or medical issues?”</p> <p>Answer that generates risk: “Pica”</p>
427.04 Inadequate vitamin/mineral supplementation recognized as essential by national public health policy	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6]		<p>NYWIC Description: “Inadequate Essential Vitamin/Mineral Supplementation”</p> <ul style="list-style-type: none"> • Daily consumption of less than 27 mg of iron as a supplement by pregnant women. • Daily consumption of less than 400 mcg of folic acid from fortified foods and/or supplements by pregnant and non-pregnant women. • Daily consumption of less than 150 mcg of supplemental iodine by pregnant and breastfeeding women. <ul style="list-style-type: none"> • Many prenatal vitamins do not contain the recommended amount of iodine. If the participant is taking a prenatal vitamin and the iodine content is unknown, the risk would not apply. 	<p>Screen: Health</p> <p>Question: “Vitamin and mineral intake”</p> <p>Answers that generate risk: Pregnant:</p> <ul style="list-style-type: none"> • “Inadequate” or “None – Not OK” selected for Iron, Iodine, or Folic Acid <p>Breastfeeding:</p> <ul style="list-style-type: none"> • “Inadequate” or “None – Not OK” selected for Iodine or Folic Acid

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
			<p>This risk should only apply if the participant is not taking a prenatal vitamin, is taking a children’s chewable or the iodine content of their prenatal vitamin is known to be <150 mcg.</p>	<p>Non-Breastfeeding:</p> <ul style="list-style-type: none"> • “Inadequate” or “None – Not OK” selected for Folic Acid
<p>427.05 Pregnant women ingesting foods that could be contaminated with pathogenic micro-organisms</p>	<p>Pregnant – [4]</p>		<p>NYWIC Description: “Ingesting Foods with Possible Pathogenic Microorganisms”</p> <p>Examples of potentially harmful foods include but are not limited to:</p> <ul style="list-style-type: none"> • Any raw or undercooked fish, or food containing raw or undercooked seafood; • Refrigerated smoked seafood; • Partially cooked seafood, such as shrimp or crab; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli meats or poultry products (<u>that are NOT reheated until steaming hot</u>); • Unpasteurized, refrigerated pâté or meat spreads; • Deli Salads prepared without preservatives in a deli-type store or restaurant; • Unpasteurized milk or foods containing unpasteurized milk; • Soft cheeses made with unpasteurized milk such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheeses such as queso blanco or queso fresco; • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces and beverages such as unpasteurized eggnog; • Raw sprouts (alfalfa, clover, radish, microgreens); • Unpasteurized fruit or vegetable juices; Or • Unwashed fruits and vegetables 	<p>Screen: Nutrition</p> <p>Question: “Do you eat raw, undercooked or unpasteurized foods?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Deli meats/hot dogs not steaming • Deli Salad (prepared without preservatives) • Fish/shellfish raw/undercooked/smoked • Juice unpasteurized • Meat/poultry/eggs raw/unpasteurized • Milk unpasteurized • Soft cheese • Sprouts raw • Unwashed fruits and vegetables

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
428 Dietary Risk Associated with Complementary Feeding Practices	Infant – [4] (≥4 mos to <12 mos) Child – [5] (≥12 mos - <24 mos)		<p>An Infant or a Child is at risk of inappropriate complementary feeding practices if they have begun to or are about to:</p> <ul style="list-style-type: none"> • Consume complementary foods and beverages; • Eat independently; • Wean from breast milk or infant formula; • Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i> <p>This risk may only be assigned to infants 4 - 12 months old and children 12 - 24 months old for whom a complete nutrition assessment (to include an assessment for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children) has been performed and <u>no other risk(s) are identified</u>. Justification citing one of the feeding practices listed above must also be documented when assigning this risk. This would be the <u>only</u> risk assigned to the participant.</p>	System-generated @ Nutrition Risk screen when there are no other risks. May not be manually assigned.
GENERAL OBSTETRICAL				
331 Pregnancy at a Young Age	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3]		<p>Conception at ≤ 20 years of age.</p> <p>Pregnant Woman: Current pregnancy. Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy.</p> <p>The applicant’s age at last menstrual period (LMP) may be used to determine pregnancy before her 21st birthday. If the LMP is not known and the Estimated Delivery Date (EDD) is known, take the EDD date and subtract 280 days (40 weeks). Then take the LMP calculated and add 14 days to obtain the date of conception.</p>	Screen: Cert Action
332 Short Interpregnancy Interval	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<p>Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy. Calculated based on Date Last Pregnancy Ended and LMP date + 14 days.</p> <p>Pregnant Woman: Current pregnancy. Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy.</p> <p>This criterion is specific to live births and does not include women who experienced spontaneous abortions (miscarriages) or fetal death (i.e., stillbirth).</p>	Screen: Health & Cert Action

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question									
334 Lack of or Inadequate Prenatal Care	Pregnant – [1]		Method 1: Prenatal care beginning after the 1 st trimester (after 13 weeks)	Screen: Wt/Ht/Bloodwork Question: “Month Prenatal Care Began” Answers that generate risk: 4-9									
			Method 2: To determine inadequate prenatal care, compare the number of prenatal visits to the number of weeks gestation: <table border="0" data-bbox="745 521 1417 704"> <thead> <tr> <th data-bbox="745 521 1102 548"><u>Weeks of Gestation</u></th> <th data-bbox="1102 521 1417 548"><u>Number of Prenatal Visits</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="745 548 1102 576">14 - 21</td> <td data-bbox="1102 548 1417 576">0 or unknown</td> </tr> <tr> <td data-bbox="745 576 1102 604">22 - 29</td> <td data-bbox="1102 576 1417 604">1 or less</td> </tr> <tr> <td data-bbox="745 604 1102 631">30 - 31</td> <td data-bbox="1102 604 1417 631">2 or less</td> </tr> <tr> <td data-bbox="745 631 1102 659">32 - 33</td> <td data-bbox="1102 631 1417 659">3 or less</td> </tr> <tr> <td data-bbox="745 659 1102 704">34 or more</td> <td data-bbox="1102 659 1417 704">4 or less</td> </tr> </tbody> </table>	<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>	14 - 21	0 or unknown	22 - 29	1 or less	30 - 31	2 or less	32 - 33	3 or less
<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>												
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												
335 Multifetal Gestation	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3]		Pregnancy with more than one (>1) fetus. Pregnant Woman: Current pregnancy. Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy. Refer to Risks #131 and #133 for the recommended weight gain guidelines.	<u>Pregnant Women</u> Screen: Wt/Ht/Bloodwork 1. Question: “Number of Fetuses” Answer that generates risk: 2-9 And/or Screen: Health 2. Question: “Do you or your health care provider have any special concerns about your pregnancy?” Answer that generates risk: “Twins, triplets, or more” <u>Breastfeeding or Non-Breastfeeding</u> Screen: Health Question: “Did you have any medical issues with your last pregnancy” Answer that generates risk: “Twins, triplets, or more”									

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
338 Pregnant Woman Currently Breastfeeding	Pregnant – [1]		Pregnant woman who is currently breastfeeding an infant or child at any level.	Screen: Health Question: “Do you or your health care provider have any special concerns about your pregnancy?” Answer that generates risk: “Currently Breastfeeding”

HEMATOLOGY

201.01 Low Hematocrit/Low Hemoglobin	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]	X X X X X	Anemia {Iron deficiency}, No Altitude Adjustment Risk will be generated when the most recent hemoglobin value is $\leq 10.0g$ or hematocrit value is $\leq 31\%$, and the test date meets the criteria listed below for the participant’s category and age. <table border="1" data-bbox="831 803 1602 1123"> <thead> <tr> <th>Category</th> <th>Criteria</th> </tr> </thead> <tbody> <tr> <td>Infant <1 year old</td> <td>Most recent Hgb or Hct</td> </tr> <tr> <td>Child ≥ 1 and < 2 years old</td> <td>Most recent Hgb or Hct \geq first birthday</td> </tr> <tr> <td>Child ≥ 2 years old</td> <td>Most recent Hgb or Hct \leq 180 days old</td> </tr> <tr> <td>Pregnant</td> <td>Most recent Hgb or Hct \geq the most recent LMP</td> </tr> <tr> <td>Breastfeeding/Non-Breastfeeding</td> <td>Most recent Hgb or Hct \geq most recent DOD</td> </tr> </tbody> </table>	Category	Criteria	Infant <1 year old	Most recent Hgb or Hct	Child ≥ 1 and < 2 years old	Most recent Hgb or Hct \geq first birthday	Child ≥ 2 years old	Most recent Hgb or Hct \leq 180 days old	Pregnant	Most recent Hgb or Hct \geq the most recent LMP	Breastfeeding/Non-Breastfeeding	Most recent Hgb or Hct \geq most recent DOD	Screen: Wt/Ht/Bloodwork Answer that generates risk: Hemoglobin or Hematocrit value
Category	Criteria															
Infant <1 year old	Most recent Hgb or Hct															
Child ≥ 1 and < 2 years old	Most recent Hgb or Hct \geq first birthday															
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Pregnant	Most recent Hgb or Hct \geq the most recent LMP															
Breastfeeding/Non-Breastfeeding	Most recent Hgb or Hct \geq most recent DOD															

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question														
201.02 Low Hematocrit/Low Hemoglobin	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Anemia {Iron deficiency}, No Altitude Adjustment</p> <p>Risk will be generated when the most recent hemoglobin or hematocrit value is below the acceptable range as indicated on the CDC table on the next page, and the test date meets the criteria listed below for the participant’s category and age.</p> <table border="1" data-bbox="831 435 1612 815"> <thead> <tr> <th data-bbox="831 435 1138 467">Category</th> <th data-bbox="1146 435 1612 467">Criteria</th> </tr> </thead> <tbody> <tr> <td data-bbox="831 474 1138 500">Infant <1 year old</td> <td data-bbox="1146 474 1612 500">Most recent Hgb or Hct</td> </tr> <tr> <td data-bbox="831 506 1138 565">Child ≥1 and < 2 years old</td> <td data-bbox="1146 506 1612 565">Most recent Hgb or Hct ≥ first birthday</td> </tr> <tr> <td data-bbox="831 571 1138 630">Child ≥ 2 years old</td> <td data-bbox="1146 571 1612 630">Most recent Hgb or Hct ≤ 180 days old</td> </tr> <tr> <td data-bbox="831 636 1138 721">Pregnant</td> <td data-bbox="1146 636 1612 721">Most recent Hgb or Hct ≥ the most recent LMP + 15 days and smoking value</td> </tr> <tr> <td data-bbox="831 727 1138 815">Breastfeeding/Non-Breastfeeding < 15 years old</td> <td data-bbox="1146 727 1612 815">Most recent Hgb or Hct ≥ most recent DOD and smoking value</td> </tr> <tr> <td data-bbox="831 821 1138 909">Breastfeeding/Non-Breastfeeding ≥ 15 years old</td> <td data-bbox="1146 821 1612 909">Most recent Hgb or Hct ≥ most recent DOD and smoking value</td> </tr> </tbody> </table>	Category	Criteria	Infant <1 year old	Most recent Hgb or Hct	Child ≥1 and < 2 years old	Most recent Hgb or Hct ≥ first birthday	Child ≥ 2 years old	Most recent Hgb or Hct ≤ 180 days old	Pregnant	Most recent Hgb or Hct ≥ the most recent LMP + 15 days and smoking value	Breastfeeding/Non-Breastfeeding < 15 years old	Most recent Hgb or Hct ≥ most recent DOD and smoking value	Breastfeeding/Non-Breastfeeding ≥ 15 years old	Most recent Hgb or Hct ≥ most recent DOD and smoking value	<p>Infant/Child Categories: Screen: Wt/Ht/Bloodwork</p> <p>Answer that generates risk: Hemoglobin or Hematocrit value</p> <p>Pregnant/ Breastfeeding/ Non-Breastfeeding Categories: Screen: Wt/Ht/Bloodwork <i>and</i> Health</p> <p>Health Information Question: “Current Substance Use: Smoke cigarettes? If yes, how many a day?”</p> <p>Answer that generates risk:</p> <ul style="list-style-type: none"> • Hemoglobin or Hematocrit value and • “Yes” and a value for how many a day
Category	Criteria																	
Infant <1 year old	Most recent Hgb or Hct																	
Child ≥1 and < 2 years old	Most recent Hgb or Hct ≥ first birthday																	
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USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation								NYWIC Screen/ Question			
201.02 Low Hematocrit/Low Hemoglobin	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		Pregnant Women		Nonsmoker	Up to <1 Pack/Day	1 to <2 Packs/Day	≥2 Packs/Day		Infant/Child Categories: Screen: Wt/Ht/Bloodwork Answer that generates risk: Hemoglobin or Hematocrit value				
					Hgb <g/dL	Hct < %	Hgb <g/dL	Hct < %	Hgb <g/dL			Hct < %	Hgb <g/dL	Hct < %
					First Trimester (0-13 Weeks or 15-89 Days)	11.0	33.0	11.3	34.0			11.5	35.0	11.7
			Second Trimester (14-26 Weeks or 90-179 Days)	10.5	32.0	10.8	33.0	11.0	34.0	11.2	34.0			
			Third Trimester (27-40+ Weeks or 180-325 Days)	11.0	33.0	11.3	34.0	11.5	35.0	11.7	35.0			
			Nonpregnant Women											
			12 - <15 Years	11.8	36.0	12.1	37.0	12.3	38.0	12.5	38.0			
			≥15 Years	12.0	36.0	12.3	37.0	12.5	38.0	12.7	38.0			
			Infants/Children			Hgb < g/ dL			Hct < %					
			Infants	0 <12 Months		11.0			33.0					
			Children	1 - <2 Years		11.0			33.0					
				2 – 5 Years		11.1			33.0					

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
211 Elevated Blood Lead Levels	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]	X X X X X	Elevated blood lead level (BLL) is the amount of lead in the blood, measured in microgram of lead per deciliter of blood (µg/dL), at which follow-up action should be taken for an individual. Within the past 12 months, having a blood lead level of: Women (all categories): ≥ 5 µg/dL Infants: ≥ 5 µg/dL Children: ≥ 3.5 µg/dL Verification is recommended.	Screen: Wt/Ht/Bloodwork

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
NUTRITION/MEDICAL RISK				
341 Nutrient Deficiency or Disease	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Any currently treated or untreated nutrient deficiency or disease, which may be caused by poor nutritional intake, chronic health conditions, acute health conditions, medications, altered nutrient metabolism, or a combination of these factors.</p> <p>Includes but is not limited to:</p> <ul style="list-style-type: none"> • Beriberi (Vitamin B1 or thiamine deficiency) • Hypocalcemia • Iron deficiency • Osteomalacia • Pellagra (niacin deficiency) • Protein energy malnutrition • Rickets (Vitamin D deficiency) • Scurvy • Vitamin K deficiency • Xerophthalmia <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Nutrient Deficiency or Disease”</p>
342 Gastrointestinal Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Presence of diseases and/or conditions that interfere with the intake, digestion and/or absorption of nutrients</p> <p>Includes but is not limited to: Peptic ulcer, post-bariatric surgery, short bowel syndrome, GERD, inflammatory bowel disease, including ulcerative colitis or Crohn’s disease, liver disease, pancreatitis, biliary tract diseases.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk:</p> <ul style="list-style-type: none"> • Gallbladder diseases • Gastrointestinal Diseases • Gastroesophageal reflux • Liver diseases
343 Diabetes Mellitus	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Presences of Diabetes mellitus. A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Diabetes mellitus”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
344 Thyroid Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Presence of thyroid dysfunctions that occur in pregnant and postpartum women, fetal development, and in childhood caused by the abnormal secretion of thyroid hormones.</p> <p>These medical conditions include, but are not limited to, hyperthyroidism, hypothyroidism, congenital hyperthyroidism, congenital hypothyroidism, and postpartum thyroiditis.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Thyroid disorders”</p>
345 Hypertension and Prehypertension	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Presence of hypertension or prehypertension.</p> <p>Prehypertension is defined as being at high risk for developing hypertension, based on blood pressure levels.</p> <p>Hypertension is defined as high blood pressure, which may eventually cause health problems. Hypertension also includes the following hypertensive disorders of pregnancy:</p> <ul style="list-style-type: none"> • Preeclampsia - Onset of hypertension during pregnancy, typically with proteinuria, and usually after 20 weeks gestation • Eclampsia - Eclampsia is the presence of new-onset grand mal seizures in a woman with preeclampsia. • Chronic Hypertension during Pregnancy - Hypertension is present before pregnancy or is diagnosed before 20 weeks gestation • Chronic Hypertension with Superimposed Preeclampsia - Hypertension is present before pregnancy, and preeclampsia develops during pregnancy. • Gestational Hypertension - Onset of hypertension during pregnancy, usually after 20 weeks gestation, and without proteinuria <p>Verification is recommended.</p>	<p>All Categories:</p> <p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Hypertension and prehypertension”</p> <p>Pregnant Women (with Preeclampsia only):</p> <p>Screen: Health</p> <p>Question: “Do you or your health care provider have any special concerns about your pregnancy?”</p> <p>Answer that generates risk: “Preeclampsia”</p>
346 Renal Disease	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Presence of any renal disease including Glomerulonephritis, nephrotic syndrome, persistent proteinuria, pyelonephritis and renal sclerosis. Verification is recommended.</p> <p><u>Not included:</u> Urinary tract infections involving the bladder.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Renal disease”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
347 Cancer	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		Presence of cancer. A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition or the treatment for the condition must be severe enough to affect nutrition status. Verification is recommended.	Screen: Health Question: “Do you/Does your baby/child have any health or medical issues?” Answer that generates risk: “Cancer”
348 Central Nervous System (CNS) Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child - [3]		Presence of conditions, which affect energy requirements, ability to feed self or alter nutrition status metabolically, mechanically, or both. Includes but is not limited to: epilepsy, cerebral palsy (CP), multiple sclerosis (MS), Parkinson’s disease and neural tube defects (NTD) such as spina bifida.	Screen: Health Question: “Do you/Does your baby/child have any health or medical issues?” Answers that generate risk: <ul style="list-style-type: none"> • “CNS disorders” • “Cerebral Palsy” • “Multiple Sclerosis” • “Neural Tube Defects”
349 Genetic and Congenital Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		Presences of hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically or mechanically or both. Includes: Down syndrome and muscular dystrophy (MD), Verification is recommended	Screen: Health Question: “Do you/Does your baby/child have any health or medical issues?” Answers that generate risk: <ul style="list-style-type: none"> • “Down syndrome” • “Muscular dystrophy”
	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]	X X	Presences of hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically or mechanically or both. Includes but not limited to: congenital heart disease, cleft lip or palate, thalassemia major or minor and sickle cell anemia. Congenital Heart Disease refers to a diagnosis of heart disease or heart defects present at birth. The current condition or treatment for the condition must be severe enough to affect nutrition status. Verification is recommended Not included: Sickle cell trait.	Screen: Health Question: “Do you/Does your baby/child have any health or medical issues?” Answers that generate risk: “Genetic/congenital diseases”

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
351 Inborn Errors of Metabolism	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]	X X X X X	<p>Presence of inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Generally, refers to gene mutations or deletions.</p> <p>These include but are not limited to amino acid disorders, organic acid metabolism disorders, fatty acid oxidation disorders, lysosomal storage disorders, urea cycle disorders, carbohydrate disorders, peroxisomal disorders, and mitochondrial disorders. Refer to the USDA Nutrition Risk Justification for specific conditions.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Inborn errors of metabolism (PKU, MSUD, etc.)”</p>
352.01 Infectious Diseases - Acute	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Presence of a disease characterized by a single or repeated episode of relatively rapid onset and short duration. The infectious disease must be present within the past six months. These diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Hepatitis A • Hepatitis E • Meningitis (Bacterial/Viral) • Parasitic Infections • Listeriosis • Pneumonia • Bronchitis (3 episodes in last 6 months) <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Hepatitis (A, E) • Bronchitis (3 episodes in last 6 months) • Listeriosis • Meningitis • Parasitic Infections • Pneumonia
352.02 Infectious Diseases - Chronic	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Presence of a condition likely lasting a lifetime and requires long-term management of symptoms. These diseases and/or conditions include but are not limited to:</p> <ul style="list-style-type: none"> • HIV (Human Immunodeficiency Virus) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B • Hepatitis C • Hepatitis D <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • AIDS • Hepatitis (B, C, D) • HIV

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
354 Celiac Disease	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Celiac disease 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 nutrients from food.</p> <p>It is also known as celiac sprue, gluten enteropathy or non-tropical sprue.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Celiac disease”</p>
356 Hypoglycemia	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Hypoglycemia can occur as a condition in itself, as a complication of diabetes, in association with other disorders, or under certain conditions (such as early pregnancy, prolonged fasting or prolonged periods of strenuous exercise.)</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Hypoglycemia”</p>
358 Eating Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3]		<p>Eating disorders are characterized by severe disturbances in a person’s eating behaviors and related thoughts and emotions. Eating disorders include, but are not limited to, Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge-Eating Disorder (BED).</p> <p>Anorexia Nervosa (AN): involves a severe restriction of calories; there may be a fear of weight gain and strict “rules” about eating. AN is a syndrome of self-starvation involving significant weight loss of 15 percent or more of ideal body weight.</p> <p>Bulimia Nervosa (BN): involves recurrent episodes of binge eating followed by compensatory behaviors collectively referred to as purging and can include exercise as such a behavior. This could include vomiting or using laxatives or exercising excessively. Patients with BN are, by definition, at normal weight or above.</p> <p>Binge-Eating Disorder (BED): involves recurrent episodes of binge eating which are characterized by eating an amount of food that is larger than what most people would eat in a similar period of time under similar circumstances and a sense of lack of control over eating during the episode. Unlike BN, periods of binge-eating are not followed by purging or excessive exercise. As a result, people with binge-eating disorder often are overweight or obese.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you have any health or medical issues?”</p> <p>Answer that generates risk: “Eating disorders”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretatio	NYWIC Screen/ Question
359 Recent Major Surgery, Trauma, Burns	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Any occurrence within the past two months of major surgery (including C-sections), trauma or burns severe enough to compromise Nutrition status. Verification is recommended.</p> <p>Any occurrence more than two months previous must have the continued need for nutrition support.</p>	<p>Screen: Health</p> <p>Question: “Do you/your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Surgery/trauma/burns within past 2 mos”</p>
360 Other Medical Conditions	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Infant – [1] Child – [3]		<p>Diseases or conditions with nutrition implications, which are not included in any of the other medical conditions. The current condition or treatment for the condition must be severe enough to affect nutrition status. Includes, but is not limited to:</p> <p>Juveniles Idiopathic Arthritis (JIA): Umbrella term for all forms of childhood arthritis, a systemic disease that results in the destruction of joint tissue due to inflammation. JIA puts individuals at risk for nutritional impairments/problems leading to observed lower BMI and smaller height stature.</p> <p>Systemic Lupus Erythematosus (SLE): A chronic inflammatory and autoimmune disease that can affect multiple organ system, including the skin, joints, kidneys, heart and central nervous system. The most common systems include fatigue, loss of appetite and weight, and skin lesions (butterfly rash on face). During pregnancy there is an increased risk of maternal complications including inflammation of the kidneys, gestational diabetes, and preeclampsia. An increased risk of fetal complications includes miscarriage, preterm birth and intrauterine growth restriction.</p> <p>Polycystic Ovary Syndrome (PCOS): A hormonal disorder common among women of reproductive age, causing overproduction of androgens and small cysts on the ovaries. PCOS results in greater likeliness for the development of type 2 diabetes, high blood pressure, problems with heart and blood vessels, uterine cancer, and metabolic syndrome.</p> <p>Cardiovascular Disease (CVD): commonly known as heart disease, is an umbrella term for several types of heart conditions that cause decreased flow of blood to the heart. Pregnancy and pregnancy related complications including preeclampsia, preterm delivery, gestational diabetes, PCOS are all women-specific risk factors for CVD.</p> <p>*CVD does not pertain to individuals diagnosed with Congenital Heart Disease. Refer to risk 349 <i>Genetic and Congenital Disorders</i>.</p>	<p>Screen: Health</p> <p>Question: “Do you/your baby/child have any health or medical issues?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • “Arthritis/lupus” • “Asthma, persistent or severe” • “Cardiovascular Disease” • “Cystic fibrosis” • “Polycystic Ovary Syndrome (PCOS)”

		<p>Asthma: A chronic lung disease that causes the airways to become inflamed and narrow. Symptoms include wheezing, breathlessness, chest tightness and coughing of variable severity. Long term use of inhaled corticosteroids as treatment can delay growth slightly in children.</p>	
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		<p>Cystic Fibrosis: A genetic disorder that affects the cells that produce mucus, sweat, and digestive fluids. Individuals often experience malnutrition, poor growth, frequent respiratory infections, breathing problems, and chronic lung disease.</p>	
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USDA Nutrition Risk Criteria	Category - [Priority]	High Risk (HR)	Definition/Interpretation	NYWIC Screen/ Question
361 Mental Illnesses	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Child – [3]		<p>As defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition, a mental disorder (or mental illness)¹ is: “A syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.”</p> <p>Mental illnesses where the current condition, or treatment for the condition may affect nutrition status include, but are not limited to:</p> <ul style="list-style-type: none"> • Depression, • Post-traumatic Stress Disorder (PTSD), • Personality Disorders, • Schizophrenia, • Anxiety Disorders, • Obsessive-Compulsive Disorder (OCD), • Bipolar Disorders, • Attention-Deficit/Hyperactivity Disorder (ADHD). 	<p>Screen: Health</p> <p>Question: “Do you/ Does your child have any health or medical issues?”</p> <p>Answer that generates risk:</p> <ul style="list-style-type: none"> • “Anxiety Disorders • “Attention Deficit/ Hyperactivity Disorder (ADHD)” • “Bipolar Disorders” • “Depression” • “Obsessive-Compulsive Disorder (OCD)” • “Post-traumatic Stress Disorder (PTSD)” • “Personality Disorder” • “Schizophrenia”
362 Developmental, Sensory or Motor Delays Interfering with the Ability to Eat	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Developmental, sensory, or motor disabilities that restrict the ability to chew, swallow, or require tube feeding to meet nutrition needs.</p> <p>Includes but is not limited to: birth injury, brain damage/injury, feeding problems due to developmental delays, head trauma, minimal brain function and other disabilities.,</p>	<p>Screen: Health</p> <p>Question: “Do you/your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Developmental, sensory or motor delays”</p>
363 Pre-Diabetes	Breastfeeding – [1] Non-Breastfeeding – [6]		<p>Pre-diabetes is either impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT). These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.</p> <p>Verification is recommended</p>	<p>Screen: Health</p> <p>Question: “Do you have any health or medical issues?”</p> <p>Answer that generates risk: “Pre-diabetes”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
383 Neonatal Abstinence Syndrome (NAS)	Infant – [1]	X	<p>Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed infants as a result of the mother’s use of drugs during pregnancy.</p> <p>This condition must be present within the first 6 months of birth and diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by the infant’s caregiver.</p>	<p>Screen: Health</p> <p>Question: “Does your baby have any health or medical issues?”</p> <p>Answer that generates risk: “Neonatal Abstinence Syndrome”</p>
OBSTETRICAL HISTORY				
303 History of Gestational Diabetes	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		All women– Any history of diagnosed gestational diabetes mellitus (GDM).	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your most recent/past pregnancy(ies)?”</p> <p>Answer that generates risk: Gestational Diabetes</p>
304.01 History of Preeclampsia	Pregnant – [1]	X	<p>History of diagnosed preeclampsia.</p> <p>Preeclampsia is defined as hypertension with onset during pregnancy, usually after 20 weeks gestation, and typically with proteinuria (high levels of protein found in urine).</p>	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your past pregnancy(ies)?”</p> <p>Answer that generates risk: “Preeclampsia”</p>
304.02 History of Preeclampsia	Breastfeeding – [1] Non-Breastfeeding – [3]		<p>History of diagnosed preeclampsia.</p> <p>Preeclampsia is defined as hypertension with onset during pregnancy, usually after 20 weeks gestation, and typically with proteinuria (high levels of protein found in urine).</p>	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your most recent pregnancy?”</p> <p>Answer that generates risk: “Preeclampsia”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
311 History of Preterm or Early Term Delivery	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<p><u>Preterm Delivery:</u></p> <ul style="list-style-type: none"> • Pregnant women: any history of preterm delivery less than 37 weeks. • Breastfeeding/Non-Breastfeeding women: most recent pregnancy less than 37 weeks. <p><u>Early Term Delivery:</u></p> <ul style="list-style-type: none"> • Pregnant women: any history of early term delivery greater than or equal to 37 weeks to less than 39 weeks (≥37 to <39 weeks) • Breastfeeding/Non-Breastfeeding women: most recent pregnancy ≥37 to <39 weeks gestation. 	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your most recent/past pregnancy(ies)?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • “History of preterm delivery <37 weeks” (Pregnant) • “History of early term delivery ≥37 to <39 weeks” (Pregnant) • “Baby born at <37 weeks” (Breastfeeding/Non-Breastfeeding) • “Baby born at ≥37 to <39 weeks” (Breastfeeding/Non-Breastfeeding)

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
321 History of Spontaneous Abortion, Fetal Loss or Neonatal Death	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<p><u>History of fetal loss ≥20 weeks gestation</u></p> <ul style="list-style-type: none"> • Pregnant women: Any history of fetal loss. • Breastfeeding women: Most recent pregnancy in which there was a multifetal gestation with one or more fetal losses but with one or more infants still living. • Non-Breastfeeding women: Most recent pregnancy for fetal loss. <p><u>History of neonatal death (death of an infant within 0-28 days of life)</u></p> <ul style="list-style-type: none"> • Pregnant women: Any history of neonatal death. • Breastfeeding women: Most recent pregnancy in which there was a multifetal gestation with one or more neonatal deaths but with one or more infants still living. • Non-Breastfeeding women: Most recent pregnancy for neonatal death. <p><u>History of spontaneous abortion <20 weeks gestation</u></p> <ul style="list-style-type: none"> • Pregnant Women: Any history of two or more spontaneous abortions. • Non-Breastfeeding Women: Most recent pregnancy for spontaneous abortion. 	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your most recent/past pregnancy(ies).”</p> <p>Answer that generates risk:</p> <ul style="list-style-type: none"> • “Pregnancy loss (20 weeks or more)” • “Stillbirth or death before 1 month of age” • “Miscarriages (less than 20 weeks)” <p>(Breastfeeding/Non-Breastfeeding only)</p> <ul style="list-style-type: none"> • “2 or more miscarriages (less than 20 weeks)” <p>(Pregnant only)</p>
337 History of Birth of a Large for Gestational Age Infant	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<p>History of giving birth to an infant weighing less than 9 pounds or 4000 grams.</p> <p>Pregnant Women: Any history.</p> <p>Breastfeeding and Non-Breastfeeding Women: Most recent pregnancy or history of giving birth to an infant weighing ≥ 4000 grams (9lbs).</p>	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your most recent/past pregnancy(ies)”</p> <p>Answer that generates risk: “Baby born 9 pounds or more”</p>
339 History of Birth with Nutrition- Related Congenital Birth Defect	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		<p>A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutrition intake.</p> <p>Pregnant Women: Any history of birth with nutrition-related congenital or birth defects.</p> <p>Breastfeeding and Non-Breastfeeding Women: Most recent pregnancy with nutrition-related congenital or birth defects.</p>	<p>Screen: Health</p> <p>Question: “Did you have any medical issues with your most recent/past pregnancy(ies)”</p> <p>Answer that generates risk: “Baby born with a nutrition related birth defect”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
OTHER RISK FACTORS				
357 Drug Nutrient Interactions	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.	<p>Screen: Health Question: “Do you/Does your baby/child regularly take any medications?”</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • Anticonvulsant • Antidiarrhea • Antigout (women only) • Antinauseant • Blood formation/coagulation • Bowel disorder/disease (Ulcerative Colitis, Crohn’s Disease, Irritable Bowel Syndrome, etc.) • Cardiac/blood pressure/lipid • Digestive enzymes • Diuretic • Hormones: growth, steroid, other • Insulin/antidiabetic • Laxative/stool softener • Prescription pain medication (oxycodone, hydrocodone, methadone, etc.) • Thyroid/antithyroid
371 Nicotine and Tobacco Use	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6]		Any use of products that contain nicotine and/or tobacco, including but not limited to, cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (gums, patches).	<p>Screen: Health Question: Current Substance Use: “Smoke cigarettes?”</p> <p>Answer that generates risk: “Yes” (any amount)</p> <p>And/or</p> <p>Question: “Use any other nicotine and/or tobacco products?”</p> <p>Answer that generates risk: “Yes”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
372 Alcohol and Substance Use	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3]		<p><u>Alcohol Use</u></p> <p>Pregnant Women: Any alcohol use.</p> <p>Breastfeeding and Non-Breastfeeding women:</p> <ul style="list-style-type: none"> • Binge drinking – Routine consumption of ≥4 drinks within 2 hours • High Risk drinking – Routine consumption of ≥8 drinks per week or ≥4 drinks on any day. <p>A serving or standard sized drink is: 12oz of beer; 5oz of wine; or 1.5oz of 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials, or liqueurs).</p> <p><u>Substance Use</u></p> <ul style="list-style-type: none"> • Any illegal substance use and/or abuse of prescription medication. • Any marijuana use in any form (Pregnant and Breastfeeding women only). <p>Breastfeeding may be contraindicated for women who use illegal and/or illegal substances and/or misuse prescription medication.</p> <ul style="list-style-type: none"> • Using marijuana during pregnancy or while breastfeeding may harm the baby. • To limit potential risk to the infant, breastfeeding mothers should avoid or reduce marijuana use. 	<p>Screen: Health Question: “Current alcohol intake?”</p> <p>Answers that generate risk: Pregnant:</p> <ul style="list-style-type: none"> • “If yes, how many per week” is ≥ 1 • “# of drinks per day” is ≥ 1 <p>Breastfeeding/Non-Breastfeeding:</p> <ul style="list-style-type: none"> • “If yes, how many per week” is ≥ 8 • “# of drinks per day” is ≥ 4 <p>Screen: Health Question: Current Substance Use: “Smoke marijuana?”</p> <p>Answer that generates risk: “Yes” (Pregnant/Breastfeeding)</p> <p>And/or</p> <p>Question: Current Substance Use: “Use other drugs?”</p> <p>Answer that generates risk: “Yes”</p>
382 Fetal Alcohol Spectrum Disorders	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Fetal Alcohol Spectrum Disorders (FASD) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASD is an overarching phrase that encompasses a range of possible diagnoses, including:</p> <ul style="list-style-type: none"> • fetal alcohol syndrome (FAS), • partial fetal alcohol syndrome (pFAS), • alcohol- related birth defects (ARBD), • alcohol-related neurodevelopmental disorder (ARND), and • neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE). <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you/Does your baby/child have any health or medical issues?”</p> <p>Answer that generates risk: “Fetal Alcohol Spectrum Disorders”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
801 Homelessness	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		<p>A woman, infant or child who lacks a fixed and regular nighttime residence or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised, publicly or privately-operated shelter designated to provide temporary living accommodations (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence); • 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. 	<p>Screen: HH Information</p> <p>Question: “Homeless”</p> <p>Answer that generates risk: Checking the “Homeless” checkbox</p>
802 Migrancy	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		<p>Categorically-eligible woman, infant or child who are members of families with at least one individual who:</p> <ul style="list-style-type: none"> • has principal employment in agriculture on a seasonal basis, • has been so employed within the last 24 months, and • establishes, for the purposes of employment, a temporary abode. 	<p>Screen: HH Information</p> <p>Question: “Migrant”</p> <p>Answer that generates risk: Checking the “Migrant” checkbox</p>
901 Recipient of Abuse	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		<p>Recipient of abuse is defined as an individual who has experienced physical, sexual, emotional, economic or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual. The experience of abuse may be self-reported by the individual, an individual’s family member, or reported by a social worker, healthcare provider, or other appropriate personnel.</p> <p><u>Domestic violence:</u> abuse committed by a current or former family or household member or an intimate partner.</p> <p>Intimate partner violence (IPV): a form of domestic violence committed by a current/former intimate partner (i.e.: spouse, boyfriend/girlfriend; dating partner, or ongoing sexual partner) that may include physical violence, sexual violence, stalking, and/or psychological aggression (including coercive tactics).</p> <p><u>Child Abuse/Neglect:</u> Any act or failure to act that results in harm to a child or puts a child at risk of harm. Child abuse may be physical (including shaken baby syndrome), sexual, or emotional abuse or neglect of an infant or child under the age of 18 by a parent, caretaker, or other person in a custodial role (such as a religious leader, coach, or teacher).</p>	<p>Screen: Nutrition Risk</p> <p>Manually Assigned</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		<p>Woman (Pregnant, Breastfeeding or Non-Breastfeeding) or infant/child whose primary caretaker has a limited ability to make appropriate feeding decisions and/or prepare foods.</p> <p>Examples may include, but are not limited to a woman or an infant/child of a caretaker with the following:</p> <ul style="list-style-type: none"> • Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caretaker. • Intellectual disability diagnosed, documented, or reported by a physician, or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caretaker. • Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities. • ≤17 years of age. 	<p>Screen: Nutrition Risk</p> <p>Manually Assigned</p>
903 Foster Care	Pregnant – [4] Breastfeeding – [4] Non-Breastfeeding – [6] Infant – [4] Child – [5]		<p>All women, infants and children in foster care.</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>This risk cannot be used for consecutive certifications while the child remains in the same foster home.</p>	<p>Screen: Nutrition Risk</p> <p>Manually Assigned</p>
904 Environmental Tobacco Smoke Exposure	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [6] Infant – [1] Child – [3]		<p>Exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. This also includes exposure to the aerosol from electronic nicotine delivery systems (such as vapes, vapor pens, hookah pens, electronic cigarettes, and e-pipes).</p>	<p>Screen: Health</p> <p>Question: Women: “Are you ever in an enclosed area while someone is using tobacco products?” Infants: “Is your baby ever in an enclosed area while someone is using tobacco products?” Children: “Is your child ever in an enclosed area while someone is using tobacco products?” Answer that generates risk: “Yes”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
PREGNANCY-INDUCED CONDITIONS				
301 Hyperemesis Gravidarum	Pregnant – [1]		<p>Current pregnancy only.</p> <p>Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and electrolyte imbalance. This nutrition risk is based on a chronic condition, not single episodes. Hyperemesis gravidarum is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you or your health care provider have any special concerns about your pregnancy?”</p> <p>Answer that generates risk: “Hyperemesis Gravidarum”</p>
302 Gestational Diabetes	Pregnant – [1]	X	<p>Current pregnancy only.</p> <p>Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.</p> <p>Verification is recommended.</p>	<p>Screen: Health</p> <p>Question: “Do you or your health care provider have any special concerns about your pregnancy?”</p> <p>And/or</p> <p>Question: Do you have any health or medical conditions?”</p> <p>Answer that generates risk: “Gestational Diabetes”</p>

USDA Nutrition Risk Criteria	Category - [Priority]	High Risk(HR)	Definition/Interpretation	NYWIC Screen/ Question
PREVENTIVE MEASURES				
502 Transfer of Certification	Pregnant – [1] Breastfeeding – [1] Non-Breastfeeding – [3] Child – [3] Infant – [1]		<p>Person with current valid Verification of Certification (VOC) document from another State agency.</p> <p>The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and is proof of eligibility for program benefits. If the receiving local agency has a waiting list for participation, the transferring participant is placed on the list ahead of all other waiting applicants.</p> <p>Note: Select the highest priority for that category</p>	<p>Screen: Nutrition Risk</p> <p>System-generated when participant is transferred into agency.</p>
701 Infant Up to 6 Months Old of WIC Mother or of a Women Who Would Have Been Eligible During Pregnancy	Infant – [2]		<p>An infant less than 6 month of age (with no qualifying Priority 1 risks), whose: mother was a WIC program participant during pregnancy, OR mother was at nutrition risk during pregnancy because of detrimental or abnormal nutrition conditions.</p> <p>These conditions are detectable by biochemical or anthropometric measurements or other nutrition related medical conditions, as indicated from the complete nutrition assessment.</p>	<p>Screen: Nutrition</p> <p>Question: "Was mom on WIC during the pregnancy?"</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • "Yes" • "No, at risk"