



- *WIC Risk Code Changes Effective 10/1/20*
- *Part II are the notable risk criterion changes*
 - *changes that may change when staff assign the risk, for example risks that have an updated definition and now apply to more categories/participants*
 - *And the discontinued nutrition risk criterion*

NRC | Introduction

- Review PowerPoint on NRC changes
- Includes discussions and opportunity to check your understanding throughout the training

We did not have any changes last year with eWIC, Idaho was given an extension, Part I was discussed previously, this training will focus on the remaining nutrition Risk criterion.

Changes | Part II

Noteworthy changes (5) discussed in this training

- 131 Low Maternal Weight Gain
- 357 Drug Nutrient Interactions
- 372 Alcohol and Substance Abuse
- 382 Fetal Alcohol Spectrum Disorders
- 902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

Discontinued (2)

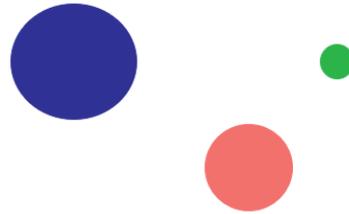
- ~~132 Maternal Weight Loss during Pregnancy~~
- ~~703 Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy~~

Notable changes

- *These are changes that may change when staff assign the risk, for example risks that have an updated definition and now apply to more categories/participants*

Discontinued

- *Do not need these risks anymore.*
- *132 will be merged into 131*
- *703 was never implemented in Idaho, but 902 can cover what 703 covered.*



What Happened?

- 132 was discontinued and simplified into 131
- 131 will continue to be called “**Low Maternal Weight Gain**”
- Added information to include pregnancy weight loss and inadequate weight gain into risk 131

WHY?

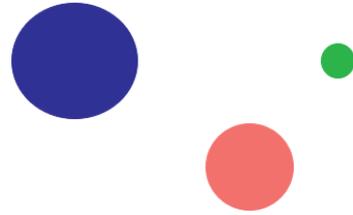
- No reason for treating pregnancy weight loss differently
- The goals for adequate nutrient intake and weight gain are the same

What?

- *criteria for 132 (Maternal Weight Loss) and 131 (Low Maternal Weight Gain) made it clear that risk identification can be simplified by combining 132 and 131 into one risk code that covers both conditions.*
- *Justification adds more information to include pregnancy weight loss in addition to inadequate weight gain. (referring to the sections of the fact sheet USDA provides – definition, justification, etc.)*

Why?

- *No evidence-based data justifies treating pregnancy weight loss differently than inadequate weight gain, maternal weight loss during pregnancy would manifest as inadequate weight gain and be captured with risk 131.*
- *In both situations nutrition assessment and education are individualized with respect to each participant’s medical concerns and dietary behaviors*

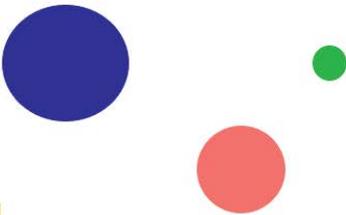


WHEN TO ASSIGN?

- No change, one risk will capture both
- Assign
 - The computer will auto assign this risk after staff enter the anthropometric data
- The same assessment approach
 - Assigning risk
 - Education
 - Referrals

- *No change to using this risk in WISPr, we will discuss more on the next slide*
- *The risk will still be assigned when a woman's weight gain is slow or inadequate during her pregnancy.*
- *The same assessment approach is successful for Identifying risk, providing appropriate education, and Making appropriate referrals*
- *The cut off values are on the next two slides.*

NRC | 131 & 132



1. A low rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies (1,2):

Prepregnancy Weight Classification	BMI	Total Weight Gain (lbs.)/Week
Underweight	< 18.5	< 1
Normal Weight	18.5 to 24.9	< 0.8
Overweight	25.0 to 29.9	< 0.5
Obese	\geq 30.0	< 0.4
Multi-fetal Pregnancies	See Justification for more information.	

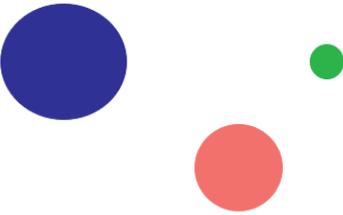
Note: A BMI table is attached to assist in determining weight classifications. Also, until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification for a more detailed explanation.)

NRC | 131 & 132

2. Low weight gain at any point in pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category as follows (1,2):

Prepregnancy Weight Classification	BMI	Total Weight Gain Range (lbs.)
Underweight	< 18.5	28-40
Normal Weight	18.5 to 24.9	25-35
Overweight	25.0 to 29.9	15-25
Obese	≥ 30.0	11-20
Multi-fetal Pregnancies	See Justification for more information.	

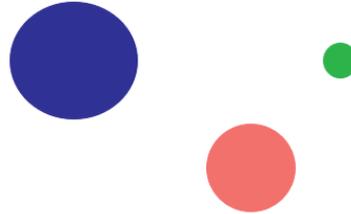
Note: A BMI table is attached to assist in determining weight classifications. Also, until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification for a more detailed explanation.)



Example: Sally is in her third trimester and her pre-pregnancy BMI was 23.8, she has gained 18 lbs. Would this risk be auto assigned?

Example: Sally is in her third trimester and her current BMI is 23.8, she has gained 18 lbs.

Answer: yes, this risk would be assigned.



- **Review the scenarios below and answer the questions:**
- **Hannah is a pregnant women in her 2nd trimester who is being certified. She weighed 125 lbs before her pregnancy and currently weighs 130 lbs.**
- Would WISPr auto assign 131?
- What are probing questions?
- What are possible topics of discussion with Hannah?

Answers:

Yes, the system would assign 131 due to the low weight gain.

Probing questions: Is there a food insecurity issue- Have they run out of money to buy food.

Are they using alcohol or drug?

Are they homeless?

Do they have an illness that is causing issues with eating? -infection, food born illness, dx from a MD with hyperemesis gravidarum

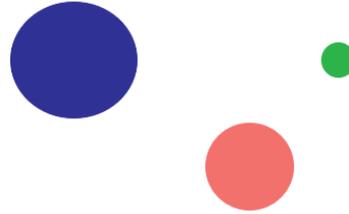
Topics: educations on possible concerns above, making appropriate applicable referrals.

Small meals and snacks,

If MD allows, nutritional

Higher calorie snack options,

Tailoring the food package to higher calories as applicable.



WISPR/ASSESSMENT

- No change
 - Enter weight into Health assessment > *Anthropometric* tab



- Definition/Cut-Off Value remains unchanged
- This risk is computer generated

REFERRALS & EDUCATION

- See *Implications for WIC Services*
 - No change to RD referral
 - **PRENATAL WOMEN = RD IN 1 MO**

WISPR/ASSESSMENT

- *WISPr assigns from assessment tab information entered by staff*

REFERRALS & EDUCATION

- *Newly added: Implications for WIC Services adds helpful tips for providing nutrition education and referrals.*
- *RD high risk nutrition contact in 1 month*
- *Fix & note on all*
- **WISPr will continue to generate an automatic RD referral**
- **WISPr will automatically assign risk 131.**

NRC | 131 USDA Fact Sheets

Implications for WIC Nutrition Services

WIC services can improve the birth outcomes for women who experience low maternal weight gain during pregnancy. These outcomes can be improved by the supplemental food, nutrition education, and referrals provided to participants by the WIC Program. The WIC food prescription helps provide pregnant women with foods that reflect their nutritional needs during pregnancy. The tailored nutrition education given to pregnant women helps ensure that they receive nutrition support that is relevant to their concerns and lifestyle factors. Staff can assist pregnant women in the following ways:

- Carefully assessing the health status, dietary intake, and concerns of the woman in a participant-centered manner to find out possible factors contributing to low weight gain.
- Encouraging women to eat smaller, more frequent meals with snacks if they are struggling with appetite or nausea.
- Discussing healthy, high calorie snack options, if appropriate. To include nutrition tailoring of the food package for higher caloric WIC foods, e.g., peanut butter instead of legumes.
- Educating pregnant women on the importance of appropriate weight gain during pregnancy.
- If allowable, providing pregnant women with medical foods as prescribed by their medical provider to support appropriate weight gain.
- Referring to the health care provider if the pregnant woman has been diagnosed with, or is suspected of having, hyperemesis gravidarum.
- Providing additional referrals to health care providers and/or other services based on interests and concerns of the woman.

Once the risk is assigned to the participant how do we translate that into education?

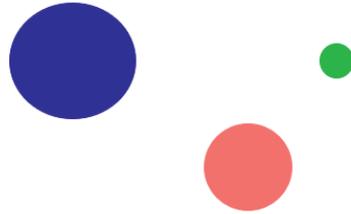
- *The snapshot of the Implications for WIC Services within the USDA risk fact sheets provide staff with ways to assist the participants.*
- **Pull out one or two samples to discuss and try and relate these to education materials you use.**

For example: A participant says she has issues with food security, and this is why she is losing weight. If the participant is interested, discussing referrals to food banks, discussing high calorie options with WIC foods.

Relates to all USDA Fact Sheets:

- *Available for all risks and include helpful tips for providing nutrition education and referrals*
- *Basically, how we use the risk and related information into practice – action items we can take with the services WIC provides.*

NRC | 357 Drug Nutrient Interaction



WHAT?

- The *Definition* was updated to include
 - “...medication that interfere with nutrient intake, **absorption, distribution, metabolism, and excretion to an extent that nutritional status is compromised.**”

WHY?

- Expanded and updated for a better overview of how medications can negatively impact nutritional status
- Table with quick overview of *medication/purpose/impact on nutritional status*
- Helpful links to resources
 - <https://medlineplus.gov/druginformation.html>

What?

- *criteria for 357 (Drug Nutrient Interactions) definition was expanded to include the bolded words.*
- *Justification two concerns with regards to interaction between nutrients and medications:*
 - *The impact the nutrient has on the medication*
 - *and the impact the medication has on nutritional status. (referring to the sections of the fact sheet USDA provides – definition, justification, etc.)*

Why?

Interactions that may occur between medications and nutrients can be physical, chemical, physiologic, and/or pathophysiologic (1).

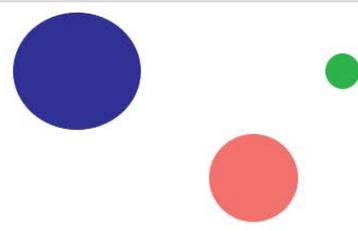
Over-the-counter and prescription medications may impact nutritional status directly or indirectly. Direct impacts of medications on nutritional status include changes to the following:

- The absorption and the distribution of the nutrient.
- The metabolism of the nutrient.
- The rate at which the nutrient is excreted.

These direct impacts of medications may be severe enough to lead to nutrient deficiency and/or nutrient toxicity, which can then impact bodily systems such as bone formation, immune system function, and energy metabolism. (2)

Indirect impacts of medications on nutritional status include the following:

- Changes to appetite
- Changes to taste and smell
- A dry or sore mouth
- Epigastric distress, nausea, vomiting, diarrhea, and/or constipation



WHEN TO ASSIGN?

- Participants taking medication and reporting known nutritional interactions

Medications	Modification Purpose	Impact on Nutritional Status
Amiloride (Midamor)	Diuretic	May cause loss of appetite, nausea, diarrhea, and vomiting (3) May reduce magnesium excretion (4)
Calcium Carbonate (Tums)	Antacid	May cause vomiting, constipation, and loss of appetite (3) May decrease the absorption of iron, zinc, magnesium, and fluoride (2)
Chlorthalidone (Hygroton)	Diuretic	May cause upset stomach, vomiting, diarrhea, and loss of appetite (3) Increases excretion of zinc (5)
Ciprofloxacin (Cipro)	Antibiotic	May cause nausea, vomiting, stomach pain, and diarrhea Decreases the absorption of zinc (5)
Furosemide (Lasix)	Diuretic	May cause constipation and diarrhea (3) May increase magnesium excretion with chronic use (4)
Lansoprazole (Prevacid) and Omeprazole (Prilosec)	Proton pump inhibitors	May cause constipation, nausea and diarrhea (3) May reduce iron absorption and lead to suboptimal iron repletion with supplements (6)

Phenobarbital	Antiepileptic	May cause nausea and vomiting (3) May decrease vitamin D and vitamin K level (2) Decreases calcium absorption (7) May decrease folate levels (8)
Prednisone	Corticosteroid	May deplete calcium and lead to osteoporosis (9) Calcium and vitamin D supplement recommended with long-term use (2)
Ranitidine (Zantac)	Antiacid, AntiGERD, Antisecretory	May cause constipation, diarrhea, nausea and vomiting (3) May decrease iron and vitamin B12 absorption (2)
Sertraline (Zoloft)	Antidepressant	May cause nausea, diarrhea, constipation and vomiting (3) May lead to anorexia and decreased weight (2)
Sulfasalazine	Ulcerative Colitis Treatment	May cause diarrhea, loss of appetite and vomiting (3) Decreases folate absorption (8)

- See the full table in the fact sheet

NRC | 357



- *Do you think the expanded definitions will result in more or less participants being assigned risk 357?*
- *Why or why not?*

Activity – have the group discuss:

Do you think the expanded definitions will result in more or less participants being assigned risk 357?

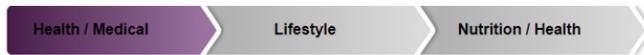
Example answer:

More participants will be assigned this risk because the NRC includes examples of medications and possible symptoms?

Or staff will have more information to determine if the symptoms they are describing meets the definition and can rule this risk code out.

WISPR/ASSESSMENT

- No changes



3. Are you currently taking any medications? Yes

No
 Unknown
 Yes

Select all that apply:

Prescription
 Over the Counter
 Other

Prescription
 Over the Counter
 Other

Other information:

List medications:

Risk 357 - Drug Nutrient Interactions

Let's have a Discussion!

Starters & Prompts

Staff Reminder: The interview is a conversation. Use open-ended questions that begin with:

- Tell me more...
- Explain more about...
- How do you...
- What are your thoughts about...
- What has your doctor recommended...
- What has your experience been...
- What have you tried...
- What has worked for you..."

WISPR/ASSESSMENT

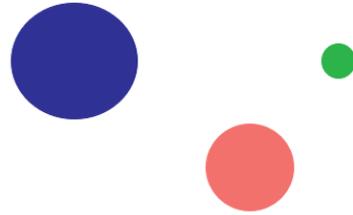
- No changes to the assessment questions across all categories and process in WISPr to find out if 357 should apply.
- Click yes, drop down, and allows you to enter the medications (for prescription or OTC get "medications" box only; other gives you another box to enter details and then the "medications")

Discussion:

- Question 1: What are common medications participants report taking? (Use whatever example from the staff)
- Question 2: What starters or prompts could be used (or do you use) to find out if they have any impact on their nutritional status? (practice together, pairs, or teams)

Example on the next few slides to continue the discussion.

NRC | 357



Example:

Q: Is Mickey Mouse currently taking any medications?

A: Yes

Q: Is it prescription, OTC? Do you know the name or brand?

A: Prescription, some kind of antibiotic for ear infection.

Q: Have you noticed any changes to bowel movements or appetite?

A: Noticed Mickey Mouse is having water stools, maybe diarrhea?

Q: What did your doctor recommend if you see any changes with Mickey Mouse?

- *Vary on how the conversation looks in the clinic when you are asking questions to the participant, but let's look at an example of a conversation.*

Questions:

- *In the example, what information can we pick up from this conversation?*
- *Would you assign 357?*

Answers on the next page.

Q: Is Mickey Mouse currently taking any medications?

A: Yes

Q: Is it prescription, OTC? Do you know the name or brand?

A: Prescription, some kind of antibiotic for ear infection.

Q: Have you noticed any changes to **bowel movements or appetite?
(asking if they have a nutritional impact with the meds)**

A: Noticed Mickey Mouse is having water stools, maybe diarrhea?

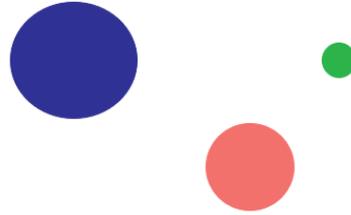
Q: What did your doctor recommend if you see any changes with Mickey Mouse?

prescription tells
you doctor provided

Tells you to assign the risk,
known in the table for quick
reference that antibiotics can
cause diarrhea, nausea,
vomiting etc.

question can prompt a
referral back to the doctor,
discuss RD referral, and
encourage follow-up
overall to address issue(s)

- Breakdown of what we can pick up from the conversation in green
- In this example, we are suggesting they know. Important to remember that you should support the risk with documentation in WISPR. Staff should do the best they can. If the participant is not sure, it is okay to not assign the risk and enter they are taking meds but could not provide name or details.



REFERRALS & EDUCATION

- See *Implications for WIC Services*
 - No change to RD referrals
 - Category:
 - **PRENATAL WOMEN** = RD IN 1 MO
 - **BREASTFEEDING AND NON-BREASTFEEDING POSTPARTUM WOMEN** = RD IN 1 TO 3 MOS DEPENDING ON MEDICAL CARE & SEVERITY OF INTERACTIONS
 - **INFANTS** = RD IN 1 MO
 - **CHILDREN** = RD IN 1-3 MOS DEPENDING ON MEDICAL CARE & SEVERITY OF INTERACTIONS

REFERRALS & EDUCATION

- *Implications for WIC Services adds helpful tips for providing nutrition education and referrals.*
- *RD high risk nutrition contact varies by category, but no changes.*

NRC | 357 USDA Fact Sheets

Implications for WIC Nutrition Services

For participants who are currently taking a medication with known nutrient interactions, WIC staff can:

- Refer the participant/caregiver to their health care provider or pharmacist to discuss the potential nutrient related side-effects and weight fluctuation of medications they take.
- Encourage improved intake of whole grains, legumes, dairy, lean protein, fruits, and vegetables, as appropriate.
- Inform the participant/caregiver of foods or beverages that provide nutrients that may be impacted by the medication.
- Provide education on nutrient-dense foods (when appropriate), meal frequency, portion sizes, and fluid intake when medications induce poor appetite, nausea, or vomiting.
- Provide education on fiber and fluid intake and physical activity to manage constipation related side-effects.
- Provide education on fluid intake, moist foods, and dental care when medications cause a dry mouth.
- Refer women who are either breastfeeding or planning on breastfeeding to their health care provider to determine the best infant feeding and medication plan.

Additional Resources for WIC Staff:

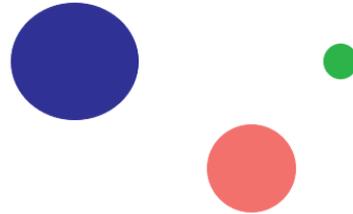
- For information on food and medication interactions:
 - *Physician's Desk Reference* (most recent edition)
 - *Food Medication Interactions* (most recent edition)
 - National Institute of Health's Medline Plus Database on Drugs, Herbs and Supplements (<https://medlineplus.gov/druginformation.html>)

Once the risk is assigned to the participant how do we translate that into education?

- *The snapshot of the Implications for WIC Services within the USDA risk fact sheets provide staff with ways to assist the participants.*
- ***Pull out one or two samples to discuss and try and relate these to education materials you use.***

For example: *If the participant is interested and has issues with diarrhea or constipation, providing education on fiber and fluid intake.*

NRC | 372- Alcohol or illegal drug use



WHAT?

- The name changed to “Alcohol and Substance Use”
- The *definition* has changed
 - Prescription medications:
 - **Abuse of prescription medications**
 - Marijuana use:
 - **Any marijuana use in any form**
 - Alcohol use:
 - Cutoffs for high-risk drinking and binge drinking

WHY?

- The *Justification* has been expanded to cover the changes

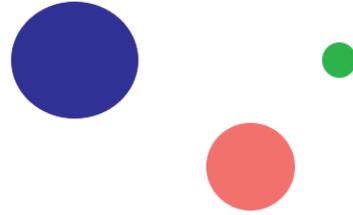
WHAT?

The definition has changed

- *Prescription medications:*
 - *Abuse of prescription medications has been added for pregnant, breastfeeding, and non-breastfeeding women*
- *Marijuana use:*
 - *Any marijuana use in any form has been added for pregnant and breastfeeding women*
- *Alcohol use:*
 - *Cutoffs for high-risk drinking and binge drinking have been slightly revised for breastfeeding and non-breastfeeding postpartum women*

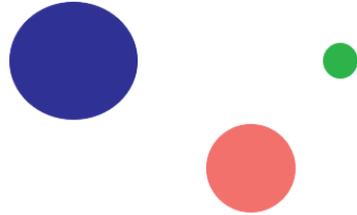
WHY?

- *The Justification has been expanded to cover the changes about marijuana use, prescription medication abuse, and cutoffs for high-risk drinking and binge drinking in the definition section discussed above.*



WHEN TO ASSIGN?

- For Pregnant Women:
 - Any alcohol use
 - Any illegal substance use and/or **abuse of prescription medications**
 - Any **marijuana use in any form**
 - For Breastfeeding and Non-Breastfeeding Postpartum Women:
 - Alcohol Use (1):
 - **High Risk Drinking: Routine consumption of >8 drinks per week or >4 drinks on any day.**
 - **Binge Drinking: Routine consumption of >4 drinks within 2 hours.**
- Note: A serving or standard sized drink is: 12 oz. beer; 5 oz. wine; or 1½ fluid ounces 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials or liqueurs).*
- Any illegal substance use and/or abuse of prescription medications
 - Any marijuana use in any form (breastfeeding women only)



WISPR/ASSESSMENT

B/N

4. Do you drink alcohol?

- No
- Declined
- Yes

How many drinks at a time? (min 1 to max 99)

How often?

Risk 372 - Alcohol and Illegal Drug Use

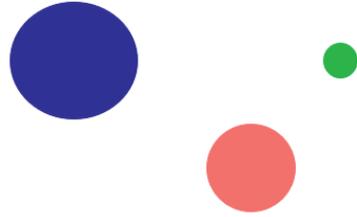
6. Have you used street drugs since the baby was born?

- No
- Declined
- Yes

Describe:

Risk 372 - Alcohol and Illegal Drug Use

No changes to the questions



WISPR/ASSESSMENT

P

5. Have you had alcohol since becoming pregnant?

- No
- Declined
- Yes

How much do you drink? (min 1 to max 99)

How often?

Risk 372 - Alcohol and Illegal Drug Use

6. Have you used street drugs since your pregnancy began?

- No
- Declined
- Yes

Describe:

Risk 372 - Alcohol and Illegal Drug Use

NRC | 372



- *Do you think the expanded definitions will result in more or less participants being assigned risk 372?*
- *Why or why not?*

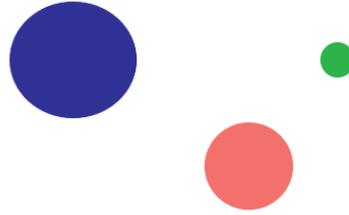
Activity – have the group discuss:

Do you think the expanded definitions will result in more or less participants being assigned risk 357?

Example answer:

More participants will be assigned this risk because of the addition of marijuana and prescription medications?

Staff are going to have to probe further with the additions to see if the participant meets this risk code.



REFERRALS & EDUCATION

- See *Implications for WIC Services*
 - No change to RD referrals
 - Category:
 - **PRENATAL WOMEN** = SUBSTANCE ABUSE REFERRAL, RD IN 1 MO
 - **BREASTFEEDING AND NON-BREASTFEEDING POSTPARTUM WOMEN** = SUBSTANCE ABUSE REFERRAL, RD IN 1 MO

REFERRALS & EDUCATION

- *Newly added: Implications for WIC Services adds helpful tips for providing nutrition education and referrals.*
- *RD high risk nutrition contact by category has no changes.*

NRC | 372 USDA Fact Sheets

Implications for WIC Nutrition Services

Through established linkages and coordination with local resources, WIC staff are required to refer participants suspected of substance use, and those who disclose substance use, to existing assessment agencies for professional evaluation and treatment, as appropriate. In addition to providing referrals and coordinating/facilitating services, WIC's role in preventing substance abuse is to educate women participants, parents, and caretakers of participating infants and children about substance use-related problems with the intended effects of increasing participants' access to information about the dangers of substance use and abuse during pregnancy and breastfeeding as well as postpartum. WIC also provides supplemental foods that are rich in the nutrients lost from alcohol and substance misuse. WIC staff can assist participants by:

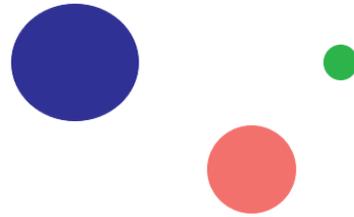
- Providing referrals (and follow-up on the referral) for professional assessment and treatment. Do not advise a woman who uses narcotics to stop use on her own. This step should be taken only under the supervision of a physician or treatment specialist.
- Encouraging women to improve their lifestyle and health habits during pregnancy and postpartum, since the concern for fetal health and/or the desire to be a good role model can be a powerful motivator to reduce or stop substance use (25).
- Emphasizing the importance of substance abuse treatment during the postpartum period to safeguard the health of the mother and reduce the risk in subsequent pregnancies.

Once the risk is assigned to the participant how do we translate that into education?

- *The snapshot of the Implications for WIC Services within the USDA risk fact sheets provide staff with ways to assist the participants.*
- ***Pull out one or two samples to discuss and try and relate these to education materials you use.***

For example: *Providing information that is easy to understand and offering referrals to specialists and community resources.*

NRC | 382- Fetal Alcohol Syndrome



WHAT?

- Name changed to “**Fetal Alcohol Spectrum Disorders**”
- Risk expanded to **all WIC categories** including women :Pregnant, Breastfeeding, and Non-breastfeeding, Children and Infants
- The *definition* includes a group of conditions that can occur when a mother consumes alcohol during pregnancy

WHY?

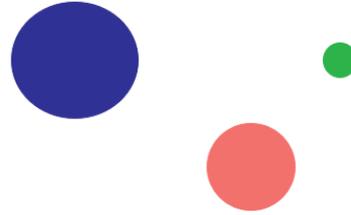
- The *Justification* has expanded to explain the spectrum of related diagnoses

WHAT?

- *Code 382 now applies to all WIC categories for women: Pregnant, Breastfeeding, and Non-breastfeeding*
- *Before the Nutrition Risk Manual identified only the risk status of infants and children for Fetal Alcohol Syndrome*
- *The Definition was revised to encompass a range of possible diagnoses that may affect a person whose mother consumed alcohol during pregnancy.*

WHY?

- *The Justification has expanded to explain the spectrum of related diagnoses now included, which also applies to women instead of only infants and children. Women can have lasting effects from alcohol throughout their whole life.*



WHEN TO ASSIGN?

- *Does participant have a diagnosis related to the mother's use of alcohol during pregnancy?*
- **Examples of conditions that could be reported:**
 - Fetal Alcohol Syndrome (FAS)
 - Partial Fetal Alcohol Syndrome (pFAS)
 - Alcohol-related birth defects (ARBD)
 - Alcohol-related neurodevelopmental disorder (ARND)
 - Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)

- *If a participant reports a doctor has told them they have one of these conditions, it would be appropriate to assign this risk code.*
- *How we find this out is on the next slide*

WISPR/ASSESSMENT

- Minor changes

Health / Medical Lifestyle Nutrition / Health

2. Tell me about any health or medical concerns you are currently having.

No Concerns
 Concerns

Describe concern(s):

Select all that apply:

- Risk 347 - Cancer
- Risk 354 - Celiac Disease
- Risk 348 - Central Nervous System Disorders
- Risk 361 - Depression
- Risk 362 - Developmental, Sensory, or Motor Delays Interfering with Ability to Eat
- Risk 343 - Diabetes Mellitus
- Risk 358 - Eating Disorders
- Risk 336 - Fetal Growth Restriction
- Risk 342 - Gastro-Intestinal Disorders
- Risk 349 - Genetic and Congenital Disorders
- Risk 302 - Gestational Diabetes

Starters & Prompts

Staff Reminder: The interview is a conversation. Use open-ended questions that begin with:

- Tell me more...
- Explain more about...
- How do you...
- What are your thoughts about...
- What has your doctor recommended...
- What has your experience been...
- What have you tried...
- What has worked for you..."

Let's have a Discussion!

WISPR/ASSESSMENT

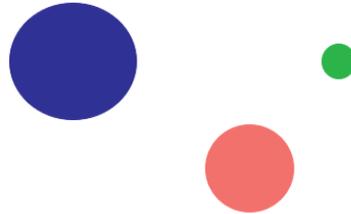
- *Minor changes to the nutrition assessment in WISPr.*
 - 1) added the risk to the women categories under the question about medical concerns.
 - 2) The name has been updated in the areas where this risk is shown in WISPr.
- *Click concerns, the box appears to enter information to describe the concern. A list appears with all applicable risk codes (this is not the full list, small screenshot).*
- *If the participant reports one of the related diagnosis, then it may be appropriate to assign risk 382.*

Discussion:

- *DISCLAIMER: This risk is assigned if they report a doctor has told them they have a medical diagnosis. Staff are not expected to memorize these clinical diagnoses or attempt to determine if they have these conditions based on the definition on the fact sheet.*
- *With that said, when asking this question, for this and other risks on this list, what starters or prompts could be used (or do you use) to find out if a doctor has told them they have a medical diagnosis? (practice together, pairs, or teams).*

Examples to continue the discussion

- *What has your doctor/a doctor told you about [your high blood glucose]?*
- *Can you explain more about what your current or previous doctor has said about having [celiac disease]? – if they say, my doctor hasn't said anything, I just know if I avoid gluten then I feel better = do not assign risk. If you enter this in the box, you can say they "report celiac disease, but this is not been diagnosed by a doctor."*



REFERRALS & EDUCATION

- See *Implications for WIC Services*
 - No change to RD referrals or substance abuse
 - Category:
 - **INFANTS** = RD IN 1 MO, substance abuse referral
 - **CHILDREN** =RD IN 1 MO, substance abuse referral
 - Category:
 - **PRENATAL WOMEN** = ROUTE CHART TO RD
 - **BREASTFEEDING AND NON-BREASTFEEDING POSTPARTUM WOMEN** = ROUTE CHART TO RD

REFERRALS & EDUCATION

- Implications for WIC Services has been added to support nutrition education.
- RD high risk nutrition contact by category for infants and children has no changes. Also, the substance abuse referral has not changed.
- The new RD referral guidance for women categories will be an RD Route.
- Still requires MD or doctor dx for all categories.



- *What might a child's mother need assistance with if her child has one of these diseases?*

Activity – have the group provide guesses:

See the next slide for answers from the Implications for WIC services section

NRC | 382 USDA Fact Sheets

Implications for WIC Nutrition Services

When speaking with a biological mother of a child with an FASD, the American Academy of Pediatrics recommends the following (15):

- Building a rapport with the mother and allow her to express her emotions and concerns related to her child's health and the demands of parenting a child with an FASD.
- Reaffirming the parent as a key part of the child's care team.
- Keeping all lines of communication and advocacy open as the child's care is coordinated through the medical home.
- Referring to the National Organization on Fetal Alcohol Syndrome's Circle of Hope Birth Mother's Network that can be contacted in person or online: <https://www.nofas.org/circleofhope/>.

WIC staff can assist parents/caregivers of infants and children with FASD by:

- Providing anthropometric monitoring to address underweight, delayed growth, nutritional inadequacies, or overweight issues and concerns.
- Providing individualized food packages tailored to meet the needs of participants.
- Providing nutrition information regarding how to improve the intake of dairy products, green leafy vegetables, vegetable oils, nuts, eggs and fish when appropriate as this may be beneficial (9).
- Providing nutrition guidance to help with making appropriate choices for healthy snacks and satiety.
- Providing suggestions for addressing age-appropriate feeding skills and behavioral and developmental issues associated with feeding.

Once the risk is assigned to the participant how do we translate that into education?

- *The snapshot of the Implications for WIC Services within the USDA risk fact sheets provide staff with ways to assist the participants.*
- ***Pull out one or two samples to discuss and try and relate these to education materials you use.***
 - ***For example: Providing information that is easy to understand and offering referrals to specialists and community resources.***

NRC | 382

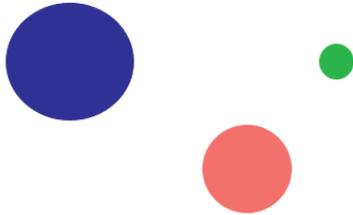


- *How might a mother with one of the diseases need help?*

Activity – have the group provide guesses:

See the next slide for answers from the Implications for WIC services section

NRC | 382 USDA Fact Sheets



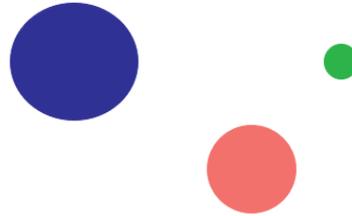
Implications for WIC Nutrition Services

WIC staff can assist adult participants with FASD by (also see risk #902 *Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food*):

- Providing individualized nutrition education in an easy-to-understand format that is appropriate for the learning level of the participant/caregiver. Most education materials should be written for a 5th to 7th grade reading level. Be sensitive to the unique learning needs and style of the participant/caregiver, which may mean using food models, posters, and handouts.
- Providing referrals to promote parenting and infant/child feeding skills, including referrals to local home visiting programs, parenting programs, and early intervention services.
- Encouraging participants/caregivers to follow health care provider's plan of care. Coordinate with health care providers as needed.
- Providing individualized food packages, tailored to meet the needs of participants. Some adults with FASD with a limited ability to make appropriate feeding decisions/prepare food may be unable to prepare powder or concentrated infant formula. Thus, for the safety of the infant, State WIC Agencies may allow ready-to-feed (RTF) WIC formulas to be issued when it is determined that the caregiver may have difficulty correctly diluting powder or concentrated formulas. Please refer

Once the risk is assigned to the participant how do we translate that into education?

- *The snapshot of the Implications for WIC Services within the USDA risk fact sheets provide staff with ways to assist the participants.*
- ***Pull out one or two samples to discuss and try and relate these to education materials you use.***
 - ***For example: Providing information that is easy to understand and offering referrals to specialists and community resources.***



WHAT?

- Name of the risk changed “**Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food**”
- The definition adds two reasons for assigning this risk
 - **Intellectual disability**
 - **Misuse of prescription medications**

WHY?

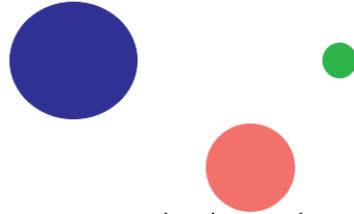
- The *justification*
 - Individual factors that affect a caregiver’s ability to make feeding decisions and/or prepare food

What?

- *This definition now includes self-reporting of mental illness and intellectual disabilities and or someone working under a physician’s orders. This is in addition to a physicians or phycologist orders.*

WHY?

- *The justification has been expanded to give a detailed description of individual factors that affect a caregiver’s ability to make feeding decisions and/or prepare food*



WHEN TO ASSIGN?

- A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food.
- Examples include a woman or an infant/child of caregiver with the following:
 - 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/caregiver**
 - **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/caregiver**
 - Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities
 - ≤ 17 years of age

- *The green areas highlight what is new in this risk for assignment criteria based on the definition.*
- *With the new additions to the definition, there may be some confusion about when to assign 902 vs. 382 (just discussed - Fetal Alcohol Spectrum Disorders)*

NRC | 902

REFRESH

382

- *Fetal alcohol spectrum disorders (FASDs) that can occur in a person whose mother consumed alcohol during pregnancy*

383

- *Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy (1). NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth*

902

- *A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food*

- *With the new additions to the definition, there may be some confusion about when to assign 902 as opposed to 382 as opposed to 383*
- *Let's refresh on the three risks and discuss examples of when to assign them.*

NRC | 902

WHEN TO ASSIGN?

Example 1:

If a mother's ability to make feeding decisions or prepare food is limited because her own mother used alcohol during pregnancy...

Question: Which risk codes would you use, pick any that apply, 382, 383 and/or 902?

Let's have a Discussion!

The answer is on the next slide. Please have staff discuss which NRC they think before moving to the next slide.

382

Fetal alcohol spectrum disorders (FASDs) that can occur in a person whose mother consumed alcohol during pregnancy

383

Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy (1). NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth

902

A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food

NRC | 902

WHEN TO ASSIGN?

Example 1:

If a mother's ability to make feeding decisions or prepare food is limited because her own mother used alcohol during pregnancy...

Answer:

382 applies for mom (WIC participant)

902 applies for infant/child

Let's have a Discussion!

Discussion:

Why 382 applies to the mom, her mom drank when she was an infant and it is affecting her ability to make decisions.

Why 902 for the infant- the infant or child's mom is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food

NRC | 902

WHEN TO ASSIGN?

Example 2:

If an infant is affected by mother's use of alcohol during pregnancy...

Question: Which risk codes would you use, pick any that apply, 382, 383 and/or 902?

Let's have a Discussion!

The answer is on the next slide. Please have staff discuss which NRC they think before moving to the next slide.

382

Fetal alcohol spectrum disorders (FASDs) that can occur in a person whose mother consumed alcohol during pregnancy

383

Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy (1). NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth

902

A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food

NRC | 902

WHEN TO ASSIGN?

Example 2:

If an infant is affected by mother's use of alcohol during pregnancy...

Answer:

382 applies for infant

Let's have a
Discussion!

Discussion:

382: Fetal alcohol spectrum disorders (FASDs) that can occur in a person whose mother consumed alcohol during pregnancy

NRC | 902

WHEN TO ASSIGN?

Example 3:

If an infant is affected by mother's use of opioids during pregnancy...

Question: Which risk codes would you use, pick any that apply, 382, 383 and/or 902?

Let's have a Discussion!

The answer is on the next slide. Please have staff discuss which NRC they think before moving to the next slide.

382

Fetal alcohol spectrum disorders (FASDs) that can occur in a person whose mother consumed alcohol during pregnancy

383

Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy (1). NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth

902

A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food

NRC | 902

WHEN TO ASSIGN?

Example 3:

If an infant is affected by mother's use of opioids during pregnancy...

Answer:

383 applies for infant

Let's have a
Discussion!

Discussion:

383- The infant has issues with withdrawal due to the mothers use of opioid during pregnancy.

NRC | 902

WHEN TO ASSIGN?

Example 4:

If mother (or caregiver) has limited ability to make feeding decisions or prepare food (any reason)...

Question: Which risk codes would you use, pick any that apply, 382, 383 and/or 902?

Let's have a Discussion!

The answer is on the next slide. Please have staff discuss which NRC they think before moving to the next slide.

382

Fetal alcohol spectrum disorders (FASDs) that can occur in a person whose mother consumed alcohol during pregnancy

383

Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy (1). NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth

902

A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food

NRC | 902

WHEN TO ASSIGN?

Example 4:

If mother (or caregiver) has limited ability to make feeding decisions or prepare food (any reason)...

Answer:

902 applies for mother (as WIC participant)

902 applies for infant/child

Let's have a
Discussion!

Discussion:

902 for both because the mom for any reason

WISPR/ASSESSMENT

• B/N

4. Are there foods that you avoid for any reason, such as food allergies?

- No
- Declined
- Yes

Describe:

Select all that apply:

- Risk 427 02 - Consuming diet low in calories and/or essential nutrients
- Risk 362 - Developmental, Sensory, or Motor Delays Interfering with Ability to Eat
- Risk 358 - Eating Disorders
- Risk 902 - Feeding skills limitation
- Risk 353 - Food Allergy
- Risk 355 - Lactose Intolerance

5. What foods do you typically eat?

- Risk 427 02 - Consuming diet low in calories and/or essential nutrients
- Risk 902 - Feeding Skills Limitation

The assessment questions didn't change.

902 will appear in different questions for P, B/N, and C/I's

NRC | 902

WISPR/ASSESSMENT

• P

3. Are you avoiding any food for any reason such as food allergies? (If yes) Tell me more.

- No
 Declined
 Yes

Describe:

Select all that apply:

- Risk 362 - Developmental Sensory or Motor Delays Interfering with Ability to Eat
 Risk 358 - Eating Disorders
 Risk 902 - Feeding Skills Limitation
 Risk 353 - Food Allergy
 Risk 355 - Lactose Intolerance
 Risk 427.02 - Consuming diet low in calories and/or essential nutrients

4. What foods do you typically eat?

- Risk 427.02 - Consuming diet low in calories and/or essential nutrients
 Risk 902 - Feeding Skills Limitation
 Risk 427.05 - Ingesting foods that could be contaminated

NRC | 902

WISPR/ASSESSMENT

• C

2. What foods does Alexandria typically eat?

Select all that apply:

- Dairy
 Vegetables
 Grains
 Meats
 Fruits
 Other

Describe:

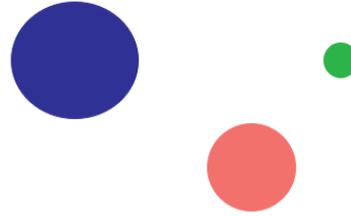
- Risk 425.05 - Feeding potentially harmful foods
 Risk 902 - Feeding Skills Limitation
 Risk 425.06 - Diet low in calories/nutrients
 Risk 425.04 - Routinely feeding foods not appropriate for developmental stage

3. How often does Alexandria usually eat?

Number of Meals:

Number of Snacks:

- Risk 425.06 - Diet low in calories/nutrients
 Risk 902 - Feeding Skills Limitation



REFERRALS & EDUCATION

- See *Implications for WIC Services*
 - No change to referrals
 - Category:
 - **INFANTS** = APPROPRIATE REFERRALS
 - **CHILDREN** = APPROPRIATE REFERRALS
 - **PRENATAL WOMEN** = ROUTE CHART AS NEEDED
 - **BREASTFEEDING AND NON-BREASTFEEDING POSTPARTUM WOMEN** = ROUTE CHART AS NEEDED

REFERRALS & EDUCATION

- Implications for WIC Services outlines what the appropriate referrals would be for infants and children with this risk code assigned.
- No changes to the Routing as needed for P/B/N categories. The I/C will remain as appropriate referrals.
- We will discuss on the next slide.

NRC | 902 USDA Fact Sheets

Implications for WIC Nutrition Services

WIC provides support to women and to infants/children of caregivers with limited ability to make appropriate feeding decisions/prepare food by offering counseling on nutrition, breastfeeding, and infant/child feeding. WIC also provides nutritious foods for women and caregivers to give their infants/children, as well as referrals to support participants' needs. WIC staff can assist participants by:

- Providing individualized nutrition education in an easy-to-understand format that is appropriate for the learning level of the participant/caregiver. Most education materials should be written for a 5th to 7th grade reading level. Be sensitive to the unique learning needs and style of the participant/caregiver, which may mean using food models, posters, and handouts (12).
- Providing referrals to promote parenting and infant/child feeding skills, including referrals to local home visiting programs, parenting programs, and early intervention services.
- Providing referrals to those with substance misuse for professional treatment, referring to community resources for alcohol and substance use support groups, and providing breastfeeding promotion and support to women enrolled in supervised medication-assisted treatment programs.
- Encouraging participants/caregivers with mental illnesses, intellectual disabilities, and physical disabilities to follow health care provider's plan of care. Coordinate with health care providers as needed.
- Providing individualized food packages, tailored to meet the needs of participants. Some caregivers who have a limited ability to make appropriate feeding decisions/prepare food may be unable to prepare powder or concentrated infant formula. Thus, for the safety of the infant, State WIC Agencies may allow ready-to-feed (RTF) WIC formulas to be issued when it is determined that the caregiver may have difficulty correctly diluting powder or concentrated formulas. Please refer to your State WIC Agency's specific policies regarding the issuance of RTF, as policies vary from state to state.

Once the risk is assigned to the participant how do we translate that into education?

- *Snapshot of the Implications for WIC Services within the USDA risk fact sheets.*
- ***Pull out one or two samples to discuss.***

For Example:

- *Easy-to-understand format*
- *Adjust for the learning level of the participant/caregiver*
- *Materials written at 5th to 7th grade reading level*
- *Be sensitive to unique learning needs*
- *May mean using food models, posters, and handouts*

NRC | WISPr & eWIC

- *With the changes to eWIC, no longer use risk codes to assign food packages*

With Checks

Idaho Risks only available to assign food package

- *338.01 Pregnant and breastfeeding*
- *338.02 Pregnant and Breastfeeding*
- *92 Wet Nurse*

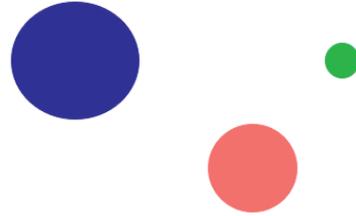
With eWIC

No longer need the risks to assign a food package

- *Follow procedures for bonus food package*
- *Follow procedures for no linked infant*

- *BF women with no linked infant if providing milk to an infant on WIC, but not part of their household*

NRC | Thank you!



Questions?

- Ask your trainer, an RD, WIC Coordinator, or the state office:

Teresa Kobza, 208-334-5952

Teresa.kobza@dhw.idaho.gov

Thank you for participating in this training.

Any questions?

If staff have questions you can answer or forward to the state office



The production of this PowerPoint was supported by Grant 207IDID7W1003 from the United States Department of Agriculture. Its contents are solely the responsibility of the Idaho WIC program and do not necessarily represent the office views of the USDA.

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