

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned															
1	101	Underweight Women Breastfeeding Women <6 months postpartum: <ul style="list-style-type: none"> Prepregnancy or current Body Mass Index (BMI) <18.5 Breastfeeding Women ≥ 6 months postpartum: <ul style="list-style-type: none"> Current Body Mass Index (BMI) <18.5 	✓															
1	111	Overweight Women Breastfeeding Women <6 months postpartum: <ul style="list-style-type: none"> Prepregnancy Body Mass Index (BMI) ≥ 25 Breastfeeding Women ≥ 6 months postpartum: <ul style="list-style-type: none"> Current Body Mass Index (BMI) ≥ 25 	✓															
1	133	High Maternal Weight Gain <u>Singleton Pregnancies:</u> Breastfeeding or Non-breastfeeding women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on prepregnancy Body Mass Index (BMI), as follows: <table border="0" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Prepregnancy Weight Groups</u></th> <th style="text-align: left;"><u>Definition</u></th> <th style="text-align: left;"><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td><u>Underweight</u></td> <td><u>BMI <19.8</u></td> <td><u>>40 lbs</u></td> </tr> <tr> <td><u>Normal Weight</u></td> <td><u>BMI 19.8 to 26.0</u></td> <td><u>>35 lbs</u></td> </tr> <tr> <td><u>Overweight</u></td> <td><u>BMI 26.1 to 29.0</u></td> <td><u>>25 lbs</u></td> </tr> <tr> <td><u>Obese</u></td> <td><u>BMI >29.0</u></td> <td><u>>15 lbs</u></td> </tr> </tbody> </table> <u>Multifetal pregnancies:</u> no recommendation for upper limit for multifetal gestations at this time	<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>	<u>Underweight</u>	<u>BMI <19.8</u>	<u>>40 lbs</u>	<u>Normal Weight</u>	<u>BMI 19.8 to 26.0</u>	<u>>35 lbs</u>	<u>Overweight</u>	<u>BMI 26.1 to 29.0</u>	<u>>25 lbs</u>	<u>Obese</u>	<u>BMI >29.0</u>	<u>>15 lbs</u>	
<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>																
<u>Underweight</u>	<u>BMI <19.8</u>	<u>>40 lbs</u>																
<u>Normal Weight</u>	<u>BMI 19.8 to 26.0</u>	<u>>35 lbs</u>																
<u>Overweight</u>	<u>BMI 26.1 to 29.0</u>	<u>>25 lbs</u>																
<u>Obese</u>	<u>BMI >29.0</u>	<u>>15 lbs</u>																
1	201	Low Hemoglobin/Hematocrit Hemoglobin or Hematocrit concentration below the 95 percent confidence level (i.e., below the .025 percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy. <p>Non-Smoking</p> 12 to 14 Years of Age: < 11.8 hgb/35.7 hct 15 to 17 Years of Age: < 12.1 hgb/35.9 hct 18 Years of age or Older: < 12.0 hgb/35.7 hct <p>Smoking Less than 1 (<1) Pack per Day</p> 12 to 14 Years of Age: < 12.1 hgb/36.7 hct 15 to 17 Years of Age: < 12.3 hgb/36.9 hct 18 Years of age or Older: < 12.3 hgb/36.7 hct <p>Smoking 1 to 2 (≥1 and ≤ 2) Packs per Day</p> 12 to 14 Years of Age: < 12.3 hgb/37.2 hct 15 to 17 Years of Age: < 12.5 hgb/37.4 hct 18 Years of age or Older: < 12.5 hgb/37.2 hct																

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
	201 (continued)	Smoking more than 2 (\geq2) Packs per Day 12 to 14 Years of Age: < 12.5 hgb/37.7 hct 15 to 17 Years of Age: < 12.7 hgb/37.9 hct 18 Years of age or Older: < 12.7 hgb/37.7 hct	
1	303	History of Gestational Diabetes Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Presence of gestational diabetes diagnosed by a physician as self-reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.	✓
1	311	History of Preterm Delivery Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant at \leq 37 weeks gestation.	
1	312	History of Low Birth Weight Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant weighing \leq 5 lbs 8 oz (\leq 2500 grams).	
1	321	History of Spontaneous Abortion, Fetal Loss, or Neonatal Loss Breastfeeding (most recent pregnancy only): A multifetal gestation in which one or more fetal or neonatal deaths occurred but with one or more infants still living. 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.	
1	331	Pregnancy at a Young Age Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception \leq 17 years of age.	✓
1	332	Closely Spaced Pregnancies Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception before 16 months postpartum.	
1	333	High Parity and Young Age Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.	
1	335	Multifetal Gestation Breastfeeding or Non-breastfeeding women (most recent pregnancy only): More than 1 fetus in most recent pregnancy.	✓
1	337	History of Birth of a Large for Gestational Age Infant Breastfeeding or Non-breastfeeding women (most recent pregnancy only): History of giving birth to an infant weighing greater than or equal to (\geq) 9 lbs. (4000 grams). 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 a physician's orders.	

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
1	339	<p>History of Birth with Nutrition Related Congenital or Birth Defect Breastfeeding or Non-breastfeeding women (most recent pregnancy only): 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. 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 a physician's orders.</p>	✓
1	341	<p>Nutrient Deficiency Diseases Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia <p>Presence of a nutrient deficiency disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</p>	✓
1	342	<p>Gastro-Intestinal Disorders Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Stomach or intestinal ulcers • Small bowel enterocolitis and syndrome • Malabsorption syndromes • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Gallbladder disease • Gastroesophageal reflux (GER) <p>Presence of gastro-intestinal disorders 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.</p>	✓
1	343	<p>Diabetes Mellitus Presence of diabetes mellitus 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.</p>	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
1	344	<p>Thyroid Disorders Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Presence of thyroid disorders 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.</p>	✓
1	345	<p>Hypertension (Including Chronic and Pregnancy-Induced) Presence of hypertension 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.</p>	✓
1	346	<p>Renal Disease Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease 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.</p>	✓
1	347	<p>Cancer A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer 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.</p>	✓
1	348	<p>Central Nervous System Disorder Conditions which affect energy requirements, ability to feed self or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Epilepsy • Cerebral Palsy(CP) and • Neural Tube Defects (NTD), such as: <ul style="list-style-type: none"> • Spina Bifida • Parkinson's Disease • Multiple Sclerosis (MS) <p>Presence of central nervous system disorders 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.</p>	✓
1	349	<p>Genetic Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia (<u>not</u> sickle cell trait) 	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
	349 (continued)	<ul style="list-style-type: none"> • Muscular dystrophy Presence of genetic and congenital disorders 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.	
1	351	Inborn Errors of Metabolism Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders. Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but limited to: <ul style="list-style-type: none"> • Phenylketonuria (PKU) • Maple syrup urine disease • Galactosemia • Hyperlipoproteinemia • Homocystinuria • Tyrosinemia • Histidinemia • Urea cycle disorders • Glutaric aciduria • Methylmalonic acidemia • Glycogen storage disease • Galactokinase deficiency • Fructoaldolase deficiency • Propionic acidemia • Hypermethioninemia • Medium-chain acetyl-CoA dehydrogenase (MCAD) 	✓
1	352	Infectious Diseases A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis* • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infection)* • AIDS (Acquired Immunodeficiency Syndrome)* *Breastfeeding is contraindicated for women with these conditions. The infectious disease must be present within the past 6 months, and 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.	✓
1	353	Food Allergies An adverse immune response to a food or a hyper- sensitivity that causes adverse immunologic reaction. Presence of food allergies diagnosed by a physician as self reported by	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
		applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
1	354	<p>Celiac Disease Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease 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.</p>	✓
1	355	<p>Lactose Intolerance Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance 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; or symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.</p>	✓
1	356	<p>Hypoglycemia Presence of hypoglycemia 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.</p>	✓
1	357	<p>Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to *interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. * Documented by physician, or someone working under physician's orders, pharmacist, dietitian, or current drug reference such as Physician's Desk Reference (PDR), a text such as Physician's Medication Interactions, or drug inserts.</p>	✓
1	358	<p>Eating Disorders Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • self-induced vomiting • purgative abuse • alternating periods of starvation • use of drugs such as appetite suppressants, thyroid preparations or diuretics 	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
	358 (continued)	<ul style="list-style-type: none"> self-induced marked weight loss Presence of eating disorder(s) 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 or evidence of such disorders documented by the CPA.	
1	359	Recent Major Surgery, Trauma, Burns Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. <ul style="list-style-type: none"> Within the past two (2) months may be self reported More than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	✓
1	360	Other Medical Conditions Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> Juvenile rheumatoid arthritis (JRA) Lupus erythematosus Cardiorespiratory diseases Heart disease Cystic fibrosis Persistent asthma (moderate or severe) requiring daily medication Presence of medical condition(s) 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.	✓
1	361	Depression Presence of clinical depression diagnosed 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.	
1	362	Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: <ul style="list-style-type: none"> Minimal brain function Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism Birth injury Head trauma Brain damage Other disabilities 	✓
1	371	Maternal Smoking Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.	

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
1	372	<p>Alcohol and Illegal Drug Use</p> <ul style="list-style-type: none"> • Routine current use of 2 drinks* per day • Binge Drinking, i.e., drinks 5 or more (5) drinks on the same occasion on at least one day in the past 30 days • Heavy Drinking, i.e., drinks 5 or more (5) drinks on the same occasion on five or more days in the previous 30 days • Any illegal drug use <p>*A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs)</p>	
1	381	<p>Dental Problems</p> <p>Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but not limited to:</p> <ul style="list-style-type: none"> • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	
4	401	<p>Failure to Meet Dietary Guidelines for Americans</p> <p>Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>Failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines for Americans</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p>This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risk(s) are identified.</p>	
4	427	<p>Inappropriate Nutrition Practices for Women</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.</p>	
4	427.1	<p>Consuming dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which when ingested in excess of recommended dosages may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	
4	427.2	<p>Consuming a Diet Very Low in Calories and/or Essential Nutrients OR Impaired Caloric Intake or Absorption of Essential Nutrients Following Bariatric Surgery</p> <ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high-protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
4	427.3	<p>Compulsively Ingesting Non-food Items (pica) Examples of non-food items:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 	
4	427.4	<p>Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.</p>	
1, 2, or 4	601	<p>Breastfeeding Mother of Infant at Nutritional Risk A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. (Priority of woman will be the same as that of infant and will be the highest priority for which either she or the infant is eligible, either priority 1, 2, or 4.)</p>	
1	602	<p>Breastfeeding Complications or Potential Complications A breastfeeding woman with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • Age \geq 40 years • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins) 	✓
4	801	<p>Homelessness A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • an institution that provides a temporary residence for individuals intended to be institutionalized • a temporary accommodation of not more than 365 days in the residence of another individual • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	

Priority Assigned	Risk Factor Number	Breastfeeding Women Risk Factors Title and Definition	High Risk Assigned
4	802	<p>Migrancy Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	
4	901	<p>Recipient of Abuse Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. (“Battering” generally refers to violent assaults on women.)</p> <p>If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.</p>	
4	902	<p>Woman or Primary Caregiver of Infant/Child with Limited Ability to make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> • Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include individuals who are: <ul style="list-style-type: none"> • ≤17 years of age • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • Physical disabled to a degree which restricts or limits food preparation abilities • Currently using or having a history of abusing alcohol or other drugs 	
1	904	<p>Exposure to Environmental Tobacco Smoke (also known as passive, secondhand or involuntary smoke) Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned															
3	101	Underweight Women <ul style="list-style-type: none"> Prepregnancy or current Body Mass Index (BMI) <18.5 	✓															
3	111	Overweight Women <ul style="list-style-type: none"> Prepregnancy Body Mass Index (BMI) ≥ 25 	✓															
3	133	High Maternal Weight Gain <u>Singleton Pregnancies:</u> Breastfeeding or Non-breastfeeding women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on prepregnancy Body Mass Index (BMI), as follows: <table border="0"> <thead> <tr> <th><u>Prepregnancy Weight Groups</u></th> <th><u>Definition</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td><u>Underweight</u></td> <td><u>BMI <19.8</u></td> <td><u>>40 lbs</u></td> </tr> <tr> <td><u>Normal Weight</u></td> <td><u>BMI 19.8 to 26.0</u></td> <td><u>>35 lbs</u></td> </tr> <tr> <td><u>Overweight</u></td> <td><u>BMI 26.1 to 29.0</u></td> <td><u>>25 lbs</u></td> </tr> <tr> <td><u>Obese</u></td> <td><u>BMI >29.0</u></td> <td><u>>15 lbs</u></td> </tr> </tbody> </table> <u>Multifetal pregnancies:</u> no recommendation for upper limit for multifetal gestations at this time	<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>	<u>Underweight</u>	<u>BMI <19.8</u>	<u>>40 lbs</u>	<u>Normal Weight</u>	<u>BMI 19.8 to 26.0</u>	<u>>35 lbs</u>	<u>Overweight</u>	<u>BMI 26.1 to 29.0</u>	<u>>25 lbs</u>	<u>Obese</u>	<u>BMI >29.0</u>	<u>>15 lbs</u>	
<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>																
<u>Underweight</u>	<u>BMI <19.8</u>	<u>>40 lbs</u>																
<u>Normal Weight</u>	<u>BMI 19.8 to 26.0</u>	<u>>35 lbs</u>																
<u>Overweight</u>	<u>BMI 26.1 to 29.0</u>	<u>>25 lbs</u>																
<u>Obese</u>	<u>BMI >29.0</u>	<u>>15 lbs</u>																
3	201	Low Hemoglobin/Hematocrit Hemoglobin or Hematocrit concentration below the 95 percent confidence level (i.e., below the .025 percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy. Non-Smoking 12 to 14 Years of Age: < 11.8 hgb/35.7 hct 15 to 17 Years of Age: < 12.1 hgb/35.9 hct 18 Years of age or Older: < 12.0 hgb/35.7 hct Smoking Less than 1 (<1) Pack per Day 12 to 14 Years of Age: < 12.1 hgb/36.7 hct 15 to 17 Years of Age: < 12.3 hgb/36.9 hct 18 Years of age or Older: < 12.3 hgb/36.7 hct Smoking 1 to 2 (≥1 and ≤ 2) Packs per Day 12 to 14 Years of Age: < 12.3 hgb/37.2 hct 15 to 17 Years of Age: <12.5 hgb/37.4 hct 18 Years of Age or Older: <12.5 hgb/37.2 hct Smoking more than 2 (>2) Packs per Day 12 to 14 Years of Age: <12.5 hgb/37.2 hct 15 to 17 Years of Age: <12.7 hgb/37.9 hct 18 Years of Age or Older: <12.7 hgb/37.9 hct																

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
3	303	History of Gestational Diabetes Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Presence of gestational diabetes diagnosed by a physician as self-reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.	✓
3	311	History of Preterm Delivery Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant at ≤ 37 weeks gestation.	
3	312	History of Low Birth Weight Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant weighing ≤ 5 lbs 8 oz (≤ 2500 grams).	
3	321	History of Spontaneous Abortion, Fetal Loss, or Neonatal Loss Breastfeeding or Non-breastfeeding women (most recent pregnancy only): A spontaneous abortion (SAB) is the spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams. Fetal death is the spontaneous termination of a gestation at ≥ 20 weeks. Neonatal death is the death of an infant within 0-28 days of life. 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.	
3	331	Pregnancy at a Young Age Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception < 17 years of age.	✓
3	332	Closely Spaced Pregnancies Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception before 16 months postpartum.	
3	333	High Parity and Young Age Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.	
3	335	Multifetal Gestation Breastfeeding or Non-breastfeeding women (most recent pregnancy only): More than (> 1) fetus in most recent pregnancy.	✓
3	337	History of Birth of a Large for Gestational Age Infant Breastfeeding or Non-breastfeeding women (most recent pregnancy only): History of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams). 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 a physician's orders.	
3	339	History of Birth with Nutrition Related Congenital or Birth Defect Breastfeeding or Non-breastfeeding women (most recent pregnancy only): 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.	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
3	341	<p>Nutrient Deficiency Diseases Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia <p>Presence of a nutrient deficiency disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</p>	✓
3	342	<p>Gastro-Intestinal Disorders Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Stomach or intestinal ulcers • Small bowel enterocolitis and syndrome • Malabsorption syndromes • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Gallbladder disease • Gastroesophageal reflux (GER) <p>Presence of gastro-intestinal disorders 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.</p>	✓
3	343	<p>Diabetes Mellitus Presence of diabetes mellitus 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.</p>	✓
3	344	<p>Thyroid Disorders Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Presence of thyroid disorders 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.</p>	✓
3	345	<p>Hypertension (Including Chronic and Pregnancy-Induced) Presence of hypertension 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.</p>	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
3	346	<p>Renal Disease Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease 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.</p>	✓
3	347	<p>Cancer A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer 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.</p>	✓
3	348	<p>Central Nervous System Disorder Conditions which affect energy requirements, ability to feed self or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Epilepsy • Cerebral Palsy(CP) and • Neural Tube Defects (NTD), such as: <ul style="list-style-type: none"> • Spina Bifida • Parkinson's Disease • Multiples Sclerosis (MS) <p>Presence of central nervous system disorders 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.</p>	✓
3	349	<p>Genetic Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia (<u>not</u> sickle cell trait) • Muscular dystrophy <p>Presence of genetic and congenital disorders 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.</p>	✓
3	351	<p>Inborn Errors of Metabolism Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders.</p>	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
	351 (continued)	<p>Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but limited to:</p> <ul style="list-style-type: none"> • Phenylketonuria (PKU) • Maple syrup urine disease • Galactosemia • Hyperlipoproteinemia • Homocystinuria • Tyrosinemia • Histidinemia • Urea cycle disorders • Glutaric aciduria • Methylmalonic acidemia • Glycogen storage disease • Galactokinase deficiency • Fructoaldolase deficiency • Propionic acidemia • Hypermethioninemia • Medium-chain acetyl-CoA dehydrogenase (MCAD) 	
3	352	<p>Infectious Diseases A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infection) • AIDS (Acquired Immunodeficiency Syndrome) <p>The infectious disease must be present within the past 6 months, and 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.</p>	✓
3	353	<p>Food Allergies An adverse immune response to a food or a hyper- sensitivity that causes adverse immunologic reaction. Presence of food allergies 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.</p>	✓
3	354	<p>Celiac Disease Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease diagnosed by a physician as self reported by</p>	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
	354 (continued)	applicant/participant/caregiver; or as reported or documented by a physician or someone working under physician's orders.	
3	355	Lactose Intolerance Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps . Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance 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; or symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.	✓
3	356	Hypoglycemia Presence of hypoglycemia 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.	✓
3	357	Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to *interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. * Documented by physician, or someone working under physician's orders, pharmacist, dietitian, or current drug reference such as Physician's Desk Reference (PDR), a text such as Physician's Medication Interactions, or drug inserts.	✓
3	358	Eating Disorders Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: <ul style="list-style-type: none"> • self-induced vomiting • purgative abuse • alternating periods of starvation • use of drugs such as appetite suppressants, thyroid preparations or diuretics • self-induced marked weight loss Presence of eating disorder(s) 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 or evidence of such disorders documented by the CPA.	✓
3	359	Recent Major Surgery, Trauma, Burns Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. <ul style="list-style-type: none"> • Within the past two (2) months may be self reported 	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
	359 (continued)	<ul style="list-style-type: none"> • More than two (>2) months previous: must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	
3	360	<p>Other Medical Conditions Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus • Cardiorespiratory diseases • Heart disease • Cystic fibrosis • Persistent asthma (moderate or severe) requiring daily medication <p>Presence of medical condition(s) 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.</p>	✓
3	361	<p>Depression Presence of clinical depression diagnosed 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.</p>	
3	362	<p>Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to:</p> <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Birth injury • Head trauma • Brain damage • Other disabilities 	✓
3	371	<p>Maternal Smoking Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.</p>	
3	372	<p>Alcohol and Illegal Drug Use</p> <ul style="list-style-type: none"> • Routine current use of 2 drinks* per day • Binge Drinking, i.e., drinks 5 or more (5) drinks on the same occasion on at least one day in the past 30 days • Heavy Drinking, i.e., drinks 5 or more (5) drinks on the same occasion on five or more days in the previous 30 days • Any illegal drug use <p>*A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs)</p>	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
3	381	<p>Dental Problems Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but not limited to:</p> <ul style="list-style-type: none"> • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	
6	401	<p>Failure to Meet Dietary Guidelines for Americans Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>Failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines for Americans</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risk(s) are identified.</p>	
6	427	<p>Inappropriate Nutrition Practices for Women Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.</p>	
6	427.1	<p>Consuming dietary supplements with potentially harmful consequences. Examples of dietary supplements which when ingested in excess of recommended dosages may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas 	
6	427.2	<p>Consuming a Diet Very Low in Calories and/or Essential Nutrients OR Impaired Caloric Intake or Absorption of Essential Nutrients Following Bariatric Surgery</p> <ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high-protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	
6	427.3	<p>Compulsively Ingesting Non-food Items (pica) Examples of non-food items:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay 	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
	427.3 (continued)	<ul style="list-style-type: none"> • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 	
6	427.4	<p>Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.</p>	
6	801	<p>Homelessness A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • an institution that provides a temporary residence for individuals intended to be institutionalized • a temporary accommodation of not more than 365 days in the residence of another individual • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	
6	802	<p>Migrancy Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	
6	901	<p>Recipient of Abuse Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. ("Battering" generally refers to violent assaults on women.)</p> <p>If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.</p>	
6	902	<p>Woman or Primary Caregiver of Infant/Child with Limited Ability to make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> • Woman (pregnant, breastfeeding, or Non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include individuals who are: <ul style="list-style-type: none"> • ≤17 years of age • Mentally disabled/delayed and/or have a mental illness such 	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Risk Factors Title and Definition	High Risk Assigned
	902 (continued)	<p>as clinical depression (diagnosed by a physician or licensed psychologist)</p> <ul style="list-style-type: none"> • Physical disabled to a degree which restricts or limits food preparation abilities • Currently using or having a history of abusing alcohol or other drugs 	
3	904	<p>Exposure to Environmental Tobacco Smoke (also known as passive, secondhand or involuntary smoke) Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned																								
1	101	Underweight Women Pregnant Women: Prepregnancy Body Mass Index (BMI) <19.8	✓																								
1	111	Overweight Women Pregnant Women: Prepregnancy Body Mass Index (BMI) ≥ 26.1	✓																								
1	131	<p>Low Maternal Weight Gain Defined as:</p> <ul style="list-style-type: none"> A low rate of weight gain, such that in the 2nd and 3rd trimesters, singleton pregnancies: <ul style="list-style-type: none"> Underweight women gain < 4pounds per month Normal/Overweight women gain < 2 pounds per month Obese women gain <1 pound per month. <p>OR</p> <ul style="list-style-type: none"> Low weight gain at any point in pregnancy, such that the pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her prepregnancy weight category on an IOM based grid <p>Prepregnancy Weight Groups:</p> <p>Underweight Body Mass Index(BMI) <19.8</p> <p>Normal Weight Body Mass Index(BMI) 19.8 to 26.0</p> <p>Overweight Body Mass Index(BMI) 26.1 to 29.0</p> <p>Obese Body Mass Index(BMI) >29.0</p>	✓																								
1	132	<p>Maternal Weight Loss During Pregnancy</p> <ul style="list-style-type: none"> <u>Any</u> weight loss below prepregnancy weight during 1st trimester <p>OR</p> <ul style="list-style-type: none"> Weight loss of >2 pounds in the 2nd or 3rd trimesters (14-40 weeks gestation) 	✓																								
1	133	<p>High Maternal Weight Gain <u>Singleton Pregnancies</u> All trimesters, all weight groups > 7 pounds per month</p> <p><u>Multifetal Pregnancies</u> No upper limit established at this time</p>	✓																								
1	201	<p>Low Hemoglobin/Low Hematocrit Use the following table to determine hemoglobin/hematocrit levels:</p> <table border="1"> <thead> <tr> <th></th> <th>1st Trimester</th> <th>2nd Trimester</th> <th>3rd Trimester</th> </tr> <tr> <th></th> <th>Hgb/Hct</th> <th>Hgb/ Hct</th> <th>Hgb/Hct</th> </tr> </thead> <tbody> <tr> <td><u>Nonsmoker</u></td> <td><11.0/<33.0</td> <td><10.5/<32.0</td> <td><11.0 /<33.0</td> </tr> <tr> <td><u>< 1pk/day</u></td> <td><11.3/<34.0</td> <td><10.8/<33.0</td> <td><11.3/<34.0</td> </tr> <tr> <td><u>1-2pk/day</u></td> <td><11.5/<34.5</td> <td><11.0 /<33.5</td> <td><11.5/<34.5</td> </tr> <tr> <td><u>> 2pk/day</u></td> <td><11.7/ <35.0</td> <td><11.2/<34.0</td> <td><11.7/<35.0</td> </tr> </tbody> </table>		1 st Trimester	2 nd Trimester	3 rd Trimester		Hgb/Hct	Hgb/ Hct	Hgb/Hct	<u>Nonsmoker</u>	<11.0/<33.0	<10.5/<32.0	<11.0 /<33.0	<u>< 1pk/day</u>	<11.3/<34.0	<10.8/<33.0	<11.3/<34.0	<u>1-2pk/day</u>	<11.5/<34.5	<11.0 /<33.5	<11.5/<34.5	<u>> 2pk/day</u>	<11.7/ <35.0	<11.2/<34.0	<11.7/<35.0	
	1 st Trimester	2 nd Trimester	3 rd Trimester																								
	Hgb/Hct	Hgb/ Hct	Hgb/Hct																								
<u>Nonsmoker</u>	<11.0/<33.0	<10.5/<32.0	<11.0 /<33.0																								
<u>< 1pk/day</u>	<11.3/<34.0	<10.8/<33.0	<11.3/<34.0																								
<u>1-2pk/day</u>	<11.5/<34.5	<11.0 /<33.5	<11.5/<34.5																								
<u>> 2pk/day</u>	<11.7/ <35.0	<11.2/<34.0	<11.7/<35.0																								

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned								
1	301	Hyperemesis Gravidarum Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. Presence of Hyperemesis Gravidarum diagnosed by physician as self reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	✓								
1	302	Gestational Diabetes Presence of gestational diabetes 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.	✓								
1	303	History of Gestational Diabetes Any history of gestational diabetes diagnosed by a physician as self-reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.	✓								
1	311	History of Preterm Delivery Any history of birth of an infant at ≤ 37 weeks gestation.									
1	312	History of Low Birth Weight Any history of birth of an infant weighing ≤ 5 lbs 8 oz (≤ 2500 grams).									
1	321	History of Spontaneous Abortion, Fetal Loss, or Neonatal Loss A <u>spontaneous abortion</u> is the spontaneous termination of a gestation at ≤ 20 weeks gestation or < 500 grams. <u>Fetal death</u> is the spontaneous termination of a gestation at ≥ 20 weeks. <u>Neonatal death</u> is the death of an infant within 0-28 days of life. Any history of fetal or neonatal death or 2 or more spontaneous abortions. 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.									
1	331	Pregnancy at a Young Age Conception < 17 years of age (current pregnancy only).	✓								
1	332	Closely Spaced Pregnancies Conception before 16 months postpartum (current pregnancy only).									
1	333	High Parity and Young Age Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome (current pregnancy only).									
1	334	Lack of or Inadequate Prenatal Care Prenatal care beginning after the 1 st trimester (after 13 th week), or based on an Inadequate Prenatal Care Index published in a peer reviewed article such as the one by Kessner et al. First prenatal visit in the third trimester (7-9 months) or: <table style="margin-left: 20px;"> <tr> <td>Weeks of <u>gestation</u></td> <td>Number of <u>prenatal visits</u></td> </tr> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> </table>	Weeks of <u>gestation</u>	Number of <u>prenatal visits</u>	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	
Weeks of <u>gestation</u>	Number of <u>prenatal visits</u>										
14-21	0 or unknown										
22-29	1 or less										
30-31	2 or less										

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
	334 (continued)	Weeks of <u>gestation</u> 32-33 34 or more	Number of <u>prenatal visits</u> 3 or less 4 or less
1	335	Multifetal Gestation More than (>1) fetus in most recent pregnancy.	
1	337	History of Birth of a Large for Gestational Age Infant Any history of giving birth to an infant weighing greater than or equal to (>) 9 lbs. (4000 grams). 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 a physician's orders.	
1	338	Pregnant Woman Currently Breastfeeding Breastfeeding woman now pregnant.	✓
1	339	History of Birth with Nutrition Related Congenital or Birth Defect 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. Any history of birth with nutrition-related congenital or birth defect. 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 a physician's orders.	✓
1	341	Nutrient Deficiency Diseases Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to: <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia Presence of a nutrient deficiency disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.	✓
1	342	Gastro-Intestinal Disorders Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to: <ul style="list-style-type: none"> • Stomach or intestinal ulcers • Small bowel enterocolitis and syndrome • Malabsorption syndromes 	✓

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
	342 (continued)	<ul style="list-style-type: none"> • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Gallbladder disease • Gastroesophageal reflux (GER) Presence of gastro-intestinal disorders 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.	
1	343	Diabetes Mellitus Presence of diabetes mellitus 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.	✓
1	344	Thyroid Disorders Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Presence of thyroid disorders 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.	✓
1	345	Hypertension (Including Chronic and Pregnancy-Induced) Presence of hypertension 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.	✓
1	346	Renal Disease Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease 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.	✓
1	347	Cancer A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer 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.	✓
1	348	Central Nervous System Disorder Conditions which affect energy requirements, ability to feed self or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: <ul style="list-style-type: none"> • Epilepsy • Cerebral Palsy(CP) and • Neural Tube Defects (NTD), such as: <ul style="list-style-type: none"> • Spina Bifida • Parkinson's Disease 	✓

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
	348 (continued)	<ul style="list-style-type: none"> Multiple Sclerosis (MS) Presence of central nervous system disorders 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.	
1	349	Genetic Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition	✓
1	351	Inborn Errors of Metabolism Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders. Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but limited to: <ul style="list-style-type: none"> Phenylketonuria (PKU) Maple syrup urine disease Galactosemia Hyperlipoproteinemia Homocystinuria Tyrosinemia Histidinemia Urea cycle disorders Glutaric aciduria Methylmalonic acidemia Glycogen storage disease Galactokinase deficiency Fructoaldolase deficiency Propionic acidemia Hypermethioninemia Medium-chain acetyl-CoA dehydrogenase (MCAD) 	✓
1	352	Infectious Diseases A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> Tuberculosis Pneumonia Meningitis Parasitic infections Hepatitis* Bronchiolitis (3 episodes in last 6 months) HIV (Human Immunodeficiency Virus infection)* AIDS (Acquired Immunodeficiency Syndrome)* *Breastfeeding is contraindicated for women with these conditions. <ul style="list-style-type: none"> The infectious disease must be present within the past 6 months, and 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. 	✓

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
1	353	<p>Food Allergies An adverse immune response to a food or a hyper- sensitivity that causes adverse immunologic reaction. Presence of food allergies 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.</p>	✓
1	354	<p>Celiac Disease Also known as: <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease 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.</p>	✓
1	355	<p>Lactose Intolerance Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance 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; or symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.</p>	✓
1	356	<p>Hypoglycemia Presence of hypoglycemia 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.</p>	✓
1	357	<p>Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to *interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. * Documented by physician, or someone working under physician's orders, pharmacist, dietitian, or current drug reference such as Physician's Desk Reference (PDR), a text such as Physician's Medication Interactions, or drug inserts.</p>	✓
1	358	<p>Eating Disorders Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p>	✓

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
	358 (continued)	<ul style="list-style-type: none"> • self-induced vomiting • purgative abuse • alternating periods of starvation • use of drugs such as appetite suppressants, thyroid preparations or diuretics • self-induced marked weight loss Presence of eating disorder(s) 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 or evidence of such disorders documented by the CPA.	
1	359	Recent Major Surgery, Trauma, Burns Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. <ul style="list-style-type: none"> • Within the past two (2) months may be self reported • More than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	✓
1	360	Other Medical Conditions Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus • Cardiorespiratory diseases • Heart disease • Cystic fibrosis • Persistent asthma (moderate or severe) requiring daily medication. • Presence of medical condition(s) 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. 	✓
1	361	Depression Presence of clinical depression diagnosed 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.	
1	362	Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism <ul style="list-style-type: none"> • Birth injury • Head trauma 	✓

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
	362 (continued)	<ul style="list-style-type: none"> • Brain damage • Other disabilities 	
1	371	Maternal Smoking Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.	
1	372	Alcohol and Illegal Drug Use <ul style="list-style-type: none"> • Any alcohol use • Any drug use 	
1	381	Dental Problems Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but not limited to: <ul style="list-style-type: none"> • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality • Gingivitis of pregnancy 	
4	401	Failure to Meet Dietary Guidelines for Americans Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>Failure to meet Dietary Guidelines for Americans</i> . For this criterion, <i>Failure to meet Dietary Guidelines for</i>	
		<i>Americans</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risk(s) are identified.	
4	427	Inappropriate Nutrition Practices for Women Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.	
4	427.1	Consuming dietary supplements with potentially harmful consequences. Examples of dietary supplements which when ingested in excess of recommended dosages may be toxic or have harmful consequences: <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	
4	427.2	Consuming a Diet Very Low in Calories and/or Essential Nutrients OR Impaired Caloric Intake or Absorption of Essential Nutrients Following Bariatric Surgery <ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high-protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
4	427.3	<p>Compulsively Ingesting Non-food Items (pica) Examples of non-food items:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 	
4	427.4	<p>Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy Consumption of less than 30 mg of iron as a supplement daily by a pregnant woman.</p>	
4	427.5	<p>Pregnant Woman Ingesting Foods that Could Be Contaminated with Pathogenic Microorganisms Potentially harmful foods:</p> <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole • Raw or undercooked meat or poultry • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot • Refrigerated pate or meat spreads • Unpasteurized milk or foods containing unpasteurized milk • Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog • Raw sprouts (alfalfa, clover, and radish) • Unpasteurized fruit or vegetable juices 	
4	801	<p>Homelessness A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter (including a 	

Priority Assigned	Risk Factor Number	Pregnant Women Risk Factors Title and Definition	High Risk Assigned
		<ul style="list-style-type: none"> • welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations An institution that provides a temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	
4	802	<p>Migrancy Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	
4	901	<p>Recipient of Abuse Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. (“Battering” generally refers to violent assaults on women.)</p> <p>If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.</p>	
4	902	<p>Woman or Primary Caregiver of Infant/Child with Limited Ability to make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> • Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include individuals who are: <ul style="list-style-type: none"> • ≤17 years of age • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • Physically disabled to a degree which restricts or limits food preparation abilities • Currently using or having a history of abusing alcohol or other drugs 	
1	904	<p>Exposure to Environmental Tobacco Smoke (also known as passive, secondhand or involuntary smoke) Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
1	103	<p>Underweight Birth to 2 years: $\leq 5^{\text{th}}$ percentile weight-for-length</p> <p>At Risk of Underweight Birth to 2 years: 6^{th} through 10^{th} percentile weight-for-length</p>	✓
1	114	<p>At Risk of Becoming Overweight Have one or more risk factors for being at-risk of becoming overweight. The risk factors are limited to:</p> <ul style="list-style-type: none"> • Being <12 months of age and born to a woman who was obese (BMI ≥ 30) at time of conception or during the 1st trimester. BMI must be based on self reported prepregnancy weight and height or on a measured weight and height documented by a health care provider. • Having a biological mother who is obese (BMI ≥ 30) at the time of certification. BMI must be based on self reported weight and height or on weight and height measurements taken by staff at time of certification. • Having a biological father who is obese (BMI ≥ 30) at the time of certification. BMI must be based on self reported weight and height or on weight and height measurements taken by staff at time of certification. 	
1	121	<p>Short Stature Birth to 2 years: $\leq 5^{\text{th}}$ percentile length-for-age</p> <p>At Risk of Short Stature Birth to 2 years: 6^{th} through 10^{th} percentile length/age (For premature infants assignment of this risk criterion will be based on adjusted gestational age.)</p>	
1	134	<p>Failure to Thrive Presence of failure to thrive (FTT) 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. Physician's diagnosis should include gestational age adjustment.</p>	✓
1	135	<p>Inadequate Growth An inadequate rate of weight gain as defined below:</p> <p>A. Infants from birth to 1 month of age:</p> <ul style="list-style-type: none"> • Excessive weight loss after birth ($\geq 10\%$ of birth weight) • Not back to birth weight by 2 weeks of age <p>B. Infants from birth to 6 months of age:</p> <ul style="list-style-type: none"> • Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the following table: 	✓

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned																										
	135 (continued)	<table border="1" data-bbox="534 327 1203 1106"> <thead> <tr> <th data-bbox="540 331 824 363">Age</th> <th data-bbox="831 331 1196 363">Average Weight Gain</th> </tr> </thead> <tbody> <tr> <td data-bbox="540 371 824 499">Birth to 1 Month</td> <td data-bbox="831 371 1196 499">18 g/day 4 ½ oz /week 19 oz/month 1 lb 3 oz/month</td> </tr> <tr> <td data-bbox="540 508 824 636">1 to 2 Months</td> <td data-bbox="831 508 1196 636">25g/day 6 ¼ oz/week 27 oz/month 1 lb 11 oz/month</td> </tr> <tr> <td data-bbox="540 644 824 772">2 to 3 Months</td> <td data-bbox="831 644 1196 772">18 g/day 4 ½ oz /week 19 oz/month 1 lb 3 oz/month</td> </tr> <tr> <td data-bbox="540 781 824 909">3 to 4 Months</td> <td data-bbox="831 781 1196 909">16 g/day 4 oz/week 17 oz/month 1 lb 1 oz/month</td> </tr> <tr> <td data-bbox="540 917 824 1045">4 to 5 Months</td> <td data-bbox="831 917 1196 1045">14 g/day 3 ½ oz/week 15 oz/month</td> </tr> <tr> <td data-bbox="540 1054 824 1102">5 to 6 Months</td> <td data-bbox="831 1054 1196 1102">12 g/day 3 oz/week 13 oz/month</td> </tr> </tbody> </table> <p data-bbox="521 1144 1252 1276">C. Infants from 6 months to 12 months of age: Option I: Based on 2 weights taken at least 3 months apart, the infant's actual weight gain is less than the calculated expected weight gain based on the following table:</p> <table border="1" data-bbox="662 1329 1105 1499"> <thead> <tr> <th data-bbox="669 1333 846 1365">Age</th> <th data-bbox="852 1333 1099 1365">Average Weight Gain</th> </tr> </thead> <tbody> <tr> <td data-bbox="669 1373 846 1404">6 to 12 Months</td> <td data-bbox="852 1373 1099 1495">9 g/day 2 ¼ oz/week 9 ½ oz/month 3 lb 10 oz/6 months</td> </tr> </tbody> </table> <p data-bbox="568 1539 1279 1604">Option II: A low rate of weight gain over a six (6) month period (+/- 2 weeks) as specified in the following table:</p> <table border="1" data-bbox="570 1635 1294 1808"> <thead> <tr> <th data-bbox="576 1640 915 1705">Age at End of 6 Month Interval</th> <th data-bbox="922 1640 1287 1705">Weight Gain per 6 Month Interval</th> </tr> </thead> <tbody> <tr> <td data-bbox="576 1713 915 1745">6 Months</td> <td data-bbox="922 1713 1287 1745"><7lbs</td> </tr> <tr> <td data-bbox="576 1753 915 1785">9 Months</td> <td data-bbox="922 1753 1287 1785"><5 lbs</td> </tr> <tr> <td data-bbox="576 1793 915 1824">12 Months</td> <td data-bbox="922 1793 1287 1824"><3 lbs</td> </tr> </tbody> </table>	Age	Average Weight Gain	Birth to 1 Month	18 g/day 4 ½ oz /week 19 oz/month 1 lb 3 oz/month	1 to 2 Months	25g/day 6 ¼ oz/week 27 oz/month 1 lb 11 oz/month	2 to 3 Months	18 g/day 4 ½ oz /week 19 oz/month 1 lb 3 oz/month	3 to 4 Months	16 g/day 4 oz/week 17 oz/month 1 lb 1 oz/month	4 to 5 Months	14 g/day 3 ½ oz/week 15 oz/month	5 to 6 Months	12 g/day 3 oz/week 13 oz/month	Age	Average Weight Gain	6 to 12 Months	9 g/day 2 ¼ oz/week 9 ½ oz/month 3 lb 10 oz/6 months	Age at End of 6 Month Interval	Weight Gain per 6 Month Interval	6 Months	<7lbs	9 Months	<5 lbs	12 Months	<3 lbs	
Age	Average Weight Gain																												
Birth to 1 Month	18 g/day 4 ½ oz /week 19 oz/month 1 lb 3 oz/month																												
1 to 2 Months	25g/day 6 ¼ oz/week 27 oz/month 1 lb 11 oz/month																												
2 to 3 Months	18 g/day 4 ½ oz /week 19 oz/month 1 lb 3 oz/month																												
3 to 4 Months	16 g/day 4 oz/week 17 oz/month 1 lb 1 oz/month																												
4 to 5 Months	14 g/day 3 ½ oz/week 15 oz/month																												
5 to 6 Months	12 g/day 3 oz/week 13 oz/month																												
Age	Average Weight Gain																												
6 to 12 Months	9 g/day 2 ¼ oz/week 9 ½ oz/month 3 lb 10 oz/6 months																												
Age at End of 6 Month Interval	Weight Gain per 6 Month Interval																												
6 Months	<7lbs																												
9 Months	<5 lbs																												
12 Months	<3 lbs																												

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
1	141	<p>Low Birth Weight (For infants and children <24 months of age) Birth weight 5 pounds 8 ounces (\leq 2500 grams).</p> <p>Very Low Birth Weight(VLBW) (For infants and children <24 months of age) Birth weight \leq3 pounds 5 ounces (\leq1500 grams).</p>	✓
1	142	<p>Prematurity (children <24 months old only) Infant born at 37 weeks gestation</p>	✓
1	151	<p>Small for Gestational Age (Infants and children <24 months old only) Presence of small for gestational age 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.</p>	✓
1	153	<p>Large for Gestational Age Birth weight \geq 9 pounds (\geq4000 g) OR presence of large for gestational age 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.</p>	
1	201	<p>Low Hemoglobin/ Low Hematocrit (Infants 6 to 12 Months of Age) <11.0 Hemoglobin/<33.0 Hematocrit</p>	
1	341	<p>Nutrient Deficiency Diseases Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia <p>Presence of a nutrient deficiency disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</p>	✓
1	342	<p>Gastro-Intestinal Disorders Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Stomach or intestinal ulcers • Small bowel enterocolitis and syndrome • Malabsorption syndromes • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis 	✓

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
	342 (continued)	<ul style="list-style-type: none"> • Gallbladder disease • Gastroesophageal reflux (GER) Presence of gastro-intestinal disorders 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.	
1	343	Diabetes Mellitus Presence of diabetes mellitus diagnosed by a physician as self reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.	✓
1	344	Thyroid Disorders Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Presence of thyroid disorders 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.	✓
1	345	Hypertension (Including Chronic and Pregnancy-Induced) Presence of hypertension 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.	✓
1	346	Renal Disease Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease 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.	✓
1	347	Cancer A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer 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.	✓
1	348	Central Nervous System Disorder Conditions which affect energy requirements, ability to feed self or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: <ul style="list-style-type: none"> • Epilepsy • Cerebral Palsy (CP) and • Neural Tube Defects (NTD), such as: <ul style="list-style-type: none"> • Spina Bifida • Parkinson's Disease • Multiple Sclerosis (MS) Presence of central nervous system disorders 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.	✓

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
1	349	<p>Genetic Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia (<u>not</u> sickle cell trait) • Muscular dystrophy <p>Presence of genetic and congenital disorders 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.</p>	✓
1	350	<p>Pyloric Stenosis Gastrointestinal obstruction with abnormal gastrointestinal function affecting nutritional status. Presence of pyloric Stenosis 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.</p>	✓
1	351	<p>Inborn Errors of Metabolism Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders. Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but limited to:</p> <ul style="list-style-type: none"> • Phenylketonuria (PKU) • Maple syrup urine disease • Galactosemia • Hyperlipoproteinemia • Homocystinuria • Tyrosinemia • Histidinemia • Urea cycle disorders • Glutaric aciduria • Methylmalonic acidemia • Glycogen storage disease • Galactokinase deficiency • Fructoaldolase deficiency • Propionic acidemia • Hypermethioninemia • Medium-chain acyl-CoA dehydrogenase (MCAD) 	✓
1	352	<p>Infectious Diseases A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis* 	✓

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
	352 (continued)	<ul style="list-style-type: none"> • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infection)* • AIDS (Acquired Immunodeficiency Syndrome)* <p>*Breastfeeding is contraindicated for women with these conditions. The infectious disease must be present within the past 6 months, and 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.</p>	
1	353	<p>Food Allergies An adverse immune response to a food or a hyper- sensitivity that causes adverse immunologic reaction. Presence of food allergies 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.</p>	✓
1	354	<p>Celiac Disease Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease 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.</p>	✓
1	355	<p>Lactose Intolerance Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance 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; or symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.</p>	✓
1	356	<p>Hypoglycemia Presence of hypoglycemia 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.</p>	✓
1	357	<p>Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to *interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. * Documented by physician, or someone working under physician's orders, pharmacist, dietitian, or current drug reference such as Physician's Desk Reference (PDR), a text such as Physician's Medication Interactions, or drug inserts.</p>	✓

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
1	359	<p>Recent Major Surgery, Trauma, Burns Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> • Within the past two (2) months may be self reported • More than two (>2) months previous: must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	✓
1	360	<p>Other Medical Conditions Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus • Cardiorespiratory diseases • Heart disease • Cystic fibrosis • Persistent asthma (moderate or severe) requiring daily medication <p>Presence of medical condition(s) 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.</p>	✓
1	362	<p>Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to:</p> <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Birth injury • Head trauma • Brain damage • other disabilities 	✓
1	381	<p>Dental Problems Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but not limited to:</p> <ul style="list-style-type: none"> • Presence of nursing or baby bottle carries, smooth surface decay of the maxillary anterior and the primary molars (infants and children) • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	
1	382	<p>Fetal Alcohol Syndrome Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Presence of FAS diagnosed by a</p>	✓

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
	382 (continued)	physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
4	411	Inappropriate Nutrition Practices for Infants Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	
	411.1	Routinely Using a Substitute for Breast Milk or FDA-approved Iron-fortified Formula as the Primary Nutrient Source during the First Year of Life Examples of substitutes: <ul style="list-style-type: none"> • Low iron formula without iron supplementation • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk • Imitation or substitute milks (such as rice-or soy-based beverages, non-dairy creamer), or other "homemade concoctions" 	
	411.2	Routinely Using Nursing Bottles or Cups <ul style="list-style-type: none"> • Using a bottle to feed fruit juice • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime • Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier • Propping the bottle when feeding • Allowing an infant to carry around and drink throughout the day from a covered or training cup • Adding any food (cereal or other solid foods) to the infant's bottle 	
	411.3	Routinely Offering Complementary Foods or Other Substances that Are Inappropriate in Type or Timing Complementary foods are any foods or beverages other than breast milk or infant formula. Examples of inappropriate complementary foods: <ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier • Any food other than breast milk or iron-fortified infant formula before 4 months of age 	
	411.4	Routinely Using Feeding Practices that Disregard the Developmental Needs or Stages of the Infant <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues) • Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking • Not supporting an infant's need for growing independence with 	

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
	411.4 (continued)	<p>self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and /or try self-feeding with appropriate utensils)</p> <ul style="list-style-type: none"> • Feeding an infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods) 	
	411.5	<p>Feeding Foods to an Infant that Could Be Contaminated with harmful Microorganisms or Toxins</p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese • Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.) • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish) • Undercooked or raw tofu • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) 	
	411.6	<p>Routinely Feeding Inappropriately Diluted Formula</p> <ul style="list-style-type: none"> • Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons) • Failure to follow specific instructions accompanying a prescription 	
	411.7	<p>Routinely Limiting the Frequency of Nursing of the Exclusively Breastfed Infant when Breast Milk is the Sole Source of Nutrients</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> • Scheduled feedings instead of requested feedings • Less than 8 feedings in 24 hours if less than 2 months of age • Less than 6 feedings in 24 hours if between 2 and 6 months of age 	
	411.8	<p>Routinely Feeding a diet Very Low in Calories or essential Nutrients</p> <p>Examples:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	
	411.9	<p>Routinely Using Inappropriate Sanitation in Preparation, Handling, and Storage of Expressed Breast Milk or Formula</p> <p>Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> • Limited access or no access to a: <ul style="list-style-type: none"> • Safe water supply (documented by appropriate officials) 	

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
	411.9 (continued)	<ul style="list-style-type: none"> • Heat source for sterilization • Refrigerator or freezer storage • Failure to properly prepare, handle, and store bottles or storage containers of expressed breast milk or formula 	
	411.10	<p>Feeding Dietary Supplements with Potentially Harmful Consequences Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	
	411.11	<p>Routinely Not Providing Dietary Supplements Recognized as Essential by National Public Health Policy when an Infant's Diet Alone Cannot Meet Nutrient Requirements</p> <ul style="list-style-type: none"> • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride • Breastfed infants who are ingesting less than 500 mL (16.9 ounces) per day of vitamin D-fortified formula and are not taking a supplement of 200 IU of vitamin D • Non-breastfed infants who are ingesting less than 500 mL (16.9 ounces) per day of vitamin-D fortified formula and are not taking a supplement of 200 IU of vitamin D 	
4	428	<p>Dietary Risk Associated with Complementary Feeding Practices (Infants 4 to 12 months only) An infant 4 to 12 months of age who has begun to or is expected to begin to</p> <ul style="list-style-type: none"> • Consume complementary foods and beverages • Eat independently • Be weaned from breast milk or infant formula • Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i> <p>A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be completed prior to assigning this risk.</p>	
1	603	<p>Breastfeeding Complications or Potential Complications (Infants) A breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> • Jaundice • Weak or ineffective suck • Difficulty latching onto mother's breast • Inadequate stooling (for age, as determined by physician or other health care professional), and/or less than 6 wet diapers per day 	✓
2	701	<p>Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy An infant <six months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the</p>	

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
	701 (continued)	woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	
1, 2, or 4*	702	Breastfeeding Infant of Woman at Nutritional Risk Breastfeeding infant of woman at nutritional risk. (*Priority of infant will be the same as that of the mother and will be the highest priority for which either the infant or the mother is eligible, either priority 1, 2, or 4)	
1	703	Infant Born of a Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy Infant born of a woman: <ul style="list-style-type: none"> • 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 • Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy 	
4	801	Homelessness A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • An institution that provides a temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	
4	802	Migrancy Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
4	901	Recipient of Abuse Battering of child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. Child abuse/neglect: Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker. If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.	

Priority Assigned	Risk Factor Number	Infant Risk Factors Title and Definition	High Risk Assigned
4	902	<p>Infant/Child of Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> • Infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: <ul style="list-style-type: none"> • ≤17 years of age • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • Physically disabled to a degree which restricts or limits food preparation abilities • Currently using or having a history of abusing alcohol or other drugs 	
1	904	<p>Exposure to Environmental Tobacco Smoke (also known as passive, secondhand or involuntary smoke)</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	103	<p>Underweight Birth to 2 years: \leq 5th percentile weight-for-length 2 to 5 years: \leq 5th percentile Body Mass Index (BMI)</p> <p>At Risk of Underweight Birth to 2 years: 6th through 10th percentile weight-for-length 2 to 5 years: 6th through 10th percentile Body Mass Index (BMI)</p>	✓
3	113	<p>Overweight Children \geq24 months to 5 years of age and \geq95th percentile Body Mass Index (BMI) or \geq95th percentile weight-for-stature.</p> <p>Based on NCHS/CDC age/sex specific growth charts. Note: For children 24-36 months of age with a recumbent length, use \geq95th percentile based on the weight-for-length growth grid</p>	✓
3	114	<p>At Risk of Becoming Overweight Have one or more risk factors for being at-risk of becoming overweight. The risk factors are limited to:</p> <ul style="list-style-type: none"> • Being \geq24 months of age and \geq85th and $<$95th percentile BMI or $>$85th and $<$95th percentile weight-for-stature (i.e., standing height only). Cannot be used for children 24-36 months with a recumbent length measurement. Based on NCHS/CDC age/sex specific growth chart. • Having a biological mother who is obese (BMI \geq30) at time of certification. BMI must be based on self reported weight and height or on weight and height taken by staff at time of certification. If mother is pregnant or has had a baby in the past 6 months, use her prepregnancy weight to assess for obesity since her current weight will be influenced by pregnancy related weight gain. • Having a biological father who is obese (BMI \geq30) at the time of certification. BMI must be based on self reported weight and height or on weight and height measurements taken by staff at time of certification. 	
3	121	<p>Short Stature * Birth to 2 years: \leq 5th percentile length-for-age 2-5 years: \leq 5th percentile height-for-age</p> <p>At Risk of Short Stature Birth to 2 years: 6th through 10th percentile length/age 2-5 years: 6th through 10th percentile height/age</p> <p>*For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age.</p>	
3	134	<p>Failure to Thrive Presence of failure to thrive diagnosed by a physician as self reported by</p>	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned												
	134 (continued)	applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders. Physician's diagnosis should include gestational age adjustment.													
3	135	<p>Inadequate Growth An inadequate rate of weight gain as defined in the options below: Option I: Based on two weight measurements taken at least three (3) months apart, the child's actual weight gain is less than the calculated expected weight gain as specified in the table below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Age</th> <th>Average Weight Gain</th> </tr> </thead> <tbody> <tr> <td>12 to 59 months</td> <td>2 ½ g /day 0.6 oz/week 2.7 oz./month 1 lb in 6 months</td> </tr> </tbody> </table> <p>Option II: A low rate of weight gain over a six (6) month period (+/- 2 weeks) as specified in the table below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Age at End of 6 Month Interval</th> <th>Weight Gain per 6 Month Interval</th> </tr> </thead> <tbody> <tr> <td>12 months</td> <td><3 lbs</td> </tr> <tr> <td>18 to 60 months</td> <td><1 lb</td> </tr> </tbody> </table>	Age	Average Weight Gain	12 to 59 months	2 ½ g /day 0.6 oz/week 2.7 oz./month 1 lb in 6 months	Age at End of 6 Month Interval	Weight Gain per 6 Month Interval	12 months	<3 lbs	18 to 60 months	<1 lb	✓		
Age	Average Weight Gain														
12 to 59 months	2 ½ g /day 0.6 oz/week 2.7 oz./month 1 lb in 6 months														
Age at End of 6 Month Interval	Weight Gain per 6 Month Interval														
12 months	<3 lbs														
18 to 60 months	<1 lb														
3	141	<p>Low Birth Weight (For infants and children <24 months of age) Birth weight 5 pounds 8 ounces (\leq 2500 grams). Very Low Birth Weight (VLBW) (For infants and children <24 months of age) Birth weight \leq3 pounds 5 ounces (\leq1500 grams).</p>													
3	142	<p>Prematurity (children <24 months old only) Infant born at 37 weeks gestation.</p>													
3	151	<p>Small for Gestational Age (children <24 months old only) Presence of small for gestational age 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.</p>													
3	201	<p>Low Hemoglobin/Hematocrit</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">Children 1-23 months of age</th> <th colspan="2">Children 2-5 years of age</th> </tr> <tr> <th>Hgb</th> <th>Hct</th> <th>Hgb</th> <th>Hct</th> </tr> </thead> <tbody> <tr> <td><11.0</td> <td><32.9</td> <td><11.1</td> <td><33.0</td> </tr> </tbody> </table>	Children 1-23 months of age		Children 2-5 years of age		Hgb	Hct	Hgb	Hct	<11.0	<32.9	<11.1	<33.0	
Children 1-23 months of age		Children 2-5 years of age													
Hgb	Hct	Hgb	Hct												
<11.0	<32.9	<11.1	<33.0												
3	211	<p>Elevated Blood Lead Levels Blood lead level of \geq10 μg/deciliter within the past 12 months reported or as documented by a physician or someone working under a physician's orders.</p>	✓												
3	341	<p>Nutrient Deficiency Diseases Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Disease include, but are not</p>	✓												

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	341 (continued)	<p>limited to:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia <p>Presence of a nutrient deficiency disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</p>	
3	342	<p>Gastro-Intestinal Disorders Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Stomach or intestinal ulcers • Small bowel enterocolitis and syndrome • Malabsorption syndromes • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Gallbladder disease • Gastroesophageal reflux (GER) <p>Presence of gastro-intestinal disorders 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.</p>	✓
3	343	<p>Diabetes Mellitus Presence of diabetes mellitus 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.</p>	✓
3	344	<p>Thyroid Disorders Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Presence of thyroid disorders 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.</p>	✓
3	345	<p>Hypertension (Including Chronic and Pregnancy-Induced) Presence of hypertension 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.</p>	✓
3	346	<p>Renal Disease Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by</p>	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	346 (continued)	applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
3	347	<p>Cancer A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer 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.</p>	✓
3	348	<p>Central Nervous System Disorder Conditions which affect energy requirements, ability to feed self or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Epilepsy • Cerebral Palsy(CP) and • Neural Tube Defects (NTD), such as: <ul style="list-style-type: none"> • Spina Bifida • Parkinson's Disease • Multiple Sclerosis (MS) <p>Presence of central nervous system disorders 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.</p>	✓
3	349	<p>Genetic Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia (<u>not</u> sickle cell trait) • Muscular dystrophy <p>Presence of genetic and congenital disorders 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.</p>	✓
3	351	<p>Inborn Errors of Metabolism Presence inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders. Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but limited to:</p> <ul style="list-style-type: none"> • Phenylketonuria (PKU) • Maple syrup urine disease • Galactosemia • Hyperlipoproteinemia • Homocystinuria • Tyrosinemia 	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	351 (continued)	<ul style="list-style-type: none"> • Histidinemia • Urea cycle disorders • Glutaric aciduria • Methylmalonic acidemia • Glycogen storage disease • Galactokinase deficiency • Fructoaldolase deficiency • Propionic acidemia • Hypermethioninemia • Medium-chain acetyl-CoA dehydrogenase (MCAD) 	
3	352	<p>Infectious Diseases A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis 	✓
		<ul style="list-style-type: none"> • Parasitic infections • Hepatitis* • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infection)* • AIDS (Acquired Immunodeficiency Syndrome)* <p>*Breastfeeding is contraindicated for women with these conditions. The infectious disease must be present within the past 6 months, and 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.</p>	
3	353	<p>Food Allergies An adverse immune response to a food or a hyper- sensitivity that causes adverse immunologic reaction. Presence of food allergies 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.</p>	✓
3	354	<p>Celiac Disease Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease 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.</p>	✓
3	355	<p>Lactose Intolerance Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea,</p>	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	355 (continued)	diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance 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; or symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.	
3	356	Hypoglycemia Presence of hypoglycemia 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.	✓
3	357	Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to *interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. * Documented by physician, or someone working under physician's orders, pharmacist, dietitian, or current drug reference such as Physician's Desk Reference (PDR), a text such as Physician's Medication Interactions, or drug inserts.	✓
3	359	Recent Major Surgery, Trauma, Burns Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. <ul style="list-style-type: none"> • Within the past two (2) months may be self reported • More than two (>2) months previous: must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	✓
3	360	Other Medical Conditions Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus • Cardiorespiratory diseases • Heart disease • Cystic fibrosis • Persistent asthma (moderate or severe) requiring daily medication Presence of medical condition(s) 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.	✓
3	361	Depression Presence of clinical depression diagnosed 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	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	361 (continued)	physician's orders.	
3	362	<p>Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to:</p> <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes Autism • Birth injury • Head trauma • Brain damage • Other disabilities 	✓
3	381	<p>Dental Problems Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but not limited to:</p> <ul style="list-style-type: none"> • Presence of nursing or baby bottle carries, smooth surface decay of the maxillary anterior and the primary molars (infants and children) • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	
3	382	<p>Fetal Alcohol Syndrome Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Presence of FAS 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.</p>	✓
5	401	<p>Failure to Meet Dietary Guidelines for Americans Children two years of age and older who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>Failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines for Americans</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. This risk may be assigned only to individuals (2 years and older) for whom a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children) has been performed and for whom no other risk(s) are identified.</p>	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
5	425	Inappropriate Nutrition Practices for Children Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	
	425.1	Routinely feeding inappropriate beverages as the primary milk Source Examples of inappropriate beverages as primary milk source: <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk • Imitation or substitute milks (such as inadequately or unfortified rice-or soy-based beverages, non-dairy creamer), or other "homemade concoctions" 	
	425.2	Routinely Feeding a Child Any Sugar-Containing Fluids Examples of sugar-containing fluids: <ul style="list-style-type: none"> • Soda/soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea 	
	425.3	Routinely Using Nursing Bottles, Cups, or Pacifiers Improperly <ul style="list-style-type: none"> • Using a bottle to feed <ul style="list-style-type: none"> • Fruit juice • Diluted cereal or other solid foods • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime • Using a bottle for feeding or drinking beyond 14 months of age • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier • Using a pacifier dipped in sweet agents such as sugar, honey, or syrup • Allowing a child to carry around and drink throughout the day from a covered or training cup 	
	425.4	Routinely Using Feeding Practices that Disregard the Developmental Needs or stages of the Child <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods) • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking • Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and /or try self-feeding with appropriate utensils) • Feeding a child food with inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods) 	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	425.5	<p>Feeding foods to a child that could be contaminated with harmful microorganisms.</p> <p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish) • Undercooked or raw tofu • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). 	
	425.6	<p>Routinely feeding a diet very low in calories and/or essential nutrients</p> <p>Examples:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	
	425.7	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas 	
	425.8	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> • Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. 	
	425.9	<p>Routine ingestion of nonfood items (pica)</p> <p>Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> • Ashes • Carpet fibers 	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	425.9 (continued)	<ul style="list-style-type: none"> • Cigarettes or cigarette butts • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry and cornstarch). 	
5	428	<p>Dietary Risk Associated with Complementary Feeding Practices (Children 12 through 23 months only)</p> <p>A child who has begun to or is expected to begin to</p> <ul style="list-style-type: none"> • consume complementary foods and beverages • eat independently, • be weaned from breast milk or infant formula, or transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding. <p>A complete nutrition assessment, including for risk #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	
5	501	<p>Possibility of Regression</p> <p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Removal of such individuals from the Program could result in a situation where the individual's recently improved nutritional status deteriorates. This code may not be used in consecutive certifications and may only apply to each appropriate risk condition which lends itself to the possibility of regression. Not all risk conditions would apply.</p>	
5	801	<p>Homelessness</p> <p>A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • An institution that provides a temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	
5	802	<p>Migrancy</p> <p>Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment</p>	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
5	802 (continued)	is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
5	901	<p>Recipient of Abuse Battering of child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. Child abuse/neglect: Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker. If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.</p>	
5	902	<p>Infant/Child or Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> • Infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: <ul style="list-style-type: none"> • ≤17 years of age • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • Physically disabled to a degree which restricts or limits food preparation abilities • Currently using or having a history of abusing alcohol or other drugs 	
3	904	<p>Exposure to Environmental Tobacco Smoke (also known as passive, secondhand or involuntary smoke) Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	