Risk Factor Reference Guide

Effective October 1, 2025

To be considered eligible for the Missouri WIC program the applicant/participant must exhibit at least one risk factor. Refer to the United States Department of Agriculture (USDA) Justifications for detailed risk factor information at https://health.mo.gov/living/families/wic-portal/wom/index.php#rf-definition-tables.

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	10/2024
211	Elevated Blood Lead Levels	10/2024
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	10/2022
332	Short Interpregnancy Interval	10/2016
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	10/2024
359	Recent Major Surgery, Physical Trauma, Burns	10/2017
360	Other Medical Conditions	10/2024

Risk Factor Codes	Summary List of Missouri Risk Factors	State Implementation Date
361	Mental Illnesses (Formerly Depression)	10/2024
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Prior to 2005
363	Pre-Diabetes	10/2010
371	Nicotine and Tobacco Use	10/2022
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	10/2024
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

<table>
<tr><th rowspan="2">High Risk</th><th rowspan="2">Risk Factor Codes</th><th rowspan="2">Risk Factors</th><th colspan="2">MOWINS Risk Factors Assignment</th><th colspan="5">Category and Priority</th><th rowspan="2">USDA Revised Date</th></tr>
<tr><th>Auto</th><th>Manual</th><th>P</th><th>B</th><th>N</th><th>I</th><th>C</th></tr>
<tr><td colspan="11">100's Anthropometric</td></tr>
<tr><td></td><td>101</td><td>Underweight (Women)
Body Mass Index (BMI) < 18.5

<table><tr><th>Category</th><th>BMI</th></tr><tr><td>Pregnant</td><td>Pre-pregnancy BMI < 18.5</td></tr><tr><td>Breastfeeding < 6 months postpartum</td><td>Pre-pregnancy <u>or</u> current BMI < 18.5</td></tr><tr><td>Breastfeeding ≥ 6 months postpartum</td><td>Current BMI < 18.5</td></tr><tr><td>Nonbreastfeeding</td><td>Pre-pregnancy <u>or</u> current BMI < 18.5</td></tr></table>
Note: Pre-pregnancy BMI calculated for postpartum categories (B and N) use "Weight at Delivery" minus "Weight Gain" during pregnancy for weight and current height.</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>07/2009</td></tr>
<tr><td>H*</td><td>103</td><td>Underweight or At Risk of Underweight (Infants and Children)

<table><tr><th>Weight Classification</th><th>Age</th><th>Cut-off Value*</th></tr><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></table>*Based on Center for Disease Control's (CDC) Birth to 24 months gender specific and 2000 CDC age/gender-specific growth charts.

*High risk is assigned only to infants and children meeting the cut-off value for the Underweight classification.</td><td>X</td><td></td><td></td><td></td><td></td><td>1</td><td>3</td><td>05/2011</td></tr>
</table>

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<tr><td></td><td>111</td><td>Overweight (Women)
Body Mass Index (BMI) ≥ 25
<table><tr><th>Category</th><th>BMI</th></tr><tr><td>Pregnant</td><td>Pre-pregnancy BMI ≥ 25</td></tr><tr><td>Breastfeeding < 6 months postpartum</td><td>Pre-pregnancy or current BMI ≥ 25</td></tr><tr><td>Breastfeeding ≥ 6 months postpartum</td><td>Current BMI ≥ 25</td></tr><tr><td>Nonbreastfeeding</td><td>Pre-pregnancy or current BMI ≥ 25</td></tr></table></td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>07/2009</td></tr>
<tr><td></td><td>113</td><td>Obese (Children 2-5 Years of Age)
≥ 95th percentile BMI or weight-for-stature as plotted on the 2000 CDC 2-20 years gender-specific growth charts.</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>3</td><td>05/2011</td></tr>
</table>

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<tr><td></td><td>114</td><td>Overweight or At Risk of Overweight
<table>
<tr><th>Weight Classification</th><th>Age</th><th>Cut-off Value</th></tr>
<tr><td>Overweight
Auto-assigned</td><td>2-5 years</td><td>≥ 85th and < 95th percentile BMI for-age or weight-for-stature.*</td></tr>
<tr><td>At Risk of Overweight
Auto-assigned if the mother's information is in MOWINS.

Manually assigned if the mother's information is not in MOWINS.</td><td>< 12 months (infant of obese mother)</td><td>Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy.**</td></tr>
<tr><td rowspan="2">Manually assigned</td><td>≥ 12 months (child of obese mother)</td><td>Biological mother with a BMI ≥ 30 at the time of certification.**</td></tr>
<tr><td>Birth to 5 years (infant or child of obese father)</td><td>Biological father with a BMI ≥ 30 at the time of certification.</td></tr>
</table>
BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.
*2000 CDC 2-20 years gender-specific growth chart.
**If the mother is pregnant or has had a baby within the past six months, use her pre-conception weight to assess for obesity.</td><td>X</td><td>X</td><td></td><td></td><td></td><td>1</td><td>3</td><td>05/2011</td></tr>
<tr><td></td><td>115</td><td>High Weight-for-Length (< 24 months of age)
<table>
<tr><th>Age</th><th>Cut-Off Value</th></tr>
<tr><td>Birth to < 24 months</td><td>≥ 97.7th percentile weight-for-length as plotted on the CDC Birth to 24 months gender-specific growth charts.</td></tr>
</table>
*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender-specific growth charts.</td><td>X</td><td></td><td></td><td></td><td></td><td>1</td><td>3</td><td>05/2011</td></tr>
</table>

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<tr><th rowspan="2">High Risk</th><th rowspan="2">Risk Factor Codes</th><th rowspan="2">Risk Factors</th><th colspan="2">MOWINS Risk Factors Assignment</th><th colspan="5">Category and Priority</th><th rowspan="2">USDA Revised Date</th></tr>
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<tr><td></td><td>121</td><td>Short Stature or At Risk of Short Stature
<table><tr><th>Height Classification</th><th>Age</th><th>Cut-off Value*</th></tr><tr><td rowspan="2">Short Stature</td><td>Birth to < 24 months</td><td>≤ 2.3rd percentile length-for-age</td></tr><tr><td>2-5 years</td><td>≤ 5th percentile stature-for-age</td></tr><tr><td rowspan="2">At Risk of Short Stature</td><td>Birth to < 24 months</td><td>> 2.3rd percentile and ≤5th percentile length-for-age</td></tr><tr><td>2-5 years</td><td>> 5th percentile and ≤ 10th percentile stature-for age</td></tr></table>*Use CDC Birth to 24 months gender-specific growth charts or 2000 CDC age/gender-specific growth charts.</td><td>X</td><td></td><td></td><td></td><td></td><td>1</td><td>3</td><td>05/2011</td></tr>
<tr><td>H</td><td>131</td><td>Low Maternal Weight Gain
Low rate of weight gain in the 2nd and 3rd trimesters for singleton pregnancies.
<table><tr><th>Pre-pregnancy Weight Classification</th><th>BMI</th><th>Total Weight Gain (lbs)/Week</th></tr><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></table>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><tr><th>Pre-pregnancy Weight Classification</th><th>BMI</th><th>Total Weight Gain Range</th></tr><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></table>Note: System calculation based on pre-pregnancy height/weight entered on the Health Information tab and current weight in the Height/Weight/Blood tab.</td><td>X</td><td></td><td>1</td><td></td><td></td><td></td><td></td><td>06/2018</td></tr>
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<tr><td></td><td>133</td><td>High Maternal Weight Gain
High rate of weight gain in the 2nd and 3rd trimesters for singleton pregnancies.

<table>
<tr><th>Pregnancy Weight Classification</th><th>BMI</th><th>Total Weight Gain (lbs)/Week</th></tr>
<tr><td>Underweight</td><td>< 18.5</td><td>> 1.3</td></tr>
<tr><td>Normal Weight</td><td>18.5 to 24.9</td><td>> 1</td></tr>
<tr><td>Overweight</td><td>25.0 to 29.9</td><td>> 0.7</td></tr>
<tr><td>Obese</td><td>≥ 30.0</td><td>> 0.6</td></tr>
<tr><td>Multi-fetal Pregnancies</td><td colspan="2">See Justification</td></tr>
</table>

Total gestational weight gain exceeds the upper limit for her pre-pregnancy weight classification.

<table>
<tr><th>Pregnancy Weight Classification</th><th>BMI</th><th>Total Weight Gain (lbs)</th></tr>
<tr><td>Underweight</td><td>< 18.5</td><td>> 40</td></tr>
<tr><td>Normal Weight</td><td>18.5 to 24.9</td><td>> 35</td></tr>
<tr><td>Overweight</td><td>25.0 to 29.9</td><td>> 25</td></tr>
<tr><td>Obese</td><td>≥ 30.0</td><td>> 20</td></tr>
<tr><td>Multi-fetal Pregnancies</td><td colspan="2">See Justification</td></tr>
</table>

Note: System calculation uses pre-pregnancy height/weight entered on the Health Information tab and current weight in the Height/Weight/Blood tab.</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>06/2010</td></tr>
<tr><td>H</td><td>134</td><td>Failure to Thrive (FTT)
Diagnosed, documented or reported by a physician or someone working under a physician’s orders or as self-reported by applicant/participant/caregiver.

Note: See the justification for risk factor 142 for instructions on adjusting for gestational age when plotting anthropometric measurements on growth charts for premature infants diagnosed with FTT.</td><td></td><td>X</td><td></td><td></td><td></td><td>1</td><td>3</td><td>12/2020</td></tr>
</table>

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<tr><td>H</td><td>135</td><td>Slowed/Faltering Growth Pattern (≤ 6 months of age)
<table><tr><th>Age</th><th>Cut-Off Value</th></tr><tr><td>Infants Birth to 2 Weeks</td><td>Excessive weight loss after birth, defined as ≥ 7% birth weight.</td></tr><tr><td>Infants 2 Weeks to 6 Months of Age</td><td>Any weight loss. Use two separate weight measurements taken at least eight weeks apart.</td></tr></table></td><td>X</td><td></td><td></td><td></td><td></td><td>1</td><td></td><td>06/2016</td></tr>
<tr><td>H*</td><td>141</td><td>Low Birth Weight and Very Low Birth Weight (< 24 months of age)
<table><tr><th>Weight Classification</th><th>Cut-Off Value</th></tr><tr><td>Low Birth Weight (LBW)</td><td>Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 g) for infants and children less than 24 months.</td></tr><tr><td>Very Low Birth Weight (VLBW)</td><td>Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 g) for infants and children less than 24 months.</td></tr></table>*High risk is assigned only to infants who weighed ≤ 3 lbs and 5 oz at birth.
High risk is not assigned when categorical status changes to a child.</td><td>X</td><td></td><td></td><td></td><td></td><td>1</td><td>3</td><td>04/2004</td></tr>
<tr><td>H*</td><td>142</td><td>Preterm or Early Term Delivery (< 24 months of age)
<table><tr><th>Term</th><th>Definition</th></tr><tr><td>Preterm</td><td>Delivery of an infant born ≤ 36 6/7 weeks gestation.</td></tr><tr><td>Early Term Delivery</td><td>Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.</td></tr></table>*High risk is assigned to infants born ≤ 36 6/7 weeks gestation.
**High risk is not assigned when categorical status changes to a child.
Manually assign if 2-way link does not exist between mom and baby.</td><td>X</td><td>X</td><td></td><td></td><td></td><td>1</td><td>3**</td><td>05/2017</td></tr>
<tr><td></td><td>151</td><td>Small for Gestational Age (< 24 months of age)
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.</td><td></td><td>X</td><td></td><td></td><td></td><td>1</td><td>3</td><td>04/2004</td></tr>
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<tr><td></td><td>152</td><td>Low Head Circumference (< 24 months of age)
<table><tr><th>Age</th><th>Cut-Off Value</th></tr><tr><td>Birth to < 24 months</td><td>≤ 2.3rd percentile head circumference-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts (available at: www.cdc.gov/growthcharts).</td></tr></table></td><td></td><td>X</td><td></td><td></td><td></td><td>1</td><td>3</td><td>05/2011</td></tr>
<tr><td></td><td>153</td><td>Large for Gestational Age

Auto-assigned
• Birth weight ≥ 9 pounds (≥ 4000 g).

Manually assigned
• 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.</td><td>X</td><td>X</td><td></td><td></td><td></td><td>1</td><td></td><td>04/2004</td></tr>
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<tr><td colspan="11">200's Biochemical</td></tr>
<tr><td>H*</td><td>201</td><td>Low Hematocrit/Low Hemoglobin
Infants and Children
<table>
<tr><th></th><th>Age</th><th>Hemoglobin(hgb)</th><th>Hematocrit (hct)</th></tr>
<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>
</table>
Prenatal Women
<table>
<tr><th>Smoking Status</th><th>Gestation</th><th>Hemoglobin (hgb)</th><th>Hematocrit (hct)</th></tr>
<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>
</table>
*High risk is assigned if < 10.0 gm/100 ml hgb and < 31% hct for prenatal, infant and children categories only.</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>11/2022</td></tr>
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<tr><td></td><td>201</td><td>Low Hematocrit/Low Hemoglobin

Breastfeeding and Nonbreastfeeding

<table>
<tr><th>Smoking Status</th><th>Age</th><th>Hemoglobin (hgb)</th><th>Hematocrit (hct)</th></tr>
<tr><td rowspan="3">Non-smoking</td><td>12 – < 15 years</td><td>< 11.8</td><td>< 35.7</td></tr>
<tr><td>15 – < 18 years</td><td>< 12.0</td><td>< 35.9</td></tr>
<tr><td>≥ 18 years</td><td>< 12.0</td><td>< 35.7</td></tr>
<tr><td rowspan="3"><1 Pack/Day</td><td>12 – < 15 years</td><td>< 12.1</td><td>< 36.7</td></tr>
<tr><td>15 – < 18 years</td><td>< 12.3</td><td>< 36.9</td></tr>
<tr><td>≥ 18 years</td><td>< 12.3</td><td>< 36.7</td></tr>
<tr><td rowspan="3">≥ 1 to ≤2 Packs/Day</td><td>12 – < 15 years</td><td>< 12.3</td><td>< 37.2</td></tr>
<tr><td>15 – < 18 years</td><td>< 12.5</td><td>< 37.4</td></tr>
<tr><td>≥ 18 years</td><td>< 12.5</td><td>< 37.2</td></tr>
<tr><td rowspan="3">Smoking > 2 Packs/Day</td><td>12 – < 15 years</td><td>< 12.5</td><td>< 37.7</td></tr>
<tr><td>15 – < 18 years</td><td>< 12.7</td><td>< 37.9</td></tr>
<tr><td>≥ 18 years</td><td>< 12.7</td><td>< 37.7</td></tr>
</table>
</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>11/2022</td></tr>
<tr><td>H</td><td>211</td><td>Elevated Blood Lead Levels

<table>
<tr><th>Category</th><th>Elevated Blood Lead Level (mcg/dL) (within the past 12 months)</th></tr>
<tr><td>Women (all categories)</td><td>≥ 5</td></tr>
<tr><td>Infants</td><td>≥ 5</td></tr>
<tr><td>Children</td><td>≥ 3.5</td></tr>
</table>

Manually assigned
• Children with values of 3.5 mcg/dL or greater.
• Infants and women with values of 5 mcg/dL or greater.

Auto-assigned function will not be used until MOWINS is updated to SPIRIT Web.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>11/2022</td></tr>
</table>

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
300's Clinical (Health/Medical Conditions)										
	301	**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. 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**	**Gestational Diabetes** Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. *Auto-assigned* • Gestational Diabetes box in Pregnancy Info of the CGS. *Manually assigned* • 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	**History of Gestational Diabetes** *Auto-assigned* • Gestational Diabetes box in Any Pregnancy History of the CGS. *Manually assigned* • 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

<table>
<tr><th rowspan="2">High Risk</th><th rowspan="2">Risk Factor Codes</th><th rowspan="2">Risk Factors</th><th colspan="2">MOWINS Risk Factors Assignment</th><th colspan="5">Category and Priority</th><th rowspan="2">USDA Revised Date</th></tr>
<tr><th>Auto</th><th>Manual</th><th>P</th><th>B</th><th>N</th><th>I</th><th>C</th></tr>
<tr><td></td><td>304</td><td>History of Preeclampsia

Auto-assigned
• History of Preeclampsia box in Any Pregnancy History of the CGS.

Manually assigned
• 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.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>05/2019</td></tr>
<tr><td></td><td>311</td><td>History of Preterm or Early Term Delivery
Most recent pregnancy outcome ≤ 38 6/7 weeks.

Auto-assigned
• Preterm/Early Term check box in Most Recent Pregnancy History.</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>05/2017</td></tr>
<tr><td></td><td>312</td><td>History of Low Birth Weight
History of low birth weight is defined as the birth of an infant weighing ≤ 5 lb 8 oz (≤ 2500 grams) for the following:
<table><tr><th>Category</th><th>Pregnancy</th></tr><tr><td>Prenatal</td><td>Any history of low birth weight.</td></tr><tr><td>Breastfeeding/Nonbreastfeeding</td><td>Most recent pregnancy.</td></tr></table></td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>04/2001</td></tr>
</table>

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<tr><td></td><td>321</td><td>History of Spontaneous Abortion, Fetal or Neonatal Loss
History of spontaneous abortion, fetal or neonatal loss is defined as follows:

<table><tr><th>Term</th><th>Definition</th></tr><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></table>
<table><tr><th>Category</th><th>Criteria</th></tr><tr><td>Prenatal</td><td>Any history of fetal or neonatal death or two or more spontaneous abortions.</td></tr><tr><td>Breastfeeding</td><td>Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.</td></tr><tr><td>Nonbreastfeeding</td><td>Spontaneous abortion, fetal or neonatal loss in most recent pregnancy.</td></tr></table>
Auto-assigned
• Fetal or Neonatal Loss or Spontaneous Abortions checkbox under the Any Pregnancy History section of the CGS.</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>04/2001</td></tr>
</table>

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<tr><td>H*</td><td>331</td><td>Pregnancy at a Young Age
Pregnancy at a young age is defined as conception at ≤ 20 years of age for the following:

<table><tr><th>Category</th><th>Pregnancy</th></tr><tr><td>Prenatal</td><td>Current pregnancy.</td></tr><tr><td>Breastfeeding/Nonbreastfeeding</td><td>Most recent pregnancy.</td></tr></table>
Auto-assigned
• Participant is ≤ 17 years of age.

Manually assigned
• Participant is 18 to 20 years of age.

* High risk is assigned automatically only to participants ≤ 17 years of age.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>12/2020</td></tr>
<tr><td></td><td>332</td><td>Short Interpregnancy Interval
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:

<table><tr><th>Category</th><th>Pregnancy</th></tr><tr><td>Prenatal</td><td>Current pregnancy.</td></tr><tr><td>Breastfeeding/Nonbreastfeeding</td><td>Most recent pregnancy.</td></tr></table>
Auto-assigned
• Live Birth within 18 months checkbox under the Previous Pregnancy History section of the CGS.

Manually assigned
• If a participant does not have a pregnancy record linked to the postpartum certification.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>05/2015</td></tr>
</table>

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<tr><td></td><td>334</td><td>Lack of or Inadequate Prenatal Care
Prenatal care begins after the 1st trimester (after the 13th week) or is based on an Inadequate Prenatal Care Index.

Auto-assigned
• 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.

Manually assigned if the following criteria is met;
• The following criteria are met:

<table><tr><th>Weeks Gestation</th><th>Number of Prenatal Visits</th></tr><tr><td>14-21</td><td>0 or unknown</td></tr><tr><td>22-29</td><td>1 or less</td></tr><tr><td>30-31</td><td>2 or less</td></tr><tr><td>32-33</td><td>3 or less</td></tr><tr><td>34 or more</td><td>4 or less</td></tr></table></td><td>X</td><td>X</td><td>1</td><td></td><td></td><td></td><td></td><td>04/2001</td></tr>
<tr><td></td><td>335</td><td>Multi-fetal Gestation
More than one fetus in a current pregnancy for pregnant women or the most recent pregnancy for breastfeeding and nonbreastfeeding women.

Auto-assigned
• Expecting Multiple Births checkbox under Current Pregnancy Information in the CGS.</td><td>X</td><td></td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>07/2009</td></tr>
<tr><td></td><td>336</td><td>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 and abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10th percentile for gestational age.</td><td></td><td>X</td><td>1</td><td></td><td></td><td></td><td></td><td>04/2001</td></tr>
</table>

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<tr><td></td><td>337</td><td>History of Birth of a Large for Gestational Age Infant
History of birth of a large for gestational-age infant is defined as follows:
<table><tr><th>Category</th><th>Definition</th></tr><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/Nonbreastfeeding 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></table></td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>04/2004</td></tr>
<tr><td></td><td>338</td><td>Pregnant Woman Currently Breastfeeding
Breastfeeding woman is now pregnant.

Auto-assigned
• Currently Breastfeeding an Infant or Currently Breastfeeding a Child checkboxes under the Health Information tab in the CGS.</td><td>X</td><td>X</td><td>1</td><td></td><td></td><td></td><td></td><td>05/2019</td></tr>
<tr><td></td><td>339</td><td>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).
<table><tr><th>Category</th><th>Definition</th></tr><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></table></td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>04/2001</td></tr>
<tr><td></td><td>341</td><td>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.

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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>06/2018</td></tr>
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<tr><td></td><td>342</td><td>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:

<table><tr><th colspan="2">Gastrointestinal Disorders</th></tr><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></table>
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>07/2009</td></tr>
<tr><td></td><td>343</td><td>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.

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.

Auto-assigned
• Diabetes Mellitus checkbox under the Health Information Tab in the CGS.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>07/2009</td></tr>
<tr><td></td><td>344</td><td>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.

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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>05/2011</td></tr>
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<tr><td></td><td>345</td><td>Hypertension and Prehypertension
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.

Auto-assigned
• Hypertension/Prehypertension check box under Health Information Tab in the CGS.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>05/2019</td></tr>
<tr><td></td><td>346</td><td>Renal Disease
Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>04/2001</td></tr>
<tr><td></td><td>347</td><td>Cancer
A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biological restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.

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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>04/2001</td></tr>
<tr><td></td><td>348</td><td>Central Nervous System Disorders
Conditions that affect energy requirements, ability to feed self or alter nutritional status metabolically, mechanically or both. These include, but are not limited to:

<table><tr><th colspan="2">Central Nervous System Disorders</th></tr><tr><td>Epilepsy</td><td>Cerebral palsy</td></tr><tr><td>Neural tube defects
(such as spina bifida)</td><td>Parkinson’s disease</td></tr><tr><td>Multiple sclerosis</td><td></td></tr></table>
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>06/2007</td></tr>
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<tr><td></td><td>349</td><td>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.

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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>04/2001</td></tr>
<tr><td></td><td>351</td><td>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:

<table><tr><th colspan="2">Inborn Errors of Metabolism</th></tr><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></table>
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>05/2011</td></tr>
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<tr><td></td><td>352a</td><td>Infectious Diseases-Acute
A disease that 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.

<table><tr><th colspan="2">Most Common Acute Infectious Diseases</th></tr><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>Parasitic infections</td><td></td></tr></table>
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>06/2016</td></tr>
<tr><td></td><td>352b</td><td>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.

<table><tr><th colspan="2">Chronic Infectious Disease</th></tr><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></table>
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>06/2016</td></tr>
</table>

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	**Food Allergies** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. 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	**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. 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	**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. 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	**Hypoglycemia** 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	**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.		X	1	1	6	1	3	05/2019

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<tr><td></td><td>358</td><td>Eating Disorders
Eating disorders are characterized by severe disturbances in a person’s eating behaviors and related thoughts and emotions. Eating disorders include, but are not limited to:
Anorexia nervosa (AN).
Bulimia nervosa (BN).
Binge-eating disorder (BED).
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>11/2022</td></tr>
<tr><td></td><td>359</td><td>Recent Major Surgery, Physical Trauma, Burns
Major surgery (including cesarean sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence:
Within the past two months may be self-reported.
More than two 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.
Auto-assigned
C-section Delivery checkbox is selected on the Health Information tab.</td><td>X</td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>06/2016</td></tr>
<tr><td></td><td>360</td><td>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:<table><tr><th colspan="2">Medical Condition</th></tr><tr><td>Juvenile idiopathic arthritis (JIA)</td><td>Cardiovascular disease</td></tr><tr><td>Systemic lupus erythematosus</td><td>Persistent asthma (moderate or severe) requiring daily medication</td></tr><tr><td>Polycystic ovary syndrome (PCOS)</td><td>Cystic fibrosis</td></tr></table>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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>11/2022</td></tr>
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<tr><th>Auto</th><th>Manual</th><th>P</th><th>B</th><th>N</th><th>I</th><th>C</th></tr>
<tr><td></td><td>361</td><td>Mental Illnesses (Formerly Depression)
A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities.

Mental illnesses where the current condition or treatment for the condition may affect nutrition status include, but are not limited to:

<table><tr><th colspan="2">Mental Illnesses</th></tr><tr><td>Depression</td><td>Anxiety disorders</td></tr><tr><td>Post-traumatic stress disorders</td><td>Obsessive-compulsive disorder (OCD)</td></tr><tr><td>Personality disorders</td><td>Bipolar disorders</td></tr><tr><td>Schizophrenia</td><td>Attention-deficit/hyperactivity disorder (ADHD)</td></tr></table>
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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td>11/2022</td></tr>
<tr><td></td><td>362</td><td>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.</td><td></td><td>X</td><td>1</td><td>1</td><td>6</td><td>1</td><td>3</td><td>04/2001</td></tr>
<tr><td></td><td>363</td><td>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.

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.</td><td></td><td>X</td><td></td><td>1</td><td>6</td><td></td><td></td><td>07/2009</td></tr>
</table>

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	**Nicotine and Tobacco Use** Any use of products that contain nicotine and/or tobacco including but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables) or nicotine replacement therapies (gums, patches). *Auto-assigned* • Cigarette Usage under Current Pregnancy Information in the CGS. *Manually assigned* • When the woman reports any nicotine or tobacco use through means other than cigarettes, pipes and cigars.	X	X	1	1	6			12/2020
	372	**Alcohol and Substance Use** *Auto-assigned* • When Any Alcohol Use is recorded in the Health Information Tab for a prenatal women only. *Manually assigned* • When a prenatal or breastfeeding woman reports any marijuana use. • When a prenatal, breastfeeding or postpartum woman reports any illegal substance use and/or abuse of prescription medications.	X	X	1	1	6			06/2018

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	381	**Oral Health Conditions** Oral health conditions include, but are not limited to: • 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 bones 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 that 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
	382	**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). 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

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	383	**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 six months after birth. This condition must be present within the first six 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	**Failure to Meet Dietary Guidelines for Americans (≥ 2 years of age)** 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 *Failure to meet Dietary Guidelines for Americans [Dietary Guidelines]*. Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* 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 *Failure to Meet Dietary Guidelines for Americans* 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 factor 425, *Inappropriate Nutrition Practices for Children* or risk factor 427, *Inappropriate Nutrition Practices for Women*.		**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	**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. **411.1 Routinely using a substitute(s) for human milk or FDA-approved iron-fortified formula as the primary nutrient source during the first year of life.** **411.2 Routinely using nursing bottles or cups improperly.** **411.3 Routinely offering complementary foods* or other substances that are inappropriate in type or timing.** ***Complementary foods are any foods or beverages other than human milk or infant formula.*** **411.4 Routinely using feeding practices that disregard the developmental needs or stage of the infant.** **411.5 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.** **411.6 Routinely feeding inappropriately diluted formula.** **411.7 Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.** **411.8 Routinely feeding a diet very low in calories and/or essential nutrients.** **411.9 Routinely using inappropriate sanitation in the feeding, preparation, handling and/or storage of expressed human milk or formula.** **411.10 Feeding dietary supplements with potentially harmful consequences.** **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.**		X				4		04/2017

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	425	**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. **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					5	05/2017
	427	**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. **427.1 Consuming dietary supplements with potentially harmful consequences** **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.** **427.3 Compulsively ingesting nonfood items (pica).** **427.4 Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.** **427.5 Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.**		X	4	4	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	
	428	**Dietary Risk Associated with Complementary Feeding Practices** *(Infant 4-12 months of age or child 12-23 months of age)* 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 *Dietary Guidelines for Americans*, is at risk of inappropriate complementary feeding. Prior to assigning this risk, a complete nutrition assessment, including risk factor 411, Inappropriate Nutrition Practices for Infants or risk factor 425, Inappropriate Nutrition Practices for Children, must be completed**.**		X					4	5	03/2005
	501	**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 (CPA) 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: • At the initial certification. • Consecutively per risk factor. • If other risk factors can be assigned (e.g., 401). • If the participant was certified by risk factor 501 or 502 for the last certification period.		X		7	7	7	7	06/2018

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	502	**Transfer of Certification** Person with a current valid Verification of Certification (VOC) document from another state or local agency (LA). 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. • Food benefit cycle shall remain as determined by the other state. *Auto-assigned* • VOC check box is selected on the Applicant Prescreening Window or through the VOC Certification option on the Participant Activities menu.	X		1	1	6	1	3	06/2018
	503	**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.		X	4					06/2016
	601	**Breastfeeding Mother of Infant at Nutritional Risk** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. *Auto-assigned* • Currently Breastfeeding Infant checkbox on the Health Information screen in the CGS. **Note**: Document the infant's risk factors in the mother's record.	X		1	1				05/2015

<table>
<tr><th rowspan="2">High Risk</th><th rowspan="2">Risk Factor Codes</th><th rowspan="2">Risk Factors</th><th colspan="2">MOWINS Risk Factors Assignment</th><th colspan="5">Category and Priority</th><th rowspan="2">USDA Revised Date</th></tr>
<tr><th>Auto</th><th>Manual</th><th>P</th><th>B</th><th>N</th><th>I</th><th>C</th></tr>
<tr><td>H*</td><td>602</td><td>Breastfeeding Complications or Potential Complications (Women)
A breastfeeding woman with any of the following complications or potential complications for breastfeeding:

<table><tr><th colspan="2">Complications (or potential complications)</th></tr><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></table>*High risk for Breastfeeding category only. Referral must be made to either a peer counselor, breastfeeding expert, hospital lactation consultant or infant's health care provider for immediate follow-up.</td><td></td><td>X</td><td>1</td><td>1</td><td></td><td></td><td></td><td>05/2015</td></tr>
<tr><td>H</td><td>603</td><td>Breastfeeding Complications or Potential Complications (Infants)
A breastfed infant with any of the following complications or potential complications for breastfeeding.

<table><tr><th colspan="2">Complications (or potential complications)</th></tr><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 six wet diapers per day.</td></tr></table></td><td></td><td>X</td><td></td><td></td><td></td><td>1</td><td></td><td>04/2001</td></tr>
</table>

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	701	**Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy** An infant less than 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. **Note:** Document the mother's risk factors in the infant's record.		X				2		04/2001
	702	**Breastfeeding Infant of Woman at Nutritional Risk** **Note:** Document the mother's risk factors in the infant's record.		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	**Homelessness** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: • 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. *Auto-assigned* • Homeless check box on the Demographics tab.	**X**		7	7	7	7	7	04/2001
	802	**Migrancy** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes, for the purposes of such employment, a temporary abode. *Auto-assigned* • Migrant check box on the Demographics tab.	**X**		7	7	7	7	7	04/2002

<table>
<tr><th rowspan="2">High Risk</th><th rowspan="2">Risk Factor Codes</th><th rowspan="2">Risk Factors</th><th colspan="2">MOWINS Risk Factors Assignment</th><th colspan="5">Category and Priority</th><th rowspan="2">USDA Revised Date</th></tr>
<tr><th>Auto</th><th>Manual</th><th>P</th><th>B</th><th>N</th><th>I</th><th>C</th></tr>
<tr><td></td><td>901</td><td>Recipient of Abuse
An individual who has experienced physical, sexual, emotional, economic or psychological maltreatement that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure and/or wound the individual. The experience of abuse may be self-reported by the individual, individual's family member or reported by a social worker, health care provider or other appropriate personnel.

<table><tr><th>Term</th><th>Definition</th></tr><tr><td>Domestic violence</td><td>Abuse committed by a current or former family or household member or intimate partner.</td></tr><tr><td>Intimate partner violence</td><td>A form of domestic violence committed by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner or ongoing sexual partner) that may include physical violence, sexual violence, stalking and/or psychological aggression (including coercive tactics).</td></tr><tr><td>Child abuse and/or neglect</td><td>Any act or failure to act that results in harm to a child or puts a child at risk of harm. Child abuse may be physical (including shaken baby syndrome), sexual or emotional abuse or neglect of an infant or child under the age of 18 by a parent, caretaker or other person in a custodial role (such as a religious leader, coach or teacher).</td></tr></table>
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.</td><td></td><td>X</td><td>4</td><td>4</td><td>6</td><td>4</td><td>5</td><td>11/2022</td></tr>
</table>

High Risk	Risk Factor Codes	Risk Factors	MOWINS Risk Factors Assignment		Category and Priority					USDA Revised Date
			Auto	Manual	P	B	N	I	C	
	902	**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: • 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, 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, 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	**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. *Auto-assigned* • Living with Foster Parent(s) checkbox on the Demographics screen.	X		7	7	7	7	7	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	
	904	**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. *Auto-assigned* • Assigns to all members of a household when "Yes" under "Household Smoking" is selected in the Health Information tab. **Note:** LAs may use the following validated question to determine if this risk factor should be assigned. *"In the past seven days, have you and/or child been in an enclosed space while someone used tobacco products?"*	X		1	1	6	1	3	12/2020