

SECTION: CERTIFICATION

SUBJECT: Eligibility Requirement

ITEM: Determining Anthropometric Nutrition Need for All Categories

Purpose

To provide local agencies (LA) standardized procedures for determining anthropometric risk when certifying women infants, and children for WIC benefits; to define allowable anthropometric risk criteria, and to indicate the priority level for each anthropometric risk and participant category.

Policy

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

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).

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- 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.

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)

Resources

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

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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: Infants/Children - <5 th percentile (under 24 months use weight for length or height; 24 months or older use BMI for age) Pregnant women - Pregravid Body Mass Index (BMI) < 18.5	I			I N	III N
A11 (103)	At Risk of Underweight: 6 th to 10 th percentile (under 24 months use weight for length or height; 24 months or older use BMI-for-age).				I	III
A12 (101)	Underweight: Current BMI < 18.5		Most recent pregnancy I	Most recent pregnancy VI		
A20 (111)	Overweight: Pregravid BMI ≥ 25.0 to 29.9	I				

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
A21 (111)	Very overweight: Pre gravid BMI \geq 30.0	I				
A22 (111)	Overweight: Non-Breastfeeding and Breastfeeding Women < 6 Months Postpartum <ul style="list-style-type: none"> Pre gravid BMI \geq 25.0 to 29.9 Breastfeeding Women \geq 6 months postpartum <ul style="list-style-type: none"> Current BMI \geq25.0 to 29.9 		Pre gravid, current I	Pre gravid VI		
A23 (111)	Very overweight: Non-Breastfeeding and Breastfeeding Women < 6 Months Postpartum <ul style="list-style-type: none"> Pre gravid BMI \geq 30 Breastfeeding Women > 6 months postpartum <ul style="list-style-type: none"> Current BMI \geq 30 		Pre gravid, current I	Pre gravid VI		

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		PREGNANT WOMEN	BREASTFEEDING WOMEN	NONBREAST-FEEDING WOMEN	INFANTS	CHILDREN
A24 (111)	Overweight: > 95 th percentile (BMI-for-age) for children 24 months or older					III
A25 (152)	Low Head Circumference: < 5 th percentile				I N	
A26 (113)	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 (114)	At Risk of Overweight: 12 months of age or older with a biological mother who is obese (BMI ≥ 30) at certification					III
A29 (114)	At Risk of Overweight: infant or child with a biological father who is obese (BMI ≥ 30) at certification				I	III
A31 (121)	Short Stature: < 10 th percentile (height or length for age)				I	III

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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																			
A46 (133)	<p>High Maternal Weight Gain Total (most recent pregnancy only):</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Singleton</th> <th>Twins</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>> 40 lbs</td> <td>Not available</td> </tr> <tr> <td>Normal weight</td> <td>> 35 lbs</td> <td>> 54 lbs</td> </tr> <tr> <td>Overweight</td> <td>> 25 lbs</td> <td>> 50 lbs</td> </tr> <tr> <td>Very overweight</td> <td>> 20 lbs</td> <td>> 42 lbs</td> </tr> </tbody> </table>	Category	Singleton	Twins	Underweight	> 40 lbs	Not available	Normal weight	> 35 lbs	> 54 lbs	Overweight	> 25 lbs	> 50 lbs	Very overweight	> 20 lbs	> 42 lbs		Most recent pregnancy I	Most recent pregnancy VI		
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A47 (133)	<p>High Maternal Weight Gain Rate in the 2nd and 3rd trimesters, for singleton pregnancies:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Singleton</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>> 1.3 lbs per week</td> </tr> <tr> <td>Normal weight</td> <td>> 1 lb per week</td> </tr> <tr> <td>Overweight</td> <td>> .7 lbs per week</td> </tr> <tr> <td>Very overweight</td> <td>> .6 lbs per week</td> </tr> </tbody> </table> <p>OR</p> <p>High weight gain at any point in pregnancy using IOM based weight gain grid.</p>	Category	Singleton	Underweight	> 1.3 lbs per week	Normal weight	> 1 lb per week	Overweight	> .7 lbs per week	Very overweight	> .6 lbs per week	I				
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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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A61 (135)	<p>Inadequate Growth for Infants:</p> <p>1. Birth to 1 month:</p> <p>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:</p> <p>Based on 2 weights taken at least 1month 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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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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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.												