



Case Study Series: Addressing Anemia in the WIC Setting

Agenda

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|-------------------|--------------------------------|
| 9:00 - 9:03 a.m. | Welcome and introductions |
| 9:05 - 9:25 a.m. | Case background and discussion |
| 9:25 – 9:50 a.m. | Breakouts- Practice skills |
| 9:50 - 10:00 a.m. | Final thoughts with Q&A |





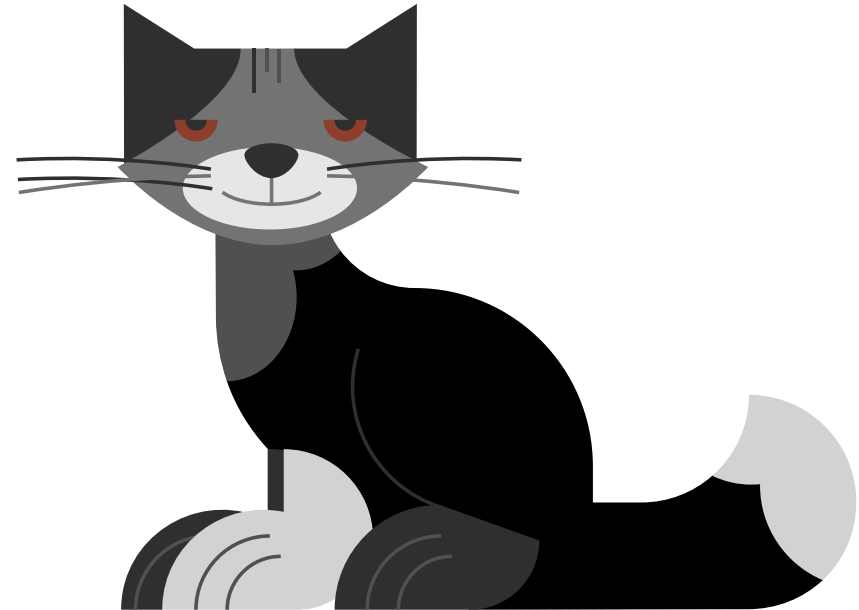
Learning objectives:

- Identify early signs and contributing factors to iron deficiency anemia.
- Practice using supportive, participant-centered language to discuss concerns with families.
- Share practical, culturally appropriate strategies to promote healthy feeding behaviors and improve hemoglobin levels.
- Identify referral needs and resources to be offered.



- Annie brings in her 9-month-old daughter, Everly, for her mid-certification appointment.
- Everly is breastfed during the night and receives two 4-oz bottles of formula during the day.
- Eats watered-down rice and soft vegetables; meat not yet introduced due to choking concerns.
- Annie reports that everything was fine at Everly's last well-child visit.
- Everly is at the 20th percentile weight for length. Her hemoglobin measurement is 9.6.

- Based on this child's measurements, is Everly's hemoglobin level considered high risk?
 - Yes
 - No



Infant Hemoglobin

Value by Status

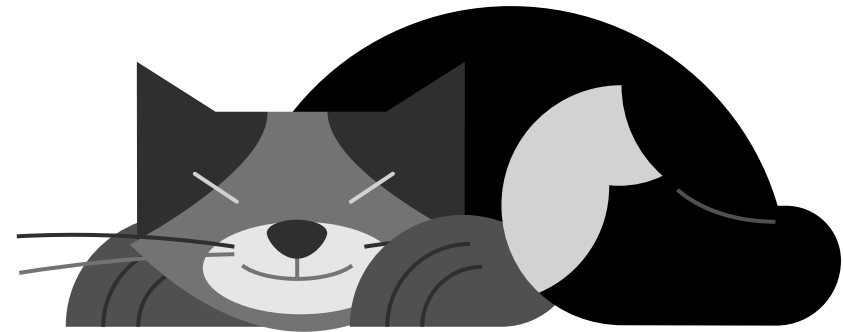
Status	Age	Hct. %	Hgb., Grams
Infant	5-12 months	33.0	11.0

Resources:

- [Exhibit 6-A High Risk and Medical Referral Criteria](#)
- [WIC 201 Low Hematocrit/Low Hemoglobin](#)
- MOM [Section 6.6: High Risk Individual Nutrition Care Plans](#)

Risk Code # and Name	Brief Description of Risk Code	Info System Assigns Risk Code?	High Risk Category and Criteria	Info System Flags as High Risk?
201 Low Hemoglobin/Low Hematocrit	Hemoglobin below the cut-off level (See MOM Exhibit 5-T)	Y	Pregnant, Breastfeeding and Postpartum Women, Infants and Children High Risk if Hgb<10.0 or Hematocrit <30.0	Y, if Hgb <10.0 or if Hematocrit <30.0

- What additional questions would you ask this parent?
 - **Type response in chat**



Additional information

- Annie had low iron during pregnancy.
- Everly's grandparents follow traditional Hmong practices—no meat until one year old.
- Annie pumps once during the day, but her grandparents don't offer her breastmilk to Everly.
- Neither mom nor child is taking supplements.
- Everly and Annie receive mostly breastfeeding food packages.

- What do you think is the biggest challenge in this case?
 - A. Lack of finger foods
 - B. Drinking from the bottle
 - C. Limited amount of iron-rich foods
 - D. Cultural concerns



Sources of Iron for Infants



Breastmilk

INFANTS - 9-11 MONTHS

Infant Cereal

- \$_____ Fresh, frozen, or canned Fruits & Vegetables
- 16 (4 oz) containers

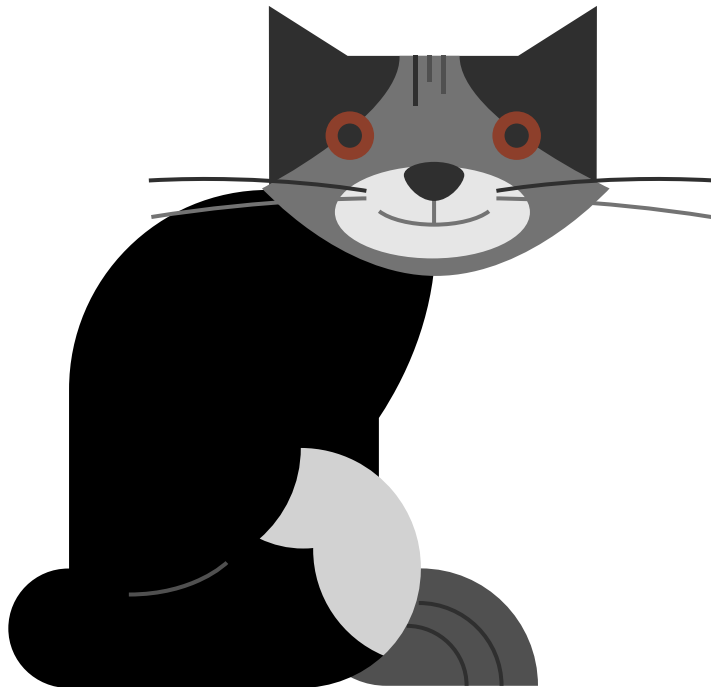
• 24 oz (8 or 16 oz containers)

A collage of images showing a box of infant cereal, a jar of baby food, a small container of fruit, and several pieces of orange and blueberries.

Infant WIC-Allowed Food Package



Milk-based Formula



- Would you send a healthcare referral for Everly?
 - Yes
 - No

Risk Referrals

High Risk Criteria

- Criteria for INCPs and medical referrals are found in Exhibit 6-A: High Risk and Medical Referral Criteria. If the participant is not receiving medical care for the identified high risk condition, a **written** medical referral should be made. Referrals should be discussed with participants/parents/guardians; they have the right to decline referrals. The CPA should exercise professional discretion in deciding the necessity of sending a referral. See Section 5.7: Referrals and Exhibit 5-Y: Minnesota WIC Program Request for Medical Follow-Up.
- Refer to the procedure for Resolving High Risk Designation below if the participant has been system-assigned as high risk but does not meet the high risk medical and referral criteria.

Resources:

- Anemia Resources
<https://www.health.state.mn.us/people/wic/localagency/anemia.html>
- Section 6.6: High Risk Individual Nutrition Care Plans
https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_6.pdf

Examples of Local Agency Guidelines for Low Hemoglobin

EXAMPLE 1 - RAMSEY COUNTY WIC INCP GUIDELINES FOR LOW HEMOGLOBIN

Infants & Children:
INCP Guidelines - Criteria and Referrals Ramsey County WIC Program

Low Hemoglobin (Infants & Children)	Future Appointment Guidance	Written Referrals/Forms
Hgb 9.0 to 10.0	Nutrition Specialist for High Risk Visits (NS) 2 or 3 months (based on your assessment and syncing appointment) Tell client to contact MD within 1 week for follow up	Send Health Care Referral (HCR)
Hgb 8.1 to 8.9	NS 1 month Tell client to contact MD within 24 hours to follow up	Send HCR
Hgb 5.1 to 8.0	NS 1 month	Fax HCR to main office

Breakout discussion

1. How would you start the conversation with Annie about Everly's low hemoglobin without causing shame or blame?
2. What guidance could you offer Annie to help her understand the importance of iron deficiency in infants?
 - a. How might Annie encourage her parents to begin offering more iron-rich foods to Everly?
3. How can Annie use the WIC food package to improve Everly's eating behaviors?
 - a. Considering the cultural aspects, how would you offer guidance on the introduction to iron-rich foods?
4. How does your agency handle referrals to the health care provider?

Assessment to Education



- How would you start the conversation with Annie about Everly's low hemoglobin level without causing shame or blame?



Begin by praising her for what is going well.

“I am so glad that breastfeeding is continuing to go well for you. You clearly care about Everly's health.”

Praise builds positive relationships, boosts confidence, and encourages a growth mindset.

Barriers and Solutions

- What guidance could you offer Annie to help her understand the importance of iron deficiency in infants?

Explain to her in basic terms what we found today and what it means.

“When we checked Everly’s hemoglobin today, her level was a bit low. We expect the level to be above 11.0, and it was 9.6. A low hemoglobin level could mean that Everly may not be getting enough iron-rich foods in her diet. Iron is important because it carries oxygen around the body, giving the body energy. Iron-rich foods for Everly’s age would be things like infant cereal, meats, fish, or chicken.”

- How might Annie encourage her parents to begin offering more iron-rich foods?

Annie might explain to her parents that Everly’s iron level tested low; she could share that this is a very normal thing that can happen to some children but can also be very serious. Annie could ask her parents how they would approach this first before offering suggestions that WIC provided. Getting her parents on board is an important step in changing Everly’s feeding habits.

- How can Annie use the WIC food package to improve Everly's eating behaviors?

Annie could mix infant cereal with the vegetable and rice mixture that Everly is already eating. Annie could also introduce eggs, tofu, or beans.

- Considering the cultural aspect, how would you gently offer guidance on the introduction to more iron-rich foods?

Start with understanding that culture is an important part of every family, and we want to honor that by offering a few suggestions that may work well with foods the family currently eats. Ask what iron-rich foods the family eats. Explain that it is safe to offer meats to children at this age, yet if they choose to wait, they could try tofu or beans mixed with the veggies and rice.

- How does your agency handle referrals to the health care provider?



This may be different or the same in each agency. If you aren't sure, ask your supervisor or team lead for guidance.





Key Takeaways

- Infants and children are at high risk for iron deficiency anemia due to rapid growth.
- Infants born to mothers with iron deficiency anemia may have lower iron stores and a higher risk of iron deficiency anemia.
- Iron deficiency anemia is linked to cognitive, motor, and behavioral effects—addressing it early improves outcomes.
- Approach cultural feeding traditions with empathy and humility.
- Tailor education to reflect family perspectives while promoting healthy feeding practices.
- WIC makes a difference!



Resources for participants

- [Eating More: Iron \(PDF\)](#)
- [Feeding an Older Infant \(PDF\)](#)
- [Choosing Meats & Textures \(PDF\)](#)
- [Homemade Foods for Baby \(PDF\)](#)
- [Weaning from the Bottle \(PDF\)](#)
- [WIC Foods - Questions](#)
 - [Infant Cereal](#)
 - [Infant Foods](#)
- [Wichealth.org](#)
 - Feeding Your Infant Solid Foods
 - Baby's First Cup



Resources for staff

- [6.6 High Risk Individual Nutrition Care Plans \(PDF\)](#)
- [6-A Minnesota WIC Program High Risk and Medical Referral Criteria \(PDF\)](#)
- [WIC 201 Low Hematocrit/Low Hemoglobin](#)
- [Section 5.3.2 Hematologic Assessment](#)
- [Hemoglobin Screening – Talking Points \(PDF\)](#)
- [Anemia Resources](#)
 - Supplementation Recommendations
 - Training Opportunities
 - Examples of Local Agency Guidelines for Low Hemoglobin
- [Meaningful Minutes - WIC Skills in 10](#)
 - Meaningful Minutes: Dodge County Story of Low Hemoglobin
 - Meaningful Minutes - Preventing Anemia in Infants
- [Hmong Culture and Foods \(PDF\)](#)



Thank you for joining us!