

Missouri WIC Program Risk Factor Summary and Priority Sheet

To be considered eligible for the Missouri WIC program the applicant/participant must exhibit at least one (1) risk factor.

Refer to the USDA Justifications for detailed risk factor information at <https://health.mo.gov/living/families/wic/localagency/wom/>.

This institution is an equal opportunity provider.

Risk Factor Codes	Summary List of Missouri Risk Factors	State Implementation Date
101	Underweight (Women)	10/2010
103	Underweight or At Risk of Underweight (Infants and Children)	10/2012
111	Overweight (Women)	10/2010
113	Obese (Children 2-5 years of age)	10/2012
114	Overweight or At Risk of Overweight (Infants and Children)	10/2012
115	High Weight-for-Length (Infants and Children < 24 Months of Age)	10/2012
121	Short Stature or At Risk of Short Stature (Infants and Children)	10/2012
131	Low Maternal Weight Gain	10/2019
133	High Maternal Weight Gain	10/2010
134	Failure to Thrive	10/2021
135	Slowed/Faltering Growth Pattern	10/2017
141	Low Birth Weight and Very Low Birth Weight	10/2005
142	Preterm or Early Term Delivery	10/2018
151	Small for Gestational Age	10/2005
152	Low Head Circumference (Infants and Children < 24 Months of Age)	11/2020
153	Large for Gestational Age	10/2005
201	Low Hematocrit/Low Hemoglobin	10/2016
211	Elevated Blood Lead Levels	10/2016
301	Hyperemesis Gravidarum	10/2019
302	Gestational Diabetes	10/2010
303	History of Gestational Diabetes	10/2010
304	History of Preeclampsia	10/2020
311	History of Preterm or Early Term Delivery	10/2018
312	History of Low Birth Weight	Prior to 2005
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	10/1999
331	Pregnancy at a Young Age	Prior to 2005
332	Short Interpregnancy Interval (Formerly Closely Spaced Pregnancies)	10/2016
333	High Parity at a Young Age	Prior to 2005
334	Lack of or Inadequate Prenatal Care	Prior to 2005
335	Multi-fetal Gestation	10/2010
336	Fetal Growth Restriction	11/2020
337	History of Birth of a Large for Gestational Age Infant	11/2020
338	Pregnant Woman Currently Breastfeeding	10/2020
339	History of Birth with Nutrition Related Congenital or Birth Defect	Prior to 2005
341	Nutrient Deficiency or Disease	10/2019
342	Gastrointestinal Disorders	10/2010
343	Diabetes Mellitus	10/2010
344	Thyroid Disorders	10/2012
345	Hypertension and Prehypertension	10/2020
346	Renal Disease	Prior to 2005
347	Cancer	Prior to 2005
348	Central Nervous System Disorders	10/2008
349	Genetic and Congenital Disorders	Prior to 2005
351	Inborn Errors of Metabolism	10/2012
352a	Infectious Diseases - Acute	10/2017
352b	Infectious Diseases – Chronic	10/2017
353	Food Allergies	10/2013
354	Celiac Disease	10/2013
355	Lactose Intolerance	10/2013
356	Hypoglycemia	Prior to 2005
357	Drug Nutrient Interactions	10/2020
358	Eating Disorders	Prior to 2005
359	Recent Major Surgery, Physical Trauma, Burns	10/2017

Risk Factor Codes	Summary List of Missouri Risk Factors	State Implementation Date
360	Other Medical Conditions	Prior to 2005
361	Depression	10/2015
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Prior to 2005
363	Pre-Diabetes	10/2010
371	Maternal Smoking	10/2008
372	Alcohol and Substance Use	10/2019
381	Oral Health Conditions	10/2015
382	Fetal Alcohol Spectrum Disorders	10/2020
383	Neonatal Abstinence Syndrome	10/2018
401	Failure to Meet Dietary Guidelines for Americans	10/2018
411	Inappropriate Nutrition Practices for Infants	10/2017
425	Inappropriate Nutrition Practices for Children	10/2018
427	Inappropriate Nutrition Practices for Women	10/2010
428	Dietary Risk Associated with Complementary Feeding Practices	10/2006
501	Possibility of Regression	10/2019
502	Transfer of Certification	10/2019
503	Presumptive Eligibility for Pregnant Women	11/2020
601	Breastfeeding Mother of Infant at Nutritional Risk	10/2016
602	Breastfeeding Complications or Potential Complications (Women)	10/2016
603	Breastfeeding Complications or Potential Complications (Infants)	Prior to 2005
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy	Prior to 2005
702	Breastfeeding Infant of Woman at Nutritional Risk	Prior to 2005
801	Homelessness	Prior to 2005
802	Migrancy	Prior to 2005
901	Recipient of Abuse	11/2020
902	Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	10/2019
903	Foster Care	10/2020
904	Environmental Tobacco Smoke (ETS) Exposure	10/2021

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date													
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100's Anthropometric																							
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H	103	<p>Underweight or At Risk of Underweight (Infants and Children)</p> <table border="1"> <thead> <tr> <th>Weight Classification</th> <th>Age</th> <th>Cut-off Value*</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Underweight</td> <td>Birth to < 24 months</td> <td>≤ 2.3rd percentile</td> </tr> <tr> <td>2-5 years</td> <td>≤ 5th percentile BMI-for-age.</td> </tr> <tr> <td rowspan="2">At Risk of Underweight</td> <td>Birth to < 24 months</td> <td>> 2.3rd percentile and ≤ 5th percentile weight-for-length.</td> </tr> <tr> <td>2-5 years</td> <td>>5th percentile and ≤ 10th percentile BMI-for-age.</td> </tr> </tbody> </table> <p>*Based on CDC's Birth to 24 months gender specific and 2000 CDC age/gender specific growth charts.</p>	Weight Classification	Age	Cut-off Value*	Underweight	Birth to < 24 months	≤ 2.3 rd percentile	2-5 years	≤ 5 th percentile BMI-for-age.	At Risk of Underweight	Birth to < 24 months	> 2.3 rd percentile and ≤ 5 th percentile weight-for-length.	2-5 years	>5 th percentile and ≤ 10 th percentile BMI-for-age.	X					1	3	05/2011
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	113	Obese (Children 2-5 Years of Age) \geq 95th percentile BMI or weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts.	X						3	05/2011										

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H	131	<p>Low Maternal Weight Gain- singleton pregnancies</p> <ul style="list-style-type: none"> Low rate of weight gain in 2nd and 3rd trimesters. <table border="1"> <thead> <tr> <th>Prepregnancy Weight Classification</th> <th>BMI</th> <th>Total Weight Gain (lbs)/Week</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> <td>< 1</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>< 0.8</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>< 0.5</td> </tr> <tr> <td>Obese</td> <td>≥30.0</td> <td>< 0.4</td> </tr> <tr> <td>Multi-fetal Pregnancies</td> <td colspan="2">See Justification</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Prenatal weight plots below the bottom line of her appropriate weight gain range for her pre-pregnancy weight category at any point in her pregnancy. <table border="1"> <thead> <tr> <th>Prepregnancy Weight Classification</th> <th>BMI</th> <th>Total Weight Gain Range</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> <td>28-40</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>25-35</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>15-25</td> </tr> <tr> <td>Obese</td> <td>≥30.0</td> <td>11-20</td> </tr> <tr> <td>Multi-fetal Pregnancies</td> <td colspan="2">See Justification</td> </tr> </tbody> </table> <p>Note: System calculation based on pre-pregnancy height/weight entered on Health Information tab and current weight in Height/Weight/Blood tab.</p>	Prepregnancy Weight Classification	BMI	Total Weight Gain (lbs)/Week	Underweight	<18.5	< 1	Normal Weight	18.5 to 24.9	< 0.8	Overweight	25.0 to 29.9	< 0.5	Obese	≥30.0	< 0.4	Multi-fetal Pregnancies	See Justification		Prepregnancy Weight Classification	BMI	Total Weight Gain Range	Underweight	<18.5	28-40	Normal Weight	18.5 to 24.9	25-35	Overweight	25.0 to 29.9	15-25	Obese	≥30.0	11-20	Multi-fetal Pregnancies	See Justification		X		1						06/2018
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H	134	<p>Failure to Thrive (FTT)</p> <ul style="list-style-type: none"> Diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. <p>Note: See Risk Factor 142 for instructions on adjusting for gestational age when plotting anthropometric measurements on growth charts for premature infants diagnosed with FTT.</p>		X				1	3	12/2020																																				

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Term	Definition															
Preterm	Delivery of an infant born ≤ 36 6/7 weeks gestation.															
Early Term Delivery	Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.															
	151	<p>Small for Gestational Age (<2 years of age)</p> <ul style="list-style-type: none"> Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X				1	3	04/2004						

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date				
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	152	<p>Low Head Circumference (Infant and Children < 24 Months of Age) Low head circumference for infants and children < 24 months of age is defined as follows:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Cut-Off Value</th> </tr> </thead> <tbody> <tr> <td>Birth to < 24 months</td> <td> $\leq 2.3^{\text{rd}}$ percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (available at: www.cdc.gov/growthcharts). </td> </tr> </tbody> </table>	Age	Cut-Off Value	Birth to < 24 months	$\leq 2.3^{\text{rd}}$ percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (available at: www.cdc.gov/growthcharts).		X				1	3	05/2011
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	153	<p>Large for Gestational Age</p> <p><i>Auto-assigned</i></p> <ul style="list-style-type: none"> • Birth weight ≥ 9 pounds (≥ 4000 g); <i>or</i> <p><i>Manually assigned</i></p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver 	X	X				1		04/2004				

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H*	201	<p>Low Hematocrit/Low Hemoglobin</p> <ul style="list-style-type: none"> Infants and Children <table border="1"> <thead> <tr> <th></th> <th>Age</th> <th>Hemoglobin(hgb)</th> <th>Hematocrit (hct)</th> </tr> </thead> <tbody> <tr> <td>Infant</td> <td>6 to 12 months</td> <td>< 11.0</td> <td>< 33.0</td> </tr> <tr> <td rowspan="2">Children</td> <td>1 to 2 years</td> <td>< 11.0</td> <td>< 32.9</td> </tr> <tr> <td>2 to 5 years</td> <td>< 11.1</td> <td>< 33.0</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Prenatal Women <table border="1"> <thead> <tr> <th>Smoking Status</th> <th>Gestation</th> <th>Hemoglobin (hgb)</th> <th>Hematocrit (hct)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Non-smoking</td> <td>0 to 13 weeks</td> <td><11.0</td> <td><33</td> </tr> <tr> <td>14 to 26 weeks</td> <td><10.5</td> <td><32</td> </tr> <tr> <td>27 to 40 weeks</td> <td><11.0</td> <td><33</td> </tr> <tr> <td rowspan="3">< 1 Pack/Day</td> <td>0 to 13 weeks</td> <td>< 11.3</td> <td><34</td> </tr> <tr> <td>14 to 26 weeks</td> <td>< 10.8</td> <td><33</td> </tr> <tr> <td>27 to 40 weeks</td> <td>< 11.3</td> <td><34</td> </tr> <tr> <td rowspan="3">≥ 1 to ≤ 2 Packs/Day</td> <td>0 to 13 weeks</td> <td>< 11.5</td> <td><34.5</td> </tr> <tr> <td>14 to 26 weeks</td> <td><11.0</td> <td><33.5</td> </tr> <tr> <td>27 to 40 weeks</td> <td><11.5</td> <td><34.5</td> </tr> <tr> <td rowspan="3">Smoking > 2 Packs/Day</td> <td>0 to 13 weeks</td> <td><11.7</td> <td><35</td> </tr> <tr> <td>14 to 26 weeks</td> <td><11.2</td> <td><34</td> </tr> <tr> <td>27 to 40 weeks</td> <td><11.7</td> <td><35</td> </tr> </tbody> </table> <p><i>*High risk is assigned if < 10.0 gm/100 ml hgb and <31% hct for prenatals, infants, and children categories only.</i></p> <p>Continued on next page...</p>		Age	Hemoglobin(hgb)	Hematocrit (hct)	Infant	6 to 12 months	< 11.0	< 33.0	Children	1 to 2 years	< 11.0	< 32.9	2 to 5 years	< 11.1	< 33.0	Smoking Status	Gestation	Hemoglobin (hgb)	Hematocrit (hct)	Non-smoking	0 to 13 weeks	<11.0	<33	14 to 26 weeks	<10.5	<32	27 to 40 weeks	<11.0	<33	< 1 Pack/Day	0 to 13 weeks	< 11.3	<34	14 to 26 weeks	< 10.8	<33	27 to 40 weeks	< 11.3	<34	≥ 1 to ≤ 2 Packs/Day	0 to 13 weeks	< 11.5	<34.5	14 to 26 weeks	<11.0	<33.5	27 to 40 weeks	<11.5	<34.5	Smoking > 2 Packs/Day	0 to 13 weeks	<11.7	<35	14 to 26 weeks	<11.2	<34	27 to 40 weeks	<11.7	<35	X		1	1	6	1	3	05/2015
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H	211	<p>Elevated Blood Lead Levels</p> <ul style="list-style-type: none"> Blood lead level of ≥ 5 µg/deciliter within the past 12 months. 	X		1	1	6	1	3	05/2015																																												

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
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300's Clinical (Health/Medical Conditions)										
	301	<p>Hyperemesis Gravidarum Hyperemesis Gravidarum (HG) is 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> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1					06/2018
H	302	<p>Gestational Diabetes Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.</p> <p><i>Auto-assigned</i></p> <ul style="list-style-type: none"> • Gestational Diabetes box in Pregnancy Info of the CGS <p><i>Manually Assigned</i></p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	X	X	1					07/2009
	303	<p>History of Gestational Diabetes</p> <p><i>Auto-assigned</i></p> <ul style="list-style-type: none"> • Gestational Diabetes box in Any Pregnancy History of the CGS <p><i>Manually Assigned</i></p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	X	X	1	1	6			07/2009

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date						
			Auto	Manual	P	B	N	I	C							
	304	<p>History of Preeclampsia</p> <p><i>Auto-Assigned</i></p> <ul style="list-style-type: none"> History of Preeclampsia box in Any Pregnancy History of the CGS. <p><i>Manually Assigned</i></p> <ul style="list-style-type: none"> Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	X	X	1	1	6			05/2019						
	311	<p>History of Preterm or Early Term Delivery</p> <p>Most recent pregnancy outcome ≤ 38 6/7 weeks.</p> <p><i>Auto-assigned:</i></p> <ul style="list-style-type: none"> Preterm/Early Term check box in Most Recent Pregnancy History. 	X		1	1	6			05/2017						
	312	<p>History of Low Birth Weight</p> <p>History of low birth weight is defined as the birth of an infant weighing ≤ 5 lb. 8 oz. (≤ 2500 grams) for the following:</p> <table border="1" data-bbox="352 841 1264 987"> <thead> <tr> <th>Category</th> <th>Pregnancy</th> </tr> </thead> <tbody> <tr> <td>Prenatal</td> <td>Any history of low birth weight</td> </tr> <tr> <td>Breastfeeding/Nonbreastfeeding</td> <td>Most recent pregnancy</td> </tr> </tbody> </table>	Category	Pregnancy	Prenatal	Any history of low birth weight	Breastfeeding/Nonbreastfeeding	Most recent pregnancy	X		1	1	6			04/2001
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	321	<p>History of Spontaneous Abortion, Fetal or Neonatal Loss History of spontaneous abortion, fetal or neonatal loss are defined as follows:</p> <table border="1"> <thead> <tr> <th>Term</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Spontaneous Abortion</td> <td>The spontaneous termination of a gestation at < 20 weeks or of a fetus weighing < 500 grams.</td> </tr> <tr> <td>Fetal Death</td> <td>The spontaneous termination of a gestation at ≥ 20 weeks.</td> </tr> <tr> <td>Neonatal Death</td> <td>The death of an infant within 0-28 days of life.</td> </tr> </tbody> </table> <p><i>Auto-assigned:</i></p> <ul style="list-style-type: none"> Fetal or Neonatal Loss or 2 Spontaneous Abortions checkbox under the Any Pregnancy History section of the CGS. 	Term	Definition	Spontaneous Abortion	The spontaneous termination of a gestation at < 20 weeks or of a fetus weighing < 500 grams.	Fetal Death	The spontaneous termination of a gestation at ≥ 20 weeks.	Neonatal Death	The death of an infant within 0-28 days of life.	X		1	1	6			04/2001
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H	331	<p>Pregnancy at a Young Age Pregnancy at a young age is defined as conception at ≤ 17 years of age for the following:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Pregnancy</th> </tr> </thead> <tbody> <tr> <td>Prenatal</td> <td>Current pregnancy</td> </tr> <tr> <td>Breastfeeding/Nonbreastfeeding</td> <td>Most recent pregnancy</td> </tr> </tbody> </table>	Category	Pregnancy	Prenatal	Current pregnancy	Breastfeeding/Nonbreastfeeding	Most recent pregnancy	X		1	1	6			04/2001		
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	332	<p>Short Interpregnancy Interval (Formerly Closely Spaced Pregnancies) Short Interpregnancy Interval (IPI) is defined as an interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Pregnancy</th> </tr> </thead> <tbody> <tr> <td>Prenatal</td> <td>Current pregnancy</td> </tr> <tr> <td>Breastfeeding/Nonbreastfeeding</td> <td>Most recent pregnancy</td> </tr> </tbody> </table> <p><i>Manually Assigned</i></p> <ul style="list-style-type: none"> If participant does not have pregnancy record linked to the postpartum certification. 	Category	Pregnancy	Prenatal	Current pregnancy	Breastfeeding/Nonbreastfeeding	Most recent pregnancy	X	X	1	1	6			05/2015		
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High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date												
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	333	<p>High Parity and Young Age Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Pregnancy</th> </tr> </thead> <tbody> <tr> <td>Prenatal</td> <td>Current pregnancy</td> </tr> <tr> <td>Breastfeeding/Nonbreastfeeding</td> <td>Most recent pregnancy</td> </tr> </tbody> </table>	Category	Pregnancy	Prenatal	Current pregnancy	Breastfeeding/Nonbreastfeeding	Most recent pregnancy	X		1	1	6			04/2001						
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	334	<p>Lack of or Inadequate Prenatal Care Prenatal care beginning after the 1st trimester (after 13th week), or based on an Inadequate Prenatal Care Index.</p> <p><i>Auto-assigned</i></p> <ul style="list-style-type: none"> Has Not Received Prenatal Care checkbox is selected and Weeks Gestation is >13. Date Prenatal Care Began is > 13 weeks from the LMP Start Date. <p><i>Manual Assigned</i></p> <ul style="list-style-type: none"> Following criteria are met: <table border="1"> <thead> <tr> <th>Weeks Gestation</th> <th>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 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	X	X	1					04/2001
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	335	<p>Multi-fetal Gestation More than one (> 1) fetus in a current pregnancy (Pregnant Women) or the most recent pregnancy (Breastfeeding and Non-Breastfeeding Women).</p> <ul style="list-style-type: none"> Expecting Multiple Births checkbox under Current Pregnancy Information in the CGS. 	X		1	1	6			07/2009												

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date						
			Auto	Manual	P	B	N	I	C							
	336	<p>Fetal Growth Restriction Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10th percentile for gestational age.</p>		X	1					04/2001						
	337	<p>History of Birth of a Large for Gestational Age Infant History of birth of a large for gestational age infant is defined as follows:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Pregnant Women</td> <td>Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).</td> </tr> <tr> <td>Breastfeeding/Non-Breastfeeding Women</td> <td>Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).</td> </tr> </tbody> </table>	Category	Definition	Pregnant Women	Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).	Breastfeeding/Non-Breastfeeding Women	Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).		X	1	1	6			04/2004
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	338	<p>Pregnant Woman Currently Breastfeeding Breastfeeding woman now pregnant.</p>		X	1					05/2019						
	339	<p>History of Birth with Nutrition Related Congenital or Birth Defect A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A.</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Pregnant Women</td> <td>Any history of birth with nutrition-related congenital or birth defect.</td> </tr> <tr> <td>Breastfeeding/Nonbreastfeeding</td> <td>Most recent pregnancy.</td> </tr> </tbody> </table>	Category	Definition	Pregnant Women	Any history of birth with nutrition-related congenital or birth defect.	Breastfeeding/Nonbreastfeeding	Most recent pregnancy.		X	1	1	6			04/2001
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	341	<p>Nutrient Deficiency or Disease 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> <ul style="list-style-type: none"> Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	06/2018						

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date										
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	342	<p>Gastrointestinal Disorders Disease(s) and/or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th colspan="2">Gastrointestinal Disorders</th> </tr> </thead> <tbody> <tr> <td>Gastroesophageal Reflux Disease (GERD)</td> <td>Peptic Ulcer</td> </tr> <tr> <td>Post Bariatric Surgery</td> <td>Short Bowel Syndrome</td> </tr> <tr> <td>Inflammatory bowel disease, including ulcerative colitis or Crohn's disease</td> <td>Liver Disease</td> </tr> <tr> <td>Pancreatitis</td> <td>Biliary Tract Disease</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	Gastrointestinal Disorders		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	Biliary Tract Disease		X	1	1	6	1	3	07/2009
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	343	<p>Diabetes Mellitus Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <ul style="list-style-type: none"> • Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. <p><i>Auto-Assigned</i></p> <ul style="list-style-type: none"> • Diabetes Mellitus checkbox under the Health Information Tab in the CGS. 	X	X	1	1	6	1	3	07/2009										
	344	<p>Thyroid Disorders Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones.</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	05/2011										
	345	<p>Hypertension and Prehypertension</p> <ul style="list-style-type: none"> • Presence of hypertension or prehypertension diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. <p><i>Auto-Assigned:</i></p> <ul style="list-style-type: none"> • Hypertension/Pre-Hypertension check box under Health Information Tab in the CGS. 	X	X	1	1	6	1	3	05/2019										

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date								
			Auto	Manual	P	B	N	I	C									
	346	<p>Renal Disease Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p> <ul style="list-style-type: none"> • Presence of condition, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	04/2001								
	347	<p>Cancer A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	04/2001								
	348	<p>Central Nervous System Disorders Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #92d050;"> <th colspan="2">Central Nervous System Disorders</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Epilepsy</td> <td style="text-align: center;">Cerebral Palsy</td> </tr> <tr> <td style="text-align: center;">Neural Tube Defects (such as spina bifida)</td> <td style="text-align: center;">Parkinson's Disease</td> </tr> <tr> <td colspan="2" style="text-align: center;">Multiple Sclerosis</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis. 	Central Nervous System Disorders		Epilepsy	Cerebral Palsy	Neural Tube Defects (such as spina bifida)	Parkinson's Disease	Multiple Sclerosis			X	1	1	6	1	3	06/2007
Central Nervous System Disorders																		
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High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date										
			Auto	Manual	P	B	N	I	C											
	349	<p>Genetic and Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait), and muscular dystrophy.</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	04/2001										
	351	<p>Inborn Errors of Metabolism 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 refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to:</p> <table border="1" data-bbox="352 743 1272 927"> <thead> <tr> <th colspan="2">Inborn Errors of Metabolism</th> </tr> </thead> <tbody> <tr> <td>Amino Acid Disorders</td> <td>Urea Cycle Disorders</td> </tr> <tr> <td>Organic Acid Metabolism Disorders</td> <td>Carbohydrate Disorders</td> </tr> <tr> <td>Fatty Acid Oxidation Disorders</td> <td>Peroxisomal Disorders</td> </tr> <tr> <td>Lysosomal Storage Disease</td> <td>Mitochondrial Disorders</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. 	Inborn Errors of Metabolism		Amino Acid Disorders	Urea Cycle Disorders	Organic Acid Metabolism Disorders	Carbohydrate Disorders	Fatty Acid Oxidation Disorders	Peroxisomal Disorders	Lysosomal Storage Disease	Mitochondrial Disorders		X	1	1	6	1	3	05/2011
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High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date										
			Auto	Manual	P	B	N	I	C											
	352a	<p>Infectious Diseases – Acute 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.</p> <table border="1"> <thead> <tr> <th colspan="2">Most Common Acute Infectious Diseases</th> </tr> </thead> <tbody> <tr> <td>Hepatitis A</td> <td>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 colspan="2">Parasitic Infections</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The infectious disease must be present within the past six months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	Most Common Acute Infectious Diseases		Hepatitis A	Listeriosis	Hepatitis E	Pneumonia	Meningitis (Bacterial/Viral)	Bronchitis (3 episodes in last 6 months)	Parasitic Infections			X	1	1	6	1	3	06/2016
Most Common Acute Infectious Diseases																				
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Hepatitis E	Pneumonia																			
Meningitis (Bacterial/Viral)	Bronchitis (3 episodes in last 6 months)																			
Parasitic Infections																				
	352b	<p>Infectious Diseases – Chronic 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.</p> <table border="1"> <thead> <tr> <th colspan="2">Chronic Infectious Disease</th> </tr> </thead> <tbody> <tr> <td>HIV</td> <td>Hepatitis B</td> </tr> <tr> <td>AIDS</td> <td>Hepatitis C</td> </tr> <tr> <td>Hepatitis D</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	Chronic Infectious Disease		HIV	Hepatitis B	AIDS	Hepatitis C	Hepatitis D			X	1	1	6	1	3	06/2016		
Chronic Infectious Disease																				
HIV	Hepatitis B																			
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Hepatitis D																				

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	353	<p>Food Allergies Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	06/2012
	354	<p>Celiac Disease Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. CD is also known as: Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue.</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	06/2012
	355	<p>Lactose Intolerance Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	06/2012
	356	<p>Hypoglycemia</p> <ul style="list-style-type: none"> • Presence of hypoglycemia diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	04/2001
	357	<p>Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p>		X	1	1	6	1	3	05/2019

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	358	<p>Eating Disorders Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis. 		X	1	1	6			04/2001
	359	<p>Recent Major Surgery, Physical Trauma, Burns Major surgery (including cesarean sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence:</p> <ul style="list-style-type: none"> • Within the past two (≤ 2) months may be self-reported. • More than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 		X	1	1	6	1	3	06/2016

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date								
			Auto	Manual	P	B	N	I	C									
	360	<p>Other Medical Conditions Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #92d050;"> <th colspan="2">Medical Condition</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Juvenile Rheumatoid Arthritis (JRA)</td> <td style="width: 50%;">Heart Disease</td> </tr> <tr> <td>Lupus Erythematosus</td> <td>Cystic Fibrosis</td> </tr> <tr> <td>Cardio Respiratory Diseases</td> <td>Persistent Asthma (moderate or severe) requiring daily medication</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 	Medical Condition		Juvenile Rheumatoid Arthritis (JRA)	Heart Disease	Lupus Erythematosus	Cystic Fibrosis	Cardio Respiratory Diseases	Persistent Asthma (moderate or severe) requiring daily medication		X	1	1	6	1	3	04/2001
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Lupus Erythematosus	Cystic Fibrosis																	
Cardio Respiratory Diseases	Persistent Asthma (moderate or severe) requiring daily medication																	
	361	<p>Depression Presence of clinical depression, including postpartum depression.</p> <ul style="list-style-type: none"> • Presence of condition 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. 		X	1	1	6			11/2013								
	362	<p>Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to intake chew or swallow food or require tube feeding to meet nutritional needs.</p>		X	1	1	6	1	3	04/2001								
	363	<p>Pre-Diabetes 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.</p> <ul style="list-style-type: none"> • Presence of condition 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. 		X		1	6			07/2009								

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	371	Maternal Smoking Any smoking of tobacco products (i.e., cigarettes, pipes, or cigars.) <ul style="list-style-type: none"> Cigarette Usage under Current Pregnancy Information in the CGS. 	X		1	1	6			06/2007
	372	Alcohol and Substance Use <i>Auto-assigned</i> <ul style="list-style-type: none"> Any Alcohol Use is recorded in the Health Information Tab <i>Manually Assigned</i> <ul style="list-style-type: none"> When the woman reports any illegal substance use and/or abuse of prescription medications. 	X	X	1	1	6			06/2018
	381	Oral Health Conditions Oral health conditions include, but are not limited to: <ul style="list-style-type: none"> 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 tooth structure. 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 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. 		X	1	1	6	1	3	11/2013

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	382	<p>Fetal Alcohol Spectrum Disorders Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).</p> <ul style="list-style-type: none"> • Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. 		X	1	1	6	1	3	05/2019
	383	<p>Neonatal Abstinence Syndrome Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth.</p> <ul style="list-style-type: none"> • This condition must be present within the first 6 months of birth and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver. 		X				1		05/2017

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
400's Diet and Nutrition										
	401	<p>Failure to Meet Dietary Guidelines for Americans (≥ 2 years) Women and children two years of age and older 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>. 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). 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 #425, <i>Inappropriate Nutrition Practices for Children</i> or risk #427, <i>Inappropriate Nutrition Practices for Women</i>.</p> <p><i>*A WIC certifier cannot assign risk factor.</i></p>		X	4	4	6		5	06/2012

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	411	<p>Inappropriate Nutrition Practices for Infants Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.</p> <p>411.1 Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.</p> <p>411.2 Routinely using nursing bottles or cups improperly.</p> <p>411.3 Routinely offering complementary foods* or other substances that are inappropriate in type or timing. <i>*Complementary foods are any foods or beverages other than human milk or infant formula.</i></p> <p>411.4 Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <p>411.5 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>411.6 Routinely feeding inappropriately diluted formula.</p> <p>411.7 Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>411.8 Routinely feeding a diet very low in calories and/or essential nutrients.</p> <p>411.9 Routinely using inappropriate sanitation in the feeding, preparation, handling, and/or storage of expressed human milk or formula.</p> <p>411.10 Feeding dietary supplements with potentially harmful consequences.</p> <p>411.11 Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p>		X				4		04/2017

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date									
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	425	<p>Inappropriate Nutrition Practices for Children Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.</p> <table border="1"> <tr><td>425.1 Routinely feeding inappropriate beverages as the primary milk source</td></tr> <tr><td>425.2 Routinely feeding a child any sugar-containing fluids.</td></tr> <tr><td>425.3 Routinely using nursing bottles, cups, or pacifiers improperly.</td></tr> <tr><td>425.4 Routinely using feeding practices that disregard the developmental needs or stages of the child.</td></tr> <tr><td>425.5 Feeding foods to a child that could be contaminated with harmful microorganisms.</td></tr> <tr><td>425.6 Routinely feeding a diet very low in calories and/or essential nutrients.</td></tr> <tr><td>425.7 Feeding dietary supplements with potentially harmful consequences.</td></tr> <tr><td>425.8 Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</td></tr> <tr><td>425.9 Routine ingestion of non-food items (pica).</td></tr> </table> <p><i>*Auto-assigned during initial questions.</i></p>	425.1 Routinely feeding inappropriate beverages as the primary milk source	425.2 Routinely feeding a child any sugar-containing fluids.	425.3 Routinely using nursing bottles, cups, or pacifiers improperly.	425.4 Routinely using feeding practices that disregard the developmental needs or stages of the child.	425.5 Feeding foods to a child that could be contaminated with harmful microorganisms.	425.6 Routinely feeding a diet very low in calories and/or essential nutrients.	425.7 Feeding dietary supplements with potentially harmful consequences.	425.8 Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.	425.9 Routine ingestion of non-food items (pica).	X*	X					5	05/2017
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High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	427	<p>Inappropriate Nutrition Practices for Women Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.</p> <p>427.1 Consuming dietary supplements with potentially harmful consequences</p> <p>427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</p> <p>427.3 Compulsively ingesting non-food items (pica).</p> <p>427.4 Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</p> <p>427.5 Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.</p> <p><i>*Auto-assigned during initial questions.</i></p>	X*	X	4	4	6			07/2009
	428	<p>Dietary Risk Associated with Complementary Feeding Practices <i>(Infant 4-12 months or Child 12-23 months)</i> An infant or child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p> <p>A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>		X				4	5	03/2005

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date	
			Auto	Manual	P	B	N	I	C		
	501	<p>Possibility of Regression A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. The State must limit the use of regression as a nutrition risk criterion to one time following a certification period. This risk factor cannot be used:</p> <ul style="list-style-type: none"> • At the initial certification • Consecutively per risk factor • If other risk factors can be assigned (e.g., 401). • If the participant was certified by the 501 or 502 for the last certification period. <p><i>*A WIC Certifier cannot assign risk factors.</i></p>		X			7	7	7	7	06/2018
	502	<p>Transfer of Certification Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category, and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by the receiving State agency.</p> <ul style="list-style-type: none"> • FI shall remain as determined by the other state. <p><i>*A WIC Certifier cannot assign risk factors.</i></p>	X		1	1	6	1	3	06/2018	
	503	<p>Presumptive Eligibility for Pregnant Women A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk, for a period of up to 60 days.</p>		X	4					06/2016	
	601	<p>Breastfeeding Mother of Infant at Nutritional Risk A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p>	X		1	1				05/2015	

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date										
			Auto	Manual	P	B	N	I	C											
H	602	<p>Breastfeeding Complications or Potential Complications (Women) A breastfeeding woman with any of the following complications or potential complications for breastfeeding:</p> <table border="1"> <thead> <tr> <th colspan="2">Complications (or Potential Complications)</th> </tr> </thead> <tbody> <tr> <td>Severe breast engorgement</td> <td>Cracked, bleeding or severely sore nipples</td> </tr> <tr> <td>Recurrent plugged ducts</td> <td>Age >40 years</td> </tr> <tr> <td>Mastitis (fever or flu-like symptoms with localized breast tenderness)</td> <td>Failure of milk to come in by 4 days postpartum</td> </tr> <tr> <td>Flat or inverted nipples</td> <td>Tandem nursing (breastfeeding two siblings who are not twins)</td> </tr> </tbody> </table> <p><i>*High risk for Breastfeeding category only.</i></p>	Complications (or Potential Complications)		Severe breast engorgement	Cracked, bleeding or severely sore nipples	Recurrent plugged ducts	Age >40 years	Mastitis (fever or flu-like symptoms with localized breast tenderness)	Failure of milk to come in by 4 days postpartum	Flat or inverted nipples	Tandem nursing (breastfeeding two siblings who are not twins)		X	1	1				05/2015
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Flat or inverted nipples	Tandem nursing (breastfeeding two siblings who are not twins)																			
H	603	<p>Breastfeeding Complications or Potential Complications (Infants) A breastfed infant with any of the following complications or potential complications for breastfeeding.</p> <table border="1"> <thead> <tr> <th colspan="2">BF Complication's (or Potential Complications)</th> </tr> </thead> <tbody> <tr> <td>Jaundice</td> <td>Weak or ineffective suck</td> </tr> <tr> <td>Difficulty latching onto mother's breast</td> <td>Inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.</td> </tr> </tbody> </table>	BF Complication's (or Potential Complications)		Jaundice	Weak or ineffective suck	Difficulty latching onto mother's breast	Inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.		X				1		04/2001				
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	701	<p>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy An infant < six months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.</p> <p><i>Note: Document mother's risk factors in infant's record.</i></p>		X				2		04/2001										

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	702	Breastfeeding Infant of Woman at Nutritional Risk Breastfeeding infant of woman at nutritional risk. <i>Note: Document mother's risk factors in infant's record.</i>		X				1		04/2001

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
900's Environmental and Other Factors										
	801	<p>Homelessness A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; • An institution that provides a temporary residence for individuals intended to be institutionalized; • A temporary accommodation of not more than 365 days in the residence of another individual; or • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	X		7	7	7	7	7	04/2001
	802	<p>Migrancy Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	X		7	7	7	7	7	04/2002
	901	<p>Recipient of Abuse Battering or child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p> <p>"Battering" generally refers to violent physical assaults on women.</p> <p>Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker."</p> <p>If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.</p>		X	4	4	6	4	5	04/2001

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			Auto	Manual	P	B	N	I	C	
	902	<p>Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food 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. 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. 		X	4	4	4	4	5	06/2018
	903	<p>Foster Care Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	X		7	7	7	7	7	04/2001
	904	<p>Environmental Tobacco Smoke (ETS) Exposure Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as secondhand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.</p> <p><i>Auto-Assigned</i></p> <ul style="list-style-type: none"> • Assigns to all members of a household when "Yes" under "Household Smoking" is selected in the Demographics tab. <p>Note: LAs may use the following validated question to determine if this risk factor should be assigned. <i>"In the past seven days, have you and/or child been in an enclosed space while someone used tobacco products?"</i></p>	X		1	1	6	1	3	12/2020