

RISK FACTOR DEFINITIONS TABLE - Prenatal

Risk Factors 131, 201, 211, 302 & 331 (≤ 15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)																				
101	<p>Underweight</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when: <ul style="list-style-type: none"> - Pre-pregnancy BMI < 18.5 <ul style="list-style-type: none"> o Prenatal women's pre-pregnancy BMI would be based on most recent height and pre-pregnancy weight. 	S																				
111	<p>Overweight</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when: <ul style="list-style-type: none"> - Pre-pregnancy BMI ≥ 25 <ul style="list-style-type: none"> o Prenatal women's pre-pregnancy BMI would be based on data most recent height and pre-pregnancy weight. 	S																				
131	<p>Low Maternal Weight Gain – prenatal with one fetus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-pregnancy height/weight entered on Health Information tab will determine what Prenatal Weight Gain chart the system will display. Current weight is based on data entered on the Height/Weight/Blood tab. Risk Factor assigned based on a system calculation and not actual plotting. <input type="checkbox"/> Risk factor is automatically assigned by system when: <ul style="list-style-type: none"> - Prenatal weight plots at any point in her pregnancy below the bottom line of her appropriate weight gain channel for her respective pre-pregnancy weight category on the Prenatal Weight Gain chart. <table border="1" style="margin: 10px auto; border-collapse: collapse; width: 60%;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Pre-Pregnancy Weight Categories</th> <th style="text-align: center;">BMI</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td style="text-align: center;">< 18.5</td> </tr> <tr> <td>Normal Weight</td> <td style="text-align: center;">18.5 to 24.9</td> </tr> <tr> <td>Overweight</td> <td style="text-align: center;">25 to 29.9</td> </tr> <tr> <td>Obese</td> <td style="text-align: center;">≥ 30</td> </tr> </tbody> </table> <ul style="list-style-type: none"> - During the 2nd & 3rd trimesters two measurements taken at least 7 days apart show a low average weight gain falling below the recommended weight gain range for her pre-pregnancy BMI category on the Weight Gain Per Week chart. <table border="1" style="margin: 10px auto; border-collapse: collapse; width: 60%;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Pre-Pregnancy Weight Categories</th> <th style="text-align: center;">Weight Gain Per Week</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td style="text-align: center;">< 1 pound</td> </tr> <tr> <td>Normal Weight</td> <td style="text-align: center;">< .8 pound</td> </tr> <tr> <td>Overweight</td> <td style="text-align: center;">< .5 pound</td> </tr> <tr> <td>Obese</td> <td style="text-align: center;">< .4 pound</td> </tr> </tbody> </table>	Pre-Pregnancy Weight Categories	BMI	Underweight	< 18.5	Normal Weight	18.5 to 24.9	Overweight	25 to 29.9	Obese	≥ 30	Pre-Pregnancy Weight Categories	Weight Gain Per Week	Underweight	< 1 pound	Normal Weight	< .8 pound	Overweight	< .5 pound	Obese	< .4 pound	S
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	<ul style="list-style-type: none"> <input type="checkbox"/> MOWINS will flag participant's record as high-risk. <ul style="list-style-type: none"> - Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 																					
133	<p>High Maternal Weight Gain (singleton pregnancies)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when: <ul style="list-style-type: none"> - Prenatal weight plots at any point above the top line of her appropriate weight gain channel for her respective pre-pregnancy weight category on the Prenatal Weight Gain chart. <table border="1" style="margin-left: 40px; margin-bottom: 20px; border-collapse: collapse; width: 60%;"> <thead> <tr> <th style="text-align: left;">Pre-Pregnancy Weight Categories</th> <th style="text-align: center;">BMI</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td style="text-align: center;">< 18.5</td> </tr> <tr> <td>Normal Weight</td> <td style="text-align: center;">18.5 to 24.9</td> </tr> <tr> <td>Overweight</td> <td style="text-align: center;">25 to 29.9</td> </tr> <tr> <td>Obese</td> <td style="text-align: center;">≥ 30</td> </tr> </tbody> </table> <ul style="list-style-type: none"> - A high rate of weight gain based on her pre-pregnancy BMI for her respective pre-pregnancy weight category, such that in the 2nd and 3rd trimester: <table border="1" style="margin-left: 40px; margin-bottom: 20px; border-collapse: collapse; width: 60%;"> <thead> <tr> <th style="text-align: left;">Pre-Pregnancy Weight Categories</th> <th style="text-align: center;">Weight Gain Per Week</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td style="text-align: center;">> 1.3 pounds</td> </tr> <tr> <td>Normal Weight</td> <td style="text-align: center;">> 1 pound</td> </tr> <tr> <td>Overweight</td> <td style="text-align: center;">> .7 pound</td> </tr> <tr> <td>Obese</td> <td style="text-align: center;">> .6 pound</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <input type="checkbox"/> Assigned based on a system calculation and not actual plotting. Pre-pregnancy height/weight is taken from the Health Information tab and current weight is based on data entered on the Height/Weight/Blood tab. 	Pre-Pregnancy Weight Categories	BMI	Underweight	< 18.5	Normal Weight	18.5 to 24.9	Overweight	25 to 29.9	Obese	≥ 30	Pre-Pregnancy Weight Categories	Weight Gain Per Week	Underweight	> 1.3 pounds	Normal Weight	> 1 pound	Overweight	> .7 pound	Obese	> .6 pound	S
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201	<p>Low Hemoglobin/Low Hematocrit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system based on data entered on the Health Information and Height/Weight/Blood tab as well as altitude set behind the scenes in MOWINS. <ul style="list-style-type: none"> - Non-Smoking <ul style="list-style-type: none"> 0 to 13 Weeks of Gestation: < 11.0/33 hgb/hct, 14 to 26 Weeks of Gestation: < 10.5/32 hgb/hct 27 to 40 Weeks of Gestation: < 11.0/33 hgb/hct 	S																				

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	<ul style="list-style-type: none"> - Smoking Less than 1 (< 1) Pack per Day 0 to 13 Weeks of Gestation: < 11.3/34 hgb/hct 14 to 26 Weeks of Gestation: < 10.8/33 hgb/hct 27 to 40 Weeks of Gestation: < 11.3/34 hgb/hct - Smoking 1 to 2 (≥ 1 and ≤ 2) Packs per Day 0 to 13 Weeks of Gestation: < 11.5/34.5 hgb/hct 14 to 26 Weeks of Gestation: < 11.0/33.5 hgb/hct 27 to 40 Weeks of Gestation: < 11.5/34.5 hgb/hct - Smoking More than 2 (> 2) Packs per Day 0 to 13 Weeks of Gestation: < 11.7/35 hgb/hct 14 to 26 Weeks of Gestation: < 11.2/34 hgb/hct 27 to 40 Weeks of Gestation: < 11.7/35 hgb/hct <input type="checkbox"/> MOWINS will flag as high-risk all prenats with hemoglobin readings less than 10.0gm/100 ml or a hematocrit less than 31%. <ul style="list-style-type: none"> - Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	
211	<p>Elevated Blood Lead Levels</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when blood levels ≥ 5 mcg/dl within the past 12 months. <input type="checkbox"/> Based on data entered on the Height/Weight/Blood tab. <input type="checkbox"/> MOWINS will flag participant's record as high-risk. <ul style="list-style-type: none"> - Complete a SOAP Note in MOWINS. Refer to ER #2.02900 	S
301	<p>Hyperemesis Gravidarum</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <input type="checkbox"/> Defined as severe and Persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This nutrition risk is based on a chronic condition, not single episodes. HG is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
302	<p>Gestational Diabetes (current pregnancy only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the "Gestational Diabetes" box is checked on the (Pregnancy Info) woman's health history tab in the CGS. <input type="checkbox"/> Diagnosed by a physician, as self-reported by applicant/participant/caregiver, or as documented by a physician, or someone working under a physician's order. Defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.* <ul style="list-style-type: none"> - Gestational Diabetes Mellitus is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. Regardless of whether insulin or only diet modification is used for treatment, or whether the condition persists after pregnancy. <input type="checkbox"/> MOWINS will flag participant's record as high-risk. 	B

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	<p style="text-align: center;">– Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</p> <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
303	<p>History of Gestational Diabetes (any history of)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the presence of the condition is 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 and the "Gestational Diabetes" checkbox on the Health Information tab under Any Pregnancy History section is selected in the CGS.* <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B
304	<p>History of Preeclampsia (any history of)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the presence of the condition is 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 and the "History of Preeclampsia" checkbox on the Health Information tab under Any Pregnancy History section is selected in the CGS.* <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B
311	<p>History of Preterm or Early Term Delivery (any history of)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when any history of pregnancy outcome for the infant was ≤38 6/7 weeks gestation and the "Preterm/Early Term" check box on the Health Information tab under Most Recent Pregnancy History is selected. <ul style="list-style-type: none"> – Preterm: Delivery of an infant born ≤36 6/7 weeks. – Early Term: Delivery of an infant born ≥37 0/7 and ≤38 6/7 weeks. 	S
312	<p>History of Low Birth Weight (any history of)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when any history of LBW (≤ 5# 8 oz. / 2500 g) is reported and the "Low Birth Weight" check box on the Health Information tab under Any Pregnancy History section is selected. 	S
321	<p>History of Spontaneous Abortion, Fetal Death or Neonatal Loss (any history of)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the presence of the condition is diagnosed by a physician, as self-reported (any history of) by the applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders and the "Fetal or Neonatal Loss or 2 Spontaneous Abortions" checkbox on the Health Information tab under Any Pregnancy History section is selected in the CGS.* <ul style="list-style-type: none"> – A spontaneous abortion is the spontaneous termination of a gestation at < 20 weeks gestation – 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. 	S

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331	Pregnancy at a Young Age <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the woman was ≤ 17 years old at the time of conception for the current pregnancy. <input type="checkbox"/> MOWINS will flag participant's record as high-risk if she was ≤ 15 years old at the time of conception. <input type="checkbox"/> Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	S												
332	Short Interpregnancy Interval (current pregnancy only) <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when conception was before 18 months postpartum. <input type="checkbox"/> Risk factor is manually assigned if the participant does not have a pregnancy record linked to the postpartum certification. <input type="checkbox"/> Risk factor is specific to live births and does not include women who had miscarriages or stillbirths. 	B												
333	High Parity and Young Age (current pregnancy only) <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system for women under age 20 at the time of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. 	S												
334	Lack of/or Inadequate Prenatal Care <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the Weeks' gestation is > 13 and: <ul style="list-style-type: none"> - the "Has Not Received Prenatal Care" check box is selected, or - The "Has Not Received Prenatal Care" check box is not selected and the Date Prenatal Care Began is >13 weeks from the LMP Start Date. <input type="checkbox"/> Risk factor is manually assigned when any of the following criteria are met: First prenatal visit in the third trimester (7-9 months) or: <table style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Weeks of gestation</th> <th style="text-align: left; border-bottom: 1px solid black;">Number of prenatal visits</th> </tr> </thead> <tbody> <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> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </tbody> </table> 	Weeks of gestation	Number of prenatal visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less	B
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14-21	0 or unknown													
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34 or more	4 or less													
335	Multifetal Gestation <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the woman reports having > 1 fetus with current pregnancy and the "Expecting Multiple births" checkbox on the Health Information tab under Current Pregnancy Information is selected in the CGS. 	B												
338	Pregnant Woman Currently Breastfeeding <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned if the breastfeeding woman is now pregnant. 	C												

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339	<p>History of Birth with Nutrition Related Congenital or Birth Defect</p> <ul style="list-style-type: none"> ❑ Manually assigned to any woman with a history of birth with nutrition-related congenital or birth defect when the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Congenital or birth defects linked to inappropriate nutritional intake include, but are not limited to: inadequate zinc, folic acid, excess vitamin A. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
341	<p>Nutrient Deficiency or Disease</p> <ul style="list-style-type: none"> ❑ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. <ul style="list-style-type: none"> - Any currently treated or untreated nutrient deficiency or disease. These include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and Iron Deficiency. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
342	<p>Gastro-Intestinal Disorders</p> <ul style="list-style-type: none"> ❑ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. <ul style="list-style-type: none"> - Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The Diseases and/or conditions include, but are not limited to: gastroesophageal reflux disease (GERD), peptic ulcer, post bariatric surgery, short bowel syndrome, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, and biliary tract diseases. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
343	<p>Diabetes Mellitus</p> <ul style="list-style-type: none"> ❑ Risk factor is automatically assigned by system when the presence of the condition is 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 and the "Diabetes Mellitus" box is selected on the Health Information tab under Current Pregnancy Information is selected in the CGS.* <ul style="list-style-type: none"> - Metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. ❑ This risk factor is automatically assigned by system on subsequent certifications once the woman has one certification where this risk 	B

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	<p>factor was assigned.</p> <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
344	<p>Thyroid Disorders</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - The medical conditions include, but are not limited to, the following: Hyperthyroidism, Hypothyroidism, Congenital Hyperthyroidism, Congenital Hypothyroidism, and Postpartum Thyroiditis. - Document any acceptable documentation or verification of diagnosis in the participant's file in MOWINS or document in General Notes. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
345	<p>Hypertension/Pre-hypertension</p> <ul style="list-style-type: none"> ☐ Risk factor is automatically assigned by system when the presence of the condition is 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 and the "Hypertension or Prehypertension" box is selected on the Health Information tab under Current Pregnancy Information is selected in the CGS.* <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B
346	<p>Renal Disease</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C

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Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
347	<p>Cancer</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. Current condition, or the treatment for this condition, must be severe enough to affect nutritional intake. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
348	<p>Central Nervous System Disorders</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Conditions which affect energy requirements and may affect the individual's ability to feed self, which alters the nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), multiple sclerosis (MS), Parkinson's disease and neural tube defects (NTD), such as spina bifida or myelomeningocele. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
349	<p>Genetic and Congenital Disorders</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Hereditary or congenital condition at birth that causes physical or metabolic abnormality. May include, but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait) and muscular dystrophy. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
351	<p>Inborn Errors of Metabolism</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: Amino Acid Disorders, Organic Acid Metabolism Disorders, Fatty Acid Oxidation Disorders, Lysosomal 	C

RISK FACTOR DEFINITIONS TABLE - Prenatal

Risk Factors 131, 201, 211, 302 & 331 (≤15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
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	<p>Storage Diseases, Urea Cycle Disorders, Carbohydrate Disorders, Peroxisomal Disorders, Mitochondrial Disorders.</p> <ul style="list-style-type: none"> - Document any acceptable documentation or verification of diagnosis in the participant's file in MOWINS. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
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352a	<p>Infectious Diseases – Acute</p> <ul style="list-style-type: none"> - Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. The infectious disease must be present within the past six months. - A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. These diseases and/or conditions include, but are not limited to (an extensive listing of infectious diseases can be found at: http://www.nlm.nih.gov/medlineplus/infections.html) <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Most Common Acute Infectious Diseases</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Hepatitis A</td> <td style="width: 50%;">Listeriosis</td> </tr> <tr> <td>Hepatitis E</td> <td>Pneumonia</td> </tr> <tr> <td>Meningitis (Bacterial/Viral)</td> <td>Bronchitis (3 episodes in last 6 months)</td> </tr> <tr> <td>Parasitic Infections</td> <td></td> </tr> </tbody> </table> <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	Most Common Acute Infectious Diseases		Hepatitis A	Listeriosis	Hepatitis E	Pneumonia	Meningitis (Bacterial/Viral)	Bronchitis (3 episodes in last 6 months)	Parasitic Infections		C
Most Common Acute Infectious Diseases												
Hepatitis A	Listeriosis											
Hepatitis E	Pneumonia											
Meningitis (Bacterial/Viral)	Bronchitis (3 episodes in last 6 months)											
Parasitic Infections												

352b	<p>Infectious Diseases - Chronic</p> <ul style="list-style-type: none"> □ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. - Conditions likely lasting a lifetime and require long-term management of symptoms. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly, from person to person. Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. These diseases and/or conditions include, but are not limited to (an extensive listing of infectious diseases can be found at: http://www.nlm.nih.gov/medlineplus/infections.html). <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Chronic Infectious Diseases</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">HIV</td> <td style="width: 50%;">Hepatitis B</td> </tr> <tr> <td>Human Immunodeficiency Virus**</td> <td></td> </tr> <tr> <td>AIDS</td> <td>Hepatitis C</td> </tr> </tbody> </table>	Chronic Infectious Diseases		HIV	Hepatitis B	Human Immunodeficiency Virus**		AIDS	Hepatitis C	C
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RISK FACTOR DEFINITIONS TABLE - Prenatal

Risk Factors 131, 201, 211, 302 & 331 (≤15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Acquired Immunodeficiency Syndrome**</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Hepatitis D</td> <td></td> </tr> </table> <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p> <p>** See Justification for additional information.</p>	Acquired Immunodeficiency Syndrome**		Hepatitis D		
Acquired Immunodeficiency Syndrome**						
Hepatitis D						
352	<p>Infectious Diseases</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Disease caused by growth of pathogenic microorganisms in the body within the past six months severe enough to affect nutritional status. Includes, but is not limited to: Tuberculosis, HIV, AIDS, pneumonia, meningitis, parasitic infections, hepatitis and bronchiolitis (3 episodes in last 6 months). <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C				
353	<p>Food Allergies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C				
354	<p>Celiac Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Also known as Celiac Sprue, Gluten-sensitive Enteropathy or Non-tropical Sprue, Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein found in wheat, rye, & barley) that results in damage to the small intestine & malabsorption of the nutrients from food). <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-</p>	C				

RISK FACTOR DEFINITIONS TABLE - Prenatal

Risk Factors 131, 201, 211, 302 & 331 (≤15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	up plans with the health care provider.	
355	<p>Lactose Intolerance</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is 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; or symptoms must be well documented by the competent professional authority.* <ul style="list-style-type: none"> - Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. - Documentation should indicate that the ingestion of dairy products causes the symptoms and the avoidance of such dairy products eliminates them. 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. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
356	<p>Hypoglycemia</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - 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. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
357	<p>Drug Nutrient Interactions</p> <ul style="list-style-type: none"> ☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - 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. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-</p>	C

RISK FACTOR DEFINITIONS TABLE - Prenatal

Risk Factors 131, 201, 211, 302 & 331 (≤15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	up plans with the health care provider.	
358	<p>Eating Disorders (anorexia nervosa and bulimia),</p> <ul style="list-style-type: none"> ❑ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - 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: self-induced vomiting, purgative abuse, alternating periods of starvation, use of drugs such as appetite suppressants, thyroid preparations or diuretics, and self-induced marked weight loss. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
359	<p>Recent Major Surgery, Physical Trauma, Burns</p> <ul style="list-style-type: none"> ❑ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - Major surgery (c-section), trauma, or burns severe enough to compromise nutritional status. Any occurrence: within the past 2 (≤ 2) months may be self-reported, more than 2 (> 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 physicians. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
360	<p>Other Medical Conditions</p> <ul style="list-style-type: none"> ❑ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. <ul style="list-style-type: none"> - 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: juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication. <p>NOTE: This criterion will usually not be applicable to infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under Criterion #352, Infectious Diseases.</p> <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-</p>	C

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Risk Factors 131, 201, 211, 302 & 331 (≤15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	up plans with the health care provider.	
361	<p>Depression</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition or disorder is diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; - Presence of clinical depression. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
362	<p>Developmental, Sensory or Motor Disabilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. - Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but is not limited to, 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 and other disabilities. <p>* 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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
371	<p>Maternal Smoking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the woman reports any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars and it is entered under Cigarettes Usage on the Health Information tab under Current Pregnancy Information in the CGS. 	S
372	<p>Alcohol and Substance Use</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any alcohol use is recorded on the Health Information tab in MOWINS. <input type="checkbox"/> Any illegal substance use and/or abuse of prescription medications <p>Risk Factor is manually assigned when the woman reports any illegal substance use and/or abuse of prescription medications.</p> <ul style="list-style-type: none"> - Record the reported illegal substance use in the general/SOAP note. 	B
381	<p>Oral Health Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when: <ul style="list-style-type: none"> - There is presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Oral health conditions include, but are not limited to: <ul style="list-style-type: none"> o Dental caries, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria, that metabolize sugars to produce acid which, over time, demineralizes 	C

RISK FACTOR DEFINITIONS TABLE - Prenatal

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Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	<p style="margin-left: 20px;">tooth structure</p> <ul style="list-style-type: none"> ○ Periodontal diseases are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. ○ Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p><input type="checkbox"/> Document how the oral assessment was performed and the results in the general/SOAP notes.</p>	
401*	<p>Failure to Meet Dietary Guidelines</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manually assigned when no other risk factor can be assigned at the initial certification. <ul style="list-style-type: none"> - May be presumed to be at nutrition risk based on failure to meet Dietary Guidelines for Americans. - This risk may be assigned only to individuals for whom a complete nutrition assessment (to include assessment for risk #427 Inappropriate Nutrition Practices for Women) has been performed and for whom no other risk(s) are identified.) - Defined as women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for <i>failure to meet Dietary Guidelines for Americans [Dietary Guidelines]</i> (1). Based on an individual's estimated energy needs, the <i>failure to meet Dietary Guidelines</i> risk criterion 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) - Cannot be assigned with any other health and/or medical risk factors on the initial certification/recertification. (Stand-alone risk factor) <p>NOTE: The <i>Failure to meet Dietary Guidelines for Americans</i> risk criterion can only be used when a complete nutrition assessment has been completed and no other risk criteria have been identified. This includes assessing for risk #427, <i>Inappropriate Nutrition Practices for Women</i></p> <p>*NOTE: A WIC Certifier cannot assign risk factor. *NOTE: A WIC Certifier cannot assign risk factor.</p>	C
427	<p>Inappropriate Nutrition Practices for Women</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk Factor is manually assigned when inappropriate nutrition practices are documented. <ul style="list-style-type: none"> - Consuming dietary supplements with potentially harmful consequences, - Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery, - Compulsively ingesting non-food items (pica), - Inadequate vitamin/mineral supplementation recognized as essential by national public health policy, - Ingesting foods that could be contaminated with pathogenic microorganisms. 	B
502	<p>Transfer of Certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the "VOC" check box is selected on the Applicant Prescreening Window or through the VOC Certification option on the Participant Activities menu. <ul style="list-style-type: none"> - Person with current valid Verification of Certification (VOC) document from another State or local agency. <input type="checkbox"/> The VOC is valid until the certification period expires (See E.R. # 3.03500) and shall be accepted as proof of eligibility for program benefits and their FI cycle should remain as determined by the other state. 	S
601	<p>Pregnant Woman Currently Breastfeeding an Infant at Nutritional Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> System assigned when the Currently Breastfeeding Infant checkbox on the Health Information screen is checked. <input type="checkbox"/> Document infant's risk factor(s) in mother's record in MOWINS. 	S

RISK FACTOR DEFINITIONS TABLE - Prenatal

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Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
602	<p>Breastfeeding Complications or Potential Complications (pregnant woman currently breastfeeding an infant/child)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manually assigned when a breastfeeding woman experiences one of these conditions: <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 ≥ 40 years - Failure of milk to come in by 4 days postpartum, and/or - Tandem nursing (breastfeeding siblings who are not twins) <input type="checkbox"/> Document the complication in the record. 	C
801	<p>Homelessness</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the “Homeless” check box is selected on the Demographics tab. <ul style="list-style-type: none"> - Homelessness is when a woman lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: <ul style="list-style-type: none"> o A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations o An institution that provides temporary residence for individuals intended to be institutionalized o A temporary accommodation of not more than 365 days in the residence of another individual o A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. <input type="checkbox"/> System will default a homeless food package. 	S
802	<p>Migrancy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when the “Migrant” check box is selected on the Demographics tab. <ul style="list-style-type: none"> - Women 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. 	S
902	<p>A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Risk Factor is manually assigned when the primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to, a woman or an infant/child of caregiver with the following:</p> <ul style="list-style-type: none"> - Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. - Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. - Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. - Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities. - ≤ 17 years of age. - Document the concern to why the primary caregiver has limited feeding decisions in the general/SOAP note. <p>*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 should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in</p>	C

RISK FACTOR DEFINITIONS TABLE - Prenatal

Risk Factors 131, 201, 211, 302 & 331 (≤ 15) are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.	
904	Environmental Tobacco Smoke [ETS] Exposure <ul style="list-style-type: none"> <input type="checkbox"/> Risk factor is automatically assigned by system when "Yes" is selected for the 'Household Smoking' field on the AdditionalInfo1 tab found on the Demographics tab. <ul style="list-style-type: none"> - LWP staff asks if anyone living in the household smokes inside the home. <input type="checkbox"/> System automatically assigns this risk factor to all members of the household. 	S