RISK CODE	PRIORITY	CRITERION

PREGNANT WOMAN

ANTHROPOMETRIC CRITERIA

101	I	**UNDERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) < 18.5
111	I	**OVERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) ≥ 25.0
131	I	**LOW MATERNAL WEIGHT GAIN:** • A low rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: - Underweight (BMI < 18.5) prior to pregnancy with weight gain < 1 lb. per week - Normal weight (BMI 18.5-24.9) prior to pregnancy with weight gain < 0.8 lb. per week - Overweight (BMI 25.0-29.9) prior to pregnancy with weight gain < 0.5 lb. per week - Obese (BMI > 30.0) prior to pregnancy with weight gain < 0.4 lbs. per week • Low weight gain at any point in this 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 beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category as follows: - Underweight (BMI < 18.5) total weight gain range 28 – 40 lb. - Normal weight (BMI 18.5-24.9) total weight gain 25 – 35 lb. - Overweight (BMI 25.0-29.9) total weight gain 15 – 25 lb. - Obese (BMI > 30.0) total weight gain 11 – 20 lb. • Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility.
133	I	**HIGH MATERNAL WEIGHT GAIN:** • A high rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: - Underweight (BMI < 18.5) prior to pregnancy with weight gain > 1.3 lbs. per week - Normal weight (BMI 18.5-24.9) prior to pregnancy with weight gain > 1 lb. per week - Overweight (BMI 25.0-29.9) prior to pregnancy with weight gain > 0.7 lb. per week - Obese (BMI > 30.0) prior to pregnancy with weight gain > 0.6 lb. per week • High weight gain at any point in this pregnancy, such that using an Institute of Medicine (IOM)-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.

BIOCHEMICAL CRITERIA

201	I	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: Weeks at Test / Hgb. (gms) / Hct. (%) 0-13 (1st Trimester) / < 11.0 / < 33 14-27 (2nd Trimester) / < 10.5 / < 32 28-42 (3rd Trimester) / < 11.0 / < 33
211	I	**ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347 348 349 351 352a	I 352b 353 354 355 356 357 358 359 360 361 362	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
301	I	**HYPEREMESIS GRAVIDARUM (HG):** 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. HG is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded. *Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or self-reported by applicant/participant/guardian/caretaker.*
302	I	**GESTATIONAL DIABETES:** Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/ guardian/caretaker.*
303	I	**HISTORY OF GESTATIONAL DIABETES:** *Condition must have been diagnosed by a physician/ physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
311	I	**HISTORY OF PRETERM OR EARLY TERM DELIVERY** • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.
312	I	**HISTORY OF LOW BIRTH WEIGHT:** Any history of birth of an infant weighing ≤ 5 lbs. 8 oz. (≤ 2500 gms)
321	I	**HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** defined as having had any of the following**:** • Two or more (≥ 2) spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams) • Fetal death (spontaneous termination of a gestation at ≥ 20 weeks) • Neonatal death (death of an infant within 0-28 days of life) C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
331	I	**PREGNANCY AT A YOUNG AGE:** Conception of current pregnancy was prior to the 21st birthday
332	I	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
334	I	**LACK OF OR INADEQUATE PRENATAL CARE** defined as: • Woman is 14-21 wks. gestation and has had 0 prenatal health care visits • Woman is 22-29 wks. gestation and has had ≤ 1 prenatal health care visits • Woman is 30-31 wks. gestation and has had ≤ 2 prenatal health care visits • Woman is 32-33 wks. gestation and has had ≤ 3 prenatal health care visits • Woman is ≥ 34 wks. gestation and has had ≤ 4 prenatal health care visits • Prenatal care was initiated after 26 weeks gestation
335	I	**MULTIFETAL GESTATION**: More than one (>1) fetus in current pregnancy

RISK CODE	PRIORITY	CRITERION
336	I	**FETAL GROWTH RESTRICTION (FGR)** (replaces the term Intrauterine Growth Retardation (IUGR) *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
337	I	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE (LGA) INFANT:** Any history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms) Condition *must be diagnosed by a physician/ physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
338	I	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** (i.e., nurses at least once every 24 hrs.)
339	I	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT:** 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, excess vitamin A. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
371	I	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in current pregnancy.
372	I	**ALCOHOL AND SUBSTANCE USE** including: • Any alcohol use in current pregnancy, • Any illegal substance use and/or abuse of prescription medications, and/or • Any marijuana use in any form.
381	I	**ORAL HEALTH CONDITIONS**: Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth). *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
602	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS:** A pregnant woman who is breastfeeding with any of the following complications or potential complications limited to: severe breast engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age ≥ 40 years; failure of milk to come in by 4 days postpartum; tandem nursing (breastfeeding siblings who are not twins).

DIETARY CRITERIA

401	IV	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans.

RISK CODE	PRIORITY	CRITERION
		This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.
427	IV	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN:** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix B for definitions)*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION**: Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through 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. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
503	IV	**TEMPORARY ELIGIBILITY FOR PREGNANT WOMEN:** A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk for a period of up to 60 days. *(Refer to Chapter 6C, Section 5)*
601	I, II, IV	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK:** A pregnant woman who is breastfeeding and whose breastfed infant has been determined to be at nutritional risk based on Priority I, II, or IV criteria. *Must be the same priority as at-risk infant.*
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
802	IV	**MIGRANCY:** Being a member of a family which has 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	IV	**RECIPIENT OF ABUSE** defined as battering (violent, physical assaults on women) within past 6 months as self-reported or as documented by a social worker, health care provider or other appropriate documents, or as reported through consultation with a social worker, health care provider or appropriate personnel.
902	IV	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples include, but are not limited to a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during the previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE (ETS):** Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

POSTPARTUM WOMAN

ANTHROPOMETRIC CRITERIA

101	III	**UNDERWEIGHT (Women):** Pre-Pregnancy or current Body Mass Index (BMI) < 18.5
111	III	**OVERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) ≥ 25.0
133	III	**HIGH MATERNAL WEIGHT GAIN** in most recent pregnancy with total gestational weight gain exceeding the upper limit of the IOM's (Institute of Medicine) recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows: • Underweight (BMI < 18.5) prior to pregnancy with > 40 lbs. total weight gain • Normal weight (BMI 18.5 – 24.9) prior to pregnancy with > 35 lbs. total weight gain • Overweight (BMI 25.0 – 29.9) prior to pregnancy with >25 lbs. total weight gain • Obese (BMI ≥ 30.0) prior to pregnancy with > 20 lbs. total weight gain

BIOCHEMICAL CRITERIA

201	III	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests:

Age at Test	Hgb. (gms)	Hct. (%)
< 15 yrs.	< 11.8	< 36.0
≥ 15 yrs.	< 12.0	< 36.0

211	III	**ELEVATED BLOOD LEAD LEVEL:** Blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347 348 349 351 352a	III 352b 353 354 355 356 357 358 359 360 361 362 363	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
303	III	**HISTORY OF GESTATIONAL DIABETES** in most recent pregnancy OR history of gestational diabetes. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
311	III	**HISTORY OF PRETERM OR EARLY TERM DELIVERY (**in most recent pregnancy) • Preterm Delivery: Delivery of an infant born < 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born > 37 0/7 and < 38 6/7 weeks gestation
312	III	**HISTORY OF LOW BIRTH WEIGHT** in most recent pregnancy with the birth of an infant weighing ≤ 5 lbs. 8 oz. or ≤ 2500 gms

RISK CODE	PRIORITY	CRITERION
321	III	**SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** in most recent pregnancy by having had any of the following**:** • spontaneous abortion (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams) • a fetal death (spontaneous termination of a gestation at ≥ 20 weeks) • a neonatal death (death of an infant within 0-28 days of life) *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
331	III	**PREGNANCY AT A YOUNG AGE:** Conception of most recent pregnancy was prior to the 21st birthday.
332	II	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
335	III	**MULTIFETAL GESTATION:** More than one (>1) fetus in most recent pregnancy
337	III	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** in most recent pregnancy OR history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms. *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
339	III	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT** in most recent pregnancy (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, excess vitamin A) C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
371	III	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in postpartum period.

372	III	**ALCOHOL AND SUBSTANCE USE** including**:**
		• Alcohol Use - A serving, or standard sized drink is 12 oz. beer; 5 oz. wine; or 1½ oz. 80 proof distilled spirits (e.g. rum, vodka, whiskey, cordials or liqueurs)
		  – High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day
		  – Binge drinking: Routine consumption of ≥ 4 drinks within 2 hours.
		• Any illegal substance use and/or abuse of prescription medications.

381	III	**ORAL HEALTH CONDITIONS:** Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth). *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
382	III	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
		DIETARY CRITERIA
401	VI	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	VI	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN** defined as routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix B)*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through 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. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
801	VI	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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; or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
802	VI	**MIGRANCY:** Being a member of a family which has 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	VI	**RECIPIENT OF ABUSE** defined as battering (violent, physical assaults on women) within past 6 months as self-reported or as documented by a social worker, health care provider or other appropriate documents, or as reported through consultation with a social worker, health care provider or appropriate personnel.
902	VI	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR TO PREPARE FOOD**. Examples include, but are not limited to, a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which limits food preparation abilities • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	VI	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	IV	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of childcare, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

BREASTFEEDING WOMAN

ANTHROPOMETRIC CRITERIA

101	I	**UNDERWEIGHT (Women)**: • For women < 6 months postpartum: Pre-Pregnancy or current Body Mass Index (BMI) < 18.5 • For women ≥ 6 months postpartum: Current Body Mass Index (BMI) < 18.5
111	I	**OVERWEIGHT (Women)**: • For women < 6 months postpartum: Pre-Pregnancy Body Mass Index (BMI) > 25.0 • For women > 6 months postpartum: Current Body Mass Index (BMI) > 25.0
133	I	**HIGH MATERNAL WEIGHT GAIN** in most recent pregnancy with total gestational weight gain exceeding the upper limit of the IOM's (Institute of Medicine) recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows: • Underweight (BMI < 18.5) prior to pregnancy with > 40 lbs. total weight gain • Normal weight (BMI 18.5 – 24.9) prior to pregnancy with > 35 lbs. total weight gain • Overweight (BMI 25.0 – 29.9) prior to pregnancy with >25 lbs. total weight gain • Obese (BMI ≥ 30.0) prior to pregnancy with > 20 lbs. total weight gain

BIOCHEMICAL CRITERIA

201	I	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests**:**

Age at Test	Hgb. (gms)	Hct. (%)
< 15 yrs.	< 11.8	< 36.0
≥ 15 yrs.	< 12.0	< 36.0

211	I	**ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347 348 349 351 352a	I 352b 353 354 355 356 357 358 359 360 361 362 363	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
303	I	**HISTORY OF GESTATIONAL DIABETES** in most recent pregnancy OR history of gestational diabetes. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
311	I	**HISTORY OF PRETERM OR EARLY TERM DELIVERY (History of Preterm or Early Term Delivery)** in most recent pregnancy • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
312	I	**HISTORY OF LOW BIRTH WEIGHT** in most recent pregnancy (birth of an infant weighing ≤ 5 lbs. 8 oz. or ≤ 2500 gms)
321	I	**FETAL OR NEONATAL LOSS** in most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living**:** • a fetal death (spontaneous termination of a gestation at ≥ 20 weeks gestation) • a neonatal death (death of an infant within 0-28 days of life) *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/caretaker.*
331	I	**PREGNANCY AT A YOUNG AGE:** Conception of most recent pregnancy was prior to the 21st birthday
332	I	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
335	I	**MULTIFETAL GESTATION:** More than one (>1) fetus in most recent pregnancy
337	I	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** in most recent pregnancy OR history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
339	I	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT** in most recent pregnancy (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, excess vitamin A) *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian caretaker.*
371	I	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in postpartum period.

372	I	**ALCOHOL AND SUBSTANCE USE:**
		• Alcohol Use - A serving, or standard sized drink is 12 oz. beer; 5 oz. wine; or 1½ oz. 80 proof distilled spirits (e.g. rum, vodka, whiskey, cordials or liqueurs).
		  – High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day
		  – Binge drinking: Routine consumption of ≥ 4 drinks within 2 hours.
		• Any illegal substance use and/or abuse of prescription medications.
		• Any marijuana use in any form.

381	I	**ORAL HEALTH CONDITIONS:** Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth) *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
602	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS:** A breastfeeding woman with any of the following complications or potential complications for breastfeeding and which are limited to: severe breast engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age ≥ 40 years; failure of milk to come in by 4 days postpartum; tandem nursing (breastfeeding siblings who are not twins)
		DIETARY CRITERIA
401	IV	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	IV	**INAPPROPRIATE NUTRITIONAL PRACTICES FOR WOMEN** defined as routine nutrition practices that may result in impaired nutrient status, disease, or health problems *(Refer to Appendix B).*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through 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. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC
601	I, II, IV	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK.** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk based on Priority I, II, or IV criteria. *Must be the same priority as at-risk infant.*
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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; or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
802	IV	**MIGRANCY:** Being a member of a family which has 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.

RISK CODE	PRIORITY	CRITERION
901	IV	**RECIPIENT OF ABUSE** defined as battering (violent, physical assaults on women) within past 6 months as self-reported or as documented by a social worker, health care provider or other appropriate documents, or as reported through consultation with a social worker, health care provider or appropriate personnel.
902	IV	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR TO PREPARE FOOD**. Examples include, but are not limited to, a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which limits food preparation abilities. • < 17 years of age.
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

INFANT

ANTHROPOMETRIC CRITERIA

103	I	**UNDERWEIGHT** (weight-for-length ≤ 2.3rd percentile as plotted on the 2009 Centers for Disease Control (CDC)/WHO Birth to 24 months gender specific growth charts*) **OR** **AT RISK OF UNDERWEIGHT** (weight-for-length ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*)
114	I	**AT RISK OF OVERWEIGHT** based on the presence of one or both of the following: • **Infant of obese mother:** Having a biological mother with BMI ≥ 30.0 at time of conception of this infant or at any time in 1st trimester of this most recent pregnancy (*BMI must be based on pre-pregnancy weight and height self-reported by the mother or on weight and height measurements that were taken during her pregnancy by staff or a health care provider.)* • **Infant of obese father:** Having a biological father with BMI ≥ 30.0 at time of certification (*BMI must be based on weight and height self-reported by the father or on weight and height measurements taken by staff at time of certification.)*
115	I	**HIGH WEIGHT-FOR-LENGTH:** weight-for-length ≥ 97.7th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*
121	I	**SHORT STATURE** (length-for-age ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) **OR** **AT RISK OF SHORT STATURE** (length-for-age ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) *For premature infants (i.e., ≤ 37 weeks gestational age), risk assignment is based on adjusted gestational age.*
134	I	**FAILURE TO THRIVE** *Presence of failure to thrive must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.* The diagnosis describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.
135	I	**SLOWED/FALTERING GROWTH PATTERN** defined as**:** • **Infants birth to up to 2 weeks of age *(at the time of certification)*:** Excessive weight loss after birth, defined as ≥7% birth weight • **Infants 2 weeks up to 6 months of age *(at the time of certification)*:** Any weight loss. Use two separate weights taken at least 8 weeks apart.
141	I	**LOW BIRTH WEIGHT** (>1500 gms - ≤ 2500 gms or >3 lbs. 5oz - ≤ 5 lbs. 8 oz.**) AND** **VERY LOW BIRTH WEIGHT** (≤ 1500 gms or ≤ 3 lbs. 5 oz.)
142	I	**PREMATURITY (Preterm or Early Term Delivery):** • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
151	I	**SMALL FOR GESTATIONAL AGE (SGA)** *Presence of SGA must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
153	I	**BIRTH WEIGHT ≥ 9 LBS (4000 GMS) OR LARGE FOR GESTATIONAL AGE (LGA)** *Presence of LGA must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*

*Based on 2006 World Health Organization international growth standards

RISK CODE	PRIORITY	CRITERION
		BIOCHEMICAL CRITERIA
201	I	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: Hgb. < 11.0 gms. or Hct. < 33%
211	I	**ELEVATED BLOOD LEAD LEVEL:** Blood lead level ≥ 5 ug/dL within the past 12 months
		CLINICAL CRITERIA
341 348 355 342 349 356 343 351 357 344 352a 359 345 352b 360 346 354 362 347	I	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
381	I	**ORAL HEALTH CONDITIONS:** Conditions may include tooth decay (including nursing or baby bottle caries), chronic oral sores/lesions, oral candidiasis, or an abscessed tooth. *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS**: Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
383	I	**NEONATAL ABSTINENCE SYNDROME** Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. 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 and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver.*
603	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS** which are present at the time of certification and which are limited to: jaundice, weak or ineffective suck, difficulty latching onto mother's breast, inadequate stooling (as determined by physician/healthcare professional), < 6 wet diapers per day
		DIETARY CRITERIA
411	IV	**INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS** defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix C)*
428	IV	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** and current chronological age is ≥ 4 months. Infants who meet the eligibility requirements of income, category and residence and who have begun or are expected to begin to consume complementary foods are at risk of inappropriate complementary feeding. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**

RISK CODE	PRIORITY	CRITERION
		assessment of the risk criterion 411 "Inappropriate Nutrition Practices for Infants") has been performed and for whom no other risk(s) is identified.
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through 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. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC
701	II	**INFANT < 6 MONTHS OF AGE, BORN TO WOMAN WHO PARTICIPATED ON WIC DURING THIS PREGNANCY OR INFANT < 6 MONTHS OF AGE, BORN TO WOMAN WHO DID NOT PARTICIPATE ON WIC DURING PREGNANCY BUT WHO WAS AT NUTRITIONAL RISK BASED ON PRIORITY I CRITERIA.** Document mother's nutritional risk in infant's health record.
702	I, IV	**BREASTFED INFANT WHOSE MOTHER IS AT NUTRITIONAL RISK BASED ON PRIORITY I CRITERIA OR BREASTFED INFANT WHOSE MOTHER IS AT NUTRITIONAL RISK BASED ON PRIORITY IV CRITERIA.**
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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; or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
802	IV	**MIGRANCY:** Being a member of a family which has 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	IV	**RECIPIENT OF ABUSE:** Child abuse/neglect (defined as any act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant by a parent/caretaker) within past 6 months as self-reported or as documented by a social worker, health care provider or other appropriate documents, or as reported through consultation with a social worker, health care provider or appropriate personnel.
902	IV	**INFANT OF PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples include, but are not limited to an infant of caregiver with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs ability to feed infant or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

CHILD

ANTHROPOMETRIC CRITERIA

103	III	**UNDERWEIGHT** • For age 12-23 months (weight-for-length ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (BMI-for-age ≤ 5th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) OR **AT RISK OF UNDERWEIGHT** • For age 12-23 months (weight-for-length ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (BMI-for-age ≤ 10th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts)
113	III	**OBESE (Children 2 – 5 years of age):** 2-5 years and BMI-for-age ≥ 95th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts
114	III	**OVERWEIGHT:** age 2-5 years and BMI-for-age ≥ 85th and < 95th percentile as plotted on the 2000 Centers for Disease Control (CDC) 2-20 years gender specific growth charts **OR** **AT RISK OF OVERWEIGHT** based on the presence of one or both of the following: • **Child of obese mother:** Having a biological mother with BMI ≥ 30.0 at time of certification of this child (*BMI must be based on weight and height self-reported by the mother or on weight and height measurements taken by staff at the time of certification. If mother is pregnant or had a baby within the past 6 months, use her pre-pregnancy weight to determine BMI since her current weight will be influenced by pregnancy-related weight gain.)* • **Child of obese father:** Having a biological father with BMI ≥ 30.0 at time of certification of this child (*BMI must be based on weight and height self-reported by the father or on weight and height measurements taken by staff at time of certification.)*
115	III	**HIGH WEIGHT-FOR-LENGTH (Children < 24 months of age):** weight-for-length ≥ 97.7th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*
121	III	**SHORT STATURE** • For age 12-23 months (length-for-age ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (stature-for-age ≤ 5th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) **OR** **AT RISK OF SHORT STATURE** • For age 12-23 months (length-for-age ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (stature-for-age ≤ 10th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) *For children < 2 years old with a history of prematurity (i.e., ≤ 37 weeks gestational age), risk assignment is based on adjusted gestational age.*
134	III	**FAILURE TO THRIVE** *Presence of failure to thrive must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.* The diagnosis describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.
141	III	**HISTORY OF LOW BIRTH WEIGHT** (> 1500 gms - ≤ 2500 gms or > 3 lbs. 5oz - ≤ 5 lbs. 8 oz.) **OR VERY LOW BIRTH WEIGHT** (≤ 1500 gms or ≤ 3 lbs. 5 oz.): current chronological age is < 24 months

*Based on 2006 World Health Organization international growth standards.

RISK CODE	PRIORITY	CRITERION
142	III	**HISTORY OF PREMATURITY (History of Preterm or Early Term Delivery:** Current chronological age is < 24 months of age and • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation gestational age was ≤ 37 weeks
151	III	**HISTORY OF SMALL FOR GESTATIONAL AGE (SGA):** Current chronological age is < 24 months *SGA must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
		BIOCHEMICAL CRITERIA
201	III	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: 1 - < 2 years Hgb. < 11.0 gms. or Hct. < 32.9% 2 - < 5 years Hgb. < 11.1 gms. or Hct. < 33.0%
211	III	**ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 3.5 ug/dL within the past 12 months
		CLINICAL CRITERIA
341 342 343 344 345 346 347 348 349 351 352a 352b 354 355 356 357 359 360 361 362	III	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
381	III	**ORAL HEALTH CONDITIONS**: Conditions may include tooth decay (including nursing or baby bottle caries) or other conditions which interfere with the ability to ingest food in adequate quantity or quality such as chronic oral sores/lesions, abscessed teeth, chronic bleeding gums (gingivitis, periodontal disease), or severe malocclusions. *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
382	III	**FETAL ALCOHOL SPECTRUM DISORDERS.** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
		DIETARY CRITERIA
401	V	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS AND CURRENT CHRONOLOGICAL AGE IS > 24 MONTHS.** Children two years of age and older who meet the income categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to Meet the Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans. **This risk is assigned <u>only</u> to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**

RISK CODE	PRIORITY	CRITERION
425	V	**INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN** defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. (*Refer to Appendix D*)
428	V	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** and current chronological age is < 24 months**.** Children who meet the eligibility requirements of income, category, and residence and who consume complementary foods, eat independently, are being weaned from breast milk or infant formula and begin to transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans,* are at risk of inappropriate complementary feeding. **This risk is assigned <u>only</u> to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through 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. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
801	V	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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; or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
802	V	**MIGRANCY:** Being a member of a family which has 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	V	**RECIPIENT OF ABUSE:** Child abuse/neglect (defined as any act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of a child by a parent/caretaker) within past 6 months as self-reported or as documented by a social worker, health care provider or other appropriate documents, or as reported through consultation with a social worker, health care provider or appropriate personnel.
902	V	**CHILD OF A PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples may include individuals who are**:** • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs ability to feed child or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	V	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	III	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

MEDICAL CONDITIONS

FOR THESE CRITERIA TO APPLY:

- **There must be a diagnosed medical condition present at the time of certification that may jeopardize the individual's nutritional status by its presence or by its treatment, through adverse effect on the ingestion, absorption or utilization of nutrients.**
  - **the presence of the condition must be diagnosed by a physician/physician extender**
  - **the diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/caretaker.**

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Cancer	All Categories 347	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.
Celiac Disease	All Categories 354	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. Also known as: • Celiac Sprue • Gluten-sensitive Enteropathy • Non-tropical Sprue
Central Nervous System Disorders	All Categories 348	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically or both. These include but are not limited to: • Cerebral Palsy (CP) • Epilepsy • Multiple Sclerosis (MS) • Neural tube defects (NTDs), such as Spina Bifida • Parkinson's disease
Depression	Excludes infants 361	Presence of clinical depression, including postpartum depression.
Developmental, Sensory or Motor Disabilities Interfering with Ability to Eat	All Categories 362	Disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Includes disabilities such as but not limited to: • Birth injury • Feeding problems due to developmental disability • Head trauma or brain damage • Minimal brain function • Other disabilities

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Diabetes Mellitus	All Categories 343	Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.
Drug-Nutrient Interactions	All Categories 357	Use of prescription or over-the-counter drugs that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status will be compromised and which will be used for >3 weeks. Examples of prescribed drugs which may be included are: Dilantin, steroids, diuretics, isoniazid, phenobarbital, oral contraceptives, Depo-Provera and many antimicrobials. For additional information, refer to a current drug reference such as a Physician's Desk Reference (PDR), a text such as Food-Medication Interactions, a drug insert, or consult with a pharmacist.
Eating Disorders	Excludes infants and children 358	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including but not limited to: • Alternating periods of starvation • Purgative abuse • Self-induced marked weight loss • Self-induced vomiting • Use of drugs such as appetite suppressants, thyroid preparations or diuretics
Food Allergies	All Categories 353	Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.
Gastrointestinal Disorders	All Categories 342	Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. Diseases/conditions include but not limited to: • Biliary tract diseases • Gastroesophageal reflux disease (GERD) • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Genetic and Congenital Disorders	All Categories 349	Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. Disorders include but are not limited to: • Aplasitic, hypoplastic or hemolytic anemia • Bleeding disorders such as hemophilia • Cleft lip or palate • Down's syndrome • Fragile X • Muscular dystrophy • Muscular dystrophy • Prader-Willi • Sickle cell anemia (not sickle cell trait) • Symptomatic congenital cardiovascular defects • Thalassemia major
Hypertension and Prehypertension	All Categories 345	Hypertension: persistently high arterial blood Pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg Prehypertension: blood pressure readings between 130/80 to 139/89 mm Hg
Hypoglycemia	All Categories 356	Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age (SGA).
Inborn Errors of Metabolism	All Categories 351	Generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: • Galactosemia • Hyperlipoproteinemia • Maple syrup urine disease (MSUD) • Phenylketonuria (PKU) • Tyrosinemia
Infectious Diseases-Acute	All Categories 352a	Acute conditions are characterized by a single or repeated episode of relatively rapid onset and short duration. The infectious disease must be present within the past 6 months. Diseases include, but not limited to: • Hepatitis A • Hepatitis E • Meningitis (Bacterial/Viral) • Parasitic Infections

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
		• Listeriosis • Pneumonia • Bronchitis (3 episodes in last 6 months)
Infectious Diseases-Chronic	All Categories 352b	Chronic conditions are likely lasting a lifetime and require long-term management of symptoms. The infectious disease must be present within the past 6 months. Diseases include, but not limited to: • Human immunodeficiency virus infection (HIV) • Acquired immunodeficiency syndrome (AIDS) • Hepatitis D • Hepatitis B • Hepatitis C
Lactose Intolerance	All Categories 355	Syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.
Nutrient Deficiency or Disease	All Categories 341	Any currently treated or untreated nutrient deficiency or disease. Diseases caused by insufficient dietary intake of macro and micronutrients. Treated or untreated. Diseases include, but not limited to: • Protein-Energy Malnutrition • Scurvy • Rickets • Beriberi • Hypocalcemia • Osteomalacia • Vitamin K deficiency • Pellagra • Xerophthalmia • Iron deficiency

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Other Medical Conditions	All Categories 360	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. Diseases include but are not limited to: • Adrenocorticoid disorders such as Cushing's syndrome and Addison's disease • Broncho-pulmonary dysplasia (BPD) requiring treatment within the past year (for infants and children only) • Cardiorespiratory diseases (congestive heart failure) • Cystic fibrosis • Emphysema *(for women only)* • Heart disease (coronary heart disease, valvular disease, cardiac arrhythmias, hyperlipidemia, hyperlipoproteinemia) • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus • Persistent asthma (moderate or severe) requiring daily medication • Severe atopic conditions such as extensive eczema *(for infants and children only*
Pre-Diabetes	Postpartum and Breastfeeding 363	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT). These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.
Recent Major Surgery, Trauma, Burns	All Categories 359	Major surgery (including C-sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence: • within the past two (≤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

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Neonatal Abstinence Syndrome	Infant Category 383	Symptoms of NAS generally involve the central nervous system, autonomic nervous system, and the gastrointestinal tract. The severity of the infant's symptoms is commonly assessed using the Modified Finnegan Score Sheet. The Modified Finnegan Score Sheet consists of 21 symptoms that are associated with NAS. Following the determination of a baseline score, infants are assessed every 4 hours unless the severity of the symptoms requires more frequent monitoring. The following list includes symptoms associated with NAS: • Loud, high-pitched crying • Sweating • Yawning • Sleep disturbances • Feeding difficulties • Poor weight gain • Excessive sucking • Regurgitation • Diarrhea
Renal Disease	All Categories 346	Any renal disease including pyelonephritis and persistent proteinuria but excluding urinary tract infection (UTI) involving the bladder.
Thyroid Disorders	All Categories 344	Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. These conditions include but not limited to: • Congenital Hyperthyroidism • Congenital Hypothyroidism • Hyperthyroidism • Hypothyroidism • Postpartum Thyroiditis

Inappropriate Nutrition Practices for Women – 427

Inappropriate nutrition practices are defined as routine practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below.

Inappropriate Nutrition Practices for Women	Examples of Inappropriate Nutrition Practices
427.1 Consuming dietary supplements with potentially harmful consequences	Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▪ Single or multiple vitamins ▪ Mineral supplements ▪ Herbal or botanical supplements/remedies/teas ▪ ▪
427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.	▪ Strict vegan diet ▪ Low-carbohydrate, high-protein diet ▪ Macrobiotic diet ▪ Any other diet restricting calories and/or essential nutrients
427.3 Compulsively ingesting non-food items (pica).	Non-food items: ▪ Ashes; ▪ Baking soda; ▪ Burnt matches; ▪ Carpet fibers; ▪ Chalk; ▪ Cigarettes; ▪ Clay; ▪ Dust; ▪ Large quantities of ice and/or freezer frost; ▪ Paint chips ; ▪ Soil; ▪ Starch (laundry and cornstarch).
427.4 Inadequate vitamin/ mineral supplementation recognized as essential by national public health policy.	▪ Consumption of less than 27 mg of iron as a supplement daily by pregnant woman ▪ Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women ▪ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman
427.5 Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.	Potentially harmful foods: ▪ Raw fish or shellfish, including oysters, clams, mussels, and scallops; ▪ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; ▪ Raw or undercooked meat or poultry; ▪ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; ▪ Refrigerated pâté or meat spreads ▪ Unpasteurized milk or foods containing unpasteurized milk ▪ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; ▪ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▪ Raw sprouts (alfalfa, clover, and radish); or ▪ Unpasteurized fruit or vegetable juice

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Inappropriate Nutrition Practices for Infants – 411

Inappropriate nutrition practices are defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices
411.1 Routinely using a substitute(s) for breast milk or FDA-approved iron-fortified formula as the primary nutrient source during the first year of life.	Examples of substitutes: ▪ Low-iron formula without iron supplementation. ▪ Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk. ▪ Imitation or substitution milks (such as rice- or-soy-based beverages, non-dairy creamer) or other "homemade concoctions".
411.2 Routinely using nursing bottles or cups improperly.	Examples of improper use of nursing bottles or cups: ▪ Using a bottle to feed fruit juice. ▪ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▪ Allowing infant to fall asleep/be put to bed with a bottle at naps or bedtime. ▪ Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▪ Propping the bottle when feeding. ▪ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▪ Adding any food (cereal or other solid foods) to the infant's bottle.
411.3 Routinely offering complementary foods* or other substances that are inappropriate in type or timing. **Complementary foods are any foods or beverages other than human milk or infant formula.*	Examples of inappropriate complementary foods: ▪ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier ▪ Introducing any food other than human milk or iron-fortified infant formula before 6 months of age.
411.4 Routinely using feeding practices that disregard the developmental needs or stage of the infant.	▪ Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues). ▪ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ▪ Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▪ Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices
411.5 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.	Examples of potentially harmful foods: • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. • Honey (added to liquid or solids, used in cooking, as part of processed foods, on a pacifier, etc.). • Raw or undercooked meat, fish, poultry, or eggs. • Raw vegetable sprout (alfalfa, clover, bean, and radish). • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). • Donor human milk acquired directly from individuals or the Internet.
411.6 Routinely feeding inappropriately diluted formula.	• Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription.
411.7 Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.	Examples of inappropriate frequency of nursing: • Scheduled feedings instead of demand feedings • Less than 8 feedings in 24 hours if less than 2 months of age
411.8 Routinely feeding a diet very low in calories and/or essential nutrients	Examples: • Strict vegan diet. • Macrobiotic diet. • Other diets very low in calories and/or essential nutrients.
411.9 Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula.	Limited or no access to a: • Safe water supply (documented by appropriate officials, e.g. municipal or health department authorities). • Heat source for sterilization. • Refrigerator or freezer for storage. Failure to prepare, handle and store bottles, storage containers or breast pumps properly. Examples include: <u>Human Milk</u>: • Thawing/heating in a microwave oven. • Refreezing. • Adding freshly expressed unrefrigerated human milk to frozen human milk. • Adding freshly pumped, chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk. • Feeding thawed human milk more than 24 hours after it was thawed. • Saving human milk from a used bottle from another feeding. • Failure to clean breast pump per manufacturer's instruction. • Feeding donor human milk acquired directly from individuals or the Internet. <u>Formula</u>: • Failure to prepare and/or store formula per manufacturer's or physician instructions • Storing at room temperature for more than one (1) hour • Using formula in a bottle one (1) hour after the start of a feeding • Saving formula from a used bottle for another feeding

	• Failure to clean baby bottle properly
411.10 Feeding dietary supplements with potentially harmful consequences	Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences: • Single or multi-vitamins • Mineral supplements. • Herbal or botanical supplements/remedies/teas.
411.11 Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.	▪ Infants 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▪ Infants who are exclusively breastfed, or who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.

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Inappropriate Nutrition Practices for Children – 425

Inappropriate nutrition practices are defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices
425.1 Routinely feeding inappropriate beverages as primary milk source.	Examples of inappropriate beverages as primary milk source: ▪ Non-fat or reduced-fat milks (between 12 and 24 months of age unless allowed by State agency policy for a child for whom overweight, or obesity is a concern) or sweetened condensed milk. ▪ Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified) or other "homemade concoctions".
425.2 Routinely feeding a child any sugar-containing fluids.	Examples of sugar-containing fluids: • Soda/soft drinks; • Gelatin water; • Corn syrup solutions; and • Sweetened tea.

425.3 Routinely using nursing bottles, cups or pacifiers improperly.	• Using a bottle to feed
	  • Fruit juice, or
	  • Diluted cereal or other solid foods.
	• Allowing the child to fall asleep or be put to bed with bottle at naps or bedtime.
	• Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier.
	• Using a bottle for feeding/drinking beyond 14 months of age.
	• Using a pacifier dipped in sweet agents such as sugar, honey, or syrups.
	• Allowing a child to carry around and drink throughout the day from a covered or training cup.

425.4 Routinely using feeding practices that disregard the developmental needs or stage of the child.	• Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food/beverage or ignoring a hungry child's requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices
425.5 Feeding foods to a child that could be contaminated with harmful microorganisms.	Examples of potentially harmful foods for a child: ▪ Unpasteurized fruit or vegetable juice. ▪ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. ▪ Raw or undercooked meat, fish, poultry, or eggs. ▪ Raw vegetable sprouts (such as alfalfa, clover, bean, and radish). ▪ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).
425.6 Routinely feeding a diet very low in calories and/or essential nutrients.	Examples: ▪ Vegan diet ▪ Macrobiotic diet ▪ Other diets very low in calories and/or essential nutrients
425.7 Feeding dietary supplements with potentially harmful consequences.	Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences: ▪ Single or multi-vitamins; ▪ Mineral supplements; and ▪ Herbal or botanical supplements/remedies/teas
425.8 Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.	▪ Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▪ Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▪ Not providing 400 IU of Vitamin D if a child consumes less than 1 liter (or 1 quart) of Vitamin D fortified milk or formula.
425.9 Routine ingestion of non-food items (pica).	Examples of inappropriate non-food items ▪ Ashes; ▪ Carpet fibers; ▪ Cigarettes/cigarette butts; ▪ Clay; ▪ Dust; ▪ Foam rubber; ▪ Paint chips; ▪ Soil; ▪ Starch (laundry and cornstarch).