

Nutritional Risks Criteria and Descriptions

Job Aid

WPPM #960-01

Legend: P = pregnant, B = breastfeeding postpartum, N = non-breastfeeding postpartum, I = infant, C = child

100 Risk Series: Anthropometric

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
101	Underweight (Pregnant/Postpartum)	P – I B – I N – VI	<p>Pregnant: Prepregnancy BMI < 18.5</p> <p>Non-breastfeeding postpartum: Prepregnancy or current BMI < 18.5</p> <p>Breastfeeding postpartum:</p> <ul style="list-style-type: none"> < 6 months postpartum: prepregnancy or current BMI < 18.5 ≥ 6 months postpartum: current BMI < 18.5 	No
103	Underweight or At Risk of Underweight (Infants/Children)	I – I C – III	<p><u>Underweight</u></p> <p>Birth to < 24 mo: weight-for-length ≤ 2.3rd percentile</p> <p>Child 2-5 yrs: BMI-for-age ≤ 5th percentile</p> <p><u>At Risk of Underweight</u></p> <p>Birth to < 24 mo: weight-for-length > 2.3rd percentile and ≤ 5th percentile</p> <p>Child 2-5 yrs: BMI-for-age > 5th percentile and ≤ 10th percentile</p>	Yes For under weight only
111	Overweight (Pregnant/Postpartum)	P – I B – I N – VI	<p>Pregnant: Prepregnancy BMI ≥ 25</p> <p>Non-breastfeeding postpartum: Prepregnancy BMI ≥ 25</p> <p>Breastfeeding postpartum:</p> <ul style="list-style-type: none"> < 6 months postpartum: prepregnancy BMI ≥ 25 ≥ 6 months or more postpartum: current BMI ≥ 25 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
113	Obese (Child 2-5 Yrs)	C – III	Child 2-5 yrs: ≥ 95 th percentile BMI or weight-for-stature	Yes
114	Overweight or at Risk of Overweight (Infants/children)	I – I C – III	<p><u>Overweight</u> Child 2-5 yrs: BMI-for-age or weight-for-stature ≥ 85th & < 95th percentile</p> <p><u>At Risk of Overweight</u> Infant:</p> <ul style="list-style-type: none"> • Biological mother with BMI ≥ 30 at time of conception or at any point in the first trimester of pregnancy • Biological father with a BMI ≥ 30 at time of certification <p>Child ≥ 12 months</p> <ul style="list-style-type: none"> • Biological mother with BMI ≥ 30 at time of certification • Biological father with BMI ≥ 30 at time of certification 	No
115	High Weight for Length	I-I, C-III (<24 mo)	Birth to < 24 months: weight-for-length ≥ 97.7 th percentile	No
121	Short Stature or At Risk of Short Stature	I – I C – III	<p><u>Short Stature</u> Birth to < 24 months: length-for-age ≤ 2.3rd percentile 2-5 years old: stature-for-age ≤ 5th percentile</p> <p><u>At Risk of Short Stature</u> Birth to < 24 months: length-for-age > 2.3rd percentile and ≤ 5th percentile 2-5 years old: stature-for-age > 5th percentile and ≤ 10th percentile</p>	No

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131	Low Maternal Weight Gain	P – I	<ol style="list-style-type: none"> A low rate of weight gain in the 2nd or 3rd trimesters for singleton pregnancies. <ul style="list-style-type: none"> Underweight individuals: < 1 lb/wk Normal weight individuals: < 0.8 lbs/wk Overweight individuals: < 0.5 lbs/wk Obese individuals: < 0.4 lbs/wk Low weight gain at any point in pregnancy using the Institute of Medicine (IOM)-based weight gain grid. 	No
133	High Maternal Weight Gain	P – I B – I N – VI	<p>Pregnant:</p> <ol style="list-style-type: none"> A high rate of weight gain in the 2nd or 3rd trimesters for singleton pregnancies: <ul style="list-style-type: none"> Underweight individuals: > 1.3 lbs/wk Normal weight individuals: > 1 lbs/wk Overweight individuals: > 0.7 lbs/wk Obese individuals: > 0.6 lbs/wk High weight gain at any point in pregnancy using the IOM-based weight gain grid. <p>Breastfeeding/non-breastfeeding postpartum:</p> <p>Total gestational weight gain exceeding the upper limit of the IOM's recommended range based on BMI for singleton pregnancies.</p>	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
134*	Failure to Thrive	I – I C – III	<p>A serious growth problem with the following potential indicators that a physician might use for diagnosis:</p> <ul style="list-style-type: none"> • Weight consistently below 3rd percentile for age • Weight less than 80% of ideal weight for height/age • Progressive fall-off in weight to below the 3rd percentile • A decrease in expected rate of growth along the child’s previously defined growth curve irrespective of its relationship to the 3rd percentile 	Yes
135	Slowed/Faltering Growth Pattern	I – I (≤ 6 mo)	<p>Infants birth to 2 weeks: Excessive weight loss after birth, defined as ≥ 7% birth weight.</p> <p>Infants 2 weeks to 6 months of age: Any weight loss. Use two separate weight measurements taken at least <u>8 weeks</u> apart.</p>	Yes
141	Low Birth Weight or Very Low Birth Weight	I-I, C-III (<24 mo)	<p>Low Birth Weight: Birth weight ≤ 5 pounds 8 ounces (≤ 2500 g), for infants and children < 24 months</p> <p>Very Low Birth Weight: Birth weight ≤ 3 pounds 5 ounces (≤ 1500 g), for infants and children < 24 months</p>	Yes For infants only
142	Preterm or Early Term Delivery	I-I, C-III (<24 mo)	<p>Preterm: Delivery of an infant born ≤ 36 6/7 weeks gestation.</p> <p>Early Term: Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.</p>	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
151*	Small for Gestational Age	I-I, C-III (<24 mo)	Birth weight less than 10 th percentile for gestational age, as diagnosed by a physician or as self-reported by applicant/participant.	No
152	Low Head Circumference	I-I, C-III (<24 mo)	Head circumference-for-age ≤ 2.3 rd percentile.	No
153*	Large for Gestational Age	I – I	Birth weight ≥ 9 pounds (≥ 4000g); or as diagnosed by a physician or as self-reported by applicant/participant.	No

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200 Risk Series: BIOCHEMICAL

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk																											
201	Low Hematocrit Low Hemoglobin	P – I B – I N – VI I – I C – III	<p>Hemoglobin or Hematocrit below the 95% confidence interval for healthy, well-nourished individuals. See cut-off values:</p> <p><i>Pregnant/postpartum (non-smoking, living at altitude of 0-2999 ft)</i></p> <table border="1"> <thead> <tr> <th></th> <th><u>1st trimester</u></th> <th><u>2nd trimester</u></th> <th><u>3rd trimester</u></th> <th><u>Postpartum (≥15 yrs old)</u></th> </tr> </thead> <tbody> <tr> <td>Hgb</td> <td>11</td> <td>10.5</td> <td>11</td> <td>12</td> </tr> <tr> <td>Hct</td> <td>33</td> <td>32</td> <td>33</td> <td>36</td> </tr> </tbody> </table> <p><i>Infant and Children (living at altitude of 0-2999 ft)</i></p> <table border="1"> <thead> <tr> <th></th> <th><u>6-12 mo</u></th> <th><u>1-2 yrs</u></th> <th><u>2-5 yrs</u></th> </tr> </thead> <tbody> <tr> <td>Hgb</td> <td>11</td> <td>11</td> <td>11.1</td> </tr> <tr> <td>Hct</td> <td>33</td> <td>33</td> <td>33</td> </tr> </tbody> </table>		<u>1st trimester</u>	<u>2nd trimester</u>	<u>3rd trimester</u>	<u>Postpartum (≥15 yrs old)</u>	Hgb	11	10.5	11	12	Hct	33	32	33	36		<u>6-12 mo</u>	<u>1-2 yrs</u>	<u>2-5 yrs</u>	Hgb	11	11	11.1	Hct	33	33	33	No
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Hgb	11	11	11.1																												
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211	Elevated Blood Lead Levels	P – I B – I N – III I – I C – III	Blood lead level of ≥ 4.5 µg/deciliter within the past 12 months.	Yes																											

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300 Risk Series: CLINICAL / HEALTH / MEDICAL

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
301*	Hyperemesis Gravidarum	P – I	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. It is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded.	Yes
302*	Gestational Diabetes	P – I	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.	Yes
303*	History of Gestational Diabetes	P – I B – I N – VI	History of diagnosed gestational diabetes mellitus (GDM).	No
304*	History of Preeclampsia	P – I B – I N – VI	History of diagnosed preeclampsia.	Yes For PG only
311	History of Preterm or Early Term Delivery	P – I B – I N – IV	History of preterm and/or early term delivery: <ul style="list-style-type: none"> • Preterm: Delivery of an infant born ≤ 36 6/7 weeks gestation. • Early Term: Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation. 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
312	History of Low Birth Weight	P – I B – I N – IV	History of a birth of an infant weighing ≤ 5 lb. 8 oz. (≤ 2500 g). Applies to any history of low birth weight for pregnant individuals and most recent pregnancy for postpartum individuals.	No
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	P – I B – I N – VI	<p><u>Pregnant:</u> Any history of fetal/neonatal death or ≥ 2 spontaneous abortions</p> <p><u>Breastfeeding:</u> Most recent pregnancy in which there was a multifetal gestation with ≥ 1 fetal/neonatal deaths but with ≥ 1 infants still living</p> <p><u>Non-breastfeeding:</u> spontaneous abortion (SAB), fetal death, or neonatal death in most recent pregnancy</p> <ul style="list-style-type: none"> • Spontaneous Abortion (SAB): spontaneous termination of a gestation at < 20 weeks or of a fetus weighing < 500 grams. • Fetal Death: spontaneous termination of a gestation at ≥ 20 weeks. • Neonatal Death: death of an infant within 0-28 days of life. 	No
331	Pregnancy at a Young Age	P – I B – I N – III	Conception at ≤ 17 years of age. Applies to current pregnancy for pregnant individuals and most recent pregnancy for postpartum individuals.	Yes
332	Short Interpregnancy Interval	P – I B – I N – VI	Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the next pregnancy. Applies to current pregnancy for pregnant individuals and most recent pregnancy for postpartum individuals.	No
333	High Parity and Young Age	P – I B – I N – VI	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. Applies to current pregnancy for pregnant individuals and most recent pregnancy for postpartum individuals.	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
334	Lack of/Inadequate Prenatal Care	P – I	<p>Prenatal care beginning after the 1st trimester, or based on the Inadequate Prenatal Index (Kessner et al):</p> <ul style="list-style-type: none"> • 14-21 wks gestation = 0/Unknown • 22-29 wks gestation = 1 or fewer prenatal visits • 30-31 wks gestation = 2 or fewer prenatal visits • 32-33 wks gestation = 3 or fewer prenatal visits • 34 or more wks gestation = 4 or fewer prenatal visits 	No
335	Multi-Fetal Gestation	P – I B – I N – VI	More than one (> 1) fetus in a current pregnancy (for pregnant individuals) or the most recent pregnancy (for postpartum individuals).	No
336*	Fetal Growth Restriction	P – I	Usually defined as a fetal weight < 10 th percentile for gestational age.	Yes
337*	History of Birth of a Large for Gestational Age Infant	P – I B – I N – VI	<p>Pregnant Women: any history of giving birth to an infant weighing ≥ 9 lbs. (4000 grams).</p> <p>Breastfeeding/Non-breastfeeding Women: Most recent pregnancy, or history of giving birth to an infant weighing ≥ 9 lbs. (4000 grams)</p>	No
338	Pregnant Woman Currently Breastfeeding	P – I	Pregnant woman who is currently breastfeeding.	No

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339*	History of Birth with Nutrition Related Congenital or Birth Defect	P – I B – I N – VI	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. Applies to any history of birth with nutrition-related congenital or birth defect for pregnant individuals and most recent pregnancy for postpartum individuals.	No
341*	Nutrient Deficiency or Disease	P – I B – I N – III I – I C – III	Any currently treated or untreated nutrient deficiency or disease. May include, but are not limited to: Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellegra, Xerophthalmia, and Iron Deficiency.	Yes
342*	Gastrointestinal Disorders	P – I B – I N – III I – I C – III	Diseases and/or conditions that interfere with the intake or absorption of nutrients. May include, but are not limited to: Gastroesophageal reflux disease (GERD), peptic ulcer, post-bariatric surgery, short bowel syndrome, inflammatory bowel disease, including ulcerative colitis or Crohn’s disease, liver disease, pancreatitis, biliary tract disease.	Yes
343*	Diabetes Mellitus	P – I B – I N – III I – I C – III	A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	Yes

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344*	Thyroid Disorders	P – I B – I N – III I – I C – III	Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. Include, but are not limited to: hyperthyroidism, hypothyroidism, congenital hyperthyroidism, congenital hypothyroidism, postpartum thyroiditis.	Yes
345*	Hypertension and Prehypertension	P – I B – I N – III I – I C – III	Hypertension: high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension. Prehypertension: at high risk for developing hypertension, based on blood pressure levels.	Yes
346*	Renal Disease	P – I B – I N – III I – I C – III	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder	Yes
347*	Cancer	P – I B – I N – III I – I C – III	Current cancer; treatment or condition affects nutritional status.	Yes

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348*	Central Nervous System Disorders	P – I B – I N – III I – I C – III	Conditions which affect energy requirements, ability to feed, or alter nutritional status metabolically and/or mechanically. Includes, but are not limited to: epilepsy, cerebral palsy (CP), neural tube defects (NTD) (e.g., spina bifida), Parkinson’s disease, and multiple sclerosis (MS).	Yes
349*	Genetic and Congenital Disorders	P – I B – I N – III I – I C – III	Hereditary or congenital condition at birth that causes physical or metabolic abnormality. Current condition must alter nutrition status metabolically, mechanically, or both. May include, but are not limited to: cleft lip/palate, Down’s syndrome, thalassemia major, sick cell anemia (not sickle cell trait), and muscular dystrophy.	Yes
351*	Inborn Errors of Metabolism	P – I B – I N – III I – I C – III	Gene mutations or gene deletions that alter metabolism in the body. May include, but are not limited to: amino acid disorders, urea cycle disorders, organic acid metabolism disorders, carbohydrate disorders, fatty acid oxidation disorders, peroxisomal disorders, lysosomal storage disorders, and mitochondrial disorders.	Yes
352a*	Infectious Diseases - Acute	P – I B – I N – III I – I C – III	Diseases of relatively rapid onset and short duration (must be present within the past 6 months). May include, but are not limited to: hepatitis A/E, pneumonia, meningitis (Bacterial/Viral), parasitic infection, bronchitis (3 episodes in last 6 months), or listeriosis. An extensive listing of infectious diseases can be found on the NIH website Infections: MedlinePlus .	Yes

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352b*	Infectious Diseases - Chronic	P – I B – I N – III I – I C – III	Conditions likely lasting a lifetime and require long-term management of symptoms. May include, but are not limited to: HIV, AIDS, and Hepatitis B/C/D. An extensive listing of infectious diseases can be found on the NIH website Infections: MedlinePlus .	Yes
353*	Food Allergies	P – I B – I N – III I – I C – III	Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.	Yes
354*	Celiac Disease	P – I B – I N – III I – I C – III	Also known as: Celiac Sprue, Gluten-sensitive Enteropathy, Non-tropical Sprue. An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley), resulting in damage to the small intestine and malabsorption of the nutrients from food.	Yes
355*	Lactose Intolerance	P – I B – I N – VI I – I C – III	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion	No

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356*	Hypoglycemia	P – I B – I N – III I – I C – III	Presence of hypoglycemia. Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise.	Yes
357	Drug Nutrient Interactions	P – I B – I N – III I – I C – III	Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.	Yes
358	Eating Disorders	P – I B – I N – III	Eating disorder (e.g. anorexia, bulimia) characterized by a disturbed sense of body image and a morbid fear of becoming fat. Symptoms may include, but are not limited to: self-induced vomiting, laxative or enema use, periods of starvation, use of drugs (i.e., appetite suppressants or diuretics), and/or self-induced marked weight loss.	Yes
359*	Recent Major Surgery, Trauma, Burns	P – I B – I N – III I – I C – III	Major surgery (includes C-sections), physical trauma or burns severe enough to compromise nutritional status.	Yes

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
360*	Other Medical Conditions	P – I B – I N – III I – I C – III	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. Current condition, or treatment for the condition, must be severe enough to affect nutritional status. May include, but are not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardio respiratory disease, heart disease, cystic fibrosis, persistent asthma requiring daily medication.	Yes
361*	Depression	P – I B – I N – VI	Presence of clinical depression, including postpartum depression.	No
362	Developmental, Sensory, or Motor Disabilities Interfering with Ability to Eat	P – I B – I N – III I – I C – III	Developmental, sensory, or motor disabilities interfering with ability to eat, restricting the ability to chew or swallow food, or requiring tube feeding to meet nutritional needs. May include, but are not limited to: minimal brain function, feeding problems due to developmental delay, head trauma, brain damage or birth injury.	Yes
363*	Pre-Diabetes	B – I N – III	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT).	Yes
371	Maternal Smoking	P – I B – I N – VI	Any smoking of tobacco products (i.e., cigarettes, pipes, or cigars).	No

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372	Alcohol and Substance Use	P – I B – I N – III	<p><u>Pregnant Women</u> Alcohol Use: Any alcohol use. Substance Use:</p> <ul style="list-style-type: none"> • Any illegal substance use and/or abuse of prescription medications. • Any marijuana use in any form. <p><u>Breastfeeding and Non-Breastfeeding Postpartum Women:</u> Alcohol Use:</p> <ul style="list-style-type: none"> • High Risk: Routine drinking of ≥ 8 drinks/week or ≥ 4 drinks/day. • Binge: Routine consumption of ≥ 4 drinks within 2 hours. <p>Substance Use:</p> <ul style="list-style-type: none"> • Any illegal substance use and/or abuse of prescription medications. • Any marijuana use in any form (breastfeeding women only). 	Yes
381*	Oral Health Condition	P – I B – I N – VI I – I C – III	Includes but not limited to: tooth decay, periodontal disease, gingivitis, tooth loss, ineffectively replaced teeth or oral infections that impair the ability to ingest food in adequate quantity or quality.	No

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382*	Fetal Alcohol Spectrum Disorders	P – I B – I N – VI I – I C – III	A group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. 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).	Yes For I and C only
383*	Neonatal Abstinence Syndrome	I – I	A drug withdrawal syndrome that occurs among drug-exposed infants as a result of the mother's use of drugs during pregnancy.	Yes

400 Risk Series: DIET – Presumed Eligibility for Women and Children Ages 2-5

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
401	Failure to Meet Dietary Guidelines for Americans	P – IV B – IV N – VI C – V	Women and children age two to five years may be presumed to be at nutrition risk based on inability to meet Dietary Guidelines for Americans as defined by consuming fewer than the recommended number of servings from one or more of the basic food groups. This risk may only be assigned after a complete nutrition assessment has been performed and no other risks have been identified.	No

411 Risk Series: DIET – Inappropriate Nutrition Practices for Infants

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
411.1	<p>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>	I – IV	<p>Examples of substitutes:</p> <ul style="list-style-type: none"> • Low iron formula without iron supplementation. • Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk. • Imitation or substitute milks (like rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions”. 	No
411.2	<p>Routinely using nursing bottles or cups improperly</p>	I – IV	<ul style="list-style-type: none"> • Using a bottle to feed fruit juice. • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant’s bottle. 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
411.3	Routinely offering complementary foods or other substances that are inappropriate in type or timing	I – IV	<ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier. • Introducing any food or beverage other than human milk or iron-fortified infant formula before 6 months of age, such as tea, rice water, or infant cereal. 	No
411.4	Routinely using feeding practices that disregard the developmental needs or stage of the infant	I – IV	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a type and/or amount of food or beverage or ignoring hunger cues). • Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. • Not supporting an infant’s growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant food with inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). 	No

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411.5	Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins	I – IV	<p>Potentially harmful foods:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice. • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. • Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc). • Raw or undercooked meat, fish, poultry, or eggs. • Raw vegetable sprouts (alfalfa, clover, bean, and radish). • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). • Donor human milk acquired directly from individuals or the Internet. 	No
411.6	Routinely feeding inappropriately diluted formula	I – IV	<ul style="list-style-type: none"> • Failure to follow manufacturer’s dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription. 	No
411.7	Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients	I – IV	<p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings. • Less than 8 feedings in 24 hours if less than 2 months old. 	No
411.8	Routinely feeding a diet very low in calories and/or essential nutrients	I – IV	<p>Examples:</p> <ul style="list-style-type: none"> • Strict vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	No

<p>411.9</p>	<p>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula</p>	<p>I – IV</p>	<p>Limited or no access to a:</p> <ul style="list-style-type: none"> • Safe water supply (documented by appropriate officials). • Heat source for sterilization. • Refrigerator or freezer for storage. <p>Failure to properly prepare, handle, or store bottles or storage containers of expressed breast milk or formula; examples include:</p> <p><u>Human Milk</u></p> <ul style="list-style-type: none"> • Thawing/heating in a microwave. • Refreezing. • Adding freshly expressed unrefrigerated human milk to frozen human milk. • Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk. • Feeding thawed refrigerated human milk more than 24 hours after it was thawed. • Saving human milk from a used bottle for another feeding. • Failure to clean breast pump per manufacturer’s instructions. • Feeding donor human milk acquired directly from individuals or the Internet. <p><u>Formula</u></p> <ul style="list-style-type: none"> • Failure to prepare and/or store formula per manufacturer’s or physician instructions. • Storing at room temperature for more than 1 hour. • Using formula in a bottle one hour after the start of a feeding. • Saving formula from a used bottle for another feeding. • Failure to clean baby bottle properly. 	<p>No</p>
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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
411.10	Feeding dietary supplements with potentially harmful consequences	I – IV	<p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplementations • Herbal or botanical supplements/remedies/teas. 	No
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	I – IV	<ul style="list-style-type: none"> • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Infants who are exclusively breastfed, or who are ingesting less than 1 liter (or 1 quart) per day of vitamin-D fortified formula, and are not taking a supplement of 400 IU of vitamin D. 	No

425 Risk Series: DIET – Inappropriate Nutrition Care Practices for Children

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
425.1	Routinely feeding inappropriate beverages as the primary milk source	C – V	<p>Examples of inappropriate beverages as primary milk source:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk. • Goat’s milk, sheep’s milk, or unfortified or inadequately fortified substitute milks (such as unfortified rice, almond or soy based beverages, non-dairy creamer, or homemade concoctions). 	No
425.2	Routinely feeding a child any sugar-containing fluids	C – V	<p>Examples of sugar-containing fluids: soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea.</p>	No
425.3	Routinely using nursing bottles, cups, or pacifiers improperly	C – V	<ul style="list-style-type: none"> • Using a bottle to feed fruit juice, diluted cereal or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Using a bottle for feeding or drinking after 14 months of age. • Using a pacifier dipped in sweet agents (e.g., sugar, honey, syrups). • Allowing a child to carry around and drink throughout the day from a covered or training cup. 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
425.4	Routinely using feeding practices that disregard the developmental needs or stage of the child	C – V	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child’s need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 	No
425.5	Feeding foods to a child that could be contaminated with harmful microorganisms	C – V	<p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice. • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. • Raw or undercooked meat, fish, poultry, or eggs. • Raw vegetable sprouts (alfalfa, clover, bean, and radish). • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). 	No
425.6	Routinely feeding a diet very low in calories and/or essential nutrients	C – V	<ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
425.7	Feeding dietary supplements with potentially harmful consequences	C – V	Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences include but may not be limited to: single or multi-vitamins, minerals supplements, herbal or botanical supplements/remedies/teas	No
425.8	Not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet requirements	C – V	<ul style="list-style-type: none"> • Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. 	No
425.9	Routine ingestion by child of nonfood items (pica)	C – V	<ul style="list-style-type: none"> • Ashes • Carpet fibers • Cigarettes or cigarette butts • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry and cornstarch) 	No

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427 Risk Series: DIET – Inappropriate Nutrition Care Practices for Women

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
427.1	Consuming dietary supplements with potentially harmful consequences	P – IV B – IV N – VI	<p>Examples of dietary supplements which, when ingested in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	No
427.2	Consuming diets very low in calories/nutrients; impaired intake/absorption after bariatric surgery	P – IV B – IV N – VI	<ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high-protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	No
427.3	Compulsively ingesting non-food items (pica)	P – IV B – IV N – VI	<p>Potenitally harmful foods:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
427.4	Inadequate vitamin/mineral supplementation	P – IV B – IV N – VI	<ul style="list-style-type: none"> • Consumption of less than 27 mg of iron as a supplement daily by pregnant women. • Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women. • Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. • Lack of Vitamin D supplementation by exclusively breastfeeding women. 	No
427.5	Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms	P – IV	<p>Potentially harmful foods:</p> <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops. • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole. • Raw or undercooked meat or poultry. • Hot dogs, luncheon meats (cold cuts), fermented/dry sausage, other deli-style meat or poultry products unless reheated until steaming hot. • Refrigerated pâté or meat spreads. • Unpasteurized milk or foods containing unpasteurized milk. • Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk. • Raw or undercooked eggs or foods containing them including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog. • Raw sprouts (alfalfa, clover, and radish). • Unpasteurized fruit or vegetable juices. 	No

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428 Risk Series: DIET – Presumed Eligibility for Infants and Children < 2

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
428	Dietary Risk Associated with Complementary Feeding Practices	I – IV (>4 mo) C – V (<24 mo)	<p>An infant or child who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 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>. <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>	No

500 Risk Series: OTHER RISKS – Miscellaneous

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
502	Transfer of Certification	P – V B – V N – V I – V C – V	<p>Person with current valid Verification of Certification (VOC) card from another State 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 must be accepted as proof of eligibility for program benefits.</p>	No

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600 Risk Series: OTHER RISKS – Breastfeeding Mother/Infant Dyad

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
601	Breastfeeding Mother of Infant at Nutritional Risk	P – I, II, or IV B – I, II, or IV	A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.	No
602	Breastfeeding Complications or Potential Complications (Women)	P – I B – I	A breastfeeding woman with any of the following: <ul style="list-style-type: none"> • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • Age ≥ 40 years • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins) 	No
603	Breastfeeding Complications or Potential Complications (Infants)	I - I	A breastfeeding infant with any of the following complications or potential complications: <ul style="list-style-type: none"> • 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. 	No

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700 Risk Series: OTHER RISKS – Infant of a WIC-eligible Mother

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
701	Infant up to 6 months old of WIC mother or of a woman who would have been eligible during pregnancy	I – II (< 6 mo)	An infant < 6 month 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.	No
702	Breastfeeding infant of woman at nutritional risk	I – I or IV	Breastfeeding infant of woman at nutritional risk.	No

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800 Risk Series: OTHER RISKS – Homeless/Migrant

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
801	Homelessness	P – IV B – IV N – VI I – IV C – V	<p>A pregnant/postpartum individual, 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. 	No
802	Migrancy	P – IV B – IV N – VI I – IV C – V	<p>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>	No

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900 Risk Series: OTHER RISKS – Environmental

USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
901	Recipient of abuse	P – IV B – IV N – VI I – IV C – V	Battering or child abuse/neglect within past 6 months as self-reported, reported or as documented by a social worker, health care provider or, other appropriate personnel. <ul style="list-style-type: none"> • Child abuse/neglect is “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.” • Battering generally refers to violent assaults on women. 	No
902	Woman or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food	P – IV B – IV N – IV I – IV C – V	Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include a woman or an infant/child of caregiver with the following: <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 by a physician or psychologist, or as self-reported). • Intellectual disability (diagnosed by a physician or psychologist, or as self-reported). • Physical disability which restricts or limits food preparation abilities. • ≤ 17 years of age. 	No

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USDA Code	Risk Criteria	Category Priority	Definition and Cutoff	High Risk
903	Foster Care	P – IV B – IV N – VI I – IV C – V	<p>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> <p>Cannot be used for consecutive certifications while the child remains in the same foster home. It should be used as the sole risk criterion only if careful assessment of the applicant’s status indicates that no other risks based on anthropometric, medical or nutritional risk criteria can be identified.</p>	No
904	Environmental Tobacco Smoke Exposure	P – I B – I N – VI I – I C – III	<p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand, or involuntary smoke.</p>	No

*Condition diagnosed by a physician and self-reported by the applicant/participant/caregiver, or as reported or documented by a physician or someone working under a physician’s orders.