

SECTION: CERTIFICATION

SUBJECT: Eligibility Requirement

ITEM: Determining Anthropometric Nutrition Need for All Categories

Policy

Qualified Staff shall assess whether an anthropometric nutrition need exists at each certification using the anthropometric assessment tools/methods stated below and the appropriate screens in the Integrated Statewide Information System (ISIS).

Required Procedures

- I. Height and weight measurements are required at each certification. Methods for obtaining this information include:
 - A. WIC referral form (enter R code)
 - B. Medical or clinical record (enter M code),
 - C. Weigh and measure the participant accurately at the WIC site (Enter W code).
 1. The recumbent length shall be used for infants and children under 24 months of age.
 2. Standing height shall be used for women and children 24 months of age and older.
 3. Shoes and heavy outer clothing shall be removed.
 - D. Crib card (enter C code – for infants less than 60 days old only)
 - E. Information relayed directly from a medical provider (Enter O code and provide an explanation using the Family Comments Screen).
 - F. Other sources of anthropometric data (enter O code and provide an explanation on how the data was obtained using the Family Comments Screen).
- II. Verbal data from the participant/caretaker cannot be used for *certification*.
- III. Measurements shall be dated within 60 days prior to the date of the certification, and be category specific. LA staff shall document current length/height and weight measurements by entering it into ISIS Health Information and Growth Chart/Weight screens.

- IV. The LA shall have convenient access to appropriate weighing and measuring equipment (scales and stadiometers for adults, infant scales and recumbent measuring boards for infants). Scales shall be calibrated on an annual basis.
- V. The LA shall document indicator(s) of anthropometric nutrition need(s) in ISIS as identified during assessment(s) throughout the certification period.
- VI. The LA shall obtain the individual recommended prenatal weight gain goal from the Health Care Provider (HCP) for all women with a *multi-fetal gestation*.
 - a. LA staff shall use the prenatal *WIC Referral Form* as the source document to obtain and update the recommended weight gain goal, and record the weight gain goal in the Individual Nutrition Education Plan (INEP) screen for future reference.
 - b. If after making a reasonable effort, the LA is not successful in obtaining the information from the HCP, a note regarding the specific efforts made to obtain the information shall be documented in the INEP.

Note: The 2009 IOM weight gain guidelines for *multi-fetal* pregnancies are *provisional* because certain conditions, such as the number of fetuses in an individual's pregnancy, may necessitate the individual's weight gain goal be increased beyond the upper limit. The ranges programmed into ISIS for multi-fetal pregnancies may be too low in some cases, particularly for the underweight category. Therefore, communication with the healthcare provider is essential in determining the individual weight gain goal. (See [Multi-Fetal Gestation \(C45\) protocol](#))

Exceptions

I. INFANTS UNDER EIGHT WEEKS OF AGE

Newborn infants under eight weeks of age who cannot be weighed and measured at certification for a reason determined appropriate by the LA and for whom all other necessary information is provided, may be exempt from an anthropometric assessment. After being single issued once, these infants shall be present at the next appointment by eight weeks of age to complete their enrollment, including anthropometric assessment, and issue further FIs.

II. PREGNANT WOMEN

Obtain the pre-pregnancy weight (non-certification data) from the medical referral form, the medical record, medical provider, or participant's estimate. Refer to WPM 210-09 for more information.

III. DISABLED PARTICIPANTS

LA staff shall excuse an applicant or participant from anthropometric assessment when obtaining the data would present an unreasonable barrier to current participation under circumstances defined by the Americans with Disabilities Act. When this occurs, the LA shall document the reason for the exemption in family comments and make realistic efforts to obtain the data.

Guidelines

Local Agencies are encouraged to assess weight gain status on a frequent basis to monitor prenatal weight gain.

Authority

7 CFR 246. 7 (e)

WRO Policy Memos 803-10

USDA Policy Memorandum 98-9, Revision 10, Nutrition Risk Criteria

State agency directive(s)

Value Enhanced Nutrition Assessment (VENA), Appendix A-1

WRO Policy Memo 05-27-11: Transmittal of New and Revised Nutrition Risk Criteria

Resources

USDA Risk Descriptions

http://www.cdph.ca.gov/programs/wicworks/local_Agencies/WPM_Resources/USDA_Risk_Descriptions-

California Department of Public Health Prenatal Weight Gain Grids:

<http://www.cdph.ca.gov/programs/wicworks/Pages/PrenatalWeightGain.aspx>

CHDP Health Assessment Guidelines:

www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx

[Appendix E: Equipment Guide for Measuring and Weighing](#) for minimum criteria for equipment used to obtain length/height and weight measurements.

BMI chart: www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm

NOTE: ISIS calculates BMI-for-age (for children 24 months of age or older) using stature (standing height).

[WIC Appendix 970-80](#) for height and weight conversion charts

National Center Health Statistics/CDC growth charts:

www.nal.usda.gov/wicworks/Learning_Center/Assessment_growthcharts.html

Abbreviated Body Mass Index (BMI) Table” to determine parental obesity (BMI >30):

http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm

ANTHROPOMETRIC CRITERIA

210-10

The table includes the anthropometric criteria to assess nutritional needs of women, infants, and children. The priority levels are indicated for each category and the ISIS risk code and corresponding USDA risk code is provided for reference. "N" indicates that ISIS will generate the question "Do you want to see the Nutritionist?" on the Summary screen when this risk code is identified.

ISIS CODE (USDA CODE)	INDICATOR OF NUTRITIONAL NEED DEFINITIONS	PRIORITIES				
		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
A10 (101, 103)	Underweight: Birth to <24 months: $\leq 2.3^{\text{rd}}$ percentile (under 24 months use weight for length or height); 2-5 Years: $\leq 5^{\text{th}}$ percentile BMI for age Pregnant women - Pregravid Body Mass Index (BMI) < 18.5	I			I N	III N
A11 (103)	At Risk of Underweight: *Birth to <24 months: $\geq 2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile weight for length 2-5 Years: $> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile BMI for age				I	III
A12 (101)	Underweight: Current BMI < 18.5		Most recent pregnancy I	Most recent pregnancy VI		

ANTHROPOMETRIC CRITERIA

210-10

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
A20 (111)	Overweight: Pregravid BMI ≥ 25.0 to 29.9	I				
A21 (111)	Very overweight: Pregravid BMI ≥ 30.0	I				
A22 (111)	Overweight: Non-Breastfeeding and Breastfeeding Women < 6 Months Postpartum ■ Pregravid BMI ≥ 25.0 to 29.9 Breastfeeding Women ≥ 6 months postpartum ■ Current BMI ≥ 25.0 to 29.9		Pregravid, current I	Pregravid VI		
A23 (111)	Very overweight: Non-Breastfeeding and Breastfeeding Women < 6 Months Postpartum ■ Pregravid BMI ≥ 30 Breastfeeding Women > 6 months postpartum		Pregravid, current I	Pregravid VI		

ANTHROPOMETRIC CRITERIA

210-10

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
	■ Current BMI ≥ 30					
A24 (113)	Overweight: 2-5 Years: ≥95 th percentile (BMI-for-age) for children 24 months or older					≥24 months III
A25 (152)	Low Head Circumference: ≤2.3 rd percentile				I N	<24 months III
A26 (114)	At Risk of Overweight: ≥ 85 th percentile and < 95 th percentile (BMI-for-age)					≥ 24 months III
A27 (114)	At Risk of Overweight: under 12 months of age and born to a woman who was obese (BMI ≥ 30) at conception or at any point in the 1 st trimester				I	
A28	At Risk of Overweight: 12 months of age					III

ANTHROPOMETRIC CRITERIA

210-10

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
(114)	or older with a biological mother who is obese (BMI ≥ 30) at certification <i>(If the mother is pregnant or has had a baby within the past 6 months, use her preconceptual weight to assess for obesity)</i>					
A29 (114)	At Risk of Overweight: infant or child with a biological father who is obese (BMI ≥ 30) at certification				I	III
A30 (115)	High Weight for Length: Birth to <24 months ≥97.7th percentile weight for length				I	<24 months III
A31 (121)	Short Stature: <ul style="list-style-type: none"> ■ Birth to <24 months ≤2.3rd percentile (height or length for age) ■ ≥24 months ≤5th percentile height for age 				I N	III N
A32 (121)	At Risk of Short Stature: <ul style="list-style-type: none"> ■ Birth to <24 months >2.3rd percentile and ≤5th percentile length 				I	III

ANTHROPOMETRIC CRITERIA

210-10

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
	for age. <ul style="list-style-type: none"> ■ >24 months: >5th percentile and ≤10 					
A40 (131, 132)	<p>Inadequate Weight Gain/Weight Loss:</p> <ol style="list-style-type: none"> 1. A low rate of weight gain in the 2nd or 3rd trimester for singleton pregnancies: <ul style="list-style-type: none"> ■ Underweight women gain < 1 lb/wk ■ Normal women gain < .8 lbs/wk ■ Overweight women gain < .5 lbs/wk ■ Very overweight women gain < .4 lbs/wk 2. Low weight gain at any point in pregnancy using IOM based weight gain grid 3. Weight loss: <ul style="list-style-type: none"> ■ any weight loss > 4 lbs. during 1st trimester ■ ≥ 2 lbs. in 2nd or 3rd trimesters 	I				

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210-10

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN														
A46 (133)	High Maternal Weight Gain Total (most recent pregnancy only):		Most recent pregnancy	Most recent pregnancy																
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A47 (133)	High Maternal Weight Gain Rate in the 2nd and 3rd trimesters, for singleton pregnancies:	I																		
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High weight gain at any point in pregnancy using IOM based weight gain grid.																				

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210-10

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
A49 (141)	Very Low Birth Weight: ≤ 3 lbs, 5 oz or ≤ 1500 g for infants and children under 24 months of age				I	III
A50 (141)	Low Birth Weight: ≤ 5 lbs, 8 oz. or ≤ 2500 g for infants and children under 24 months of age				I	III
A51 (142)	Preterm Birth: < 37 weeks gestation for infants/children under 24 months of age				I	III

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210-10

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A61 (135)	<p>Inadequate Growth for Infants:</p> <p>1. Birth to 1 month: Excessive weight loss after birth and/or not back to birth weight by 2 weeks of age</p> <p>2. Birth to 6 months of age: Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the expected weight gain (based on the table below):</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Avg. weight gain</th> </tr> </thead> <tbody> <tr> <td>Birth - 1 mo</td> <td>4 ½ oz/wk</td> </tr> <tr> <td>1 - 2 mos</td> <td>6 ¼ oz/wk</td> </tr> <tr> <td>2 - 3 mos</td> <td>4 ½ oz/wk</td> </tr> <tr> <td>3 - 4 mos</td> <td>4 oz/wk</td> </tr> <tr> <td>4 - 5 mos</td> <td>3 ½ oz/wk</td> </tr> <tr> <td>5 - 6 mos</td> <td>3 oz/wk</td> </tr> </tbody> </table>	Age	Avg. weight gain	Birth - 1 mo	4 ½ oz/wk	1 - 2 mos	6 ¼ oz/wk	2 - 3 mos	4 ½ oz/wk	3 - 4 mos	4 oz/wk	4 - 5 mos	3 ½ oz/wk	5 - 6 mos	3 oz/wk				I N	
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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN						
A62 (135)	<p>Inadequate Growth for Infants and Children 6 months to 59 months of age: based on 2 weights taken at least 3 months apart, the infant/child's actual weight gain is less than the expected weight gain (based on the table below):</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Avg weight gain</th> </tr> </thead> <tbody> <tr> <td>6 - 12 mos</td> <td>9.5 oz/month</td> </tr> <tr> <td>12 - 59 mos</td> <td>2.7 oz/month</td> </tr> </tbody> </table>	Age	Avg weight gain	6 - 12 mos	9.5 oz/month	12 - 59 mos	2.7 oz/month				I	III
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12 - 59 mos	2.7 oz/month											
A91* (153)	Large for Gestational Age (LGA): birth weight \geq 9 lbs or \geq 4000 g				I							
A92* (153)	Small for Gestational Age (SGA): as diagnosed by a physician as self-reported by applicant/participant/caregiver					< 2 months III						
*Condition diagnosed by a physician and self-reported by the applicant/participant/caregiver, or as reported or documented by a physician or someone working under a physician's orders.												