

## New Hampshire WIC Policy & Procedure Manual

### Chapter 8 CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES B. Nutrition Risk Determination, Documentation, and Priority Assignment

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#### Hemoglobin and Hematocrit Screening

**Purpose** Bloodwork is necessary to screen for anemia, assess nutritional status, nutrition surveillance, nutrition education, tailoring of food packages to meet nutritional needs, and referrals to appropriate health and social services in the community.

**Policy** **All Categories:** Bloodwork data shall be documented for all participants greater than 9 months of age at the time of certification or within 90 days of certification, as long as the applicant is determined to have at least one qualifying nutritional risk factor at the time of certification, which may be Presumptive eligibility for pregnancy (Risk Criteria 503), or Presumed (Risk Criteria 428 & 401) Failure to meet Dietary Guidelines.

#### **Women- Pregnant, Breastfeeding, or Postpartum**

Blood test results shall be reflective of the woman's category, i.e. a pregnant woman would need bloodwork obtained while she is pregnant. Postpartum and breastfeeding women need bloodwork obtained after delivery.

#### **Infants**

Blood test results shall be reflective of the infant's category, i.e. *an infant must have bloodwork before turning 1 year of age.*

All infants shall have a hematological test for anemia between 9 and 12 months, when they are at great risk for the development of anemia. A blood test taken between 6 and 9 months may be used to allow for flexibility on a case-by-case basis or based on CPA determination of need. A blood test for anemia in infants under 6 months may be appropriate for preterm infants, low birth weight infants, infants who were not fed iron fortified formula, or fully breastfed infants without a reliable source of iron in their diet. However, this is not required.

#### **Children**

Blood test results shall be reflective of the child's category, i.e. a child shall have bloodwork after turning 1 year of age.

A blood test shall be performed/obtained via referral data that was completed between the ages of 12 and 24 months and at least annually for children over the age of 2 years. For the 12-24 months old child, one blood test at or before 12 months of age cannot fulfill the requirement for the infant and the 12 to 24 month child screening. For those children ages 2 years and older with a positive anemia screening result at their last certification, a blood test is required at six-month intervals until an anemia test result within normal limits is obtained.

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**Authority**                    **CFR 246.7(e)(1)(ii)(B), Policy Memorandum 92-10,**  
NH Final Bloodwork Rule Policy Memo January 28, 2000  
USDA Final WIC Policy Memorandum #2001-2: WIC Bloodwork  
Requirements

**Procedure**                    All bloodwork, hemoglobin and/or hematocrit shall be documented in  
StarLINC under Blood Measurements. The date of the blood test, if  
different from the date of certification, shall be recorded.

Referral to the participant's healthcare provider is required for  
hemoglobin results  $\leq 9.0$  g/dl.

The following table indicates the preferred period for blood collection  
and recommended lancet size for ample blood flow.

Pregnant Women	<ul style="list-style-type: none"><li>• Data shall reflect categorical status.</li><li>• Data shall be collected during pregnancy.</li><li>• May be certified without bloodwork data for up to 90 days with a qualifying nutrition risk criteria identified.</li><li>• Depth of the lancet needle 2.0-2.2mm</li></ul>
Postpartum/ Breastfeeding Women	<ul style="list-style-type: none"><li>• Data shall reflect categorical status.</li><li>• Data shall be collected after termination of pregnancy; preferably taken 4-6 weeks postpartum.</li><li>• Bloodwork data shall be obtained within 90 days of the certification date.</li><li>• Breastfeeding women, 6-12 months postpartum, do not need new bloodwork as long as the bloodwork used has been collected after the end of the woman's pregnancy.</li><li>• Depth of the lancet needle 2.0-2.2mm</li></ul>
Infants	<ul style="list-style-type: none"><li>• Data shall reflect categorical status.</li><li>• Data is not required for infants less than 6 months old except at the discretion of the CPA.</li><li>• Data is required for infants 9-12 months.</li><li>• Bloodwork taken between 6-9 months can be used to satisfy this requirement, on a case by case basis.</li><li>• Depth of the lancet needle 1.4-1.8mm (a larger needle can cause nerve and/or bone injury)</li></ul>

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Children	<ul style="list-style-type: none"><li>• Data shall reflect categorical status.</li><li>• Bloodwork data shall be obtained within 90 days of the certification date.</li><li>• Bloodwork is required for a 12-24 months old child and annually thereafter. One blood test at or before 12 months of age cannot fulfill the requirement for the infant and the 12-24 months old child screening. In combination with use of data taken up to 90 days after the certification date, it will result in a timeframe of up to 15-18 months between blood tests.</li><li>• Bloodwork is required annually for children identified with a hemoglobin or hematocrit value within normal range.</li><li>• Bloodwork identified as below the normal range, requires a blood test in 6 months.</li><li>• Depth of the lancet needle 1.4-1.8mm (a larger needle can cause nerve and/or bone injury)</li></ul>
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#### Referral bloodwork data

The use of referral hematological data is permitted as long as it meets the following and is within 90 days of the date of certification:

1. it is reflective of an applicant's category;
2. it conforms to the bloodwork schedule outlined above; and
3. the date and source of the blood test, if different from the date of certification, is documented with a health care provider signature.

#### Refusal of bloodwork

An applicant may refuse to take the blood test and still participate in the WIC program, if the CPA is able to document risk factors other than borderline or existing iron deficiency.

The following reasons for refusing a blood test are allowable and shall be documented by the CPA in the participant's record under Bloodwork:

- An applicant's religious beliefs won't allow him/her to have blood drawn. A statement of the applicant's refusal to have blood drawn must be included in the individual's certification file, or
- A documented medical condition, e.g., hemophilia, fragile bones, or a serious skin disease, in which the procedure of collecting blood sample could cause harm to the applicant. Documentation from a physician of the medical condition must be included in the individual's certification file. If the noted condition is considered to be treatable, a new statement from the physician would be required

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at each subsequent certification. If the condition is considered lifelong, such as hemophilia, a new statement from the physician would not be necessary for a subsequent certification. The agency shall work with the applicant to obtain the bloodwork from their healthcare provider.

#### Staff Training

Local agencies shall complete an annual hemoglobin training. The recommended online resource is

<https://www.hemocue.com/en/knowledge-center/learning-center/online-training>

#### Exception

The following are accepted exceptions:

1. Presumptively eligible pregnant women are allowed to be certified immediately and can receive program benefits for 60 days from the date they were certified, during which time a nutrition assessment must be performed to establish nutritional risk criteria. Bloodwork may be deferred at certification or within the 60-day presumptive eligibility period for up to 90 days after the certification date.
2. Deferment of bloodwork is allowed for **up to** 90 days past the certification date. Agencies shall have systems in place to assure that bloodwork is obtained **within** the 90 day period. Participants that do not bring the referral bloodwork to WIC or refuse to have WIC perform the bloodwork may continue to receive WIC benefits on a month to month basis, with continued education and follow up to receive the required bloodwork. Documentation of continuous follow up is required by the nutritionist.

Failure to obtain the bloodwork and/or documentation of continuous follow up may result in the local agency losing the option of the 90 day deferred option.

3. Refusal of bloodwork (see reasons above).

#### Best Practice

The preferred-timing for the 12-24 month bloodwork requirement is at 15 to 18 months of age (6 months after the 9-12 month infant bloodwork when possible), which is considered another vulnerable time when anemia is most likely to manifest for this age group.

Any participants with a low hemoglobin or hematocrit value are referred to their healthcare provider for follow-up.