703 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:

- Presence of mental retardation 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; or
- Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy.

See Clarification for more information about self-reporting a diagnosis.

**Participant Category and Priority Level**

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<th>Category</th>
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<td>Infants</td>
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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**

5. WIC Program Regulations; Sect. 246.7(e)(2)(ii).
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.