

# MN WIC Risk Criteria

AUGUST 2023

## 101 Underweight (Woman)

**WIC Information System Assigned? YES**

Pregnant Women: Pre-pregnancy Body Mass Index (BMI) < 18.5

Non-breastfeeding Women: Pre-pregnancy OR current BMI < 18.5

Breastfeeding Woman < 6 months postpartum: Pre-pregnancy OR current BMI < 18.5

Breastfeeding Woman > 6 months postpartum: Current BMI < 18.5

## 103 Underweight or At Risk of Becoming Underweight (Infants and Children)

**WIC Information System Assigned? YES**

### Underweight

*Birth to < 24 months:*  $\leq 2.3^{\text{rd}}$  percentile weight-for-length as plotted on the Birth to 24-month gender-specific growth charts\*.

*2-5 years:*  $\leq 5^{\text{th}}$  percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts.

### At Risk of Underweight

*Birth to < 24 months:*  $> 2.3^{\text{rd}}$  percentile and  $\leq 5^{\text{th}}$  percentile weight-for-length as plotted on the Birth to 24-month gender-specific growth charts\*.

*2-5 years:*  $> 5^{\text{th}}$  percentile and  $\leq 10^{\text{th}}$  percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts.

\*Based on 2006 World Health Organization international growth standards.

## 111 Overweight (Women)

**WIC Information System Assigned? YES**

Pregnant Women: Pre-pregnancy BMI  $\geq 25$

Non-Breastfeeding Women: Pre-pregnancy BMI  $\geq$  25

Breastfeeding Women < 6 Months Postpartum: Pre-pregnancy BMI  $\geq$  25

Breastfeeding Women  $\geq$  6 Months Postpartum: Current BMI  $\geq$  25

## 113 Obese (Children 2-5 Years of Age)

WIC Information System Assigned? YES

$\geq$  24 months to 5 years:  $\geq$  95th percentile BMI or weight-for-stature as plotted on 2000 CDC 2-20 years gender specific growth charts.

**NOTE:** The cutoff is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.

## 114 Overweight or At Risk of Overweight (Infants and Children)

WIC Information System Assigned? YES

### Overweight

2 – 5 years:  $\geq$  85th percentile and < 95th percentile BMI-for-age or weight-for- stature as plotted on the 2000 CDC 2-20 years gender specific growth charts.

### At Risk of Overweight

*Birth to < 12 months:* Biological mother with a BMI  $\geq$  30 at time of conception or any point in the first trimester of pregnancy.

**NOTE:** The cutoff is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.

## 115 High Weight-for-Length (Infants and Children < 24 Months)

WIC Information System Assigned? YES

$\geq$  97.7th percentile weight-for-length as plotted on the Birth – 24 months gender specific growth charts.\*

\*Based on 2006 World Health Organization international growth standards.

## 121 Short Stature or At Risk of Short Stature (Infants and Children)

WIC Information System Assigned? YES

### Short Stature

*Birth to 2 years:*  $\leq$  2.3rd percentile length-for-age as plotted on the Birth – 24 months gender specific growth charts.

*2 – 5 years:*  $\leq$  5th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts.

### At Risk of Short Stature

*Birth to 2 years:*  $>$  2.3rd percentile and  $\leq$  5th percentile length-for-age as plotted on the Birth to 24 months gender specific growth charts.

*2 – 5 years:*  $>$  5th percentile and  $\leq$  10th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts.

**NOTE:** Assignment of risk code based on adjusted gestational age for infants and  $\leq$  2-year-olds born premature.

## 131 Low Maternal Weight Gain

WIC Information System Assigned? YES

Low maternal weight gain as defined as:

1. A low rate of weight gain, such that in the 2nd and 3rd trimesters singleton pregnancies:
  - Underweight women gain less than ( $<$ ) 1 pound per week.
  - Normal weight women gain less than ( $<$ ) .8 pounds per week.
  - Overweight women gain less than ( $<$ ) .5 pounds per week.
  - Obese women gain less than ( $<$ ) .4 pounds per week.

**OR**

2. Any weight loss or, low weight gain at any point in pregnancy, such that a National Academies of Sciences, Medicine, and Engineering (NASSEM - formerly known as the Institute of Medicine) -based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom of the appropriate weight gain range for her respective pre-pregnancy weight category as follows:

### Weight Loss or Low Weight Gain Table

Pre-pregnancy Weight Groups	Definition (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

## 133 High Maternal Weight Gain

### WIC Information System Assigned? YES

#### Singleton Pregnancies:

*Pregnant Women (current pregnancy), all trimesters, all weight groups*

1. A high rate of weight gain, such that in the 2nd and 3rd trimesters singleton pregnancies:
  - Underweight women gain greater than (>) 1.3 pounds per week.
  - Normal weight women gain greater than (>) 1 pound per week.
  - Overweight women gain greater than (>) .7 pounds per week.
  - Obese women gain greater than (>) .6 pounds per week.

**OR**

2. High 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 above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category (see below).

*Breastfeeding or Non-Breastfeeding Women (most recent pregnancy only):*

Total gestational weight gain exceeding the upper limit of the NASEM’s recommended range based on pre-pregnancy BMI, as follows:

### High Maternal Weight Gain Table

Pre-pregnancy Weight Groups	Definition (BMI)	Total Weight Gain Range (lbs.)
Underweight	> 18.5	> 40
Normal Weight	18.5 to 24.9	> 35
Overweight	25.0 to 29.9	> 25
Obese	≥ 30.0	> 20

## 134 Failure to Thrive

**WIC Information System Assigned? NO**

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

## 135 Slowed/Faltering Growth Pattern

**WIC Information System Assigned? YES**

*Infants Birth to 2 Weeks:* Excessive weight loss after birth,  $\geq 7\%$  birth weight.

*Infants 2 weeks to 6 months:* Any weight loss, using two weight measurements taken at least 8 weeks apart.

## 141 Low Birth Weight and Very Low Birth Weight

**WIC Information System Assigned? YES**

### Low Birth Weight

Birth weight defined as less than or equal to 5 pounds 8 ounces ( $\leq 2500$  g), for infants and children less than 24 months old.

### Very Low Birth Weight

Birth weight defined as less than or equal to 3 pounds 5 ounces ( $\leq 1500$  g), for infants and children less than 24 months old.

**NOTE:** See "Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants" found in the allowed [WIC Nutrition Risk Criteria](#).

## 142 Preterm or Early Term Delivery

**WIC Information System Assigned? YES**

Infants and children less than 24 months old:

*Preterm:* Delivery of an infant born less than 37 weeks gestation.

*Early Term:* Delivery of an infant born more than or equal to 37 weeks and less than 39 weeks gestation.

## 151 Small for Gestational Age

**WIC Information System Assigned? NO**

Presence of small for gestational age diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.

**NOTE:** See "Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants" found in the allowed [WIC Nutrition Risk Criteria](#).

## 152 Low Head Circumference

**WIC Information System Assigned? NO**

*Birth to < 24 months:*  $\leq 2.3^{\text{rd}}$  percentile head circumference-for-age as plotted on Birth to 24 months gender specific growth charts.

**NOTE:** See "Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants" found in the allowed [WIC Nutrition Risk Criteria](#).

## 153 Large for Gestational Age

**WIC Information System Assigned? YES if birth weight  $\geq 9$  pounds**

Birth weight  $\geq 9$  pounds ( $\geq 4000$  g)

**OR**

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

## 201 Low Hemoglobin or Hematocrit

**WIC Information System Assigned? YES**

Low Hemoglobin (Hb) or hematocrit (Hct) is defined as less than the 5th percentile of the distribution of Hb concentration or Hct in a healthy reference population based on age, sex, and stage of pregnancy.

WIC Information System will suggest risk code 201-Low Hemoglobin or Hematocrit for any values **less than** the blood values listed on the table below.

### Low Hemoglobin or Hematocrit Table - Women

Status	Non-smoking	Any smoking up to 20 cigarettes/day	Smoking 21 to 40 cigarettes/day	Smoking > 40 cigarettes/day
NA	Hgb & Hct	Hgb & Hct	Hgb & Hct	Hgb & Hct
PG 1 <sup>st</sup> trimester	11.0 & 33.0	11.3 & 34.0	11.5 & 34.5	11.7 & 35.0
PG 2 <sup>nd</sup> trimester	10.5 & 32.0	10.8 & 33.0	11.0 & 33.5	11.2 & 34.0
PG 3 <sup>rd</sup> trimester	11.0 & 33.0	11.3 & 34.0	11.5 & 34.5	11.7 & 35.0
PP, BF: 12-14 years	11.8 & 35.7	12.1 & 36.7	12.3 & 37.2	12.5 & 37.7
PP, BF: 15-17 years	12.0 & 35.9	12.3 & 36.9	12.5 & 37.4	12.7 & 37.9
PP, BF: 18 years and up	12.0 & 35.7	12.3 & 36.7	12.5 & 37.2	12.7 & 37.7

### Low Hemoglobin or Hematocrit Table – Infants/Children

Status	Age	Hct. %	Hgb. grams
Infant	5 to 12 months	33.0	11.0
Child	12 to 24 months	32.9	11.0
Child	24 to 60 months	33.0	11.1

## 211 Blood Lead Levels

**WIC Information System Assigned? YES if blood lead level recorded within past 12 months is  $\geq 5$   $\mu\text{g}/\text{deciliter}$  OR CPA assigned if blood lead level recorded for a *child* within past 12 months is 3.5 to 4.9  $\mu\text{g}/\text{deciliter}$ .**

Elevated blood lead level (BLL) is the amount of lead in the blood, measured in micrograms of lead per deciliter of blood ( $\mu\text{g}/\text{dL}$ ), at which follow-up action should be taken for an individual. Elevated BLL is specific to each WIC participant category as follows:

*Women (all categories):*  $\geq 5$   $\mu\text{g}/\text{deciliter}$  within the past 12 months

*Infants:*  $\geq 5$   $\mu\text{g}/\text{deciliter}$  within the past 12 months

*Children:*  $\geq 3.5$   $\mu\text{g}/\text{deciliter}$  within the past 12 months

## 301 Hyperemesis Gravidarum

**WIC Information System Assigned? NO**

Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This nutrition risk is based on a chronic condition, not single episodes. This is a clinical diagnosis, made after other causes of nausea

and vomiting have been excluded. Presence of Hyperemesis Gravidarum diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

## 302 Gestational Diabetes

**WIC Information System Assigned? YES**

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

## 303 History of Gestational Diabetes

**WIC Information System Assigned? YES if previous WIC pregnancy record has checkbox in Health Information screen selected.**

*Pregnant Women:* any history of gestational diabetes.

*Breastfeeding/Non-Breastfeeding:* any history of gestational diabetes.

## 304 History of Preeclampsia

**WIC Information System Assigned? YES if History of Preeclampsia checkbox in Health Information screen is selected.**

History of diagnosed preeclampsia.

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

## 311 History of Preterm or Early Term Delivery

**WIC Information System Assigned? YES**

*Preterm:* Delivery of an infant born less than 37 weeks gestation.

*Early Term:* Delivery of an infant born more than or equal to 37 weeks and less than 39 weeks gestation.

*Pregnant Women:* any history of preeclampsia.

*Breastfeeding/Non-Breastfeeding:* any history of preeclampsia.



## 312 History of Low Birth Weight

**WIC Information System Assigned? YES for Pregnant Women: If Low Birth Weight checkbox on Woman's Health Information tab is selected. For Postpartum Women: If Low Birth Weight checkbox on Woman's Health Information tab is selected OR when most recent birth weight is  $\leq$  5 pounds, 8 ounces.**

Birth of an infant weight  $\leq$  5 pounds 8 ounces. ( $\leq$  2500 grams)

*Pregnant Women:* any history of low birth weight.

*Breastfeeding/Non-Breastfeeding:* most recent pregnancy.

## 321 History of Spontaneous Abortion, Fetal, or Neonatal Loss

**WIC Information System Assigned? YES if History of Fetal or Neonatal Loss checkbox in Health Information screen is selected.**

A spontaneous abortion (SAB) is the spontaneous termination of a gestation at  $<$  20 weeks or  $<$  500 grams.

*Fetal death:* the spontaneous termination of a gestation at  $\geq$  20 weeks.

*Neonatal death:* the death of an infant within 0-28 days of life.

*Pregnant Women:* any history of fetal or neonatal loss or 2 or more spontaneous abortions.

*Breastfeeding:* most recent multi-fetal pregnancy with one or more infants still living.

*Non-Breastfeeding:* most recent pregnancy.

## 331 Pregnancy at a Young Age

**WIC Information System Assigned? YES if  $\leq$  17 years of age at conception OR CPA assigned if 18 to  $\leq$  20 years of age at conception.**

Conception  $\leq$  20 years of age.

*Pregnant Women:* current pregnancy.

*Breastfeeding/Non-Breastfeeding:* most recent pregnancy.

## 332 Short Interpregnancy Interval

**WIC Information System Assigned? YES if Live Birth Within 18 Months checkbox in Health Information Screen is selected.**

Interval of  $<$  18 months from date of live birth to conception of subsequent pregnancy

*Pregnant Women:* current pregnancy.

*Breastfeeding/Non-Breastfeeding:* most recent pregnancy.

### 334 Lack of or Inadequate Prenatal Care

**WIC Information System Assigned? YES when “Did Not Receive Prenatal Care” selected in Health Information screen OR CPA assigned if number of prenatal visits not met.**

Prenatal care beginning after the 1<sup>st</sup> trimester (> 13<sup>th</sup> week)

**OR WHEN:**

14-21 Weeks of gestation and 0 or unknown number of prenatal visits

22-29 Weeks of gestation and 1 or less prenatal visits

30-31 Weeks of gestation and 2 or less prenatal visits

32-33 Weeks of gestation and 3 or less prenatal visits

34 or more Weeks of gestation and 4 or less prenatal visits

### 335 Multifetal Gestation

**WIC Information System Assigned? YES *Pregnant:* If Expecting Multiple Births checkbox in Health Information screen is selected. *Postpartum:* If Multi-fetal Gestation in ‘Most Recent Pregnancy History’ section of Health Information screen is selected.**

More than one (>1) fetus in a pregnancy

*Pregnant Women:* current pregnancy.

*Breastfeeding/Non-Breastfeeding:* most recent pregnancy.

### 336 Fetal Growth Restriction

**WIC Information System Assigned? NO**

Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth, and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10<sup>th</sup> percentile for gestational age.

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

### **337 History of Birth of a Large for Gestational Age Infant**

**WIC Information System Assigned? YES for postpartum women when most recent birth weight is  $\geq$  9 pounds.**

*Pregnant Women:* any history of giving birth to an infant weighing  $\geq$  9 pounds (4000 grams).

*Breastfeeding/Non-Breastfeeding Women:* Most recent pregnancy, or history of giving birth to an infant weighing  $\geq$  9 pounds (4000 grams).

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

### **338 Pregnant Woman Currently Breastfeeding**

**WIC Information System Assigned? YES**

Pregnant woman who is currently breastfeeding.

### **339 History of Birth with Nutrition Related Congenital or Birth Defect**

**WIC Information System Assigned? NO**

A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excessive Vitamin A.

*Pregnant Women:* any history with nutrition-related congenital or birth defect.

*Breastfeeding/Non-Breastfeeding:* most recent pregnancy.

### **341 Nutrient Deficiency or Disease**

**WIC Information System Assigned? NO**

Any currently treated or untreated nutrient deficiency or disease. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypoglycemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and Iron Deficiency.

Presence of nutrient deficiency diseases 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.

## 342 Gastro-Intestinal Disorders

**WIC Information System Assigned? NO**

Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:

- Gastroesophageal reflux disease (GERD)
- Peptic ulcer
- Post-bariatric surgery
- Short bowel syndrome
- Inflammatory bowel disease, including ulcerative colitis or Crohn's Disease
- Liver disease
- Pancreatitis
- Biliary tract disease

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

## 343 Diabetes Mellitus

**WIC Information System Assigned? YES**

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

## 344 Thyroid Disorders

**WIC Information System Assigned? NO**

Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:

- Hyperthyroidism
- Hypothyroidism
- Congenital Hypothyroidism
- Congenital Hyperthyroidism
- Postpartum Thyroiditis

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

## 345 Hypertension and Prehypertension

**WIC Information System Assigned? YES**

*Hypertension:* high blood pressure, which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension.

*Prehypertension:* being at high risk for developing hypertension, based on blood pressure levels.

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

## 346 Renal Disease

**WIC Information System Assigned? NO**

Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

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

## 347 Cancer

**WIC Information System Assigned? NO**

A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.

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

## 348 Central Nervous System Disorders

**WIC Information System Assigned? NO**

Conditions which affect energy requirements, that may affect the individual's ability to feed self, or that alter nutritional status metabolically, mechanically, or both. Includes, but are not limited to:

- Epilepsy
- Cerebral Palsy (CP)
- Neural tube defects (NTDs), such as:
  - Spina bifida or
  - Myelomeningocele
- Parkinson's Disease
- Multiple Sclerosis

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

## 349 Genetic and Congenital Disorders

**WIC Information System Assigned? NO**

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (*not* sickle cell trait), and muscular dystrophy.

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

## 351 Inborn Errors of Metabolism

**WIC Information System Assigned? NO**

Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat.

Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to:

- Amino Acid Disorders
- Organic Acid Metabolism Disorders
- Fatty Acid Oxidation Disorders
- Lysosomal Storage Diseases
- Urea Cycle Disorders
- Carbohydrate Disorders

- Peroxisomal Disorders
- Mitochondrial Disorders

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

**NOTE:** For information about additional IEM, please see Clarification for 351 in the [WIC 351 Inborn Errors of Metabolism](#).

## 352A Infectious Diseases - Acute

**WIC Information System Assigned? NO**

A disease characterized by a single or repeated episode of relatively rapid onset and short duration. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. Includes, but not limited to:

- Hepatitis A
- Hepatitis E
- Meningitis (Bacterial/Viral)
- Parasitic infections
- Listeriosis
- Pneumonia
- Bronchitis (3 episodes in last 6 months)

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

## 352B Infectious Diseases - Chronic

**WIC Information System Assigned? NO**

Conditions likely lasting a lifetime and require long-term management of symptoms. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly, from person to person (1). Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. Includes, but not limited to:

- HIV - Human Immunodeficiency Virus
- AIDS – Acquired Immunodeficiency Syndrome
- Hepatitis B
- Hepatitis C
- Hepatitis D

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

## 353 Food Allergies

**WIC Information System Assigned? NO**

Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

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

## 354 Celiac Disease

**WIC Information System Assigned? NO**

An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food.

Celiac Disease (CD) is also known as:

- Celiac Sprue
- Gluten-sensitive Enteropathy
- Non-tropical Sprue

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

## 355 Lactose Intolerance

**WIC Information System Assigned? NO**

Lactose intolerance is a syndrome of one or more of the following: diarrheas, abdominal pain, flatulence, and/or bloating that occur after lactose ingestion.



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

### **356 Hypoglycemia**

**WIC Information System Assigned? NO**

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

### **357 Drug Nutrient Interactions**

**WIC Information System Assigned? NO**

Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.

### **358 Eating Disorders (Women only)**

**WIC Information System Assigned? NO**

Eating disorders are characterized by severe disturbances in a person's eating behaviors and related thoughts and emotions. Eating disorders include, but are not limited to:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder

Presence of eating disorder diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as diagnosed by a physician or someone working under a physician's orders and self-reported by applicant/participant/caregiver.

### **359 Recent Major Surgery, Trauma, Burns**

**WIC Information System Assigned? YES if C-section Delivery checkbox is selected in the Postpartum tab of Health Information.**

Major surgery (including C-sections), trauma or burns severe enough to compromise nutrition status.

Any occurrence:

- Within the past two ( $\leq 2$ ) months may be self-reported
- More than two ( $> 2$ ) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.

## 360 Other Medical Conditions

**WIC Information System Assigned? NO**

Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to:

- Juvenile Idiopathic arthritis (JIA)
- Cardiovascular Disease
- Systemic Lupus Erythematosus (SLE)
- Persistent Asthma (moderate or severe) requiring daily medication
- Polycystic Ovary Syndrome (PCOS)
- Cystic Fibrosis (CF)

Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as diagnosed by a physician or someone working under a physician's orders and self-reported by applicant/participant/caregiver as self-reported by an applicant, participant, or caregiver.

## 361 Mental Illness

**WIC Information System Assigned? NO**

As defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition, a mental disorder (or mental illness) is:

*“A syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.”*

Mental illnesses where the current condition, or treatment for the condition may affect nutrition status include, but are not limited to:

- Depression
- Anxiety Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Personality Disorders
- Bipolar Disorders
- Schizophrenia
- Attention-Deficit/Hyperactivity Disorder (ADHD)

The presence of a mental illness that is diagnosed, documented, or reported by a physician, or someone working under a physician's orders, mental health provider or as diagnosed by a physician or someone working under a physician's orders and self-reported by applicant/participant/caregiver as self-reported by an applicant, participant, or caregiver.

## **362 Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat**

**WIC Information System Assigned? NO**

Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but is not limited to:

- Minimal brain function
- Feeding problems due to developmental delays such as pervasive development disorder (PDD) which includes autism
- Birth injury
- Head trauma
- Brain damage
- Other disabilities

## **363 Pre-Diabetes**

**WIC Information System Assigned? NO**

Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes.

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

## 371 Nicotine and Tobacco Use

**WIC Information System Assigned? YES if cigarette use documented in Health Information screen OR CPA assigned for other nicotine and/or tobacco use.**

Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (gums, patches).

## 372 Alcohol and Substance Use

**WIC Information System Assigned? YES for pregnant women.**

*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:
  - Binge Drinking: Routine consumption of 4 or more ( $\geq 4$ ) drinks within 2 hours.
  - High Risk Drinking: Routine consumption of 8 or more ( $\geq 8$ ) drinks per week or 4 or more ( $\geq 4$ ) drinks on any day.
  - **NOTE:** A serving, or standard sized drink is: 12 ounces beer; 5 ounces wine; or 1 ½ 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 only).

## 381 Oral Health Conditions

**WIC Information System Assigned? NO**

Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Oral health conditions include, but are not limited to:

1. Presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars (infants and children).

2. Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality (children and all categories of women).
3. Gingivitis of pregnancy (pregnant women).

## 382 Fetal Alcohol Spectrum Disorders

**WIC Information System Assigned? NO**

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).

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

## 383 Neonatal Abstinence Syndrome (NAS)

**WIC Information System Assigned? NO**

NAS is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants because of the mother's use of drugs during pregnancy, and diagnosed by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver.

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. This condition must be present within the first 6 months of birth for risk code assignment. It is applicable to infants up to one year of age.

## 401 Failure to Meet Dietary Guidelines for Americans

**WIC Information System Assigned? NO**

Assigned ONLY to individuals (2 years and older) for whom a complete nutrition assessment (including assessment for Risk Code 425 or 427) has been performed and no other risks have been assigned.

## 411 Inappropriate Nutrition Practices for Infants

**WIC Information System Assigned? NO**

Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below.

- A. Routinely using a substitute for human milk or for iron fortified infant formula as primary nutrient source during the 1<sup>st</sup> year of life.
- B. Routinely using nursing bottles or cups improperly.
- C. Routinely offering complementary foods\* or other substances inappropriate in type or timing. (\*food/drink other than breast milk or iron fortified infant formula)
- D. Routinely using feeding practices that disregard the developmental needs or stage of the infant.
- E. Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.
- F. Routinely feeding inappropriately diluted formula.
- G. Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.
- H. Routinely feeding a diet very low in calories and/or essential nutrients.
- I. Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula.
- J. Feeding dietary supplements with potentially harmful consequences.
- K. Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.

## 425 Inappropriate Feeding Practices for Children

**WIC Information System Assigned? NO**

Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below.

- A. Routinely feeding inappropriate beverages as the primary milk source.
- B. Routinely feeding a child any sugar-containing fluids.
- C. Routinely using bottles, cups, or pacifiers improperly.
- D. Routinely using feeding practices that disregard the developmental needs or stages of the child.
- E. Feeding foods to a child that could be contaminated with harmful microorganisms.

- F. Routinely feeding a diet very low in calories and/or essential nutrients.
- G. Feeding dietary supplements with potentially harmful consequences.
- H. Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.
- I. Routine ingestion of non-food items (pica).
- X. Child Transitioning to New Age Category - Created as a work-around to allow staff to create default food packages when there aren't any age-appropriate risk factors.

## 427 Inappropriate Nutrition Practices for Women

**WIC Information System Assigned? NO**

Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below:

- A. Consuming dietary supplements with potentially harmful consequences.
- B. Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.
- C. Compulsively ingesting non-food items (pica).
- D. Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.
- E. Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.

## 428 Dietary Risk Associated with Complementary Feeding Practices

**WIC Information System Assigned? NO**

An infant (4-12 months) or child (12-23 months) who has begun to or is expected to begin to:

1. Consume complementary foods and beverages.
2. Eat independently.
3. Be weaned from breast milk or infant formula, or
4. Transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans is at risk of inappropriate complementary feeding.

**A complete nutrition assessment, including for Risk Code 411, Inappropriate Nutrition Practices for Infants, or Risk Code 425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk code.**

## **501 Possibility of Regression**

**WIC Information System Assigned? NO**

A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. (For recert only) Possibility of Regression may be used only once following a certification period.

## **502 Transfer of Certification**

**WIC Information System Assigned? NO**

Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category, and shall be accepted as proof of eligibility for program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible.

## **601 Breastfeeding Mother of Infant at Nutritional Risk**

**WIC Information System Assigned? YES**

A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. Includes pregnant as well as postpartum women who breastfeed.

## **602 Breastfeeding Complications or Potential Complications (Women)**

**WIC Information System Assigned? NO**

A breastfeeding woman with any of the following complications or potential complications for breastfeeding:

- A. Severe breast engorgement



- B. Recurrent plugged ducts
- C. Mastitis (fever or flu-like symptoms with localized breast tenderness)
- D. Flat or inverted nipples
- E. Cracked, bleeding or severely sore nipples
- F. Age  $\geq$  40 years
- G. Failure of milk to come in by 4 days postpartum
- H. Tandem nursing (breastfeeding two siblings who are not twins)

Includes pregnant as well as postpartum women who breastfeed.

## **603 Breastfeeding Complications or Potential Complications (Infants)**

**WIC Information System Assigned? NO**

A breastfeeding infant with any of the following complications or potential complications for breastfeeding:

- Jaundice
- Weak or ineffective suck
- Difficulty latching onto mother's breast
- Inadequate weight gain indicators, such as:
  - Excessive weight loss after birth ( $> \frac{1}{2}$  lb. or  $> 8\%$  from birth)
  - Not back to birth weight by 2 weeks of age or not gaining at least 7 ounces each week during first 2 months of life
  - Inadequate stooling (for age as determined by a physician or other health care professional), or
  - Less than 6 wet diapers per day

## **701 Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy**

**WIC Information System Assigned? YES, if mother received WIC services in MN when pregnant.**

An infant  $<$  6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by

biochemical or anthropometric measurements or other documented nutritionally related medical conditions.

## 702 Breastfeeding Infant of Woman at Nutritional Risk

**WIC Information System Assigned? YES when linked to a Currently BF woman.**

Breastfeeding infant of woman at nutritional risk.

## 801 Homelessness

**WIC Information System Assigned? YES when Homeless checkbox in Demographics tab is selected.**

A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A temporary accommodation of not more than 365 days in the residence of another individual.
- A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

## 802 Migrancy

**WIC Information System Assigned? YES when Migrancy checkbox in Demographics tab is selected.**

Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

## 901 Recipient of Abuse

**WIC Information System Assigned? NO**

Recipient of abuse is defined as an individual who has experienced physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual.

The experience of abuse may be self-reported by the individual, an individual's family member, or reported by a social worker, healthcare provider, or other appropriate personnel. Types of abuse relevant to the WIC population include, but are not limited to, the following:

- **Domestic violence:** abuse committed by a current or former family or household member or intimate partner.
- **Intimate partner violence (IPV):** a form of domestic violence committed by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) that may include physical violence, sexual violence, stalking, and/or psychological aggression (including coercive tactics).
- **Child abuse and/or neglect:** any act or failure to act that results in harm to a child or puts a child at risk of harm. Child abuse may be physical (including shaken baby syndrome), sexual, or emotional abuse or neglect of an infant or child under the age of 18 by a parent, caretaker, or other person in a custodial role (such as a religious leader, coach, or teacher).

## 902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

**WIC Information System Assigned? NO**

Woman (pregnant, breastfeeding, or non-breastfeeding), or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food.

Examples may include individuals with:

- $\leq 17$  years of age.
- Mental illness, including clinical depression as diagnosed by a physician, licensed psychologist or someone working under a physician's orders, or as self-reported.
- Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities.
- Intellectual disability as diagnosed by a physician, licensed psychologist or someone working under a physician's orders, or as self-reported.
- Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medication.

## 903 Foster Care

**WIC Information System Assigned? NO**

Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.

## 904 Exposure to Environmental Tobacco Smoke (ETS)

**WIC Information System Assigned? YES**

Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.

## Reference – Listing of Hyperlinks

[WIC Nutrition Risk Criteria](https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/index.html)

(<https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/index.html>)

[WIC 351 Inborn Errors of Metabolism](https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/351.html)

(<https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/351.html>)

*Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, [health.wic@state.mn.us](mailto:health.wic@state.mn.us), [www.health.state.mn.us](http://www.health.state.mn.us). To obtain this information in a different format, call: 1-800-657-3942*

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