

2011

Nutrition Risk Changes – Participant
Copy

Nutrition Risk Changes
WA State WIC Nutrition
Program
1/24/2011

Nutrition Risk Changes



DOH 960-299 January 2011

Washington WIC does not discriminate.

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388)

Nutrition Risk Changes

About the Nutrition Risk Changes training

- ▶ During this training, you will **see** and **hear** the changes to the medical and nutrition risk. You will also **see** and **hear** the changes to the Assessment Questions and observe them being used to identify the new risks.
- ▶ You will see Client Services being used while listening to a role-play. After the role play, you will hear the discussion points to note about the interaction and risk selection.
- ▶ Nutrition Risk Practice Scenarios are available to allow you to practice assessing for the new risks.

Agenda

Part 1

Welcome and Introductions

Why the Change?

What is Changing?

Looking at the risks and the associated Assessment Questions

Exploring Risks/Pregnant Woman

Part 2

Exploring Risks/BF & PP Women

Exploring Risks/Children

Exploring Risks/Infants

Implementation Plan

Closing

Nutrition Risk Changes

Materials and Resources:

Materials used during this training will be available from the WA WIC Web site:

<http://www.doh.wa.gov/cfh/wic/>

- **Nutrition Risk Changes** - An audio presentation with PowerPoint slides
- **Participant Copy** -
 - A guide to accompany the presentation, highlighting key information
 - A quick reference tool providing:
 - ▶ A brief description of the new risks
 - ▶ A snapshot of changes to the Assessment Questions
 - ▶ Web links to references and resources
 - ▶ A place to view Fact Sheets for staff on iodine and vitamin D
- **Nutrition Risk Practice Scenarios** with Answer Key/Discussion Points
- **Supporting Materials:**
 - WIC Policy and Procedure Manual - Volume 1, Chapter 14
 - Washington State WIC Seminar Presentations:
www.connectwithWIC.org

Nutrition Risk Changes

Why the change?

The nutrition risk factors used in the Washington State WIC Nutrition Program come from a standardized list from USDA (United States Department of Agriculture). All of the risk factors have been researched by a panel of nutrition experts and WIC representatives and determined to be conditions that greatly impact the nutritional health of women, infants and children and can be improved by participating in WIC.

WIC's Nutrition Risk Criteria

WIC Nutrition Risks are:

- Based on sound science – the panel looks at evidence-based research.
- Practical for WIC clinic application –WIC staff don't have to perform complicated or expensive tests to determine if a risk applies.
- Nutritionally linked or related – each risk has been shown to have an impact on health and nutrition.
- Conditions that can be Improved, Controlled, or Eliminated by the client's participation in WIC either because of WIC foods, nutrition education or referrals.

Because nutrition is an ever changing field, the risk factors are reviewed and revised every few years to keep WIC up-to-date with current nutrition research. The changes we'll be exploring in this training are the result of the most recent federal review.

As we review the changes notice how they **reflect current science, are linked to nutrition, and are conditions that WIC helps to improve, control or eliminate.**

Nutrition Risk Changes

What is changing?

In this release a total of 20 risks are new, revised, or deleted. See the tables below for a list of all the changed risks. You can also see the changes on the “Nutrition Risk changes – At a Glance Summary Sheet”. For detailed information about these risks check out the “Nutrition Risk Supplement:”

<http://www.doh.wa.gov/cfh/WIC/materials/clinic/manual/vol1ch14track.pdf>

Bolded risks are high risk

Risk Name	Category	Description of Change
Hypertension/Prehypertension	All	<ul style="list-style-type: none"> Added Prehypertension to the risk definition. Added information about hypertension and prehypertension, risks, management, etc.
Inadequate Iron Supplementation (< 27 mg)	PG	<ul style="list-style-type: none"> Is now a separate risk, was included in the Inadequate Vitamin/Mineral Supplement risk which is being inactivated. The amount of iron assessed for was decreased to 27 mg/day from from 30 mg/day.
Gestational Diabetes (Hx)	PG/BF/PP	<ul style="list-style-type: none"> Changed to any history for all categories of women. Updated with information about the diagnosis, risks, subsequent risks, diet, etc. based on current research. High risk for PG only
Very Restrictive Diet	PG/BF/PP	<ul style="list-style-type: none"> Added “or impaired caloric intake or absorption of essential nutrients following bariatric surgery.”
Inappropriate Milk Substitute	C	<ul style="list-style-type: none"> Added sweetened condensed milk to definition, slight changes to rationale.
Pregnant with Multiples Pregnant with Multiples (This PG)	PG/BF/PP	<ul style="list-style-type: none"> Name change only, was Multiple Fetuses. Same definition, no change to assessment.
Unsafe Handling/Storage of Breastmilk/Formula	I	<ul style="list-style-type: none"> Changed some information in rational Formula: <ul style="list-style-type: none"> held at room temp for more than 1 hour (was 2 hours) held in refrigerator longer than 48 hours for concentrated or ready to feed held in refrigerator longer than 24 hours for powder
Diabetes Mellitus	All	<ul style="list-style-type: none"> Risk definition and rationale updated with current information based on research. Does not change how the risk is assessed.
Gastrointestinal Disorder	All	<ul style="list-style-type: none"> Risk definition and rationale updated with current information based on research. Does not change how the risk is assessed.
Gestational Diabetes	PG	<ul style="list-style-type: none"> Risk definition and rationale updated with current information based on research. Does not change how the risk is assessed.
Bariatric Surgery	PG/BF/PP	<ul style="list-style-type: none"> Now a Priority 1 medical risk - was a Priority 4 dietary risk. No longer high risk. Name changed to Bariatric Surgery from Bariatric Surgery (dietary impact).

Risk Name	Category	New Risk
Inadequate Iodine Supplementation (< 150 mcg)	PG/BF	<ul style="list-style-type: none"> Staff now assess client if they are taking a Prenatal Vitamin or an Iodine Supplement
Inadequate Vitamin D Supplementation (< 400 IU)	I/C	<ul style="list-style-type: none"> Staff now assess client if they are taking a Multivitamin or a Vitamin D supplement
Inadequate Folic Acid Supplementation (< 400 mcg)	BF/PP	<ul style="list-style-type: none"> Is a separate risk, was included in the Inadequate Vitamin/Mineral Supplementation risk which is being inactivated. Same definition, no change to assessment.
Inadequate Fluoride Supplementation (> = 6 mos)	I/C	<ul style="list-style-type: none"> Is now a separate risk, was included in the Inadequate Vitamin/Mineral Supplementation risk which is being inactivated.
Inadequate Fluoride Supplementation		<ul style="list-style-type: none"> Same definition, no change to assessment.
Pre-Diabetes	BF/PP	<ul style="list-style-type: none"> Staff now assess for diagnosed pre-diabetes.
Preeclampsia (Hx)	PG/BF/PP	<ul style="list-style-type: none"> High risk for PG only

Risk Name	Category	Eliminated risk
Inadequate Vitamin/Mineral Supplementation	None	<ul style="list-style-type: none"> This overarching risk is being inactivated/removed/deleted so that the individual components can be assessed and marked separately for better assessment and statistics.
Pyloric Stenosis	None	<ul style="list-style-type: none"> Risk removed as per federal risk revision.

Looking at the Risk Changes and the Assessment Questions

Reviewing the risk factors a few at a time



*Watch and listen as the following risks are discussed. Information included in this Participant Copy is a **brief** overview for reference; additional information shared in the audio presentation is from the Policy and Procedure Manual, Volume 1, Chapter 14 – Nutrition Risk Criteria Supplement.*

We'll take a closer look at the changes to the risk factors a few at a time and learn how to assess for them using the Assessment Questions.

Hypertension/Prehypertension (High blood pressure)

- The risk for hypertension has been revised to include prehypertension
- Applies to all categories
- High risk factor

This risk is marked when a client has a **diagnosis** from a medical provider of hypertension or prehypertension.

Hypertension is high blood pressure that is at or above 140/90 mm Hg. Prehypertension is blood pressure that is above normal, but not high enough to be considered as hypertension. Blood pressure values for prehypertension are between 130/80 and 139/89 mm Hg.

How does WIC help?

- WIC foods - low fat, high fiber, fruits and vegetables.
- Nutrition education - promoting healthy lifestyles, supporting participants to achieve and maintain a healthy weight.
- Referrals - referring to smoking cessation programs and other programs to support healthy lifestyles.

Resources:

- ▶ WIC Policy and Procedure Manual Volume 1, Chapter 14 Nutrition Risk Criteria Supplement
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>
- ▶ **Hypertension and Pre-hypertension:** Changes to WIC Risks: Hypertension, Pre-hypertension, and Eclampsia, Donna B. Johnson, PhD, RD
<http://www.connectwithwic.org>

Nutrition Risk Changes

Preeclampsia (Hx)

- New risk factor for Pregnant, Breastfeeding and Postpartum women
- High risk for Pregnant women

Any history of **diagnosed** preeclampsia. Preeclampsia is defined as pregnancy-induced hypertension with proteinuria usually developing after the 20th week of gestation.

Preeclampsia is a leading cause of maternal death and a major contributor to maternal and perinatal morbidity. Women who have had preeclampsia in a previous pregnancy are 20% more likely to have it again and are at higher risk for heart disease later in life.

Additional risk factors for preeclampsia are pre-pregnancy obesity, pregnancy over age 35, being pregnant with multiples and diabetes.

How does WIC help?

- WIC foods – WIC provides foods rich in calcium and Vitamin D which research has shown to have a protective effect for preeclampsia.
- Nutrition education - Supports the prevention of preeclampsia in future pregnancies by helping women reach and maintain a healthy BMI by encouraging healthy eating habits and physical activity.

Resources:

- ▶ WIC Policy and Procedure Manual Volume 1 Chapter 14 Nutrition Risk Criteria Supplement
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>
- ▶ **Hypertension and Pre-hypertension:** Changes to WIC Risks: Hypertension, Pre-hypertension, and Eclampsia, Donna B. Johnson, PhD, RD
<http://www.connectwithwic.org>

Nutrition Risk Changes

Inadequate Iodine Supplementation (< 150 mcg)

- New risk factor for Pregnant and Breastfeeding women.

Pregnant or breastfeeding woman not routinely taking an iodine supplement (< 150 mcg) recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements.

The iodine requirement is sharply elevated during pregnancy and lactation. Mild iodine deficiency can adversely affect the cognitive function of the infant and severe iodine deficiency during pregnancy can cause cretinism.

The American Thyroid Association recommends that pregnant and breastfeeding women take prenatal multivitamins with 150 mcg of iodine each day.

How does WIC help?

- Nutrition education – Bring awareness to the importance of iodine during pregnancy and lactation and provide information about the recommended level.
- Referrals – Encourage women to talk with their health care provider if they have questions.

Client Handouts and Staff fact sheet on Iodine

Client hand-out – the Iodine handout is available to download and print from the Washington WIC Web site. This handout is being printed and translated. Staff will be notified when it is available for ordering from the General Store.

Staff fact sheet –Additional information for staff is included in the Appendix of this Participant Copy.

Resources:

- ▶ WIC Policy and Procedure Manual Volume 1, Chapter 14 Nutrition Risk Criteria Supplement
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>
- ▶ **Iodine and Vitamin D:** Changes to WIC Risks: Hot Topics in Nutrition, Including New Supplementation Recommendations–Vitamin D and Iodine, Catherine H. Breedon, PhD, RD, CSP, FADA <http://www.connectwithwic.org>

Nutrition Risk Changes

The Assessment Questions and the associated risk changes

Let's start with the Assessment Questions for Pregnant Women.

Listen as we role-play a scenario assessing for Pre-hypertension/Hypertension, Preeclampsia (Hx), and Inadequate Iodine Supplementation.

Scenario: Lucinda is a pregnant mom and is being certified today.

Listen for the following changes:

1. The opening "Rapport Building" statement has changed on all categories of the Assessment Questions.

New Statement: I am going to ask you some questions about (*your, your baby's, your child's*) health, nutrition and safety. We ask everyone these questions. If you have questions or concerns, we will come back and address them. Does that work for you?

Previous Statement: I am going to ask you some questions about (*your, your baby's, your child's*) health and nutrition; then we will come back and address any concerns or questions that you may have.

2. **New question:** What health or medical concerns, if any, do you or your medical provider have about your pregnancy, such as high blood pressure, anemia or gestational diabetes?

Previous question: (*If seen by a medical provider*) Has your medical provider identified any health or medical concerns about your pregnancy, such as high blood pressure, anemia or gestational diabetes?

3. **New question:** (If any past pregnancies) Did you have gestational diabetes and/or preeclampsia with your past pregnancies?

Previous question: (*If any past pregnancies*) Did you have gestational diabetes with your past pregnancies?

4. **New question:** Do you have any health problems or medical conditions not related to pregnancy, such as prehypertension?

Previous question: Do you have any health problems or medical conditions not related to pregnancy?

5. **New question:** Do you take a prenatal vitamin?

Nutrition Risk Changes

- (If yes) How much iodine is in your prenatal vitamin?
- (If no) Are you taking an iodine supplement?
- (If no) Are you taking an iron supplement?

Previous question: *What vitamins or other dietary supplements do you take?*

- *How much do you take?*
- *Do you take a prenatal vitamin?*
- *(If no) Are you taking an iron supplement?*
- *What vitamins or other dietary supplements do you take?*
- *How much do you take?*

This is the end of Part 1.

Start Part 2 when you are ready.

Nutrition Risk Changes

Part 2 of the audio training begins here.

Taking a closer look at a few more risk factors...

Gestational Diabetes (Hx)

- This risk has changed to allow any history of gestational diabetes for all women categories
- Expanded from only the most recent pregnancy for BF and PP women
- High risk factor for pregnant women

Any history of **diagnosed** gestational diabetes mellitus (GDM).

About 30 – 50% of women with a history of gestational diabetes (GDM) will develop GDM in a future pregnancy.

Women who have had gestational diabetes in the past are 40 – 60% more likely to develop type 2 diabetes within 15 – 20 years. This risk is highest for women who were diagnosed with GDM early in the pregnancy, have higher blood sugar levels during pregnancy and are obese.

How does WIC help?

- WIC foods – healthy low-fat, high fiber foods are important to achieving and maintaining a healthy weight.
- Nutrition education – Encourage and support women to achieve healthy weight before the next pregnancy and breastfeed.
- Breastfeeding decreases the risk of type 2 diabetes in the future!

Resources

- ▶ WIC Policy and Procedure Manual Volume 1 Chapter 14 Nutrition Risk Criteria Supplement
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>
- ▶ Diabetes and Pre-diabetes: Changes to WIC Risks: Pre-diabetes – WIC's Risk Guidelines, Dorrine Khakpour, RD, CD, CDE <http://www.connectwithwic.org>

Nutrition Risk Changes

Pre-Diabetes

- This is a new risk
- This risk applies to BF and PP women
- High risk factor

To mark this risk the client must have a **diagnosis** of pre-diabetes by a physician. Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.

A person with pre-diabetes is at high risk for developing type 2 diabetes and heart disease. Screening for pre-diabetes is very important in the prevention of type 2 diabetes.

How does WIC help?

- WIC foods - The WIC food package provides high fiber, low fat foods emphasizing whole grains, fruits, vegetables and dairy products.
- Nutrition education - Healthy weight and eating patterns can help families reduce their risk of diabetes.
- Referrals - As with all high risk factors the dietitian plays an important role in helping women and their families with healthy eating patterns and to achieve and maintain a healthy weight after delivery.

Resources

- ▶ WIC Policy and Procedure Manual Volume 1 Chapter 14 Nutrition Risk Criteria Supplement
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>
- ▶ Diabetes and Pre-diabetes: Changes to WIC Risks: Pre-diabetes - WIC's Risk Guidelines, Dorrine Khakpour, RD, CD, CDE <http://www.connectwithwic.org>

Nutrition Risk Changes

Looking at the Assessment Questions and the associated risk changes

Now let's look at the Assessment Questions for a breastfeeding woman. **Listen** as we role-play a scenario assessing for Pre-Diabetes and Gestational Diabetes (Hx) and **hear** the change to the question about depression.

Scenario: Joelle is a breastfeeding mom and is being recertified today.

Listen for the following changes:

1. **New question:** In this or any previous pregnancy, did you have any health or medical concerns, such as gestational diabetes and/or preeclampsia?

Previous question: *Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes?*

2. **New question:** We've talked about pregnancy history, now I'm going to ask about your health in general.
 - Do you have any health problems or medical conditions?

Previous question: *Do you have any health or medical conditions not related to pregnancy?*

3. **New Question:** Lots of women feel sad or depressed before or after having a baby. Have you felt sad or depressed recently?
 - (If yes) Tell me more.
 - (If yes) Are you being treated for depression? (i.e. medication, counseling)

Previous Question: *Recently, have you felt sad or depressed?*

- (If yes) Tell me more.
- (If yes) Are you being treated for depression? (i.e. medication, counseling)

Nutrition Risk Changes

Taking a closer look at another risk factor...

Bariatric Surgery

- The name of this risk changed from Bariatric Surgery (dietary impact) to Bariatric Surgery and is now a higher priority medical risk instead of a dietary risk
- This risk applies to PG, BF and PP women

Many types of surgical procedures are used for the intervention of obesity. These procedures promote weight loss by restricting dietary intake, for example adjustable gastric banding (AGB) and/or bypassing some part of the intestine to cause incomplete digestion or malabsorption of nutrients as in the Roux-y gastric bypass (RYGB).

This risk is marked when the client has had one of the types of bariatric surgery mentioned above. If the surgery was performed within the last two months or the woman has severely restricted eating patterns the risks “Recent Major Surgery, Trauma, or Burns” or “Very Restrictive Diet” would also apply.

How does WIC help?

- WIC foods – Healthy foods.
- Nutrition education – Support to help the client meet her nutrition needs.
- Referrals – The dietitian provides counseling to help achieve good nutrition when the “Very Restrictive Diet” risk is marked. (Bariatric Surgery is not a high risk factor, but Very Restrictive Diet is a high risk factor and may often be marked in conjunction with Bariatric Surgery.)

Resources:

- ▶ WIC Policy and Procedure Manual Volume 1, Chapter 14 Nutrition Risk Criteria Supplement
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>

Nutrition Risk Changes

Looking at the Assessment Questions and the associated risk changes

Now let's look at the Assessment Questions for Postpartum Women. **Listen** as we role-play a scenario assessing for Bariatric Surgery.

Scenario: Suong is a postpartum mom and is being recertified today.

Listen for the following:

1. **Question remains the same:** Have you ever had a surgery that effects how you eat now?

Change is to the risk: *from Bariatric Surgery (dietary impact) to Bariatric Surgery.*

2. **Very Restrictive Diet** is marked for Suong and therefore she is High Risk.

Nutrition Risk Changes

Taking a closer look at one more risk factor...

Inadequate Vitamin D Supplementation (< 400 IU)

- New risk factor for Infants and children

This risk is marked when the participant is not routinely taking a Vitamin D supplement recognized by national public health policy makers because diet alone cannot meet nutrient requirements.

To prevent rickets and vitamin D deficiency the American Academy of Pediatrics (AAP) recommends a supplement of 400 IU per day for:

Infants:

- All fully breastfed infants.
- All partially breastfed infants who are ingesting less than 32 ounces per day of vitamin D fortified formula and are not taking a supplement of 400 IU of vitamin D.
- All nonbreastfed infants who are ingesting less than 32 ounces per day of vitamin-D fortified formula.

Children:

- Not providing 400 IU of vitamin D if a child consumes less than 32 ounces of vitamin D fortified milk or formula. Since this amount is in excess of the recommended 2 cups of milk per day for pre-school children, most children will require a vitamin D supplement.

How does WIC help?

- WIC Foods - healthy foods fortified with Vitamin D.
- Nutrition education - Bring awareness to the importance of Vitamin D during infancy and childhood, and provide information about the recommended level.
- Referrals - Encourage caregivers to talk with their health care provider if they have questions.

- ▶ WIC Policy and Procedure Manual Volume 1
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch14track.pdf>
- ▶ **Iodine and Vitamin D:** Changes to WIC Risks: Hot Topics in Nutrition, Including New Supplementation Recommendations–Vitamin D and Iodine, Catherine H. Breedon, PhD, RD, CSP, FADA <http://www.connectwithwic.org>

Nutrition Risk Changes

Looking at the Assessment Questions and the associated risk changes

Now let's look at the Assessment Questions for Children. **Listen** as we role-play a scenario assessing for Inadequate Vitamin D Supplementation.

Scenario: Nicky is a 4 year old and is being recertified today and **does not** take a multi-vitamin.

Listen for the following:

1. **A new question was added to the vitamin and dietary supplements question:** Do you give vitamins or other dietary supplements to your child?
 - (If no) Does your child take a Vitamin D supplement?
 - (If yes) What and how much?
2. The risk is marked when the child is not taking a multi-vitamin or additional supplement.

Scenario: Charlotte is Nicky's younger sister. She is 13 months old and still drinking a bottle; Charlotte also **does not** take a multi-vitamin or a vitamin D supplement. **Listen** for the following:

1. **No change was made to the beginning of this question:** Do you give vitamins or other dietary supplements to your child?
2. The risk is marked, since Charlotte is not taking a vitamin or a vitamin D supplement. However, later in asking the assessment questions, when we ask about bottles, mom **mentions** that Charlotte is still drinking 32 ounces of milk from a bottle each day. In this situation, Charlotte is getting adequate vitamin D and so we remove the risk Inadequate Vitamin D Supplementation. However, Charlotte takes her bottle to bed with her, so staff do mark the risk Inappropriate Use of the Bottle/Cup. There is no harm if mom does decide to give a multi-vitamin and Charlotte continues to drink 32 ounces of milk each day. When talking about offering nutrition education for this family, we would want to explore topics such as recommended amount of milk for 1 year olds, weaning from the bottle, night-time bottle use, to name a few.

Note: there is no requirement to calculate vitamin D foods that are consumed by the participant, but if staff finds out that adequate amounts of vitamin D are being ingested, then we would not mark this risk.



Nutrition Risk Changes

Implementing Nutrition Risk Changes

- All changes will be coming to your clinic February 24th, 2011.
- Inactivated risks will be grayed out in Client Services.
- Assessment question translations will be translated and posted to the Washington WIC website when they are completed.
<http://www.doh.wa.gov/cfh/WIC/vena.htm#assess>
- New Prenatal weigh gain grids and associated risks will be coming out this summer.

Need Help?

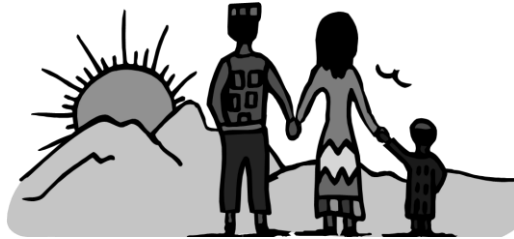
- For policy issues call:
1-800-841-1410 and ask for LATA
- For CIMS related issues call:
1-800-841-1410 #7



THANK YOU

We appreciate you joining us for
Nutrition Risk Changes training!

Appendix



At a Glance – Changed Risks

Risk Name	Category	Description of Change
Hypertension/Prehypertension	All	<ul style="list-style-type: none"> Added Prehypertension to the risk definition. Added information about hypertension and prehypertension, risks, management, etc.
Inadequate Iron Supplementation (< 27 mg)	PG	<ul style="list-style-type: none"> Is now a separate risk was included in the Inadequate Vitamin/Mineral Supplement risk, which is being inactivated. The amount of iron assessed for was decreased to 27 mg/day from 30 mg/day.
Gestational Diabetes (Hx)	PG/BF/PP	<ul style="list-style-type: none"> Changed to any history for all categories of women. Updated with information about the diagnosis, risks, subsequent risks, diet, etc. based on current research. High risk for PG only
Very Restrictive Diet	PG/BF/PP	<ul style="list-style-type: none"> Added “or impaired caloric intake or absorption of essential nutrients following bariatric surgery.”
Inappropriate Milk Substitute	C	<ul style="list-style-type: none"> Added sweetened condensed milk to definition, slight changes to rationale.
Pregnant with Multiples Pregnant with Multiples (This PG)	PG/BF/PP	<ul style="list-style-type: none"> Name change only, was Multiple Fetuses. Same definition, no change to assessment.
Unsafe Handling/Storage of Breastmilk/Formula	I	<ul style="list-style-type: none"> Changed some information in rational Formula: <ul style="list-style-type: none"> held at room temp for more than 1 hour (was 2 hours) held in refrigerator longer than 48 hours for concentrated or ready to feed held in refrigerator longer than 24 hours for powder
Diabetes Mellitus	All	<ul style="list-style-type: none"> Risk definition and rationale updated with current information based on research. Does not change how the risk is assessed.
Gastrointestinal Disorder	All	<ul style="list-style-type: none"> Risk definition and rationale updated with current information based on research. Does not change how the risk is assessed.
Gestational Diabetes	PG	<ul style="list-style-type: none"> Risk definition and rationale updated with current information based on research. Does not change how the risk is assessed.
Bariatric Surgery	PG/BF/PP	<ul style="list-style-type: none"> Now a Priority 1 medical risk - was a Priority 4 dietary risk. No longer high risk. Name changed to Bariatric Surgery from Bariatric Surgery (dietary impact).

Bolded risk titles = High risk factors

At a Glance – Changed Risks

Risk Name	Category	New Risk
Inadequate Iodine Supplementation (< 150 mcg)	PG/BF	<ul style="list-style-type: none"> Staff now assess client if they are taking a Prenatal Vitamin or an Iodine Supplement
Inadequate Vitamin D Supplementation (< 400 IU)	I/C	<ul style="list-style-type: none"> Staff now assess client if they are taking a Multivitamin or a Vitamin D supplement
Inadequate Folic Acid Supplementation (< 400 mcg)	BF/PP	<ul style="list-style-type: none"> Is a separate risk, was included in the Inadequate Vitamin/Mineral Supplementation risk, which is being inactivated. Same definition, no change to assessment.
Inadequate Fluoride Supplementation (> = 6 mos) Inadequate Fluoride Supplementation	I/C	<ul style="list-style-type: none"> Is now a separate risk, was included in the Inadequate Vitamin/Mineral Supplementation risk, which is being inactivated. Same definition, no change to assessment.
Pre-Diabetes	BF/PP	<ul style="list-style-type: none"> Staff now assess for diagnosed pre-diabetes.
Preeclampsia (Hx)	PG /BF/PP	<ul style="list-style-type: none"> High risk for PG only

Risk Name	Category	Eliminated risk
Inadequate Vitamin/Mineral Supplementation	None	<ul style="list-style-type: none"> This overarching risk is being inactivated/removed/deleted so that the individual components can be assessed and marked separately for better assessment and statistics.
Pyloric Stenosis	None	<ul style="list-style-type: none"> Risk removed as per federal risk revision.

Bolded risk titles = High risk factors

Staff Fact Sheets

Iodine – Fact Sheet and References

What is iodine?

- An essential dietary element needed for the body's physical and mental development.

Why do we need iodine?

- Iodine is vital to human life. Without enough iodine, your body is unable to make thyroid hormones. Thyroid hormones regulate metabolism in every cell of the body. An iodine deficiency can have a harmful impact on your health and well-being.

What happens if we don't get enough iodine?

- If our bodies don't get enough iodine, our thyroid has to work harder, which causes an enlargement of the thyroid gland known as a goiter.
- Children of mothers with severe iodine deficiency during pregnancy can have mental retardation, and problems with growth, hearing, and speech.
- In the most severe form, an iodine deficiency can cause cretinism in infants and children. Cretinism is a syndrome characterized by severely stunted physical and mental growth.
- Research shows that even mild iodine deficiency may have adverse affects on the cognitive development.

How do we get iodine?

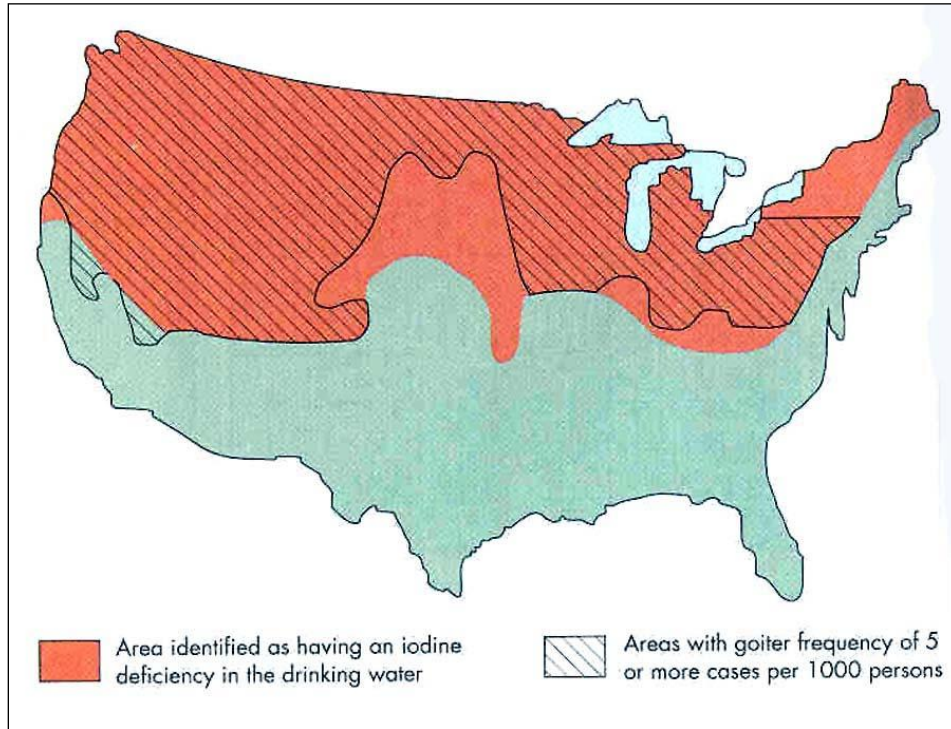
During prehistoric times, some of the iodine leached out from the surface soil by glaciers, snow and rain. It was carried by wind, rivers, and floods into the oceans. Today, much of the earth's iodine is found in the ocean. However, in *some* parts of the US, iodine is found in the deep layers of the soil. It is removed by deep water wells and is a major source of iodine in the diet. Notice on the map (on the next page), that Washington state is an "area identified as having an **iodine deficiency** in the drinking water" and has a higher frequency of people with goiters.

- Our bodies cannot make iodine; we must get it through our diets.
- Very little iodine is found naturally in foods; most has been added during processing.
- Salt, with iodine added, known as iodized table salt, is the primary source of iodine in our diets. 1/4 teaspoon of iodized salt has 71 micrograms (mcg) of iodine.
- Salt added to processed foods often is not iodized salt.



Staff Fact Sheets

- Sea salt is not a good source of iodine unless it is iodized sea salt.
- Salt water seafood (e.g., cod, lobster, shrimp, haddock) is a good source of iodine. 3 oz cod has 99 mcg and 3 oz shrimp has 35 mcg of iodine.
- Another good source is sea vegetables (e.g., seaweed, kelp). 1/4 C kelp has 415 mcg of iodine.
- Dairy, from cows that graze on iodine rich soil, could provide 56 mcg of iodine in 1 cup of milk.



Map showing spatial correlation between the former "Goiter Belt" in the northern U.S. and areas where the iodine content of drinking water is naturally low.

www.uwsp.edu/gEo/faculty/ozsvath/images/goiter_belt.htm

Why is iodine needed for pregnant and breastfeeding women?

- An iodine deficiency for the pregnant woman can be harmful for both her and her baby. It can cause adverse affects in the cognitive development of the baby.
- Iodine deficiency has also been associated with miscarriages, stillbirth, preterm delivery and congenital abnormalities in the baby.
- Adequate amounts of iodine in breast milk are essential to provide for the optimal thyroid hormone stores and to prevent harm to the brain development in breast-fed babies.

Staff Fact Sheets

How much iodine is needed during pregnancy and breastfeeding?

RDA for iodine:

- Pregnancy: 220 mcg
- Breastfeeding: 290 mcg

WIC risk criteria:

- Each day the pregnant and/or breastfeeding woman should have at least 150 mcg of iodine.

Note: Iodine is not mandated to be included in prenatal vitamins in the US.

Supplement Facts		
Serving Size - 1 capsules		
Servings per Container - 90		
	Amount per Serving	% Daily Value*
Iodine (as potassium iodide)	150mcg	100%
Zinc (Chelazome [®] , zinc amino acid chelate)	15mg	100%
Selenium (from L-selenomethionine)	400mcg	571%
Copper (Chelazome [®] , copper amino acid chelate)	2mg	100%

How do I find out if I am low in iodine?

- There are no tests to confirm if you have enough iodine in your body. It is best to be preventative with iodine by using iodized table salt or an iodine supplement.

Are there times additional iodine should not be taken?

- If medication is prescribed for an overactive thyroid, consult with the medical provider before taking an iodine supplement.

ASSESSMENT QUESTIONS

PG Assessment Question

Do you take a prenatal vitamin?

- *(If yes) How much iodine is in your prenatal vitamin?*
- *(If no) Are you taking an iodine supplement?*

If the client does not know the amount of iodine in her prenatal vitamin or iodine supplement:

- Do not mark a risk

Note: Staff do not mark the risk unless it is known the client does not get 150 mcg in the prenatal vitamin and does not take an iodine supplement.

Staff Fact Sheets

If the client knows the amount of iodine:

- If the amount of iodine is less than 150 mcg, select the risk of “Inadequate Iodine Supplementation.”

BF Assessment Question

What vitamins or other dietary supplements do you take?

- *How much do you take?*
- *Are you taking a folic acid supplement?*
- *Are you taking an iodine supplement?*

If the client is taking a dietary supplement that has folic acid and iodine.

- No risk is mark related for these nutrients.

Note: The amount of iodine and folic acid meets the recommendations (Folic acid: 400mcg/Iodine: 150 mcg)

If the client does not take any vitamins or dietary supplements:

- Ask specifically about taking a folic acid and/or iodine supplement.
 - If the client is taking a folic acid and an iodine supplement:
 - Do **not** mark "Inadequate Folic Acid Supplementation" or "Inadequate Iodine Supplementation"
 - If the client is **not** taking a folic acid and/or iodine supplement:
 - **Mark** the risk that applies: “Inadequate Folic Acid Supplementation” or “Inadequate Iodine Supplementation”

Staff Fact Sheets

References:

Azizi F, Smyth P, Breastfeeding and maternal and infant iodine nutrition. *Clinical Endocrinology*.70 (5): 803-9 May.

Becker DV, Braverman LE, Delange F, et al. Iodine supplementation for pregnancy and lactation-United States and Canada: recommendations of the American Thyroid Association. *Thyroid* 2006; 16(10):949-951. ([PubMed](#))

Caldwell KL, Miller GA, Wang RY, Jain RB, Jones RL. Iodine status of the U.S. population, National Health and Nutrition Examination Survey 2003-2004. *Thyroid* 2008;18(11):1207-1214. ([PubMed](#))

Dunn JT. What's happening to our iodine? *J Clin Endocrinol Metab*. 1998;83(10):3398-3400. ([PubMed](#))

Food and Nutrition Board, Institute of Medicine. Iodine. Dietary reference intakes for vitamin A, vitamin K, boron, chromium, copper, iodine, iron, manganese, molybdenum, nickel, silicon, vanadium, and zinc. Washington, D.C.: National Academy Press; 2001:258-289. ([National Academy Press](#))

Hetzel BS. Iodine and neuropsychological development. *J Nutr*. 2000;130(2S Suppl):493S-495S. ([PubMed](#))

Tiwari BD, Godbole MM, Chattopadhyay N, Mandal A, Mithal A. Learning disabilities and poor motivation to achieve due to prolonged iodine deficiency. *Am J Clin Nutr*. 1996;63(5):782-786. ([PubMed](#))

Aunt Cathy's Guide to Nutrition: New Attention to an Old Problem, Iodine Deficiency in Pregnancy and Lactation. (Web page) October 2009. Available at: <http://www.co.mcleod.mn.us/departments/PubliHealth/handouts%20for%20ho%20topics/Aunt%20C%20Iodine%20deficiency%20pregnancy%20search%20refs%201-10.pdf> Accessed 12/22/2010.

Dietary Reference Intakes 2001. USDA (Web page) http://www.nal.usda.gov/fnic/DRI//DRI_Vitamin_A/258-289_150.pdf Accessed 12/29/2010.

Iodine Level, United States, 2000. [Web page]. January, 2007. National Center for Health Statistics. Available at: <http://www.cdc.gov/nchs/data/hestat/iodine.htm>. Accessed 12/22/10.

Spatial correlation between the former "Goiter Belt" in the northern U.S. (Web page). www.uwsp.edu/gEo/faculty/ozsvath/images/goiter_belt.htm Accessed 12/22/2010.

Dietary Supplement Fact Sheet: Iodine (Web page). Office of Dietary Supplements (NIH) <http://ods.od.nih.gov/factsheets/Iodine/> Accessed 12/29/10.

Staff Fact Sheets

Vitamin D – Fact Sheet and References

What is vitamin D?

- Vitamin D is a fat-soluble vitamin. It is essential for maintaining normal calcium metabolism and for healthy bones and teeth.



Why do we need vitamin D?

- Vitamin D is well known for the prevention of rickets. Rickets is the softening and weakening of bones in children. It can lead to bone fractures and bowed legs.
- One of the most important roles of vitamin D is to maintain bone health.
- New evidence suggests that vitamin D also plays an important role in the prevention of infections, heart disease, autoimmune diseases, some forms of cancer and Type 2 diabetes.
- Recent studies indicate that vitamin D supplements in infancy and early childhood may decrease the rate of Type 1 diabetes.
- Mild vitamin D deficiencies may add to the presence of non-specific symptoms such as gross motor delays, unusual irritability, muscle or joint pain and poor growth.
- Vitamin D is required for vitamin D receptors found in over 200 different body tissues.

How do we get vitamin D?

- Vitamin D is naturally present in fatty fish (salmon, tuna, mackerel, and sardines), liver, cod-liver oil and egg yolks.
- Vitamin D is added to milk, infant formula, some yogurts, margarine, cereal and orange juice products.
- In order to get enough vitamin D from foods you would need to consume 14 ounces of an oily fish or one quart of fortified milk or orange juice every day.
- Vitamin D can be stored in the body.
- Daily supplement of 400 international units (IU) of vitamin D (infants and children) beginning soon after birth.



Note: Two forms of vitamin D are used in food fortification and commercial multi-vitamin supplements: plant derived vitamin D2 (ergocalciferol) and animal derived vitamin D3 (cholecalciferol).

Staff Fact Sheets

Can't we also get vitamin D from sunshine?

- Our bodies can make vitamin D when skin is exposed to sunlight; however, it is not a dependable source for those living in the state of Washington.
- In the US states north of the 37th parallel, sun strength is inadequate for vitamin D production except in the summer months.



Factors that affect the amount of vitamin D our skin makes include:

- Amount of time spend outdoors
- How much clothing you wear outdoors
- Use of sunscreen
- Season of the year and time of day
- Air pollution or smog
- Weather conditions
- Skin pigmentation and age of skin

How much vitamin D is needed?

WIC risk criteria:

USDA has adopted the American Academy of Pediatrics (AAP) vitamin D recommendations for infants and children. This recommendation states that infants/children drinking less than 1 quart (32 ounces) per day of vitamin D - fortified formula or milk, should receive a vitamin D supplement of 400 IU daily. It is difficult to consistently get the recommended amounts of vitamin D from food sources and sunshine, so the use of a supplement is recommended.

Infants: Liquid vitamin D drops are available singly as well as in combination with other nutrients such as vitamins A, C, iron or fluoride.

Children: Chewable multivitamins are available with vitamin D.

Note: If there is a known deficiency, a higher intake may be recommended.



Staff Fact Sheets

WA WIC Assessment Questions

Children Assessment Question:

Do you give vitamins or other dietary supplements to your child?

- *(If yes) What and how much?*
- *(If no) Does your child take a vitamin D supplement?*

If the client is taking a vitamin or dietary supplement

- No risk is marked. The assumption is that most vitamins provide an adequate vitamin D source.

If the client is not taking a vitamin/dietary supplement or a vitamin D supplement.

- Mark the risk of "Inadequate Vitamin D Supplementation"

Note:

- Since 1 quart of milk is in excess of the recommended 2 cups of milk per day for pre-school children, most children will require a vitamin D supplement.
- You are not required to ask about how much milk the child drinks. However, if you learn they are drinking more than 32 ounces per day, you would not mark the risk of Inadequate Vitamin D Supplementation.
- There is no harm in children drinking their milk and taking a multivitamin or vitamin D supplement.

Infant Assessment Questions:

0-6 mos Fully Formula Fed

Tell me how formula feeding is going.

- *How do you know when your baby is hungry? When he/she is full?*
- *How much formula does your baby drink in 24 hours?*
- *Does your baby drink iron fortified formula?*
- *(If drinking less than 32 ounces of formula per day) Is your baby getting a vitamin D supplement?*
- *In addition to what WIC provides, how many cans of formula do you buy each month?*

If the baby is drinking 32 ounces of formula per day

- No risk is marked

If the baby is drinking less than 32 ounces of formula per day, and is getting a vitamin D supplement.

- No risk is marked. The assumption is that most vitamins provide an adequate vitamin D source.

Staff Fact Sheets

If the baby is drinking less than 32 ounces of formula per day, and is not getting a vitamin D supplement.

- Mark the risk of "Inadequate Vitamin D Supplementation".

6-12 Fully Breastfeeding

Do you give vitamins or other dietary supplements to your baby?

(If yes) What and how much?

Is your baby getting a vitamin D supplement?

If the baby is getting a vitamin/dietary supplement

- No risk if marked. The assumption is that most vitamins provide an adequate amount of vitamin D.

If the baby is not getting a vitamins/dietary supplements but receives a vitamin D supplement.

- No risk is marked.

If the baby is not getting a vitamins/dietary supplements or a vitamin D supplement.

- Mark "Inadequate Vitamin D Supplementation"

Note: Since most infants are breastfed or drink less than 1 quart of formula per day, the majority of infants will also need a vitamin D supplement.

Other information to share with WIC clients:

Vitamin D is important for everyone in the family. It is hard to get enough vitamin D from food so a supplement is recommended. Although WIC staff do not prescribe specific vitamins, we can recommend taking a supplement just like we do with a prenatal vitamin.

- Help parents learn how to read product labels and reinforce following directions on package to assure correct dosage.
- Encourage parents to provide a vitamin D supplement via over the counter children's chewable vitamin or infant drops. Infant drops can stain so a good place to give them to a baby is in the bath.
- Reassure parents that these supplements can be safely used in addition to vitamin D fortified milk or formula.
- If a client has a question or concern, refer them to the WIC nutritionist or child's health care provider.

Staff Fact Sheets

References:

What's New with Vitamin D? 2010, pages 5-9. (Web page)

<http://www.oregon.gov/DHS/ph/wic/docs/risk/risk-vitamin-D-information-staff-handout.pdf> (Accessed 12/29/2010)

Aunt Cathy's Guide to Nutrition: My Current Top Five Easy Ways to Improve Your Family's Nutrition, May 2009. (Web page)

http://north.sanfordhealth.org/healtheducation/speakers/cathy_breedon/pdfs/TopFiveFamilyNutrition.pdf (Accessed 12/29/2010)

Wagner Carol L., Greer Frank R, and the Section on Breastfeeding and Committee on Nutrition, Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents, Pediatrics 2008;122:1132-1152 ([American Academy of Pediatrics](#))

Micronutrient Information Center, Linus Pauling Institute 12/8/10 (Web page)

<http://lpi.oregonstate.edu/infocenter/vitamins/vitaminD/index.html> (Accessed 12/29/2010).