

## 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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#### High Priority Participants

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| <b>Purpose</b>   | To provide quality nutrition services to participants identified as High Priority due to having a high risk nutrition or health condition.   |
| <b>Policy</b>    | <p>Individuals who are identified during the certification as High Priority (HP) shall be offered nutrition counseling and education by a CPA or nutritionist, and encouraged to seek appropriate health care.</p> <p>The following 3 indicators are used for determining which participants/ risk criteria require follow up by a nutritionist.</p> <p><b>(M) = Mandatory</b> - identifies situation of increased need of follow up and opportunity for WIC nutritionist/CPA to provide additional nutrition education services and promote the health prevention aspect of the WIC Program.</p> <p><b>(RC) = Recommended Criterion</b>- identifies performance frequently performed and generally considered fundamental to the delivery of quality nutrition services by WIC agencies.</p> <p><b>(BP) = Best Practices</b>- performance criterion that represents outstanding effort by WIC agencies to deliver quality nutrition services.</p> |
| <b>Authority</b> | CFR 246.7(e)(3)  |
| <b>Procedure</b> | <p>Each local agency shall:</p> <ol style="list-style-type: none"><li>1. Identify participants who are considered high priority according to the HP indicators that follow or using the Risk Criteria daily sheets.</li><li>2. Assure participants receive counseling during the certification appointment from a CPA/ nutritionist.</li><li>3. Make appropriate referrals for HP participants to a health care provider when appropriate. (Participant consent is needed to share information with a health care provider.)</li><li>4. A high priority follow up nutrition appointment (HP-FUN) shall be provided by a CPA/ nutritionist.</li><li>5. Documentation of the HP contact (HP-FUN) shall be recorded in the participant's record. See Documentation policy, Chapter 2.</li></ol>   |

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#### High Priority Indicators Requiring Follow-Up By a CPA/ Nutritionist:

##### Pregnant Women

- Lack of regular prenatal care by 13 weeks gestation (RC 334) **(M)**
- Teenagers ( $\leq$  17 years at time of conception) (RC 331) **(M)**
- High parity and young age (RC 333) **(M)**
- Multi-fetal gestation (RC 335) **(M)**
- Low Hematocrit/Low Hemoglobin as defined in the WIC Risk Criteria (RC 201) **(M)**
- Weight problems\*: pre-pregnancy underweight with continued poor weight gain below the prenatal weight gain grid for the woman's respective weight gain curve at the time of assessment/certification. (RC 101) Pregnancy with weight loss or no weight gain after the first trimester. (RC 131)(RC 132) **(M)**

##### Breastfeeding Women and Postpartum Women

- Low Hematocrit/Low Hemoglobin as defined in the WIC Risk Criteria (RC 201) **(M)**

##### Infants

- Infant of a teenage mother (RC902) **(M)**
- Failure to Thrive per Risk Criteria and/or Health Care Provider's documentation (RC 134) **(M)**
- Growth problems\* as evidenced by excessive weight loss after birth—not back to birth weight by 2 weeks, failure to gain weight, or a loss of weight from last measurement (RC 135—Slowed/Faltering Growth Pattern),  $\leq$ 2.3<sup>rd</sup> percentile weight for length (RC 103), decrease across two or more growth chart percentiles **(M)**
- Low birth weight/ Very low birth weight (RC 141) **(M)**
- Prematurity (RC 142) **(M)**
- Low Hematocrit/Low Hemoglobin as defined in the WIC Risk Criteria (RC 201) **(M)**
- Receiving a Food Package III **(M)** (special formula from WIC or Medicaid or additional standard formula w/o foods)
- Infant diagnosed with Neonatal Abstinence Syndrome (NAS) within the first 6 months after birth (RC 383) **(M)**

##### Children

- Failure to Thrive per Risk Criteria and/or Health Care Provider's documentation (RC 134) **(M)**
- Growth problems\* as evidenced by  $\leq$  2.3<sup>rd</sup> percentile weight for length (12-24months) or  $\leq$  5<sup>th</sup> percentile Body Mass Index (BMI) for age (2y+) (RC 103), or decrease across two or more growth chart

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percentiles (RC 134) **(M)**

- Low Hematocrit/Low Hemoglobin as defined in the WIC Risk Criteria (RC 201) **(M)**
- Receiving a Food Package III **(M)** (special formula from WIC or Medicaid)

HPI denoted with a \* require additional follow-up at the HP\_FUN appointment:

- anthropometric measurements (participant will need to be present at the appointment) or referral measurements w/in acceptable time frames; and/ or
- follow-up to referral for low hemoglobin measurement ( $\leq 9.0$ )

See Anthropometric policy and Hemoglobin & Hematocrit policy, Chapter 8 B.

Refer to: Summary Chart of Risk Codes, WHO/CDC growth chart cut off points and NH HPis; Required Weight Measurement by Category chart.

A participant determined to be high priority or needing follow-up per the discretion of the CPA/ nutritionist (for example homelessness, special dietary needs, pica, breastfeeding complications).

#### Exceptions

No exceptions to the Mandatory HP indicators.

#### Best Practice

**Other Priority Indicators that would benefit from a follow-up with a CPA/ nutritionist.**

##### **Pregnant Women**

- First pregnancy. **(RC)**
- Weight problems\* at the discretion of the nutritionist (i.e. pre-pregnancy overweight or rapid or excessive weight gain). **(RC)**
- Anyone certified as priority 1 and identified as needing high risk education per the recommendation of the nutritionist (for example diabetes, hypertension, multiple or severe food allergies, breastfeeding during pregnancy, drug or alcohol abuse, medications which interfere with nutrients). **(RC)**

##### **Breastfeeding Women**

- Past breastfeeding problems. **(RC)**
- Any weight problems at the discretion of the nutritionist. **(BP)**
- Anyone certified as priority 1 or 2 and identified as needing high risk education per the recommendation of the nutritionist (for example working women planning to breastfeed, poor diet, breastfeeding

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more than one infant or child, diabetes, hypertension, multiple or severe food allergies, medications which interfere with nutrients).  
**(RC)**

#### **Postpartum Women**

- Any weight problems at the discretion of the nutritionist. **(BP)**

#### **Infants**

- Infants of first time mothers. **(BP)**
- Any weight problems at the discretion of the nutritionist (birth to < 1year: >2.3<sup>rd</sup> percentile and  $\leq$  5<sup>th</sup> percentile or  $\geq$ 97.7<sup>th</sup> percentile weight for length). **(RC)**
- Anyone certified as priority 1 or 2 and identified as needing high risk education per the recommendation of the nutritionist (for example diabetes, inborn errors of metabolism, multiple or severe food allergies caretaker with drug or alcohol abuse, medications which interfere with nutrients). **(RC)**

#### **Children**

- Children of teenage mothers. **(RC)**
- Children of first time mothers. **(BP)**
- Any weight problems at the discretion of the nutritionist  
1 to <24 months: >2.3<sup>rd</sup> and  $\leq$  5<sup>th</sup> percentile or  $\geq$ 97.7<sup>th</sup> percentile weight for length **(RC)**  
2 to 5 yrs: > 5<sup>th</sup> and  $\leq$  10<sup>th</sup> percentile,  $\geq$  85<sup>th</sup> and < 95<sup>th</sup> percentile, or  $\geq$ 95<sup>th</sup> Body Mass Index (BMI) for age). **(BP)**
- Anyone certified as priority 3 and identified as needing high risk education per the recommendation of the CPA/ nutritionist (for example: diabetes, hypertension, multiple or severe food allergies, and medications which interfere with nutrients). **(RC)**

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