

## Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy

**Definition/  
cut-off value**

Infant born of a woman:

- diagnosed with mental retardation by a physician or psychologist as self- reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist, or someone working under physician's orders; or
- documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy

**Participant  
category and  
priority level**

**Category**

**Priority**

Infants

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**Justification**

Cognitive limitation in a parent or primary caretaker has been recognized as a risk factor for failure to thrive (FTT) as well as for abuse and neglect. The retarded caretaker may not exhibit the necessary parenting skills to promote beneficial feeding interactions with the infant (1, 2). Maternal mental illnesses such as severe depression and maternal chemical dependency, also represent social risk factors for FTT. Chemical dependency is also strongly associated with abuse and neglect. In 22 States, 90% of caretakers reported for child abuse are active substance abusers (3). All of these maternal conditions may contribute to a lack of synchrony between the infant and mother during feeding and therefore interfere with the infant's growth process. Nutrient intake depends on the synchronization of maternal and infant behaviors involved in feeding interactions (2, 4).

**References**

1. Accardo PJ, Whitman BY. Children of mentally retarded parents. *Am.J.Dis.Child* 1990;144:69-70.
2. Grand RJ, Sutphen JL, Dietz WH. *Pediatric nutrition theory and practice*. Boston: Butterworths, 1987.
3. McCullough C. The Child Welfare Response. In: *The Future of Children*. California: The David and Lucile Packard Foundation; 1991;1;(1):61-71.
4. Pollitt E, Wirtz S. Mother-infant feeding interaction and weight gain in the first month of life. *J.Am.Diet.Assoc.* 1981;78:596-601.
5. WIC Program Regulations; Sect. 246.7(e)(2)(ii).

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**Clarification** Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

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