

## Infant/Child Risk Criteria & Desired Health Outcome(s)

**INFANT**--Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.

**CHILD**-- Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Number	Risk Criteria	Priority	Number	Risk Criteria	Priority
<b>Anthropometric</b>			<b>Clinical/Health/Medical</b>		
103 [HP]	Underweight / At risk of underweight	1/3	382	Fetal alcohol spectrum disorders	1/3
113	Obese ( ≥ 24 months)	3	383 [HP]	Neonatal Abstinence Syndrome	1
114	Overweight/ At risk of overweight	1/3	<hr/>		
115	High weight-for-length	1/3	<b>Dietary—INFANT</b>		
121	Short stature/ At risk of short stature	1/3	<ul style="list-style-type: none"> <li>• Consumes breast milk and/or iron-fortified infant formula <b>and</b> other foods as developmentally appropriate to meet energy and nutrient requirements.</li> <li>• Establishes a trusting relationship with parent(s) that contributes to positive feeding experiences.</li> </ul>		
134 [HP]	Failure to thrive	1/3	<hr/>		
135 [HP]	Slowed/faltering growth pattern	1	411	Inappropriate nutrition practices for infants <b>INPI, such as:</b>	4
141 [HP]	Low birth weight/very low birth weight	1/3	[411.1]	<b>INPI</b> Inappropriate substitutes for breastmilk or formula for the 1 <sup>st</sup> year	
142 [HP]	Preterm or Early Term Delivery	1/3	[411.2]	<b>INPI</b> Routinely using nursing bottles or cups inappropriately	
151	Small for gestational age	1/3	[411.3]	<b>INPI</b> Routinely offering complementary food [food/beverages/substances] that are inappropriate in type/timing	
152	Low head circumference	1	[411.4]	<b>INPI</b> Routinely using feeding practices that disregard the developmental needs or stage of the infant	
153	Large for gestational age	1	[411.5]	<b>INPI</b> Feeding food to an infant that could be contaminated with harmful microorganisms or toxins	
<hr/>			[411.6]	<b>INPI</b> Routinely feeding inappropriately diluted formula	
<b>Biochemical</b>			[411.7]	<b>INPI</b> Routinely limiting breastfeeding frequency when BF is the sole source of nutrients	
201 [HP]	Low Hematocrit/ Low Hemoglobin	1/3	[411.8]	<b>INPI</b> Routinely feeding a diet that is low in calories and/or essential nutrients	
211	Lead poisoning	1/3	[411.9]	<b>INPI</b> Routinely using inappropriate sanitation in preparation, handling and storage of expressed breastmilk or formula	
<hr/>			[411.10]	<b>INPI</b> Feeding dietary supplements with potentially harmful consequences	
<b>Clinical/Health/Medical</b>			[411.11]	<b>INPI</b> Routinely not providing dietary supplements not met with diet	
<ul style="list-style-type: none"> <li>• Receives ongoing preventive health care including screenings and immunizations.</li> <li>• Remains free from nutrition- or food-related illness, complications, or injury.</li> </ul>			<hr/>		
341	Nutrient deficiency or disease	1/3	428	~ <b>PRESUMED</b> ~	4/5
342	Gastro-intestinal disorders	1/3	<b>Dietary risk associated with complementary feeding practices</b>		
343	Diabetes mellitus	1/3	Infants: 4 through 12 months only Children: 12 through 23 month only		
344	Thyroid disorders	1/3	<hr/>		
345	Hypertension and pre-hypertension	1/3			
346	Renal disease	1/3			
347	Cancer	1/3			
348	Central nervous system disorders	1/3			
349	Genetic and congenital disorders	1/3			
351	Inborn errors of metabolism	1/3			
352	Infectious diseases- acute/chronic	1/3			
353	Food allergies	1/3			
354	Celiac disease	1/3			
355	Lactose intolerance	1/3			
356	Hypoglycemia	1/3			
357	Drug-nutrient interactions	1/3			
359	Recent major surgery, trauma, burns	1/3			
360	Other medical conditions	1/3			
362	Developmental, sensory or motor delays	1/3			
381	Oral health conditions	1/3			

Number	Risk Criteria	Priority
<b>Dietary—CHILD</b>		
<ul style="list-style-type: none"> <li>Consumes a variety of foods to meet energy and nutrient requirements.</li> <li>Achieves developmental milestones including self-feeding.</li> </ul>		
401	~ PRESUMED ~ <b>Failure to meet dietary guidelines</b> <i>For children 2 years and older only</i>	5
425	Inappropriate nutrition practices for children <b>INPC, such as:</b>	5
[425.1]	<b>INPC</b> Routinely feeding inappropriate beverages as the primary milk source (LF/FF milk, unfortified rice, goat's milk, sheep's milk, or soy drinks)	5
[425.2]	<b>INPC</b> Routinely feeding a child sugar-containing fluids	
[425.3]	<b>INPC</b> Routinely using nursing bottles, cups or pacifiers improperly	
[425.4]	<b>INPC</b> Routinely using feeding practices that disregard the developmental needs or stages of the child	
[425.5]	<b>INPC</b> Routinely feeding foods that could be contaminated with harmful microorganisms	
[425.6]	<b>INPC</b> Routinely feeding a diet that is low in calories or nutrients. (vegan, macrobiotic or other low kcal diet)	
[425.7]	<b>INPC</b> Feeding dietary supplements with potentially harmful consequences	
[425.8]	<b>INPC</b> Inadequate vitamin/ mineral supplementation	
[425.9]	<b>INPC</b> Pica	
<b>Other Risks</b>		
502	Transfer (risk unknown)	1/3
603	Breastfeeding complications	1
701	Infant up to 6 mo old of WIC mother or of a woman who would have been WIC eligible	2
702	Breastfed infant of woman at nutritional risk	1, 2 or 4
801	Homelessness	4/5
802	Migrancy	4/5
901	Recipient of abuse	4/5
902	Primary caregiver with limited ability <b>[HP] Infant of teenage mother</b>	4/5
903	Foster care	4/5
904	ETS exposure	1/3

## Self-reported condition vs. self-diagnosis

Presence of a condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician or someone working under a physician's orders.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to a professional diagnosis. A self-reported medical diagnosis ("my doctor says that I have/my son has .....") should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

## Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight (LBW), Very Low Birth Weight (VLBW) and Premature Infants:

- All LBW and VLBW infant and children (up to 2 years of age) who have reached the equivalent age of 40 weeks shall be assessed for growth using the 2000 CDC Birth to 36 Months Growth Charts, adjusting for gestational age.
- The assignment of nutrition risk criteria #121 (Short Stature) and # 152 (Low Head Circumference) for premature infants/children with a history of prematurity up to 24 months, shall be based on an Adjusted Gestational Age
- Infants born prematurely (<37 weeks gestation) who have not reached the equivalent age of 40 weeks gestation may be assessed for growth using a growth chart for LBW or VLBW infants such as the Infant Health and Development Program (IDHP) growth charts. The Centers for Disease Control and Prevention (CDC) does not recommend the use of the 2000 CDC Growth Charts for preterm infants who have not reached the equivalent age of 40 weeks gestation.

Note: There is cross-reference to these guidelines in nutrition risk criteria #s: 121, 134, 141, 142, 151 & 152.