

Hypoglycemia

Definition/ cut-off value

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.

Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III, IV, V, or VI
Infants	I
Children	III

Justification

Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise (1).

Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age (SGA), but it is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age (2).

WIC can provide nutrition management that concentrates on frequent feedings to support adequate growth for infants and children (2). WIC can also provide nutrition education to help manage hypoglycemia in women that includes consuming a balanced diet, low carbohydrate snacks and exercise (1).

References

1. National Institute of Diabetes, Digestive and Kidney Diseases. Hypoglycemia. National Diabetes Information Clearinghouse, 1999. Available at: <http://www.niddk.nih.gov/health/diabetes/pubs/hypo/hypo.htm>
 2. Institute of Medicine. WIC nutrition risk criteria a scientific assessment. National Academy Press, Washington D.C.;1996. p.217-218
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Clarification

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