

History of Birth with Nutrition Related Congenital or Birth Defect**Definition/
cut-off value**

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.

Pregnant Women: any history of birth with nutrition-related congenital or birth defect
Breastfeeding/Non-Breastfeeding: most recent pregnancy

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

**Participant
category and
priority level****Category****Priority**

Pregnant Women

I

Breastfeeding Women

I

Non-Breastfeeding Women

III, IV, V, or VI

Justification

The single greatest risk factor for a pregnancy with a neural tube defect is a personal or family history of such a defect. More than 50% of recurrences can be prevented by taking folic acid before conception. Recent studies suggest that intake of folic acid may also be inversely related to the occurrence of cleft lip and palate. The WIC Program provides nutrition education and folic acid-rich foods to women to help prevent future birth defects.

Recurrent birth defects can also be linked to other inappropriate nutritional intake prior to conception or during pregnancy, such as inadequate zinc (LBW) or excess vitamin A (cleft palate or lip). The food package and nutrition education provided to WIC participants help women at risk make food choices that provide appropriate nutrient levels.

References

1. Federal Register, Part III, DHHS, FDA, 21 CFR Part 101, Food Labeling: Health Claims and Label Statements, Folate and Neural Tube Defects. Proposed and Final Rule. March 5, 1996;61;44:8752-8781.
2. Institute of Medicine. WIC nutrition risk criteria a scientific assessment. National Academy Press, Washington, D.C.; 1996.

Clarification

Self-reporting for "History of..." conditions should be treated in the same manner as self-reporting for current conditions requiring a physicians diagnosis, i.e., the applicant may report to the CPA that s/he was diagnosed by a physician with a given condition at some point in the past. As with current conditions, self-diagnosis of a past condition should never be confused with self-reporting.