



# Alaska WIC Policy

## Chapter 2: Nutrition Services

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# Alaska WIC Policy

<b>Policy Title</b>	<b>ALASKA WIC NUTRITION SERVICES STANDARDS</b>	<b>Item</b>	<b>ALASKA WIC NUTRITION SERVICES STANDARDS</b>
<b>Policy Number</b>	NSS 1.0	<b>Effective Date</b>	

## Purpose

To describe the basis for providing nutrition services in the Alaska WIC Program, using “Value Enhanced Nutrition Assessment (VENA)” competencies.

## Authority

Value Enhanced Nutrition Assessment Guidance (USDA Website):

[http://www.nal.usda.gov/wicworks/Learning\\_Center/VENA/VENA\\_Guidance.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf)

WIC Nutrition Services Standards, August, 2013:

<http://www.nal.usda.gov/wicworks/Topics/WICnutStand.pdf>

## Policy

### Alaska WIC Nutrition Services Standards

Nutrition services in WIC begin with an initial screening and a Value Enhanced Nutrition Assessment (VENA) of participants’ nutritional status and determination of all applicable nutritional risk. Based on VENA, a food package is prescribed and appropriate nutrition education is provided. Value Enhanced Nutrition Assessment (VENA) shifts the focus from the WIC Competent Professional Authority (CPA) finding nutrition risk to a positive client participatory Health Outcome Based approach. Certified Participants, via participant centered communication methods, are able to decide the nutrition related areas of concern, their readiness to change to improve their conditions identified by the nutrition assessment. They will not only be informed as to the specific nutritional risk condition(s) qualifying them for the WIC Program, but also will be invited to participate on the decision about what nutrition education is pertinent and appropriate.

WIC staffs VENA competencies needed in order to reach a participant centered assessment, counseling and education approach are:

1. Knowledge of principles of life-cycle nutrition
2. Nutrition assessment process
3. Anthropometric and Hematological data collection techniques
4. Communication
5. Multicultural awareness
6. Critical thinking



## **Alaska WIC Policy**

Nutrition services are provided based on an understanding of the varied food-related beliefs, customs and behaviors of the diverse ethnic and cultural populations served by the Alaska WIC program.

Nutrition information is provided to these diverse populations in a sensitive, respectful and helpful manner.



# Alaska WIC Policy

<b>Policy Title</b>	<b>LOCAL AGENCY STAFFING REQUIREMENTS</b>	<b>Item</b>	<b>LOCAL AGENCY STAFFING REQUIREMENTS</b>
<b>Policy Number</b>	NSS 1.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide Local Agency Staffing Requirements, to assure quality, professional and authority based services are provided to WIC participants.

## Authority

State Staffing Requirements:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Administration
  - 246.3(e) to (f)
    - page 356-357

Local Agency Staffing Requirements:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart B- State and Local Agency Eligibility- Agreements with Local Agencies
  - 246.6(b)(2)
    - page 364

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
  - 246.2
    - page 350 (CPA)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants- Certification of Participants
  - 246.7(e)
    - page 362

WIC Nutrition Services Standards: Standard 1(C-F), Staff Qualifications, Roles, and Responsibilities (October 2001, page 13-15)

## Policy

### Local Agency Staffing Requirements

The Local Agency Staffing Requirements policy provides the qualifications required for Alaska WIC Program staff that coordinate program services and perform WIC participant certifications and nutrition education, to assure quality, professional and authority based services are provided to WIC participants.



## Alaska WIC Policy

Local WIC agencies are required to have an RD or licensed nutritionist on staff commensurate with program caseload. The RD/nutritionist may be a staff person or the WIC Coordinator. Agencies will be out of compliance if the person hired for this position is on contract or RD exam –eligible candidate.

If a staff vacancy for this position occurs, it is acceptable to temporarily hire a contract RD until the position is filled. Agencies must be proactive and begin recruitment as soon as a resignation letter is received from an incumbent.

Contracting with an RD should be a short-term solution to a vacancy while recruitment is ongoing. The contract must be approved by the State and contain, at minimum, the numbers of hours the contractor will work per week, scope of work, and budget. Local agencies are required to provide the State periodic updates on the status of their recruitment efforts, including the recruitment media used and agencies contacted.

Hiring of a contract RD is allowed temporarily for one quarter of the fiscal year. Any anticipated need beyond one quarter of the fiscal year requires a written request to discuss the situation further. The request must be sent to the State WIC office 15 days before the end of the quarter.

Contact the State WIC office when an agency's RD gives resignation notice for further guidance.

Local agencies must staff the following positions that meet State agency standards established in policy:

- Local Agency Coordinator
- Competent Professional Authority (CPA)



# Alaska WIC Policy

<b>Policy Title</b>	<b>LOCAL AGENCY COORDINATOR REQUIREMENT</b>	<b>Item</b>	<b>LOCAL AGENCY COORDINATOR REQUIREMENT</b>
<b>Policy Number</b>	NSS 1.1.1	<b>Effective Date</b>	September 15, 2015

## Purpose

To describe the required qualifications a Local Agency Coordinator must possess to qualify for the Coordinator position.

## Authority

State Staffing Requirements based on:  
Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Administration
  - 246.3(e) to (f)
    - page 356-357
- WIC Nutrition Services Standards: Standard 1(C-F), Staff Qualifications, Roles, and Responsibilities (October 2001, page 13-15)

## Policy

### Local Agency Coordinator Requirement

A person must be designated by each Local Agency to be responsible for coordination of the WIC Program. Qualifications for the Local Agency coordinator position include possession of credentials as:

The WIC Coordinator position will be similar to the State of Alaska definition for professional degree requirements and substitutions of a Public Health Specialist I. In addition to the professional degree requirements and substitutions listed below, the State will also allow a Registered Dietitian (RD).

A Bachelor's Degree from an accredited college in public health, health administration, nutrition, nursing, epidemiology, health sciences, health education, family and consumer science with emphasis in nutrition, community health, the biological sciences, or closely related field.

AND

Two years of professional experience administering or providing specialized health care or public health services or programs. The required professional experience includes work such as a registered nurse, public health nurse, nurse consultant, health program specialist or manager, health and social services planner, nutritionist, health practitioner, advanced nurse practitioner, and physician's assistant.



## Alaska WIC Policy

Or:

A Bachelor's Degree from an accredited college in addition to 5 years of current WIC administrative or managerial experience.

Substitution:

Master's degree from an accredited college, in fields listed above, may substitute for two years of the required work experience. Prior to hiring this substitution must be approved by the State of Alaska WIC Program staff.

A waiver to the policy may be approved after careful consideration by the local WIC agency in conjunction with the State WIC office. The State WIC office has final approval of hires under this circumstance.

If a candidate does not meet the minimal Coordinator requirements and the local agency feels that their candidate is viable, follow the steps below:

1. Send copies of the job description and candidate's resume to the State WIC office.
2. Set up a meeting with the State WIC office to discuss the candidate's qualifications and consideration for the position.
3. The State WIC office must approve the Coordinator prior to hiring.
4. Upon hire, the Coordinator must test out of the Alaska WIC CPA Tests. If the Coordinator cannot pass the exam, completion of the CPA modules are required and passing the test must be completed prior to the end of the minimal probationary period.
5. Coordinators hired under this circumstance shall have a probationary period of not less than three months.

When the WIC program large enough to justify an Assistant WIC Coordinator, this person must meet the same qualifications as the WIC Coordinator position as described above.



# Alaska WIC Policy

<b>Policy Title</b>	<b>LOCAL AGENCY COORDINATOR VACANCY</b>	<b>Item</b>	<b>SHORT AND LONG TERM COORDIANTOR VACANCY</b>
<b>Policy Number</b>	NSS 1.1.2	<b>Effective Date</b>	January 29, 2014

## Purpose

To describe parameters to follow when the Coordinator position is vacant.

## Authority

State Staffing Requirements:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Administration
  - 246.3(e) to (f)
    - page 356-357

State WIC Office based on:

WIC Nutrition Services Standards: Standard 1(C-F), Staff Qualifications, Roles, and Responsibilities (October 2001, page 13-15)

## Policy

### Local Agency Coordinator Vacancy

Short-Term Vacancy ( $\leq$  1 month)

Once notification of a Coordinator vacancy occurs, the local agency contingency plan should be implemented to cover the position. For short-term vacancies of  $\leq$  a month acceptable coverage can be through existing staff or qualified contractors.

Long-Term Vacancy ( $\geq$  1 month)

Policy Number 1.1.1 of this Policy and Procedure manual states the requirements for a Coordinator. Any local agency with a WIC Coordinator vacancy is required to have weekly meetings with state Program staff reviewing recruitment progress and guidance on program operations until a qualified WIC Coordinator is hired. Call the State office as soon as a vacancy is identified to discuss implementation of the local agency contingency plan and recruitment process.



# Alaska WIC Policy

<b>Policy Title</b>	<b>COMPETENT PROFESSIONAL AUTHORITY (CPA)</b>	<b>Item</b>	<b>COMPETENT PROFESSIONAL AUTHORITY (CPA)</b>
<b>Policy Number</b>	NSS 1.1.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the required qualifications a Competent Professional Authority (CPA) must pose to qualify for a CPA position.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
  - 246.2
    - page 350 (CPA)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart B- State and Local Agency Eligibility- Agreements with Local Agencies
  - 246.6(b)(2)
    - page 364

WIC Nutrition Services Standards: Standard 1(C), Staff Qualifications, Roles, and Responsibilities (October 2001, page 13)

## Policy

### Competent Professional Authority (CPA)

A Local Agency must employ only competent professional authorities to provide WIC Nutrition Services. A competent professional authority (CPA) means an individual authorized to determine nutritional risk, provide nutrition education based upon assessment and prescribe supplemental foods. The following persons are the only persons the State WIC Office may authorize to serve as a competent professional authority:

- Physicians
- Nutritionists (bachelor's or master's degree in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition or home economics with emphasis in nutrition)
- Registered dietitians
- Registered nurses
- Physician's assistants (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority) or



## Alaska WIC Policy

- An Alaska WIC certified CPA who has passed the Alaska WIC Competent Professional Authority certification examination.

CPA competencies and knowledge include:

- Principles of life-cycle nutrition
- Nutrition assessment process
- Anthropometric and Hematological data collection techniques
- Communication skills
- Multicultural awareness
- Critical thinking



# Alaska WIC Policy

<b>Policy Title</b>	<b>LOCAL AGENCY NUTRITION SERVICES STANDARDS</b>	<b>Item</b>	<b>LOCAL AGENCY NUTRITION SERVICES STANDARDS</b>
<b>Policy Number</b>	NSS 1.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide the Local Agency Nutrition Services Standards to assure WIC Program services at the Local Agency level are provided in accordance with federal USDA regulations, policies and guidelines.

## Authority

State WIC Office based on:

WIC Nutrition Services Standards, August, 2013:

<http://www.nal.usda.gov/wicworks/Topics/WICnutStand.pdf>

## Policy

### Local Agency Nutrition Services Standards

Nutrition services are provided by the Alaska WIC Program in accordance with federal USDA regulations, policies and guidelines. The standards for Local Agencies are:

- USDA nutrition risk criteria are used by all Local Agencies to determine eligibility.
- A nutrition assessment is completed to determine nutrition risk for all participants, using VENA and based on WIC Nutrition Risk Criteria Manual.
- Uniform anthropometric and biochemical assessments based on current practice are used by all Local Agencies.
- Food packages are tailored in accordance with current authoritative medical and health information.
- Standard policies for all nutrition education contacts are used statewide.
- Participant Centered Education (PCS) principles and practices are followed throughout participants' certifications, particularly nutrition assessment, counseling and education.
- Standard evaluation procedures are used for evaluating nutrition education.
- Appropriate, high quality, accurate nutrition education materials are used by all Local Agencies.
- Each Local Agency develops an annual WIC nutrition education plan consistent with the State WIC Office's nutrition education component of program operations as specified in the State's goals and objectives and desired outcomes.
- Only a Registered Dietitian or Nutritionist with a Master's degree in a nutrition field must perform the following:



## **Alaska WIC Policy**

- Oversee direct nutrition services to participants, and provide technical assistance and consultation regarding nutrition services to Local Agency staff and other health professionals.
- Provide nutrition education and counseling for all high risk participants, and prepare High Risk Nutrition Care Plans for these participants.
- Provide nutrition in-service training to Local Agency staff.
- Develop each Local Agency's annual WIC nutrition services plan.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION RISK ASSESSMENTS</b>	<b>Item</b>	<b>NUTRITION RISK ASSESSMENTS: RISK CODE MANUAL (USDA RISK CODES)</b>
<b>Policy Number</b>	NSS 2.0	<b>Effective Date</b>	3/2/2013

## Purpose

To identify the WIC Nutrition Risk Criteria, as the document that must be used when assigning nutrition risks to WIC participants, to meet a WIC Program applicant's nutrition risk eligibility requirement.

## Authority

WIC Nutrition Risk Criteria Manual I

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)
    - page 372

WIC Nutrition Services Standards: Standard 7(A-B), Nutrition Assessment (October 2001, page 23)

## Policy

### Nutrition Risk Assessments

To be certified as eligible for the program, applicants who meet the categorical, residential, identity and income eligibility requirements must also be determined to be at nutritional risk.

### Risk Code Manual- USDA Risk Codes

The WIC Nutrition Risk Criteria Manual should be used to assign nutritional risks during certification and recertification. Copies of the manual are available from the State WIC Office. The manual is based on the standard USDA nutritional risk criteria. The manual covers the following:

- Which conditions identified during certification are allowable risks for WIC certification.
- Code numbers used in the AKWIC computer system for these conditions.
- Cut-off values for risks.
- USDA definitions for each risk.
- Detailed descriptions for each risk.
- Categories (pregnant, breastfeeding or postpartum woman, infant or child, to whom a risk can be applied).
- Which nutrition concerns are considered “high- risk” and requires a referral for high risk nutrition consultation.
- Which risks are automatically calculated by the SPIRIT computer system.



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The standard certification form listing all risks and codes found at:

[http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/Forms/Cert\\_Form.pdf](http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/Forms/Cert_Form.pdf).



# Alaska WIC Policy

<b>Policy Title</b>	<b>DEFINITION OF NUTRITION RISK</b>	<b>Item</b>	<b>DEFINITION OF NUTRITION RISK</b>
<b>Policy Number</b>	NSS 2.1	<b>Effective Date</b>	3/2/2013

## Purpose

To define the term “nutritional risk” and discuss the reasons nutrition risks are used in the WIC Program.

## Authority

WIC Nutrition Risk Criteria Manual

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
  - 246.2
    - page 353 (nutrition risk)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility – Certification of Participants
  - 246.7(e)
    - page 372

## Policy

### Definition of Nutrition Risk

A nutritional risk is any measurable indicator or circumstance that is associated with the increased likelihood of an adverse health outcome. The cutoff point for a nutritional risk is the point above or below which an individual is judged to be at risk. This may be a numerical value such as a hemoglobin value, or a dichotomous variable (i.e., yes, the applicant has the condition; or no, he or she does not). A nutritional risk is thus determined by a risk indicator plus its cutoff point, such as a hemoglobin level of <11 gms./dl in a pregnant woman in the first trimester of pregnancy.

Nutritional risk is evaluated to select participants who are at risk of developing specific health problems if they do not receive WIC benefits. Nutritional risk indicators predict nutrition benefit and health risk reduction from participating in the WIC Program. A complete nutritional assessment to determine nutritional risk includes anthropometric measurements, hematological tests, a medical history and dietary assessment. The nutritional risk must be determined by a registered dietitian, Nutritionist or Alaska WIC Certified CPA. This determination may be based on referral data submitted by a CPA not on the staff of the Local Agency.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION RISK DATA COLLECTION</b>	<b>Item</b>	<b>NUTRITION RISK DATA COLLECTION: WIC APPLICATION FORMS</b>
<b>Policy Number</b>	NSS 2.2	<b>Effective Date</b>	3/2/13

## Purpose

To define the nutrition risk data (anthropometric and hematological) that must be obtained, including timeline for collection, for assessing nutrition risks as part of a WIC Program certification or recertification.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(i)(A) through (ii)(B)(3)
    - page 372-373

WIC Nutrition Services Standards: Standard 7(C-D), Nutrition Assessment (October 2001, page 24)

## Policy

### Nutrition Risk Data Collection

Local Agencies are authorized to conduct anthropometric and hematological measurements to determine nutritional risk, or to use medical referral data from other health care providers for anthropometric and hematological measurements. If medical referral data from another provider is used, it may be provided on a WIC referral form, or it can be written on the WIC application form in the “Office Use Only” section of the application form by the provider, if they have copies of the forms. If they do not have WIC forms, the WIC Local Agency may accept the data in writing or by telephone from the other provider. WIC staff must then fill in the information in the “Office Use Only” section of the application form.

For each certification and recertification, at a minimum, height or length and weight must be measured, and a hematological test for anemia such as a hemoglobin or hematocrit must be performed. Hematological tests are not required for infants under six months of age.

Height or length and weight measurements and blood tests must be obtained for all participants, including those who are determined to be at nutritional risk based solely on the established nutritional risk status of another person, such as the breastfed infant of a WIC participant. Weight and height or length must be measured not more than 60 days prior to certification or recertification for program participation. Blood test data must not be more than 90 days. Data for pregnant women must be collected during their pregnancy, and data for postpartum and breastfeeding women must be collected after the termination of their pregnancy.

WIC Application Forms Rev. 09/2011 can be located at:



## Alaska WIC Policy

Pregnant Woman Application Form:

[http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/WIC/Pregnant\\_Application.pdf](http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/WIC/Pregnant_Application.pdf)

Breastfeeding/Post Partum Application Form:

<http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/WIC/BF.pdf>

Infant Application Form:

[http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/LocalAgency/2012/Infant\\_Application.pdf](http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/LocalAgency/2012/Infant_Application.pdf)

Child Application Form:

<http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/WIC/childapp.pdf>



# Alaska WIC Policy

<b>Policy Title</b>	<b>ANTHROPOMETRIC ASSESSMENTS</b>	<b>Item</b>	<b>ANTHROPOMETRIC ASSESSMENTS</b>
<b>Policy Number</b>	NSS 2.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To define the anthropometric (height and weight) measurements that must be obtained and plotted on growth and or weight gain grids when completing a WIC Program certification or recertification.

## Authority

Alaska WIC Nutritional Risk Criteria Manual

State WIC Office based on:

WIC Nutrition Services Standards: Standard 7(C-D), Nutrition Assessment (October 2001, page 24-25)

## Policy

### Anthropometric Assessments

Each infant and child must have their height and weight plotted on a growth grid.

Women must have their pre-pregnancy weight for current height to calculate the pre-pregnancy BMI, in order to monitor pregnancy weight gain plotted on the appropriate weight gain grid.

Repeated measurements should be plotted on the same growth grid to assess growth trends.



# Alaska WIC Policy

<b>Policy Title</b>	<b>CORRECT TECHNIQUES FOR TAKING ANTHROPOMETRIC MEASUREMENTS</b>	<b>Item</b>	<b>CORRECT TECHNIQUES FOR TAKING ANTHROPOMETRIC MEASUREMENTS</b>
<b>Policy Number</b>	NSS 2.3.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To assure Local WIC Agency anthropometric measurements are performed accurately and consistently.

## Authority

WIC Nutrition Risk Criteria Manual

## Policy

### Correct Techniques for Taking Anthropometric Measurements

Accuracy and consistency when obtaining anthropometric measurement are vital for assuring growth and/or weight gain is plotted and assessed correctly. When anthropometric measurements are inaccurate, participants are given misinformation about their growth and nutrition risks are assigned inappropriately.

The series of Correct Techniques for Taking Anthropometric Measurements policies provide guidelines for obtaining accurate anthropometric measurements.

Any WIC staff performing anthropometric measurements must sign up and successfully complete the University of Alaska Anchorage anthropometric module prior to performing this task in the WIC clinic. The CPA proctor must sign off that the module competencies have been met. Keep a copy of the Skills Check List in the employee training file.



# Alaska WIC Policy

<b>Policy Title</b>	<b>CALIBRATION OF SCALES</b>	<b>Item</b>	<b>CALIBRATION OF SCALES</b>
<b>Policy Number</b>	NSS 2.3.1.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To indicate the frequency that scales used for performing anthropometrics at the Local WIC Agency should be calibrated to assure accuracy of measurements obtained.

## Authority

State WIC Office based on:

Nutrition Services Standards: Standard 19(A)(3), Clinic Environment (October 2001, page 41)

## Policy

### Calibration of Scales

Scales should be calibrated at least once a year using standard weights. Clinics with high volume should calibrate scales three to four times a year



# Alaska WIC Policy

<b>Policy Title</b>	WEIGHING INFANTS	<b>Item</b>	WEIGHING INFANTS
<b>Policy Number</b>	NSS 2.3.1.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the techniques that should be used when obtaining a weight on an infant in the WIC Program.

## Authority

State WIC Office

## Policy

### Weighing Infants

- Set the scale to zero and make sure it balances. The scale should balance when set to zero and nothing is on it. If it does not, it should be adjusted.
- Ask parent to take off child's clothes, including diaper. If the clinic staff prefer to weigh in infant with a diaper on, the weight of the diaper should be subtracted from the infant's weight.
- Place the child on the scale and balance by moving the weights. Move the larger weight before moving the smaller weight.
- Record weight to nearest quarter of an ounce. Reset the scale to zero.
- Confirm measurement value (weigh a second time).



# Alaska WIC Policy

<b>Policy Title</b>	<b>WORLD HEALTH ORGANIZATION (WHO) GROWTH STANDARDS FOR INFANTS &amp; CHILDREN BIRTH TO 24 MONTHS AND CDC GROWTH CHARTS</b>	<b>Item</b>	<b>WORLD HEALTH ORGANIZATION (WHO) GROWTH STANDARDS FOR INFANTS &amp; CHILDREN BIRTH TO 24 MONTHS AND CDC GROWTH CHARTS</b>
<b>Policy Number</b>	NSS 2.3.1.3	<b>Effective Date</b>	August 15, 2013 (re-formatted)

## Purpose

To provide the Guidelines for World Health Organization (WHO) Growth Standards for Infants & Children Birth to 24 months and the CDC Growth Charts

## Authority

WIC Nutrition Risk Criteria Manual

## Policy

### Guidelines for World Health Organization (WHO) Growth Standards for Infants & Children Birth to 24 months and the CDC Growth Charts

The World Health Organization (WHO) released international growth **standards** for children age 0-5 years. The American Academy of Pediatrics (AAP), National Institutes of Health (NIH) and CDC recommends and USDA WIC accepted the National use of WHO charts from birth to 2 years and continuing use of the CDC charts from 2 years to 20 years. New cutoffs are at the 2nd and 98th percentiles on WHO growth charts. The 5th and 95th percentiles on CDC growth charts for older children continue.

The SPIRIT system was modified and added three WHO growth grids for infants and children from birth to 24-months. They are:

- 0-24 WHO Len/Age
- 0-24 WHO WT/Age
- 0-24 WHO WT/Len

When a new height/weight measurement is recorded either in the Participant Folder or during a Certification Guided Script (CGS) for an infant or child less than 24-months of age, the system calculates a weight-for-length percentile. If the calculated weight-for-length percentile is less than or equal to the 5th percentile based on the WHO growth grids, the system automatically assigns Risk Factor 103 (Underweight or At Risk of Underweight for Infants & Children).



# Alaska WIC Policy

<b>Policy Title</b>	<b>GUIDELINES FOR GROWTH CHARTS AND GESTATIONAL AGE ADJUSTMENT : FOR LBW &amp; VLBW INFANTS</b>	<b>Item</b>	<b>GUIDELINES FOR GROWTH CHARTS AND GESTATIONAL AGE ADJUSTMENT: FOR LBW &amp; VLBW INFANTS</b>
<b>Policy Number</b>	NSS 2.3.1.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide the “Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants” when plotting and assessing growth of a WIC Program, Low Birth Weight (LBW) and Very Low Birth Weight (VLBW) infant.

## Authority

WIC Nutrition Risk Criteria Manual

## Policy

### **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants**

1. All low birth weight (LBW) and very low birth weight (VLBW) infants and children (up to 2 years of age) who have reached the equivalent age of 40 weeks gestation, shall be assessed for growth using the 2000 CDC Birth to 36 Months Growth Charts, adjusting for gestational age\*.
2. No age adjustment is required for premature infants or children because the calculation is based on the weight for length percentile.
3. SPIRIT system assigns Risk Factor 121 (Short Stature or at Risk for Short Stature for Infants and Children) based on the World Health Organization International Growth Standards

Use of the growth grids in the WIC computer system is recommended. If the computer grid is used, it is not required that a paper copy of the grid be placed in the participant’s paper file.



# Alaska WIC Policy

<b>Policy Title</b>	<b>MEASURING LENGTH OF CHILDREN UNDER AGE TWO</b>	<b>Item</b>	<b>MEASURING LENGTH OF CHILDREN UNDER AGE TWO</b>
<b>Policy Number</b>	NSS 2.3.1.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the techniques that should be used when obtaining the length of a child under the age of two.

## Authority

State WIC Office

## Policy

### Measuring Length of Children Under Age Two

This procedure requires two persons:

- Remove shoes.
- One person positions the head against the headboard with child looking straight up.
- The other person then straightens the infant's legs with the toes pointing upwards and moves the heel board until it is flat against the bottom of the feet. Make sure it is against the heel. Holding the infant's legs together just above the knees and gently pushing both down against the board can help to fully extend the legs.
- Record length indicated by the foot board to nearest 1/8 inch.
- Confirm measurement value (measure a second time).



# Alaska WIC Policy

<b>Policy Title</b>	<b>WEIGHING CHILDREN AND ADULTS</b>	<b>Item</b>	<b>WEIGHING CHILDREN AND ADULTS</b>
<b>Policy Number</b>	NSS 2.3.1.5	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the techniques that should be used when obtaining the weight of a child or adult.

## Authority

State WIC Office

## Policy

### Weighing Children and Adults

- Set the scale to zero and make sure it balances. If it does not balance, the scale should be adjusted.
- Have the client remove shoes and heavy clothing. The participant should stand still over the center of the scale with body weight distributed evenly between both feet.
- Balance by moving the weight. Move the larger weight before moving the smaller weight.
- Record weight to nearest quarter of a pound, reset scale to zero.
- Confirm measurement value (weigh a second time).



# Alaska WIC Policy

<b>Policy Title</b>	<b>MEASURING HEIGHT OF CHILDREN AND ADULTS</b>	<b>Item</b>	<b>MEASURING HEIGHT OF CHILDREN AND ADULTS</b>
<b>Policy Number</b>	NSS 2.3.1.6	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the techniques that should be used when obtaining a height measurement on a child (over age two) or adult.

## Authority

State WIC Office

## Policy

### Measuring Height of Children and Adults

- Have participant remove shoes.
- Have participant stand with heels, buttocks, shoulders and head against measuring board or wall with weight distributed evenly on both feet. Arms should hang freely by the sides with the palms facing the thighs. Line of vision should be straight ahead.
- Move triangle down until it touches top of head with sufficient pressure to compress the hair. (Be sure children do not hunch down).
- Ask client take a deep breath and maintain a fully erect posture.
- Record measurements to the nearest 1/8 inch.
- Confirm measurement value (measure a second time).



# Alaska WIC Policy

<b>Policy Title</b>	<b>MEASURING HEAD CIRCUMFERENCE</b>	<b>Item</b>	<b>MEASURING HEAD CIRCUMFERENCE</b>
<b>Policy Number</b>	NSS 2.3.1.7	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the techniques that should be used when obtaining a head circumference measurement on a child.

## Authority

State WIC Office

## Policy

### Measuring Head Circumference

- Use a flexible, non stretchable measuring tape.
- Position the child standing or in a sitting position on the caregiver's lap.
- Place the lower edge of the measuring tape just above the eyebrows, above the ears and around the occipital prominence at the back of the head.
- Pull the tape snugly to compress the hair. The objective is to measure the maximal head circumference.
- Repeat the measurement twice or until two measurements agree to 0.1 cm (1/16 in.)
- Record the numerical value and plot it on the appropriate growth chart.
- If the measurement appears abnormal when plotted, check the accuracy of the plotting and recheck the measurement.



# Alaska WIC Policy

<b>Policy Title</b>	HEMATOLOGICAL TESTS	<b>Item</b>	HEMATOLOGICAL TESTS
<b>Policy Number</b>	NSS 2.4	<b>Effective Date</b>	February 3, 2014

## Purpose

To describe the requirement that a hemoglobin or hematocrit value to screen for anemia must be performed by WIC staff or obtained from the participant's health care provider.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(i)(A)
    - page 372

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(ii)(B)(1)
    - page 373

Nutrition Services Standards: Standard 7, Nutrition Assessment (October 2001, page 24)

## Policy

### Hematological Tests

Each applicant must have hemoglobin or hematocrit test to screen for anemia. These tests do not directly measure iron levels or distinguish among types of anemia. Other causes of anemia are possible, but iron deficiency anemia is by far the most common cause of anemia in children and women of childbearing age.

This test can be performed in the WIC clinic, or blood test data from another agency or health care provider may be accepted. Such data may be accepted by telephone if written data are not available at the time of certification or recertification.



# Alaska WIC Policy

The chart below shows the types of screening tests and standards for test values used to determine WIC eligibility. Standards are in g/100 ml.

Category

**Table 201 – A**

Altitude	Smoking	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Nonpreg	Nonpreg	Nonpreg	Infants	Infants	Child	Child
		Trimester	Trimester	Trimester	12 - < 15 yrs	15 - < 18 yrs	≥ 18 yrs	0 - < 6 mo	6 - < 12 mo	1 - < 2 yrs	2 - < 5 yrs
No altitude adjustment	Nonsmokers	Hct < 33.0	Hct < 32.0	Hct < 33.0	Hct < 35.7	Hct < 35.9	Hct < 35.7		Hct < 33.0	Hct < 32.9	Hct < 33.0
	Up to < 1 pack/day	34.0	33.0	34.0	36.7	36.9	36.7				
	1 - 2 packs/day	34.5	33.5	34.5	37.2	37.4	37.2				
	> 2 packs/day	35.0	34.0	35.0	37.7	37.9	37.7				

Category

**Table 201 – B**

Altitude	Smoking	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Nonpreg	Nonpreg	Nonpreg	Infants	Infants	Child	Child
		Trimester	Trimester	Trimester	12 - < 15 yrs	15 - < 18 yrs	≥ 18 yrs	0 - < 6 mo	6 - < 12 mo	1 - < 2 yrs	2 - < 5 yrs
No altitude adjustment	Nonsmokers	Hgb < 11.0	Hgb < 10.5	Hgb < 11.0	Hgb < 11.8	Hgb < 12.0	Hgb < 12.0		Hgb < 11.0	Hgb < 11.0	Hgb < 11.1
	Up to < 1 pack/day	11.3	10.8	11.3	12.1	12.3	12.3				
	1 - 2 packs/day	11.5	11.0	11.5	12.3	12.5	12.5				
	> 2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7				

SPiRiT will automatically calculate a woman’s anemia risk taking into consideration her smoking amount. Please see Nutrition Risk Factor 201 in the WIC Nutrition Risk Criteria Manual at

[http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/Manuals/risk-codes/201\\_Low%20Hematocrit\\_Low%20Hemoglobin\\_2001.04.pdf](http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/Manuals/risk-codes/201_Low%20Hematocrit_Low%20Hemoglobin_2001.04.pdf)

A hemoglobin result of < 9.0g or a hematocrit of < 30% for all participants and age categories is considered high risk and should be referred to the nutritionist.

1. Each local agency performing hemoglobin testing is advised to have a written policy which establishes the critical range of hemoglobin results at that local agency. A critical range is defined as a hemoglobin level that presents an immediate potential health threat and must be referred to a physician or other qualified health care provider.
2. Each site is advised to have a written policy for physician referral of client conditions which fall outside normal limits. This policy should include steps which must be taken to refer client to their primary care provider when results fall below the critical value for hemoglobin.

When a participant has a critically low Hgb result (as defined by local agency) require retesting.

1. To verify that the first result is accurate, perform a repeat hemoglobin test immediately on a different site, preferably a different finger. “Milking” a participant’s finger to



## Alaska WIC Policy

“squeeze” out more blood to fill the cuvette is not advised as this dilutes the blood by increasing the flow of blood plasma.

2. Be sure that cuvette is full, that it was filled from one drop, and that there is no air bubble in the cuvette. Low Hgb results are often the result of a cuvette that is not full, or that has been partially filled and then had additional blood added to it. Both of these practices result in a potentially false low Hgb value.
3. If the repeat test is also low, document in the client’s chart.
4. Critically low readings that persist after the second test should be referred to the client’s provider for needed follow up. Referrals need to be documented in the participant file.
5. Participants with a Hgb below 9g are required to be retested in 6 months.



# Alaska WIC Policy

<b>Policy Title</b>	<b>IRON DEFICIENCY ANEMIA</b>	<b>Item</b>	<b>IRON DEFICIENCY ANEMIA</b>
<b>Policy Number</b>	NSS 2.4.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To list some of the causes of iron deficiency anemia.

## Authority

State WIC Office

## Policy

### Iron Deficiency Anemia

The most common nutrition-related anemia is iron deficiency anemia, which may be caused by:

- A diet low in iron
- Insufficient assimilation of iron from the diet
- Increased requirements due to growth or pregnancy
- Blood loss

The rate of iron deficiency anemia among children in Alaska, particularly among Native children, has been found to be about double the national average. Iron deficiency anemia in children has been linked with growth retardation, and deficits in development and cognitive function.



# Alaska WIC Policy

<b>Policy Title</b>	<b>BLOOD TEST DATES</b>	<b>Item</b>	<b>BLOOD TEST DATES: DEFERRING BLOOD TESTS 90 DAYS: BLOOD TESTS BY OTHER PROVIDERS</b>
<b>Policy Number</b>	NSS 2.4.2	<b>Effective Date</b>	January 29, 2014

## Purpose

To describe the requirement that a hemoglobin or hematocrit must be obtained to screen for anemia.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(i)(A) and 246.7(e)(1)(ii)(B)
    - page 372-373

## Policy

### Blood Test Dates

Local Agencies may accept blood test data that are no older than 90 days prior to WIC certification.

In rural Alaska, where health care services may be intermittent, the blood test requirement can be a barrier to access to WIC services.

### Deferring Blood Tests for 90 Days

Local Agencies may defer the collection of blood test data for up to 90 days after the date of certification, but the applicant must have at least one other qualifying nutritional risk factor at the time of certification. If the collection of blood test data is deferred, Local Agencies must ensure that the data is obtained within the 90 day period. This can be done by sending reminders and/or placing these participants on monthly warrant pickup.

The State WIC Office may disallow the option to defer the collection of blood work data for those Local Agencies that exhibit poor performance in obtaining the required data. (Poor performance would include, for example, a management evaluation indicating that blood test data for participants are not collected within 90 days after certification.)

### Blood Tests by Other Providers

Local Agencies are encouraged to work with pediatricians, family practice physicians and other health care providers concerning collection of blood test data. Not only will this eliminate the need to subject participants to unnecessary finger pricks to obtain hemoglobin measurements but it will also mean that Local Agency staff will not have to duplicate this effort. To facilitate the



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exchange of information between WIC and other providers, a WIC Referral Request form or application should be used by providers to record hemoglobin, and anthropometric data.

Blood test data are necessary and important in fully assessing nutritional risk, providing nutrition education, tailoring WIC food packages, and targeting WIC benefits to those at greatest risk. Skillful management of referral blood test data for WIC eligibility determination can result in effective coordination of services, minimize potentially repetitive and invasive blood test procedures, and reduce cost and participant inconvenience.

Local Agencies should use good professional judgment as to whether to use data from earlier tests without a recheck of abnormal blood test results, for more critical situations, on a case-by-case basis, in order to provide adequate follow-up services.

**WIC Referral Request Form**



Referring Professional: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant is:    Pregnant    Breastfeeding    Postpartum

Infant (0-12 months)                    Child (1-5 years)

\_\_\_\_\_Weight    \_\_\_\_\_Height    \_\_\_\_\_Hgb./Hct.    \_\_\_\_\_Date Taken

Reason(s) for referral (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Anemia                   | <input type="checkbox"/> Inappropriate Foods for Age         |
| <input type="checkbox"/> Breastfeeding            | <input type="checkbox"/> Low Birth Weight/Prematurity        |
| <input type="checkbox"/> Chronic Disease          | <input type="checkbox"/> Nutrition Related Medical Condition |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Poor Eating Habits                  |
| <input type="checkbox"/> Feeding Problems         | <input type="checkbox"/> Poor Prior Pregnancy Outcome        |
| <input type="checkbox"/> Formula Feeding Problems | <input type="checkbox"/> Pregnancy Difficulties              |
| <input type="checkbox"/> Gaining Too Much Weight  | <input type="checkbox"/> Short Stature Height/Age            |
| <input type="checkbox"/> Homeless                 | <input type="checkbox"/> Teenage Pregnancy                   |
| <input type="checkbox"/> Inadequate Weight Gain   | <input type="checkbox"/> Other _____                         |

**BRIEF DESCRIPTION OF REFERRAL REASON(S):**

Signature \_\_\_\_\_ Date \_\_\_\_\_

The WIC program can help stretch hard earned dollars while improving the health of families.

*"This institution is an Equal Opportunity Provider"*



# Alaska WIC Policy

<b>Policy Title</b>	<b>UNIVERSAL PRECAUTIONS</b>	<b>Item</b>	<b>UNIVERSAL PRECAUTIONS</b>
<b>Policy Number</b>	NSS 2.4.3	<b>Effective Date</b>	November 13, 2013

## Purpose

To provide guidelines for performing safe finger and heel sticks by following universal precautions.

## Authority

State of Alaska WIC Policy and Procedure Manual

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/administration/adminpandp-manuals.aspx> ;

Centers for Disease Control and Prevention, Universal Precautions for Preventing Bloodborne Infections

<http://www.cdc.gov/niosh/topics/bbp/universal.html>

## Policy

### Universal Precautions

All Local Agency workers should use universal precautions and prevent injuries caused by needles when doing collection of blood for hemoglobin or hematocrit tests.

Gloves should be worn:

- Use gloves for performing finger and/or heel sticks.
- Use gloves for performing hemoglobin test or when the health care worker has cuts, scratches, or other breaks in his/her skin.
- Use gloves in situations where the health care worker judges that hand contamination with feces, urine, or blood may occur, e.g., when performing hemoglobin test on an uncooperative participant.
- Use gloves when persons are receiving training in performing finger and/or heel sticks.
- Use gloves for handling items or surfaces soiled with blood or body fluids to which universal precautions apply.

Gloves should be changed after contact with each participant. Hands and other skin surfaces should be washed immediately or as soon as participant safety permits if contaminated with blood or body fluids requiring universal precautions. Hands should be washed immediately after gloves are removed. If hand washing is not convenient, use of antibacterial hand gel may be substituted until hand washing is done.

Use of gloves should reduce the incidence of the spread of blood pathogens but they cannot prevent penetrating injuries caused by sharp instruments. .

All health care workers should take precautions to prevent injuries caused by lancets. To prevent injuries, lancets should not be recapped by hand, purposely bent or broken by hand, or otherwise



## **Alaska WIC Policy**

manipulated by hand. After they are used, lancets, should be placed in puncture-resistant containers. The puncture-resistant containers should be located as close as practical to the area where the procedure is performed. Containers should be disposed properly once full.

Universal precautions do not apply to human breast milk.

For more information on Universal Precautions:  
<http://www.cdc.gov/niosh/topics/bbp/universal.html>



# Alaska WIC Policy

<b>Policy Title</b>	<b>BLOOD TEST REQUIREMENTS FOR WIC CERTIFICATION</b>	<b>Item</b>	<b>BLOOD TEST REQUIREMENTS FOR WIC CERTIFICATION</b>
<b>Policy Number</b>	NSS 2.4.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide the WIC Program Anemia Screening Schedule, which lists the frequency for which a hemoglobin or hematocrit is required.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(i)(A) and 246.7(e)(1)(i)(B)(1-3)
    - page 372-373

## Policy

### Blood Test Requirements for WIC Certification

<b>Category</b>	<b>Anemia Screening Schedule</b>
Women: Pregnant Postpartum Breastfeeding	During their current pregnancy After the termination of their pregnancy After the termination of their pregnancy <sup>1</sup>
Infants Children	Once between the ages of 9-12 months <sup>2</sup> Once between the ages of 12-24 months <sup>3</sup> (one blood test at or before 12 months <u>cannot</u> fulfill the requirements for the infant and the 12-24 month child screening) Annually between the ages of 24-60 months <sup>4</sup>

<sup>1</sup>For breastfeeding women 6-12 months postpartum, no additional blood test is necessary if a blood test was obtained after the termination of pregnancy.

<sup>2</sup>A blood test taken between 6-9 months of age can be used to meet this screening requirement.

<sup>3</sup>A blood test is recommended 6 months after the infant test, at around 15 to 18 months of age.

<sup>4</sup>Children ages 24-60 months with a positive anemia screening result require a follow-up blood test at 6-month intervals.



# Alaska WIC Policy

<b>Policy Title</b>	<b>EXCEPTION TO BLOOD TEST REQUIREMENTS</b>	<b>Item</b>	<b>EXCEPTION TO BLOOD TEST REQUIREMENTS</b>
<b>Policy Number</b>	NSS 2.4.5	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To list the allowed exceptions that permit WIC staff to forgo obtaining the usually required hemoglobin or hematocrit for a WIC participant.

## Authority

State WIC Office (regarding religion or medical condition)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(i)(A) and 246.7(e)(1)(i)(B)(1-3)
    - page 372-373

## Policy

### Exceptions to the Blood Test Requirement

Exceptions to the blood test requirement rule are:

- Infants under six months of age.
- Children whose hemoglobin or hematocrit tested normal within their last certification period. However, the blood test must be performed on such children at least once every 12 months.
- Applicants whose religious beliefs do not allow them to have blood drawn. A statement noting the applicant’s refusal to have the blood test must be included in the applicant’s file.
- Applicants with a medical condition such as hemophilia or a serious skin disease for whom the blood test could be harmful to the applicant. A health care provider’s documentation of the medical condition must be included in the applicant’s file.

If a medical condition precludes hematological testing, Local Agencies should attempt to obtain information on possible anemia from the applicant’s health care provider. These attempts should be documented in the applicant’s file. If attempts to obtain this information are unsuccessful, the applicant may be certified based on other nutritional risk criteria. If the noted condition is considered treatable, such as a serious skin disease, a new statement from the health care provider is required for each subsequent certification. If the condition is considered “lifelong”, such as hemophilia, a new statement for each certification is not necessary.



# Alaska WIC Policy

<b>Policy Title</b>	REFUSAL OF BLOOD TESTS	<b>Item</b>	REFUSAL OF BLOOD TESTS
<b>Policy Number</b>	NSS 2.4.6	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To inform Local Agency WIC staff that a WIC participant who refuses to have a hemoglobin or hematocrit, except when the allowed exceptions are met, may not be certified for WIC.

## Authority

State WIC Office

## Policy

### Refusal of Blood Tests

If an applicant or applicant's parent or guardian refuses to have a blood test done, and the refusal is not based on medical or religious grounds, the applicant cannot be certified for WIC, even if the certification would have been based on a risk factor other than anemia. This does not apply to infants under six months of age, or children who are not due for a blood test because their hemoglobin or hematocrit tested normal within their last certification. However, such children will be required to have a blood test when they are recertified, unless it is precluded based on medical or religious grounds.



# Alaska WIC Policy

<b>Policy Title</b>	<b>BLOOD WORK REQUIREMENTS FOR CHILDREN</b>	<b>Item</b>	<b>BLOOD WORK REQUIREMENTS FOR CHILDREN</b>
<b>Policy Number</b>	NSS 2.4.7	<b>Effective Date</b>	January 29, 2014

## Purpose

To provide guidelines for obtaining a hemoglobin or hematocrit on children whose previous measurement was within the normal range.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(i)(A)
    - page 372

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(ii)(B)(1)
    - page 373

## Policy

### Blood Work Requirements for Children

A blood test must be performed on children at least once every 12 months. Anthropometric and hematological test data obtained from tests conducted not more than 90 days prior to certification for WIC Program participation may be used to determine program eligibility.

With one year certifications, children must have their Hgb checked at each certification.

Consider the case of a child who was initially certified in January 2013 using blood test data from October 2012 that was normal (i.e., data obtained within the mandatory 90-day timeframe). When this same child is recertified in January 2014 for another 12 month period, a blood test is required even if the blood values were within the normal limit for the January 2013 certification. This is because a blood test is required to be performed at least every 12 months.

If the blood test result used to certify the child shows a positive screening for anemia, a follow up Hgb test is required in 6 months.



# Alaska WIC Policy

<b>Policy Title</b>	DIETARY ASSESSMENT	<b>Item</b>	DIETARY ASSESSMENT
<b>Policy Number</b>	NSS 2.5	<b>Effective Date</b>	March 4, 2013

## Purpose

To provide the method Local Agency WIC staff should use when completing a dietary assessment for a WIC participant.

## Authority

WIC Nutrition WIC Criteria Manual

State WIC Office based on:

Nutrition Services Standards: Standard 7(A-B), Nutrition Assessment (October 2001, page 23)

## Policy

### Dietary Assessment

WIC Nutrition Risk Criteria Manual is available at:

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/administration/risk-codes-manual.aspx>

Local Agencies are required to assess and document dietary intake for all applicants, using the revised WIC application tools for all client types

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/localagencies/laforms.aspx>

(Scroll to Other Clinic Forms-WIC Applications.)

The WIC applications include questions addressing Nutrition assessment, incorporate Health Outcome Based approaches and current nutrition risk criteria.

Local agencies shall conduct a dietary assessment for each client, and use the Alaska & USDA Nutrition Risk Manual to assign risk factors as specified by the CPA assessment. Appropriate use of individual risk factors are described here

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/administration/risk-codes-manual.aspx> .



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION RELATED MEDICAL CONDITIONS</b>	<b>Item</b>	<b>NUTRITION RELATED MEDICAL CONDITIONS</b>
<b>Policy Number</b>	NSS 2.6	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the requirement that every WIC participant must be screened for medical conditions and diseases impacted by nutritional status.

## Authority

Nutrition Services Standards: Standard 7(E), Nutrition Assessment (October 2001, page 25)

## Policy

### Nutrition Related Medical Conditions

Each applicant must be screened for medical conditions and diseases impacted by nutritional status, based on an assessment of current and historical health provided on the WIC application form. Risk conditions that are not visible or documented will not be used as eligible risk factors unless confirmed verbally or in writing by a health care provider. This means, for example, that a condition such as diabetes or a respiratory disease would have to be documented in writing or by telephone.



# Alaska WIC Policy

<b>Policy Title</b>	<b>PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN</b>	<b>Item</b>	<b>PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN</b>
<b>Policy Number</b>	NSS 2.7	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To define the term “presumptive eligibility” for pregnant women (on Medicaid); and the conditions in which a pregnant woman’s certification may be competed pending a full nutrition risk assessment.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(1)(v)
    - page 373

## Policy

### Presumptive Eligibility for Pregnant Women

A pregnant woman who is certified for Medicaid is presumptively eligible to participate in WIC. She may be certified immediately without waiting until a nutritional risk determination is made. A nutritional risk assessment must be completed not later than 60 days after the woman is certified for participation. However, it is important to perform the dietary risk assessment before or as soon as possible after the presumptively eligible pregnant woman begins receiving WIC benefits. The longer it takes to complete the assessment, the more likely it is that a woman who would have been eligible for program benefits due to inadequate diet will not be eligible because dietary inadequacies were eliminated through the woman’s participation in the program.



# Alaska WIC Policy

<b>Policy Title</b>	<b>COMPUTER SYSTEM RISK CODE SUMMARY</b>	<b>Item</b>	<b>COMPUTER SYSTEM RISK CODE SUMMARY</b>
<b>Policy Number</b>	NSS 2.8	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide a summary of the allowed risk codes that are to be used in the Alaska WIC Computer system (Risk Criteria Index: Allowed Nutrition Risks).

## Authority

WIC Nutrition Risk Criteria Manual

## Policy

### Computer System Risk Code Summary

The following numerical codes are used for recording risks in the WIC computer system.

Risk codes must be individually assigned by the CPA at the time of certification, and must be manually entered into the participant's computer record.

**RISK CRITERIA INDEX:  
ALLOWED NUTRITION RISKS  
Revised June, 2013  
Implementation July 1, 2013**

**ANTHROPOMETRIC**

**101 Low Weight for Height**

- 101 Underweight Women (PG- Prepregnancy BMI <19.8; BF/NBF: Current BMI <18.5)
- 103 Underweight or At Risk of Becoming Underweight Infants/Children (**I/C < 24 months, H ≤ 2.3%, C 2-5 years, H ≤ 5%**)

**110 High Weight for Height**

- 111 Overweight Women (PG-Prepregnancy BMI ≥26.1: BF:<6 mos Pregreg BMI ≥25; ≥6 mos Current BMI ≥25 NBF: Prepregnancy BMI ≥25)
- 113 Obese Children ≥ 24 mos. to 5 yrs ≥95<sup>th</sup>% BMI or wt/stature
- 114 Overweight or At Risk of Becoming Overweight Infant/Children
- 115 High Weight for Length (Infants & Children <24 months)

**120 Short Stature**

- 121 Short Stature or At Risk ≤ 10<sup>th</sup>% length/age or ht/age (I/C)

**130 Inappropriate Growth/Weight Gain Pattern**

- 131 Low Maternal Weight Gain (PG, **H**)
- 132 Maternal Weight Loss During Pregnancy (PG)
- 133 High Maternal Weight Gain (PG/BF/NBF)
- 134 Failure to Thrive (**I/C, H**)
- 135 Inadequate Growth (I/C)

**140 Low Birth Weight/Premature Birth**

- 141 Low Birth Weight and Very Low Birth Weight ≤5#8 oz (**I/C < 24 mos., H I < 5#**)
- 142 Prematurity Infant born ≤37 wks (**I/C < 24 months, H**)

**150 Other Anthropometric Risk**

- 151 Small for Gestational Age (**I/C < 2 yrs., H- I**)
- 152 Low Head Circumference <5<sup>th</sup> % (NCHS/CDC)
- 153 Large for Gestational Age (I) BW ≥9# or ≥4000 g

**BIOCHEMICAL**

**200 Hematocrit or Hemoglobin Below State Criteria**

- 201 Low Hematocrit/Low Hemoglobin (All Cat, **H** Hgb < 9 gms/dl or Hct < 30%)

**210 Other Biochemical Test Results Which Indicate Nutritional Abnormality**

- 211 Elevated Blood Lead Levels (All Cat, **H**)

**CLINICAL/HEALTH/MEDICAL**

**300 Pregnancy-Induced Conditions**

- 301 Hyperemesis Gravidarum (PG)
- 302 Gestational Diabetes (PG, **H**)
- 303 History of Gestational Diabetes (PG) (BF/NBF- most recent pregnancy)

304 History of Preeclampsia

**310 Delivery of Low-Birthweight/Premature Infant**

- 311 History of Preterm Delivery ( $\leq 37$  wks) (PG- any pregnancy) (BF/NBF- most recent pregnancy)
- 312 History of Low Birthweight (PG- any pregnancy) (BF/NBF- most recent pregnancy)

**320 Prior Stillbirth, Fetal, or Neonatal Death**

- 321 History of Spontaneous Abortion, Fetal or Neonatal Loss (PG- any pregnancy) (BF- most recent pregnancy w/ $\geq 1$  infant still living) (NBF-most recent pregnancy)

**330 General Obstetrical Risks**

- 331 Pregnancy at a Young Age (PG/BF/NBF, **H** age  $\leq 15$  PG/BF)
- 332 Closely Spaced Pregnancies (PG/BF/NBF)
- 333 High Parity and Young Age (PG/BF/NBF)
- 334 Lack of or Inadequate Prenatal Care (PG)
- 335 Multifetal Gestation (PG/BF/NBF, **H** PG/BF)
- 336 Fetal Growth Restriction (PG, **H**)
- 337 History of Birth of a Large for Gestational Age Infant (PG/BF/NBF) (BW $\geq 9$ #)
- 338 Pregnant Woman Currently Breastfeeding (PG)
- 339 History Birth with Nutrition Related Congenital or Birth Defect (PG/BF/NBF)

**340 Nutrition-Related Risk Conditions (e.g. Chronic Disease, Genetic Disorder, Infection)**

- 341 Nutrient Deficiency Diseases (H- All Cat)
- 342 Gastro-Intestinal Disorders (H- All Cat)
- 343 Diabetes Mellitus (H- All Cat)
- 344 Thyroid Disorders (H – All Cat)
- 345 Hypertension (Includes Chronic and Pregnancy Induced) (**H**- All Cat)
- 346 Renal Disease, excluding UTI (H- All Cat)
- 347 Cancer (H- All Cat)
- 348 Central Nervous System Disorders (H- All Cat)
- 349 Genetic and Congenital Disorders (H- All Cat)
- 351 Inborn Errors of Metabolism (**H**- All Cat)
- 352 Infectious Diseases (H- All Cat)
- 353 Food Allergies (**H**- All Cat)
- 354 Celiac Disease (**H**- All Cat)
- 355 Lactose Intolerance (All Cat)
- 356 Hypoglycemia (H- All Cat)
- 357 Drug-Nutrient Interactions (H- All Cat)
- 358 Eating Disorders (PG/BF/NBF, H)
- 359 Recent Major Surgery, Trauma, Burns (H- All Cat)
- 360 Other Medical Conditions (**H**- All Cat)
- 361 Depression (PG/BF/NBF/C)
- 362 Dev/Sensory/Motor Disabilities Interfering with Ability to Eat (All Cat, **H**)
- 363 Pre-Diabetes

**370 Substance Abuse (Drugs, Alcohol, Tobacco)**

- 371 Maternal Smoking (PG/BF/NBF)
- 372 Alcohol and Illegal Drug Use (PG/BF/NBF, **H**)

**380      Other Health Risks**

- 381    Dental Problems (All Cat)
- 382    Fetal Alcohol Syndrome (I/C, H)

**DIETARY**

**400      Failure to Meet Dietary Guidelines for Americans**

- 401    Failure to Meet Dietary Guidelines for Americans

**410      Inappropriate Nutrition Practices**

**411      Inappropriate Nutrition Practices for Infants**

- 411.1    Inappropriate breast milk/iron fortified formula substitute
- 411.2    Inappropriate use of nursing bottles or cups
- 411.3    Routinely offering complementary foods (any foods or beverages other than breast milk or infant formula)
- 411.4    Feeding practices not supporting infant development
- 411.5    Feeding potentially harmful foods
- 411.6    Inappropriate dilution of infant formula
- 411.7    Limiting the frequency of nursing when solely breastfeeding infants
- 411.8    Diet low in essential nutrients
- 411.9    Lack of sanitation
- 411.10    Excess vitamins, minerals or herbs
- 411.11    Inadequate dietary supplement recognized as essential by national public health policy

**425      Inappropriate Nutrition Practices for Children**

- 425.1    Routine feeding inappropriate beverages as the primary milk source
- 425.2    Routine 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 and do not support child development
- 425.5    Feeding potential harmful foods
- 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
- 425.9    Pica

**427      Inappropriate Nutrition Practices for Women**

- 427.1    Consuming excess dietary supplements with potentially harmful consequences
- 427.2    Consuming a diet very low in calories and/or essential nutrients
- 427.3    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

**428      Dietary Risk Associated with Complementary Feeding Practices**

**OTHER RISKS**

**500      Regression/Transfer/Presumptive Eligibility**

- 501 Possibility of Regression\* (BF/NBF/I/C)
- 502 Transfer of Certification (All Cat)
- 503 Presumptive Eligibility for Pregnant Women (PG)

**600**     **Breastfeeding Mother/Infant Dyad**

- 601 Breastfeeding Mother of Infant at Nutritional Risk (BF)
- 602 Breastfeeding Complications (Women) (BF, H)
- 603 Breastfeeding Complications (Infants) (I, H)

**700**     **Infant of WIC Eligible Mother or Mother at Risk During Pregnancy**

- 701 Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy (I)
- 702 Breastfeeding Infant of Woman at Nutritional Risk (I)
- 703 Infant Born of Woman with Mental Retardation, Alcohol, or Drug Abuse During Most Recent Pregnancy (I)

**800**     **Homelessness/Migrancy**

- 801 Homelessness (All Cat)
- 802 Migrancy (All Cat)

**900**     **Other Nutritional Risks**

- 901 Recipient of Abuse (All Cat)
- 902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food (All Cat)
- 903 Foster Care (All Cat)
- 904 Environmental Tobacco Smoke Exposure (Passive, Second Hand or Involuntary Smoke) (All Cat)

Abbreviations:

**PG** is Pregnant, **BF** Breastfeeding, **NBF** Non-Breastfeeding, **I** infant, **C** Child, **All Cat** All Categories, **H** High Risk

\*Applicants shall not be certified for regression for consecutive certification periods. In certifying participants for regression and assigning a priority category, the nutrition risk criterion of the participant during the previous certification period must be appropriate for the category of the participant for the subsequent certification. For instance, a postpartum woman should not be certified based on the possibility of regression to hyperemesis gravidum, since this condition is unique to pregnancy and cannot occur postpartum.



# Alaska WIC Policy

<b>Policy Title</b>	<b>PRIORITY GROUP ASSIGNMENTS WITH NUTRITIONAL RISK</b>	<b>Item</b>	<b>PRIORITY GROUP ASSIGNMENTS WITH NUTRITIONAL RISK</b>
<b>Policy Number</b>	NSS 2.9	<b>Effective Date</b>	March 6, 2013

## Purpose

To provide a summary of the priority codes used in Alaska WIC Computer system, by risk and client type.

## Authority

WIC Nutrition Risk Criteria Manual

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility-Certification of Participants
  - 246.7(e)(4)
    - page 374

## Policy

### Priority Group Assignments with Nutritional Risk

Each category of participant (pregnant women, breastfeeding women, infants, children, and postpartum women) is assigned to a priority group by the AK computer system after the risk(s) have been entered into the system for the participant.

The ranking of the priority system is based on the severity of nutritional and/or medical risks. Priority I is the group of highest risk; Priority VII is the group of lowest risk. The nutritional and medical risks, with the computer system risk code numbers, are listed below for each participation category and priority group. Each category of participant does not necessarily contain all priority groups.

The risk codes which are in bold print font are designated as High Risk. There is a table summarizing Alaska WIC high risk codes in the “High Risk Criteria and Risk Codes” policy.

Priorities by Risk Factor & Participant Categories Table

Alaska WIC							
Priorities by Risk Factors and Participants' Categories							
<i>Priority I</i>	<i>Categories</i>						
	<b>RF#</b>	<b>Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>	<b>NBF</b>
	101	Underweight Women	X	X			
	103	Underweight or At Risk of Becoming Underweight			H		
	111	Overweight Women	X	X			
	114	Overweight or at Risk for Overweight			X		
	115	High Weight for Length			X		
	121	Short Stature or At Risk of Short Stature			X		
	131	Low Maternal Weight Gain	H				
	132	Maternal Weight Loss During Pregnancy	X				
	133	High Maternal Weight Gain	X	X			
	134	Failure to Thrive			H		
	135	Inadequate Growth			X		
	141	Low Birth Weight and Very Low Birth Weight			H		
	142	Prematurity (<37 weeks gestation) 1 <sup>st</sup> year of life			H		
	151	Small for Gestational Age			H		
	152	Low Head Circumference			X		
	153	Large for Gestational Age			X		
	201	Low Hematocrit/Low Hemoglobin (Hgb < 9 gms/dl or Hct <30%)	H	H	H		
	211	Elevated Blood Lead Levels	X	X	X		
	301	Hyperemesis Gravidarum	X				
	302	Gestational Diabetes	H				
	303	History of Gestational Diabetes	X	X			
	304	History of Preeclampsia	X	X			
	311	History of Preterm Delivery	X	X			
	312	History of Low Birth Weight	X	X			
	321	History of Spontaneous Abortion, Fetal or Neonatal Loss	X	X			
	331	Pregnancy at a Young Age (< 15 years, PG/BF)	H	H			
	332	Closely Spaced Pregnancies	X	X			
	333	High Parity and Young Age	X	X			
	334	Lack of or Inadequate Prenatal Care	X				
	335	Multifetal Gestation	H	H			
	336	Fetal Growth Restriction	X				
	337	History of Birth of a Large for Gestational Age Infant	X	X			
	338	Pregnant Woman Currently Breastfeeding	X				

	339	History of Birth with Nutrition Related Congenital or Birth Defect	X	X			
	341	Nutrient Deficiency	X	X	X		
	342	Gastro Intestinal Disorders	X	X	X		
	343	Diabetes Mellitus	X	X	X		
	344	Thyroid Disorders	X	X	X		
	345	Hypertension	H	H	H		
	346	Renal Disease (excluding UTI)	X	X	X		
	347	Cancer	X	X	X		
	348	Central Nervous System Disorders	X	X	X		
	349	Genetic and Congenital Disorders	X	X	X		
	351	Inborn Errors of Metabolism	H	H	H		
	352	Infectious Diseases	X	X	X		
	353	Food Allergies (HR up to 1 yr of certification)	H	H	H		
	354	Celiac Disease	H	H	H		
	355	Lactose Intolerance	X	X	X		
	356	Nutrition Related Risk Conditions	X	X	X		
	357	Drug-Nutrient Interactions	X	X	X		
	358	Eating Disorders	X	X			
	359	Recent Major Surgery, Trauma, Burns	X	X	X		
	360	Other Medical Conditions	H	H	H		
	361	Depression	X	X			
	362	Developmental, Sensory or Motor Disabilities with the Ability to Eat (HR up to 1 yr of certification)	H	H	H		
	363	Pre-Diabetes		X			
	371	Maternal Smoking	X	X			
	372	Alcohol and Illegal Drug Use	X	X			
	381	Dental Problems	X	X	X		
	382	Fetal Alcohol Syndrome (HR up to 1 yr of certification)			H		
	601	Breastfeeding Mother of Infant at Nutritional Risk		<sup>1</sup> X			
	602	Breastfeeding Complications (Woman)		H			
	603	Breastfeeding Complications for Breastfed Infant			H		
	702	Breastfeeding Infant of Woman at Nutritional Risk			<sup>11</sup> X		
	703	Infant Born of Woman w/ Mental Retardation/Alcohol/ Drug Abuse During Most Recent Pregnancy			X		
	<b>904</b>	<b>Environmental Tobacco Smoke Exposure (Second Hand or involuntary)</b>	<b>X</b>	<b>X</b>	<b>X</b>		

<b>II</b>	<b>RF#</b>	<b>Priority II Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>	<b>NBF</b>
	601	Breastfeeding Mother of Infant at Nutritional Risk		<sup>iii</sup> X			
	701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy			X		
	702	Breastfeeding Infant of Woman at Nutritional Risk			<sup>iv</sup> X		

<b>Priority</b>	<b>Priority III</b>	<b>Categories</b>					
<b>RF#</b>	<b>Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>	<b>NBF</b>	
101	Underweight Women					<sup>v</sup> X	
103	Underweight or At Risk of Becoming Underweight				<b>H</b>		
111	Overweight Women					<sup>vi</sup> X	
113	Obese Children 2-5 years				X		
114	Overweight or At Risk of Overweight				X		
115	High Weight for Length				X		
121	Short Stature or At Risk of Short Stature				X		
133	High Maternal Weight Gain					<sup>vii</sup> X	
134	Failure to Thrive				<b>H</b>		
135	Inadequate Growth				X		
141	Low Birth Weight and Very Low Birth Weight <24 mos				X		
142	Prematurity <24 mos				X		
151	Small for Gestational Age <24 mos				X		
201	Low Hematocrit/Low Hemoglobin (Hgb < 9 gms/dl or Hct <30%)				<b>H</b>	<sup>viii</sup> <b>H</b>	
211	Elevated Blood Lead Levels				X	<sup>ix</sup> X	
303	History of Gestational Diabetes					<sup>x</sup> X	
311	History of Preterm Delivery					<sup>xi</sup> X	
312	History of Low Birth Weight					<sup>xii</sup> X	
321	History of Spontaneous Abortion, Fetal or Neonatal Loss					<sup>xiii</sup> X	
331	Pregnancy at a Young Age					<sup>xiv</sup> X	
332	Closely Spaced Pregnancies					<sup>xv</sup> X	
333	High Parity and Young Age					<sup>xvi</sup> X	
335	Multifetal Gestation					<sup>xvii</sup> X	
337	History of Birth of a Large for Gestational Age Infant					<sup>xviii</sup> X	
339	History of Birth with Nutrition Related Congenital or Birth Defect					<sup>xix</sup> X	
341	Nutrient Deficiency				X	<sup>xx</sup> X	
342	Gastro Intestinal Disorders				X	<sup>xxi</sup> X	
343	Diabetes Mellitus				X	<sup>xxii</sup> X	

	344	Thyroid Disorders				X	xxiii	X
	345	Hypertension				H	xxiv	H
	346	Renal Disease (excluding UTI)				X	xxv	X
	347	Cancer				X	xxvi	X
	348	Central Nervous System Disorders				X	xxvii	X
	349	Genetic and Congenital Disorders				X	xxviii	X
	351	Inborn Errors of Metabolism				H	xxix	H
	352	Infectious Diseases				X	xxx	X
	353	Food Allergies (HR up to 1 yr of certification)				H	xxxi	H
	354	Celiac Disease				H	xxxii	H
	355	Lactose Intolerance				X	xxxiii	X
	356	Nutrition Related Risk Conditions				X	xxxiv	X
	357	Drug-Nutrient Interactions				X	xxxv	X
	358	Eating Disorders					xxxvi	X
	359	Recent Major Surgery, Trauma, Burns				X	xxxvii	X
	360	Other Medical Conditions				X	xxxviii	X
	361	Depression				X	xxxix	X
	362	Developmental, Sensory or Motor Disabilities with the Ability to Eat				H	xl	H
	363	Pre-Diabetes						X
	371	<b>Maternal Smoking</b>					xli	X
	372	Alcohol and Illegal Drug Use						X
	381	Dental Problems				X	xliv	X
	382	Fetal Alcohol Syndrome (HR up to 1 yr of certification)				H		
	904	<b>Environmental Tobacco Smoke Exposure (Second Hand or Involuntary)</b>				X	xlvi	X
<b>IV</b>	<b>RF #</b>	<b>Priority IV Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>		<b>NBF</b>
	401	Failure to Meet <i>Dietary Guidelines for Americans</i>	X	X				
	411	Inappropriate Nutrition Practices for Infants			X			
	427	Inappropriate Nutrition Practices for Women		X				
	428	Dietary Risk Associated with Complementary Feeding Practices (4-12 months)			X			
	501	Possibility of Regression		xliv	X	xliv	X	
	503	Presumptive Eligibility for Pregnant Woman	X					
	601	Breastfeeding Mother of Infant at Nutritional Risk		xlvi	X			
	702	Breastfeeding Infant of Woman at Nutritional Risk			xlvi	X		
	801	Homeless	xlvi	X	xlvi	X		
	802	Migrant	li	X	li	X	li	X
	901	Recipient of Abuse	liv	X	lv	X	lvi	X

	902	Woman, or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	<sup>lvii</sup> X	<sup>lviii</sup> X	<sup>lix</sup> X		
	903	Foster Care	<sup>lx</sup> X	<sup>lxi</sup> X	<sup>lxii</sup> X		
<b>V</b>	<b>RF #</b>	<b>Priority V</b> <b>Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>	<b>NBF</b>
	401	Failure to Meet <i>Dietary Guidelines for Americans</i>				<b>X</b> ≥ 2	
	425	Inappropriate Nutrition Practices for Children				<b>X</b>	
	428	Dietary Risk Associated with Complementary Feeding Practices (12-23 months)				<b>X</b>	
	801	Homelessness				<sup>lxiii</sup> X	
	802	Migrant				<sup>lxiv</sup> X	
	901	Recipient of Abuse				<sup>lxv</sup> X	
	902	Woman, or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food				<sup>lxvi</sup> X	
	903	Foster Care				<sup>lxvii</sup> X	
<b>VI</b>	<b>RF #</b>	<b>Priority VI</b> <b>Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>	<b>NBF</b>
	401	Failure to Meet <i>Dietary Guidelines for Americans</i>					<b>X</b>
	427	Inappropriate Nutrition Practices for Women					<b>X</b>
	501	Possibility of Regression					<sup>lxviii</sup> X
	801	Homelessness					<sup>lxix</sup> X
	802	Migrant					<sup>lxx</sup> X
	901	Recipient of Abuse					<sup>lxxi</sup> X
	902	Woman, or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food					<sup>lxxii</sup> X
	903	Foster Care					<sup>lxxiii</sup> X
<b>VII</b>	<b>RF #</b>	<b>Priority VI</b> <b>Risk Factor Name</b>	<b>PG</b>	<b>BF</b>	<b>I</b>	<b>C</b>	<b>NBF</b>
	501	Possibility of Regression				<sup>lxxiv</sup> X	

**Categories:**

**PG:** Pregnant Woman; **BF:** Breastfeeding Woman; **I:** Infant; **C:** Child, **PP:** Postpartum Woman

**High-Risk Risk Factors:**

**H:** indicates the risk is *high-risk* for that priority and category. Refer to the USDA Risk Code pages in the *Risk Code Manual* to find the parameters used to define each high-risk designation.

**Footnotes:** signifies risks in which USDA provides a selection of Priority levels for a client type, allowing the State to designate which one will be used in the State.

**Categories:**

**PG:** Pregnant Woman; **BF:** Breastfeeding Woman; **I:** Infant; **C:** Child, **PP:** Postpartum Woman

***High-Risk Risk Factors:***

**H:** indicates the risk is *high-risk* for that priority and category. Refer to the USDA Risk Code pages in the *Risk Code Manual* to find the parameters used to define each high-risk designation.

**Endnotes:** signifies risks in which USDA provides a selection of Priority levels for a client type, allowing the State to designate which one will be used in the State. The footnotes follow at the end of the chapter.

<b>Policy Title</b>	<b>MID-CERTIFICATION ASSESSMENT</b>	<b>Item</b>	<b>MID-CERTIFICATION ASSESSMENT</b>
<b>Policy Number</b>	NSS 6	<b>Effective Date</b>	January 29, 2014

**Purpose:** To define the process of “mid-certification assessment”, which take place at the midpoint of a year-long certification.

**Authority:** State of Alaska WIC Program

**Policy:**

Infants (below the age of six months), children, and breastfeeding women receive a 12-month certification. Regulatory requirements such as anemia screening, anthropometric measurements, immunization screening, and referral services, remain unchanged with extended certification periods. WIC local agencies must provide the nutrition services the participants would receive during a shorter certification period. The intent is to ensure that there will be no decrease in health and nutrition education.. For infants, mid-certification nutrition assessment shall occur routinely between **five and seven months** of age, however, if there is a difficulty in scheduling the appointment, mid-certification nutrition assessment may be given after seven months of age.

For children from one to four years of age, and breastfeeding women, mid-certification nutrition assessment shall occur at or near the midpoint of the certification period.

A. Mid-certification assessments require collecting relevant information, including:

1. Nutrition Assessment:

- I. . Anthropometric data; - Participant height and weight measurements should be collected and an assessment of growth and weight (e.g. BMI calculations, growth chart plotting) performed.
- II. Bloodwork (as necessary)
  - i) The Centers for Disease Control (CDC) and Prevention recommends that the infant anemia screen be conducted between 9-12 months. For children over 1 year, the CDC recommends that children have a blood check 6 months after the infant test (i.e. at 15-18 months). Local agencies are expected to make every effort to collect bloodwork within the 15-18 month of age because this is the most vulnerable time for children to manifest iron deficiency anemia. If this cannot be accomplished, at least one blood test must be collected for children between 12 and 24 months (at mid-point, i.e. 18 months. This is not optional. A blood test taken at or before 12 months of age cannot fulfill the requirement for both the infant and 12-24 month screening.
  - ii) Follow up Blood Test: For children age 2-5 years, or a breastfeeding woman with a low Hgb at their last certification, a blood test is required at 6 month intervals until a normal range is documented.

### III.. Brief Update of Health and Dietary Assessment:

As promoted through VENA and PCS, this brief assessment would be the ideal time to provide follow up on the nutrition risks identified at the previous certification. An abbreviated assessment should consist of a request that the parent/caregiver reports only major changes in health status and or dietary and physical activity behaviors since the previous certification.

### IV. Immunization Screening –

For infants and children less than two years of age. WIC staff must screen the infant/child's immunization status by counting the number of DTaP (diphtheria and tetanus toxoids and a cellular pertussis) vaccine they have received relative to their age, according to the following table:

- By three months of age, the infant should have at least one dose of DTaP
- By five months of age, the infant should have at least two doses of DTaP
- By seven months of age, the infant should have at least three doses of DTaP
- By 19 months of age, the child should have at least four doses of DTaP

### 2. Nutrition Education, Breastfeeding Promotion and Support, and Referrals:

Consistent with federal WIC regulations, WIC must ensure that its role in providing nutrition education and breastfeeding promotion and support, and serving as an adjunct to good health care, are fulfilled. The most effective nutrition education contacts incorporate regular follow –up. Nutrition education contacts must be made available (scheduled) at least quarterly for participants certified longer than six months. Including referrals to other health and social services at the time of nutrition education and/or assessment maximizes WIC's nutrition services benefit to the participant. B. Document the nutrition assessment and education, including adding or removing risk factors as the current assessment warrants.



# Alaska WIC Policy

<b>Policy Title</b>	<b>HIGH RISK PARTICIPANTS</b>	<b>Item</b>	<b>HIGH RISK PARTICIPANTS</b>
<b>Policy Number</b>	NSS 2.10	<b>Effective Date</b>	July, 9, 2013

## Purpose

To define the term “high risk” and provide direction on what high risk means in relation to how to assess, certify and provide nutrition education to high risk WIC participants.

## Authority

State WIC Office defines high risk; see the WIC Nutrition Risk Criteria Manual

Nutrition Services Standards: Standard 1(C)(2)(g) and 1(E)(2)(a), Staff Qualifications, Roles, and Responsibilities and Standard 10(B)(8), Nutrition Education Contacts Evaluation (October 2001, page 13, 14, 17, and 30)

## Policy

### High Risk Participants

The series of High Risk Participants polices provide guidance and requirements on:

- Defining what high risk is
- Working with high risk participants
- Certifying high risk participants
- Providing high risk criteria and risk codes



# Alaska WIC Policy

<b>Policy Title</b>	<b>CERTIFICATION AS HIGH RISK</b>	<b>Item</b>	<b>CERTIFICATION AS HIGH RISK</b>
<b>Policy Number</b>	NSS 2.10.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To define who should be certified as high risk; requirement for high risk participants to be referred for high risk nutrition education/consultation with a Registered Dietitian and the frequency for which high risk participants must be seen.

## Authority

WIC Nutrition Risk Criteria Manual

Nutrition Services Standards: Standard 1(C)(2)(g) and 1(E)(2)(a), Staff Qualifications, Roles, and Responsibilities and Standard 10(B)(8), Nutrition Education Contacts Evaluation (October 2001, page 13, 14, 17, and 30)

## Policy

### Certification as High Risk

Participants must be certified as high risk if the assessment indicates that they are at special risk of adverse health outcome. Participants certified as high risk must be referred for high risk nutrition education/consultation.

A high risk nutritional care plan must be completed by a Registered Dietitian, or a person holding a BS, MS or PhD in the field of nutrition (Nutrition Services Standard 1. E.1.a and 1.c) before the next nutrition contact. The care plan may be developed by telephone contact with the participant for participants who receive services by mail. Local public health nurses or health aides may be helpful in establishing contacts. Each high risk participant must receive at least one high risk consultation per certification period. High risk care plans can be implemented by a CPA.



# Alaska WIC Policy

<b>Policy Title</b>	<b>WHAT IS HIGH RISK?</b>	<b>Item</b>	<b>WHAT IS HIGH RISK?</b>
<b>Policy Number</b>	NSS 2.10.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To define high risk and list some of the conditions that are deemed high risk in pregnancy and infancy.

## Authority

WIC Nutrition Risk Criteria Manual

## Policy

### What Is High Risk?

#### Pregnant Women

Pregnant women are determined high risk if their assessment indicates that they are at special risk of adverse health outcome. Pregnancy problems stem from two types of conditions: complications induced by the pregnancy itself and preexisting chronic disease in the mother.

Pregnancy induced conditions include low hematocrit/hemoglobin, pregnancy-induced hypertension (PIH) and gestational diabetes. In some cases, the normal physiologic stress of the pregnancy imposes demands on a relatively poor maternal nutritional status or on reserves that are inadequate to meet the new needs.

Preexisting disease in the mother, such as phenylketonuria (PKU), or chronic hypertension, brings risk to the pregnancy. Other preexisting maternal conditions include drug addiction, hypertension, and celiac disease.

Other high risk factors include teenage pregnancy (<15 years of age), low maternal weight gain, multifetal gestation, and food allergies.

#### Infants

The determination of high-risk infants is related to birth weight, gestational age, and weight for gestational age. The highest risk is among those weighing less than 1000 gm at birth and those born at less than 30 weeks gestation. Other risk factors include hematologic problems, pyloric stenosis, inborn errors of metabolism, fetal alcohol syndrome (FAS) or feeding problems.



# Alaska WIC Policy

<b>Policy Title</b>	<b>HIGH RISK CRITERIA AND RISK CODES</b>	<b>Item</b>	<b>HIGH RISK CRITERIA AND RISK CODES</b>
<b>Policy Number</b>	NSS 2.10.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide the list of risk codes that are considered as high risk for the State WIC Office.

## Authority

WIC Nutrition Risk Criteria Manual

## Policy

### High Risk Criteria and Risk Codes

The chart at the end of this policy shows high risk factors by participant category and AKWIC computer codes. These conditions require referral for high risk nutrition education/consultation. The consultation must take place as soon as possible but not longer than two months after certification. Referrals to other health care providers, i.e., physicians, PHNs, dentists, or health educators may be necessary as well.

High risk criteria are a state option and not a federal mandate. The WIC regulation (FR 246.7(b)) stipulates staff has to: Refer high-risk participants to other health-related and social services. WIC Nutrition Services Standards (NSS 1.E) recommends that Local Agencies have **access** to a qualified nutritionist (RD, RE eligible, or a person holding a BS, MS or PhD in the field of nutrition) to provide nutrition services to high risk participants. It also recommends that this qualified nutritionist “develop care plans for high risk participants” (NSS 1.E.2c). To read more about the NSS go to: <http://www.nal.usda.gov/wicworks/Topics/WICnutStand.pdf>.

High Risk Code Table: Alaska WIC (Revised June 2013)

<b>USDA</b>	<b>I</b>	<b>C</b>	<b>PG</b>	<b>BF</b>	<b>NBF</b>	<b>Risk Factor</b>
103	☆	☆				Underweight or at Risk for Becoming Underweight
131			☆			Low Maternal Weight Gain
134	☆	☆				Failure To Thrive
141	☆					Low Birthweight ((Birth weight <5 lbs.)
142	☆					Prematurity (< 37 weeks gestation) (1 <sup>st</sup> year of life)
151	☆					Small for gestational age
201	☆	☆	☆	☆	☆	Low Hematocrit/Low Hemoglobin (Hgb <9 gms/dl or Hct, <30%)
302			☆			Gestational Diabetes
331			☆	☆		Pregnancy at a Young Age Conception (≤ 15 years, PG/BF)
335			☆	☆		Multifetal Gestation
345	☆	☆	☆	☆	☆	Hypertension (Includes Chronic and Preg Induced)
351	☆	☆	☆	☆	☆	Inborn Errors of Metabolism
353	☆	☆	☆	☆	☆	Food Allergies (HR up to 1 year of certification)
354	☆	☆	☆	☆	☆	Celiac Disease
360	☆	☆	☆	☆	☆	Other Medical Conditions
362	☆	☆	☆	☆	☆	Developmental/ Sensory/ Motor Disabilities: Feeding Problems (HR up to 1 year of certification)
382	☆	☆				Fetal Alcohol Syndrome (FAS) (HR up to 1 year of certification)
602				☆		BF Complications or Potential Comp's (Women)
603	☆					BF Complications or Potential Comp's (Infants)



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION CARE PLANS FOR NON-HIGH RISK PARTICIPANTS</b>	<b>Item</b>	<b>NUTRITION CARE PLANS FOR NON-HIGH RISK PARTICIPANTS: CPA'S USE OF NUTRITION CARE PLANS</b>
<b>Policy Number</b>	NSS 2.10.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To explain what Alaska WIC Nutrition Care Plans are, what they are used for, and the WIC CPA's use of Nutrition Care Plans.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(e)(5)
    - page 400

Nutrition Services Standards: Standard 8(A)(3), Nutrition Education Contacts, and Standard 10(B)(4), Nutrition Education Contacts Evaluation (October 2001, page 26 and 30)

## Policy

### Nutrition Care Plans for Non-High Risk Participants

In SPIRIT a default plan for each risk factor assigned to the participant is displayed in the Plan section of the Participants SOAP note. State Program Managers are responsible for defining and managing default Risk Factor plans in the Reference Utility under Risk Factors.

The Nutrition Care Plans are nutrition education tools. They are provided to WIC CPAs to use as a general guide to provide nutrition education to WIC participants. They cover all possible identifiable USDA WIC nutrition risks; however, they are not intended to completely cover all possible participant scenarios.

Before using the Nutrition Care Plans, Paraprofessional CPA's are trained to identify nutritional risk conditions and criteria that are allowable risk factors for WIC eligibility; to understand the number system used to identify the USDA risk factors; to identify risk factors on the WIC certification form; to identify nutritional risk factors for WIC participants according to the USDA Nutrition Risk Manual; to understand how to use the Nutrition Care Plan Manual to provide nutrition counseling to WIC Participants. Finally, CPAs are trained to identify which risk factors are "high risk" and should be referred to a dietitian.



## Alaska WIC Policy

### **CPA's Use of Nutrition Care Plans**

CPA's are trained by the University of Alaska Anchorage CPA training program. For more information on this training program go to <http://wictraining.uaa.alaska.edu/index.htm>. This site will provide basic information on the program, applications and other documents.

CPA's who are Physicians, Nutritionists, Registered Dietitians, Registered Nurses, or Physician's Assistants may utilize the Nutrition Care Plans as a guide in developing or adapting individual care plans for non-high risk and high-risk participants.

CPAs using the Nutrition Care Plans need to assess the participant's area of concern as well as their readiness to learn. It is suggested that the Nutrition Care Plans are used in conjunction with appropriate basic counseling strategies.

The Nutrition Care Plans are available as a printed manual or from the Alaska WIC web site <http://dhss.alaska.gov/dpa/Pages/nutri/wic/localagencies/lacounseling.aspx>.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION CARE PLANS FOR HIGH RISK PARTICIPANTS</b>	<b>Item</b>	<b>NUTRITION CARE PLANS FOR HIGH RISK PARTICIPANTS</b>
<b>Policy Number</b>	NSS 2.10.5	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To explain how the Alaska WIC Nutrition Care Plans must be used for high risk WIC participants.

## Authority

Nutrition Services Standard: Standard 1(E)(1)(a & c), Staff Qualifications, Rolls and Responsibilities (October 2011, page 14)

## Policy

### Nutrition Care Plans for High Risk Participants

An individual care plan must be developed if a participant is determined to be high risk; when a CPA determines it is needed; or when a participant requests an individual care plan. The high risk care plan is developed by either a Registered Dietitian, or a person holding a BS, MS or PhD in the field of nutrition, (Nutrition Services Standard 1. E.1.a and 1.c). The care plan is kept in the participant's paper or computer file. Using the High Risk Nutrition Care Plan form included at the end of this policy is optional as long as an assessment and the guardian's desired outcomes are included in the plan developed by the client and provider. Charting objective or medical information in the computer note is not required if the information is already captured in the computer. The high risk plan can be implemented by the CPA but it is preferred for an RD to counsel the high risk client whenever possible. High risk pregnant and breastfeeding women and guardians of high risk infants and children will receive at least one in person, individual high risk counseling session per certification period. Counseling may be done by telephone in rural areas.

If it is determined that a high risk pregnant woman, infant or child could benefit from additional individual care beyond the high risk contact, the participant may be referred to Medicaid. If the participant is referred for specialty nutrition care, the Local Agency will remain responsible for documenting that participants receive at least two nutrition education contacts within a certification period.

A proxy may not attend a high risk consultation in place of a high risk participant, or in place of the parent or guardian of a high risk infant or child.

High Risk Nutrition Care Plan Form- Infants and Children

**High Risk Nutrition Care Plan: *Infants/Children***

Date: \_\_\_\_\_ Client: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Physician: \_\_\_\_\_ Referral Agency: \_\_\_\_\_  
PHN: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

**Subjective**

Appetite:  Good  Fair  Poor  
GI complaints:  Yes  No If yes, check all that apply:  Diarrhea  Nausea  Constipation  
 Vomiting  Other \_\_\_\_\_  
Weight history: \_\_\_\_\_  
Feeding concerns:  Yes  No Describe: \_\_\_\_\_  
Parent/Guardian concerns: \_\_\_\_\_  
Health and Social Service program participation:  WIC  Food Stamps  Medicaid  ILP  
 HCP-CSHCN  ATAP  Healthy Families  Other:

**Objective**

Gestational age \_\_\_\_\_ Birthweight \_\_\_\_\_ Length/Height \_\_\_\_\_ %tile  
Length/Height \_\_\_\_\_ %tile Head Circumference \_\_\_\_\_ %tile Weight/Height \_\_\_\_\_ %tile  
Laboratory Values: Hemoglobin: \_\_\_\_\_ Other: \_\_\_\_\_  
Medications:  Yes  No If yes, list: \_\_\_\_\_  
Drug/Nutrient Interaction: \_\_\_\_\_  
Vitamin/Mineral Supplements:  Yes  No Type: \_\_\_\_\_

**Assessment**

Growth: \_\_\_\_\_  
Feeding Skills: \_\_\_\_\_  
Feeding Behavior: \_\_\_\_\_

**Plan (developed by client and provider)**

1. Guardian Desired Outcomes: \_\_\_\_\_  
2. Education Provided: \_\_\_\_\_  
3. Action Plan: \_\_\_\_\_  
4. Referrals: \_\_\_\_\_  
5. Follow-up Needed?  Yes  No Reason for Follow-up: \_\_\_\_\_  
Date of Follow-up: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**High Risk Nutrition Care Plan: Women**

Date: \_\_\_\_\_ Client: \_\_\_\_\_  
Physician: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
PHN: \_\_\_\_\_ Referral Agency: \_\_\_\_\_  
Case Manager: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

**Subjective**

Appetite:  Good  Fair  Poor  
GI Complaints:  Yes  No If yes, check all that apply:  Diarrhea  Nausea  Constipation  
 Vomiting  Other \_\_\_\_\_  
Concerns regarding weight and weight gain?  Yes  No Describe: \_\_\_\_\_  
Client Concerns: \_\_\_\_\_  
Usual food intake: \_\_\_\_\_  
Health and Social Service program participation:  WIC  Food Stamps  Medicaid  ILP  
 HCP-CSHCN  ATAP  Healthy Families  Other: \_\_\_\_\_

**Objective**

Prepregnancy Weight \_\_\_\_\_ Height \_\_\_\_\_ Weight gain \_\_\_\_\_ Weeks gestation \_\_\_\_\_ Due date \_\_\_\_\_  
Laboratory Values: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_ Other: \_\_\_\_\_  
Medications:  Yes  No If yes, list: \_\_\_\_\_  
Drug/Nutrient Interaction: \_\_\_\_\_  
Vitamin/Mineral Supplements:  Yes  No Type: \_\_\_\_\_

**Assessment**

Diet: \_\_\_\_\_  
Laboratory: \_\_\_\_\_  
Weight Gain: \_\_\_\_\_

**Plan (developed by client and provider)**

1. Client Desired Outcomes: \_\_\_\_\_
2. Education Provided: \_\_\_\_\_
3. Action Plan: \_\_\_\_\_
4. Referrals: \_\_\_\_\_
5. Follow-up Needed?  Yes  No Reason for Follow-up: \_\_\_\_\_  
Date of Follow-up: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION</b>	<b>Item</b>	<b>NUTRITION EDUCATION</b>
<b>Policy Number</b>	NSS 3.0	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe why nutrition education is provided to WIC participants.

## Authority

WIC Program Nutrition Education Guidance USDA website:  
[http://www.nal.usda.gov/wicworks/Learning\\_Center/ntredguidance.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/ntredguidance.pdf)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(a-b)
    - page 398-399

Nutrition Services Standards: Standard 8, Nutrition Education Contacts and Standard 10(A), Nutrition Education Contacts Evaluation (October 2001, page 26 and 29)

## Policy

### Nutrition Education

The goals of WIC nutrition education, as explained in section 246.11(b) of the Federal WIC regulations, are to: 1) emphasize the relationship between nutrition, physical activity, and health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants and children under five years of age; 2) assist the individual who is at nutritional risk in achieving a positive change in dietary and physical activity habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the WIC supplemental foods and other nutritious foods, all in keeping with the personal and cultural preferences of the individual; 3) promote and support breastfeeding. WIC nutrition education also raises the awareness about the dangers of using drugs and other harmful substances during pregnancy and while breastfeeding. WIC State agencies are responsible for developing nutrition education plans that support these nutrition education goals.

Local WIC agencies provide individual nutrition counseling and education at the time of certification which is related to the identified participant's expressed need and nutritional risk. At the time of certification, Local Agencies complete a nutrition assessment to assign nutritional risks and based upon the nutrition assessment determine appropriate nutrition education and referrals to offer and discuss with a participant.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION PLAN</b>	<b>Item</b>	<b>NUTRITION EDUCATION PLAN</b>
<b>Policy Number</b>	NSS 3.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the requirement that Local WIC Agencies must develop a written Nutrition Education Plan for submission to the State WIC Office.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(d)(2)
    - page 400

Nutrition Services Standards: Standard 5(B), Local Agency Nutrition Services Plan and Evaluation (October 2001, page 21)

## Policy

### Nutrition Education Plan

Local Agencies are required to develop written nutrition education plans that include needs assessments, measurable goals and objectives, action plans and an evaluation component. These plans must be submitted to the State WIC Office each year as part of the annual Local Agency funding application. The plan should address the following:

- Relationship of nutrition services to area needs assessment.
- Risk assessments.
- Individual nutrition consultations.
- Nutrition services for participants in remote areas.
- Relationship of nutrition services to individual participant needs.
- Nutrition education activities, including:
  - sample lesson plan
  - tailoring to individual participant needs
- Breastfeeding promotion and support:
  - provision of information to pregnant participants
  - follow-up after delivery of infant
  
  - support for breastfeeding women
  - continued encouragement
  - referrals and links with breastfeeding support groups



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION PLAN REQUIREMENTS</b>	<b>Item</b>	<b>NUTRITION EDUCATION PLAN REQUIREMENTS</b>
<b>Policy Number</b>	NSS 3.1.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the minimum contents that must be included in the Local WIC Agency’s Nutrition Education Plan.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(d)(2)
    - page 400

Nutrition Services Standards: Standard 5(B), Local Agency Nutrition Services Plan and Evaluation (October 2001, page 21)

## Policy

### Nutrition Education Plan Requirements

At a minimum, the plan must include:

- A needs assessment of the Local Agency area’s demographic, geographic, cultural, and other factors which may affect the provision of nutrition education. For example, a high percentage of Hispanics may indicate the need for classes conducted in Spanish, or a high incidence of baby bottle tooth decay may indicate nutrition education on dental health as a high priority;
- A list of Local Agency goals and measurable objectives for nutrition education processes and procedures;
- A description of how nutrition education will be provided to all adult participants, parents/caretakers of infant and child participants and wherever possible, child participants; and
- A description of a system for integrating, where possible, the services of community resources such as the Expanded Food and Nutrition Education Program or Head Start with the nutrition education services provided to the participants.
- Completed Logic Model

Nutrition education efforts are tailored to meet the needs of special populations through requiring Local Agencies who serve special populations to address their needs in Local Agency nutrition education plans, distribution of resource materials related to special populations, and coordinating at the state and local levels with agencies who serve special populations.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION PLAN GOALS AND OBJECTIVES</b>	<b>Item</b>	<b>NUTRITION EDUCATION PLAN GOALS AND OBJECTIVES</b>
<b>Policy Number</b>	NSS 3.1.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the requirements that goals and objectives must be included in the Local Agency's Nutrition Education Plan.

## Authority

Nutrition Services Standards: Standard 5(B), Local Agency Nutrition Services Plan and Evaluation (October 2001, page 21)

## Policy

### Nutrition Education Plan Goals and Objectives

Objectives should be outcome oriented statements that are measurable and quantifiable. They are used to measure progress toward goals.

Objectives should:

- describe realistic, achievable and measurable outcomes;
- define the period of time required for implementing or completing the objective;
- illustrate a solution to, or an improvement of, a specific situation or condition; and
- define the criteria that will be used to measure progress, including statistical information, and changes in prevalence in certain risk factors

For example: "The prevalence of breastfeeding at the postpartum visit will increase from 50% to 70% of participants as indicated on AK WIC Nutrition Report 346."



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION PLAN EVALUATION</b>	<b>Item</b>	<b>NUTRITION EDUCATION PLAN EVALUATION: EVALUATION STRATEGIES</b>
<b>Policy Number</b>	NSS 3.1.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the requirements that the Local Agency's Nutrition Education Plan must include an evaluation plan.

## Authority

Nutrition Services Standards: Standard 5(B), Local Agency Nutrition Services Plan and Evaluation (October 2001, page 21)

## Policy

### Nutrition Education Plan Evaluation

Each year Local Agencies applying for renewed funding of an existing program must include nutrition education evaluation results for the previous fiscal year. New applicants who have operated similar programs should include evaluation results from the most recent period during which they operated a similar program. Progress should incorporate short-term, intermediate and long-term outcomes using specified activities and goals to achieve.

The annual nutrition education plan must include an evaluation plan. In general, the evaluation plan should describe how the Local Agency will tell whether or not it accomplished the year's objectives. Ultimately the evaluation criteria should be measures of outcome. However, the plan should also indicate how progress toward those outcomes will be assessed or monitored. Timeframes must be included, although, as indicated previously, applicants do not need to limit objectives to only those that can be achieved in a one-year time-frame.

### Evaluation Strategies

To evaluate progress Local Agencies are to consider:

- What information will be collected?
- When it will be collected.
- How it will be collected and documented.
- How the Local Agency will know if an objective is met.
- How results compare to baseline information.
- How new or revised services or systems will be evaluated for effectiveness, efficiency, or other characteristics.

A variety of evaluation strategies can be used:

- Data from chart review.
- Computer data from the new WIC computer system.



## Alaska WIC Policy

- Participant surveys.
- Manual data collection forms developed for use at specific times.
- SPIRIT WIC computer system nutrition reports

The State WIC Office monitors progress toward meeting nutrition education goals and objectives during bi-annual on-site visits.



# Alaska WIC Policy

<b>Policy Title</b>	<b>ANNUAL SURVEY OF PARTICIPANT VIEWS ON NUTRITION EDUCATION AND BREASTFEEDING PROMOTION</b>	<b>Item</b>	<b>ANNUAL SURVEY OF PARTICIPANT VIEWS ON NUTRITION EDUCATION AND BREASTFEEDING PROMOTION</b>
<b>Policy Number</b>	NSS 3.1.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the requirement that Local Agency’s must perform an Annual Survey of Participant Views on Nutrition Education and Breastfeeding Promotion.

## Authority

Nutrition Services Standards: Standard 20(C), Customer Service (October 2001, page 42)

## Policy

### **Annual Survey of Participant Views on Nutrition Education and Breastfeeding Promotion**

Local Agencies are required to assess participant views on nutrition education and breastfeeding promotion at least once a year. Questionnaires can be developed by Local Agencies. The results are used in the development of the Local Agency nutrition education plan. Results must be reported to the State WIC Office as part of the annual nutrition education plan.

Annual Surveys are due with the third Quarterly Report narrative to the Grants and Contracts contact person. Surveys must contain the five required state questions that are available during January of the year the survey is due. Five percent (5%) of your current caseload or 25 surveys; whichever is greater must be surveyed. Survey results need to include:

- A copy of all the questions used
- The raw data (for example the number of surveys sent, the number of responses received, and the percentages when reporting responses.)
- Narrative on LA reaction/lessons learned/plans of action based on survey results.



# Alaska WIC Policy

<b>Policy Title</b>	<b>PARTICIPANT CENTERED SERVICES</b>	<b>Item</b>	<b>PARTICIPANT CENTERED SERVICES</b>
<b>Policy Number</b>	NSS 3.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To define the “Participant Centered Services (PCS)” approach to counseling WIC Participants and describe how it should be used at the Local Agency.

## Authority

State WIC Office based on:

*Altarum Institute* recommendations

Alaska WIC CPA Training Program: VENA competencies- *Getting Started with WIC and the Nutrition Education and Counseling* modules

Nutrition Services Standards: Standard 8(B), Nutrition Education Contacts (October 2001, page 27) <http://www.nal.usda.gov/wicworks/Topics/WICnutStand.pdf>

## Policy

### Participant Centered Participant Services

According to the *Alaska Assessing Readiness for Participant Centered Education in WIC Final Report* by *Altarum Institute*:

In PCS, the nutrition educator is a facilitator or partner who provides information, ideas, and support to help the participant make positive nutrition and health behavior changes. An educator conducting PCS will focus on the following:

1. Builds rapport and sets the tone for the assessment by greeting the client or caregiver in a friendly way and introduces herself (himself) at the beginning of the appointment.
2. Sets the agenda by:
  - Telling the client or caregiver how long the appointment will take.
  - Sharing what they will do during the appointment.
  - Letting the person know that all their information is kept private.
3. Puts his or her feelings aside while learning about the client’s or caregiver’s beliefs and thoughts. Stays non-judgmental during the assessment.
4. Affirms the client or caregiver with sincere and encouraging words. Keeps assessment positive and avoids making the client feel defensive or hostile.
5. Explores and learns about the clients or caregiver’s culture, unique needs and beliefs. Shows sensitivity and respect towards the beliefs.
6. Asks for information from the WIC participant about his or her goals, interests, abilities, questions, and concerns.
7. Helps the participant decide which nutrition and health behaviors she wants to change, in the context of her/his own goals, culture, and personal situation.



## Alaska WIC Policy

8. Helps the participant identify barriers to change and ways in which she can overcome them
9. Offers information and ideas for how the participant can change her behavior, with small, doable action steps
10. Does all of the above by asking open-ended questions and using active listening skills to encourage the participant's active participation
11. Asks probing questions to clarify or get more details

The fundamental spirit of PCS includes collaborating with the client, bringing out and providing support for the client's own motivation to change, and respecting the client's independence of thought and actions. The participant's entire WIC experience is based upon PCS principles and practices. A positive centered services experience is more likely to result in behavior change which is more meaningful to both client and staff.



# Alaska WIC Policy

<b>Policy Title</b>	<b>COMPARISON OF NUTRITION EDUCATION APPROACHES IN WIC</b>	<b>Item</b>	<b>COMPARISON OF NUTRITION EDUCATION APPROACHES IN WIC</b>
<b>Policy Number</b>	NSS 3.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To illustrate the differences between methods (didactic and participant centered) of providing participant education.

## Authority

State WIC Office based on:

*Altarum Institute* recommendations

## Policy

### Comparison of Nutrition Education Approaches in WIC

*Altarum Institute* developed, *A Comparison of Nutrition Education Approaches in WIC- Didactic and Participant Centered (Page 2-31)*, a one pager PCS. This is a useful reference and training tool illustrating the differences between didactic and participant centered styles.

## A COMPARISON OF NUTRITION EDUCATION APPROACHES IN WIC

	<b>DIDACTIC</b>	<b>PARTICIPANT CENTERED</b>
<b>Educator's Presentation</b>	<ul style="list-style-type: none"> <li>o Educator strives to be seen as a knowledgeable expert</li> </ul>	<ul style="list-style-type: none"> <li>o Educator strives to be seen as a facilitator or partner, supportive and open to the participant's views</li> </ul>
<b>Stylistic Characteristics</b>	<ul style="list-style-type: none"> <li>o Decides nutrition/health behavior changes that the WIC participant should make</li> <li>o Informs the WIC participant what is wrong with her current nutrition/health behaviors</li> <li>o Tells the WIC participant what specific behavior changes to make to improve her health and her children's health</li> <li>o Presents an action plan with broad behavioral objectives</li> <li>o Asks close-ended questions to confirm the WIC participant's understanding of the information the educator conveys</li> </ul>	<ul style="list-style-type: none"> <li>o Elicits information from the WIC participant about her goals and concerns</li> <li>o Helps the WIC participant determine nutrition/health behaviors she wants to change</li> <li>o Offers information and ideas for how to accomplish behavior change, with small doable action steps</li> <li>o Helps the WIC participant identify barriers to change and strategies she can use to overcome them</li> <li>o Asks open-ended questions to encourage the WIC participant's active participation</li> <li>o Uses active listening skills to make sure she (the educator) understands</li> <li>o Provides education, including information, in the context of each WIC participant's goals, culture, and personal circumstances</li> </ul>
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>o WIC participant leaves with information she can use to change educator-identified nutrition/health-related behaviors</li> </ul>	<ul style="list-style-type: none"> <li>o WIC participant leaves with information</li> </ul> <p style="text-align: center;"><b>+</b></p> <ul style="list-style-type: none"> <li>o WIC participant gains ideas about small steps she can take, motivation to take those steps and a feeling of support that can help her to change her nutrition/health-related behaviors</li> </ul>



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION GUIDANCE</b>	<b>Item</b>	<b>NUTRITION EDUCATION GUIDANCE</b>
<b>Policy Number</b>	NSS 3.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To outline the elements that make nutrition education effective.

## Authority

All State Memorandum, ASM 06-24

Nutrition Education Guidance USDA website

[http://www.nal.usda.gov/wicworks/Learning\\_Center/ntredguidance.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/ntredguidance.pdf)

Nutrition Services Standards: Standard 8(B), Nutrition Education Contacts (October 2001, page 27)

## Policy

### Nutrition Education Guidance

All State Memorandum, ASM 06-24 is the federal guidance that identifies the elements of nutrition education contacts and interventions that have been determined by research to be effective. ASM 06-24 provides an assessment tool regarding internet based nutrition education.

ASM 06-24 is posted on

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/administration/adminlamemos.aspx> outlines the following elements on effective nutrition education:

1. Reviewing nutrition assessment for nutrition education purposes
2. Nutrition education message
3. Counseling methods and teaching strategies
4. Delivery medium
5. Reinforcements of nutrition education
6. Follow-up and support

Effective nutrition education improves WIC participants' health status, achieves positive change in dietary and physical activity habits emphasizing the relationship between nutrition, physical activity and health, all in keeping with the personal and cultural preferences of the individual. The promotion of the health benefits of regular physical activity as a component of nutrition education supports the development of lifelong habits for good health.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION DELIVERY MEDIUMS</b>	<b>Item</b>	<b>NUTRITION EDUCATION DELIVERY MEDIUMS</b>
<b>Policy Number</b>	NSS 3.4.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To outline the delivery mediums that make nutrition education effective.

## Authority

All State Memorandum, ASM 06-24

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(d)(1)
    - page 399

## Policy

### Nutrition Education Delivery Mediums

According to ASM 06-24 there are several delivery mediums available to provide effective nutrition education. The nutrition education guidance states, an effective delivery medium creates opportunities for participant interaction and feedback. The list delivery medium examples offered include:

1. Face-to-Face
  - a. Individual
  - b. Group
2. Telephone
3. Electronic
  - a. Kiosk
  - b. Internet

Computer Based examples on how to apply delivery mediums for effective nutrition education are on ASM 06-24 pages 5-6.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION INFORMATION-ENVIRONMENTAL REINFORCEMENTS DELIVERY MEDIUMS</b>	<b>Item</b>	<b>NUTRITION EDUCATION INFORMATION-ENVIRONMENTAL REINFORCEMENTS DELIVERY MEDIUMS</b>
<b>Policy Number</b>	NSS 3.4.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To suggest ways to provide information that continues to support and reinforce participant nutrition education mediums.

## Authority

All States Memorandum: ASM 06-24

## Policy

### **Nutrition Education Information/Environmental Reinforcements Delivery Mediums**

ASM 06-24 offers various examples to continue to support and reinforce participants' nutrition education. They include:

- Pamphlets
- Bulletin Boards
- Newsletters
- Videotapes
- Take Home Activities

Use of the above listed mediums as a stand-alone source of information without any interaction between the participant and CPA would not be considered a complete nutrition education contact.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION MATERIALS</b>	<b>Item</b>	<b>NUTRITION EDUCATION MATERIALS</b>
<b>Policy Number</b>	NSS 3.5	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To inform Local WIC Agencies of their responsibility to purchase nutrition education materials and to assure that the materials are appropriate for their clientele.

## Authority

All State Memorandum, ASM 06-24

## Policy

### Nutrition Education Materials

Local Agencies are responsible to purchase their nutrition education materials. ASM 06-24 is the standard criteria to ensure that nutrition education materials are appropriate in content, reading level and graphic design. All nutrition education materials except newsletters developed by Local Agencies must be sent to the State WIC Office for review before printing and distribution.

In SPIRIT, clinic staff will record the materials provided to the participant from the Nutrition Education tab. Staff can select more than one material provided to the participant. State Office staff maintains, via the Reference Utility, a general list of education materials in SPIRIT; not a specific detailed list of every handout used statewide for client education.



## Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION MATERIALS</b>	<b>Item</b>	<b>NUTRITION EDUCATION MATERIALS</b>
<b>Policy Number</b>	NSS 3.5.1	<b>Effective Date</b>	December 19, 2012

### **Purpose**

To inform Local WIC Agencies of permission to share nutrition education materials with the Child and Adult Care Food Program (CACFP) institutions at no cost, if a written agreement to share materials exists between the agencies.

### **Authority**

All State Memorandum, ASM #2011-2 Implementation of the Nondiscretionary Non-Electronic Benefits Transfer-Related Provisions of P.L. 111-296

### **Policy**

#### **Nutrition Education Materials**

Local WIC Agencies are permitted to share nutrition education materials with the Child and Adult Care Food Program (CACFP) institutions at no cost, if a written materials sharing agreement exists, such as an MOA, between WIC local agencies and CACFP institutions.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION NEWSLETTERS</b>	<b>Item</b>	<b>NUTRITION EDUCATION NEWSLETTERS</b>
<b>Policy Number</b>	NSS 3.5.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide the Local WIC Agency guidance in developing nutrition education newsletters.

## Authority

Nutrition Services Standards: Standard 8(B), Nutrition Education Contacts (October 2001, page 27)

## Policy

### Nutrition Education Newsletters

Newsletters developed by Local Agencies should supplement information provided in nutrition education materials in an attractive, easy-to-read format. Recipes in newsletters should meet the “Choose My Plate” guidance to promote the theme that nutritious foods are also tasty. Attached is the USDA website: <http://www.choosemyplate.gov/food-groups/>



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION CONTACTS</b>	<b>Item</b>	<b>NUTRITION EDUCATION CONTACTS</b>
<b>Policy Number</b>	NSS 3.6	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the Local WIC Agency’s requirement for providing nutrition education contacts.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(e)(1-3)
    - page 400

Nutrition Services Standards: Standard 1, Staff Qualifications, Roles, and Responsibilities (October 2001, page 13)

## Policy

### Nutrition Education Contacts

General nutrition education can be provided by nutritionists, registered dietitians, home economists, nurses, dietetic technicians, or WIC certified CPA staff. Counseling for high risk participants is preferred to be provided by a registered dietitian or nutritionist. A WIC certified CPA in Alaska may provide high risk counseling, following a high risk care plan developed by an RD or a person holding a BS, MS or PhD in the field of nutrition (Nutrition Services Standard 1. E.1.a and 1.c), if a Local Agency does not have access to either a Registered Dietitian or Nutritionist.

Initial nutrition education must take place during the certification appointment. The legal guardian of a child or infant, or the pregnant, postpartum, or breastfeeding woman, applying for WIC benefits must be present for certification or recertification. A proxy may not attend in place of the applicant or legal guardian. Nutrition education at the initial certification or recertification may also include video-teleconferencing or phone calls to offsite clients.

Nutrition education contacts are provided on a quarterly basis for clients enrolled in WIC.

Subsequent nutrition education is provided through individual or group sessions or through online nutrition education delivery medium appropriate to the individual participant’s nutritional needs. This includes interactive displays, wichealth.org and other creative methods of providing nutrition education.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION CONTACT METHODS</b>	<b>Item</b>	<b>NUTRITION EDUCATION CONTACT METHODS</b>
<b>Policy Number</b>	NSS 3.7	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the ways nutrition education contacts may be provided by the Local WIC Agency.

## Authority

State WIC Office based on:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(d)(1)
    - page 399

## Policy

### Nutrition Education Contact Methods

Nutrition education should be at the client's convenience but must occur quarterly.

Nutrition education contacts are provided in either of the following ways:

- Participants who pick up their warrants on-site receive nutrition education offered individually, via phone (when receiving mailed food benefits) or in group sessions.
- WIC participants, both onsite and rural, should be encouraged to use interactive nutrition education opportunities such as [wichealth.org](http://wichealth.org) to obtain their quarterly nutrition education. When participants are referred to [wichelath.org](http://wichelath.org) or other online education, the participant must be referred to specific module(s) which are relevant to the category and risk factor of the participant.
  - In addition, offsite participants (who receive warrants in the mail or who receive mailed food boxes) can access nutrition education via [wichealth.org](http://wichealth.org) for quarterly nutrition education. These participants must be referred to specific modules which are relevant to their category and risk factor(s).
  - Nutrition education contacts for rural clients can also be by phone and accompanied by mailed nutrition education materials.
    - If a rural client has been contacted twice without success; document this in their electronic chart and provide FI or mailed food box(s) and nutrition education through the mail. Nutrition education mailed must relate back to the participant's risk factors.



# Alaska WIC Policy

<b>Policy Title</b>	<b>INTERNET NUTRITION EDUCATION PARTICIPANT CRITERIA</b>	<b>Item</b>	<b>INTERNET NUTRITION EDUCATION PARTICIPANT CRITERIA</b>
<b>Policy Number</b>	NSS 3.7.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the types of participants who may benefit from the [www.wichealth.org](http://www.wichealth.org) online nutrition education option.

## Authority

State WIC Office

## Policy

### Internet Nutrition Education Participant Criteria

All participants with the following criteria and as deemed appropriate by the WIC staff at the time of (re)certification onsite or offsite may benefit from the [www.wichealth.org](http://www.wichealth.org) online nutrition education option:

- All Infants WIC participants except High Risk
- All Children WIC participants except High Risk.
- All Pregnant, Breastfeeding or Postpartum Women WIC participants except High Risk
- Referrals to [wichealth.org](http://wichealth.org) should be relevant to nutrition risks assigned, participant category, and should accommodate client interest.
- All WIC participants on a follow-up appointment not needing to recheck weight, hemoglobin, or to provide high risk counseling.



# Alaska WIC Policy

<b>Policy Title</b>	<b>INTERNET NUTRITION EDUCATION PROCEDURES</b>	<b>Item</b>	<b>INTERNET NUTRITION EDUCATION PROCEDURES</b>
<b>Policy Number</b>	NSS 3.7.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide procedures that must be used when providing internet nutrition education.

## Authority

State WIC Office

## Policy

### Internet Nutrition Education Procedures

1. Inform participants of the Internet Nutrition Education option, using the [wichealth.org](http://wichealth.org) participant's materials.
2. If participants do not have Internet access at home, give them a copy of the library brochure listing locations and hours of operation, or locations for public internet access.
3. Schedule the participant for an Interactive Nutrition Education appointment in 3 months. Record the date and type of appointment as "Internet" in the Appointment Log of the client's chart and computer record.
4. Provide participants with [wichealth.org](http://wichealth.org) address. They can log on and select one or more of the lessons that are listed.
5. Once the participant has completed the lesson, they select the clinic that they would like their Certificate of Completion sent to or print the Certificate of Completion to bring or mail to their clinic.
6. All clinics will check their emails on a daily basis to collect the list of participants that have completed their online nutrition education.
7. Use the information printed on the participants' [wichealth.org](http://wichealth.org) Certificates of Completion to document it in the participants' computer file.
8. Use the information about the participants' nutrition education goal printed in the Certificates of Completion, to do follow-ups in person (onsite) or over the telephone (offsite).
9. For secondary nutrition education, after onsite participants confirmation of completion of online nutrition education has been received, participants' checks are printed and sent with self addressed, postage paid return envelopes for participants to sign and return the receipts.
10. For initial off site nutrition education, contact participants by telephone and at the same time remind them to complete their secondary online nutrition education within the next quarter. Participants' checks are printed and sent with self addressed, postage paid return envelopes for participants to sign and return the receipts.



# Alaska WIC Policy

<b>Policy Title</b>	<b>FREQUENCY OF NUTRITION EDUCATION CONTACTS</b>	<b>Item</b>	<b>FREQUENCY OF NUTRITION EDUCATION CONTACTS</b>
<b>Policy Number</b>	NSS 3.7.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the frequency that nutrition education contacts must be provided for.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(e)(2-3)
    - page 400

Nutrition Services Standards: Standard 10(B), Nutrition Education Contacts Evaluations (October 2001, page 30)

## Policy

### Frequency of Nutrition Education Contacts

During each six-month certification period, at least two nutrition contacts must be made available to all adult participants and the parents or caretakers of infant and child participants and wherever possible, child participants themselves.

Nutrition contacts are made available at a quarterly rate, but not necessarily taking place within each quarter, to parents or caretakers of infant participants certified for a period in excess of six months. For example, an infant is certified at age three months. She can be certified up to her first birthday, provided her length, weight, hemoglobin and diet is assessed 6 months after her initial certification. The parent(s) should receive three nutrition education contacts during her nine-month certification period, but the contacts do not need to be at exactly three-month intervals.



# Alaska WIC Policy

<b>Policy Title</b>	<b>NUTRITION EDUCATION BY PROXY</b>	<b>Item</b>	<b>NUTRITION EDUCATION BY PROXY</b>
<b>Policy Number</b>	NSS 3.7.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the situations in which a proxy (alternate) may serve as a participant’s representative for certifications, nutrition education and warrant pick-up.

## Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
  - 246.2(e)
    - page 354 (proxy)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
  - 246.7(o)(1) and 246.7(o)(2)(iii)
    - page 381

## Policy

### Nutrition Education by Proxy

A proxy is a spouse, domestic partner, boyfriend, parent of an adolescent prenatal participant, grandparent, or other person with a close personal relationship with the participant which, in the judgment of the CPA, enables them to serve as an effective representative of the participant. The proxy may attend subsequent nutrition education classes in the place of the participant, but not the initial certification or recertification appointment. Documentation of proxy attendance is required, in the participant’s file or a master file.

A proxy may pick up warrants for a participant at subsequent appointments, but not at the initial certification or recertification appointment.



# Alaska WIC Policy

<b>Policy Title</b>	<b>DOCUMENTATION OF NUTRITION EDUCATION CONTACTS</b>	<b>Item</b>	<b>DOCUMENTATION OF NUTRITION EDUCATION CONTACTS</b>
<b>Policy Number</b>	NSS 3.7.5	<b>Effective Date</b>	July 2014

## **Purpose**

To describe the requirements for documenting nutrition education contacts.

## **Authority**

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(e)(4)
    - page 400

Nutrition Services Standards: Standard 8(A)(4), Nutrition Education Contacts and Standard 10(A)(6), Nutrition Education Contacts Evaluation (October 2001, page 26 and 29)

WIC Final Policy Memorandum 2008-4, WIC Nutrition Services Documentation

<http://www.fns.usda.gov/wic/policyandguidance/wicpolicymemos/2008-4->

[WICNutritionServicesDocumentation.pdf](http://www.fns.usda.gov/wic/policyandguidance/wicpolicymemos/2008-4-WICNutritionServicesDocumentation.pdf)

## **Documentation of Nutrition Education Contacts**

Documentation of WIC services is the primary way WIC staff communicate with each other about individual participants. Its purpose is to ensure that the quality of nutrition services provided by identifying risks and concerns, facilitating follow –up, and continuity of care; and the integrity of the WIC program through documentation of nutrition service data used for eligibility determination reporting.

Quality Nutrition Services documentation must be : concise, clear, organized, complete, and consistent. The key outcome of nutrition services documentation is the capture of a complete picture of the participant’s visit in a manner that is easy to retrieve and review.

The primary individual nutrition education contact and goal setting information are recorded at certification

- As part of the Certification Guided Script (CGS) process, SPIRIT automatically creates a SOAP note, and populates the “O” (Objective) and “A” (Assessment) sections of the note. A completed SOAP note is required for each certification.
- Through nutrition education, the CPA facilitates the client in setting goals. To clarify, the client should select a goal related to the nutrition risk and/ or client interest to work toward. This should be documented in the “Plan” section of the SOAP note.



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- Using the “Goal” tab, select a goal from the drop down list, or choose “other” and document their goal in the “Plan” section of the SOAP note. If the participant would like to work on more than one goal, document the additional goal in their “Plan” and prioritize their goals if necessary.
- Once created, the contact cannot be deleted. It can only be modified until midnight of the day it was created. If the note cannot be completed during the certification, all required information pertaining to the certification must be added within 24 hours. Information added after midnight of the day of certification will need to be added by clicking the icon “Manage Notes” and choosing “Create SOAP Note”. This will create a new SOAP note, which can then be completed.

### Quarterly Nutrition Education Contacts

When a participant completes a quarterly nutrition education contact, staff will:

- Add new nutrition education contact via the Nutrition Education tab on the participant record and save the information.
- Add a note in the “Manage Notes” section in SPIRIT to clarify the secondary nutrition education contact.
  - A brief summary of the contact details progress toward goal(s), understanding of the nutrition education and continued continuity of care for the participant.

If a participant misses a nutrition education appointment, the Local Agency must document this fact in the participant’s computer file. Documentation of two missed opportunities for nutrition education must occur before benefits and nutrition education is mailed to a participant.

For quarterly nutrition education contacts, two attempts to contact the rural client must be made and documented prior to sending benefits.

For agencies that have automated phone messaging through the One Call Now (OCN) service, they can count as one of their attempts, the message provided by OCN. When doing the second outreach attempt to the client, document in SPIRIT that the One Call Now message has been sent out along with whatever method of outreach staffs provide at that time.

Encourage clients to use [wichealth.org](http://wichealth.org) for interactive nutrition education whenever possible. If nutrition education materials are sent through the mail they need to address the client’s established goal, risk factors or interests.



# Alaska WIC Policy

<b>Policy Title</b>	<b>TELEPHONE NUTRITION COUNSELING AND EDUCATION</b>	<b>Item</b>	<b>TELEPHONE NUTRITION COUNSELING AND EDUCATION</b>
<b>Policy Number</b>	NSS 3.7.6	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the use of telephone nutrition education and counseling.

## Authority

State WIC Office

## Policy

### Telephone Nutrition Counseling and Education

Nutrition counseling is an ongoing process in which a health professional, usually a Registered Dietitian (RD), works with an individual to assess his or her usual dietary intake and identify areas where change is needed. The nutrition counselor provides information, educational materials, support, and follow-up to help the individual make and maintain the needed dietary changes <http://www.minddisorders.com/Kau-Nu/Nutrition-counseling.html>.

Telephone communication and counseling are used by Alaska WIC Off-Site (rural) Local Agencies for nutrition assessment, nutrition education, counseling and follow-up. Local Agencies are responsible to review training materials, train, observe and coach staffs in the implementation of telephone nutrition counseling and education principles and guidelines.

Telephone nutrition counseling should be used for the certification of rural clients, if face to face counseling or video teleconferencing isn't possible. When counseling is done via telephone, this should be noted in the SOAP note. Follow up counseling for quarterly education, or to follow up interactive on-line education, can also be done via telephone. It should be also be noted in the electronic chart that this contact was made via telephone.



# Alaska WIC Policy

<b>Policy Title</b>	<b>TELEPHONE NUTRITION COUNSELING AND EDUCATION PREPARATION</b>	<b>Item</b>	<b>TELEPHONE NUTRITION COUNSELING AND EDUCATION PREPARATION</b>
<b>Policy Number</b>	NSS 3.7.7	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To present resources for Local Agencies to use in assist staff in providing effective telephone nutrition education and counseling.

## Authority

State WIC Office

## Policy

### Telephone Nutrition Counseling and Education Preparation

To prepare for WIC Telephone Nutrition Counseling, WIC staffs need to review the following resources:

1. Participant Centered Education (PCS) and *A Comparison of Nutrition Education Approaches in WIC-Didactic and Participant Centered* (Page 2:31 to 2:33)
2. *Stages of Change-A Model for Nutrition Counseling*, Bright Futures in Practice: Nutrition (Page 2:36)
3. WIC Participants Application Forms  
<http://dhss.alaska.gov/dpa/Pages/nutri/wic/localagencies/laforms.aspx> Scroll down to *Other Clinic Forms*
4. Completed WIC Participants Application Forms
5. Bright Futures in Practice Nutrition Pocket Guide  
<http://www.brightfutures.org/nutritionpocket/pdfs/NutritonPocketGuide.pdf>
6. Telephone Counseling Resources: Alaska WIC website  
[http://www.wictraining.org/alaska\\_wic\\_additional\\_training\\_info.html](http://www.wictraining.org/alaska_wic_additional_training_info.html)

Stage	Description	Behavior Goals	Educational Strategies
<p><b>Precontemplation</b></p> <p><i>"I am not interested in change"</i></p>	<ul style="list-style-type: none"> <li>• Is unaware of problem and hasn't thought about change, or not interested in change.</li> <li>• Has no intention of taking action within the next 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of need for change.</li> <li>• Personalize information on risks and benefits.</li> <li>• Reduce fears associated with having to change behavior (costs are too high, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• Create supportive climate for change.</li> <li>• Discuss personal aspects and health consequences of poor eating or sedentary behavior.</li> <li>• Assess knowledge, attitudes, and beliefs.</li> <li>• Build on existing knowledge.</li> <li>• Relate to benefits loved ones will receive.</li> <li>• Focus on the impact the negative behavior has on loved ones.</li> </ul>
<p><b>Contemplation</b></p> <p><i>"Someday I will change"</i></p>	<ul style="list-style-type: none"> <li>• Is interested in taking action, but not yet able to commit to it.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase motivation and confidence to perform the new behavior.</li> <li>• Reduce fears associated with having to change behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify problematic behaviors.</li> <li>• Prioritize behaviors to change.</li> <li>• Discuss motivation.</li> <li>• Identify barriers to change and possible solutions.</li> <li>• Suggest small, achievable steps to make a change.</li> <li>• Focus on benefits the change will have on loved ones.</li> </ul>
<p><b>Preparation</b></p> <p><i>"I want to change but I am not sure I can."</i></p>	<ul style="list-style-type: none"> <li>• Intends to take action soon and has taken some behavioral steps in this direction.</li> <li>• Lacks self-efficacy to take steps necessary for long lasting change.</li> </ul>	<ul style="list-style-type: none"> <li>• Resolution of ambivalence</li> <li>• Firm commitment</li> <li>• Initiate change</li> <li>• Increase self-efficacy through gradually increasing more difficult tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist in developing a concrete action plan.</li> <li>• Encourage initial small steps to change.</li> <li>• Discuss earlier attempts to change and ways to succeed.</li> <li>• Elicit support from family and friends.</li> </ul>
<p><b>Action</b></p> <p><i>"I am ready to change."</i></p>	<ul style="list-style-type: none"> <li>• Has changed overt behavior for less than 6 months.</li> <li>• Needs skills for long-term adherence.</li> </ul>	<ul style="list-style-type: none"> <li>• Commit to change</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforce decision.</li> <li>• Reinforce self-confidence.</li> <li>• Assist with self-monitoring, feedback, problem solving, social support, and reinforcement.</li> <li>• Discuss relapse and coping strategies.</li> </ul>
<p><b>Maintenance</b></p> <p><i>"I am in the process of changing."</i></p>	<ul style="list-style-type: none"> <li>• Has changed overt behavior for more than 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforce commitment and continue changes/new behaviors.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan follow-up to support changes.</li> <li>• Help prevent relapse.</li> <li>• Assist in coping, reminding, finding alternatives, and avoiding slips/relapses.</li> </ul>

**source:**

Adapted from: Story M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health: Appendix F: "Stages of Change – A Model for Nutrition Counseling," page 251.

<b>Policy Title</b>	<b>FIVE TECHNIQUES TO SUCCEED IN ANSWERING THE TELEPHONE</b>	<b>Item</b>	<b>FIVE TECHNIQUES TO SUCCEED IN ANSWERING THE TELEPHONE</b>
<b>Policy Number</b>	NSS 3.7.8	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## **Purpose**

To present five telephone techniques for answering the telephone.

## **Authority**

State WIC Office

## **Policy**

### **Five Techniques to Succeed in Answering the Telephone**

#### **Use Five Telephone Techniques**

1. Answer Right Away
2. Greeting
  - c. State Purpose (Callers can see you by your greeting and by your tone of voice)
  - d. Decide appropriate greeting for you
3. Identify/Solicitation (Standard way you answer the phone after the greeting)
  - a. Name of the clinic
  - b. Your name
  - c. A question, "How may I help you?"
4. Take Clear Messages
5. Practice and Use 5 Good Vocal Quality Techniques
  - a. Normal volume
  - b. Clear Speech
  - c. Steady Pace
  - d. Pleasant tone
  - e. Energy

<b>Policy Title</b>	<b>NUTRITION EDUCATION STANDARDS</b>	<b>Item</b>	<b>NUTRITION EDUCATION STANDARDS</b>
<b>Policy Number</b>	NSS 4.0	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide, at minimum, nutrition and health education topics that should be addressed when counseling and providing nutrition education to WIC Participants.

## Authority

WIC Nutrition Services Standards, October 2001:

<http://www.nal.usda.gov/wicworks/Topics/WICnutStand.pdf>

WIC Final Policy Memorandum 2008-4, WIC Nutrition Services Documentation

<http://www.fns.usda.gov/wic/policyandguidance/wicpolicymemos/2008-4-WICNutritionServicesDocumentation.pdf>

## Policy

### Nutrition Education Standards

The series of Nutrition Education Standards polices present topics to be addressed with WIC participants to emphasize the relationship between nutrition, physical activity and health. Nutrition education provided by Local Agencies should promote the development of sound eating habits and optional nutritional status.

NSS 4.1 Drug and other Harmful Substance Abuse

NSS 4.2 Infant Intake Assessment Standards

NSS 4.2.1 Infant Nutrition Education Standards Topics

NSS 4.2.2 Recommended Supplements for Infants

NSS 4.2.3 Solid Foods for Infants

NSS 4.3 Nutrition Education Standards for Children

NSS 4.4 Nutrition Education Standards for Pregnant Women

NSS 4.5 Nutrition Education Standards for Postpartum Non-breastfeeding Women

NSS 4.6 Nutrition Education Standards for Breastfeeding Women

<b>Policy Title</b>	DRUG AND HARMFUL SUBSTANCE ABUSE	<b>Item</b>	ALCOHOL AND DRUG ABUSE POLICY
<b>Policy Number</b>	NSS 4.1	<b>Effective Date</b>	Revised: 4/4/2014 Effective: 10/1/2014

### **Purpose**

To improve the health status of WIC participants by preventing and/or reducing the use of alcohol, tobacco, or other drugs.

### **Authority**

Federal Regulations: Part II, Department of Agriculture, Food and Nutrition Services, 7CFR

- Part 246.11 (a) (3) (b) (1) - Special Supplemental Nutrition Program for Women, Infants and Children (WIC):

### **Policy**

#### **Screen and Refer for Alcohol, Tobacco and Other Drug Use**

Local agencies shall increase WIC participants' access to information about the dangers of using alcohol, drugs, and other harmful substances during pregnancy, while breastfeeding and for parents or caretakers of children enrolled in WIC. Local WIC programs shall assess and refer WIC participants to services as needed.

At each initial and subsequent certification, local WIC programs must provide the following information on alcohol, tobacco, and other drug use pertaining to WIC participants.

1. Provide a brief screening for potential alcohol, tobacco, or other drug use by prenatal and postpartum participants through the approved WIC applications.
2. If responses to screening questions are positive, or indicate that alcohol or drug abuse may be a possibility, an immediate referral for assessment should be made for participants not already in care.
3. Document the referral in SPIRIT on the "Referral Tab" under "Program Referrals Provided to Participant by WIC", and select "Drug and Alcohol Services."
4. Use this as an opportunity to initiate a discussion with participants about the risks of drug, tobacco, or alcohol use during pregnancy and while breastfeeding.
5. Make available a list of local resources for drug and other harmful substance abuse counseling and treatment. This list must be made available to all WIC applicants and

participants: pregnant, postpartum, and breastfeeding women and parents and caretakers of infants and children.

6. Provide information about the dangers of using alcohol, tobacco, or other drugs all WIC applicants and participants: pregnant, postpartum, and breastfeeding women and parents and caretakers of infants and children applying for participation in WIC. To meet this requirement, a statement has been added to the WIC Food List, *“Don’t smoke, drink alcohol or take drugs. They can harm you. They can harm your baby. If you want to stop smoking, drinking, or taking drugs, ask your WIC counselor. Or go on-line to locate a facility near you:*

<http://findtreatment.samhsa.gov/TreatmentLocator/faces/addressSearch.jspx?state=AK>

<b>Policy Title</b>	<b>INFANT INTAKE ASSESSMENT STANDARDS</b>	<b>Item</b>	<b>INFANT INTAKE ASSESSMENT STANDARDS</b>
<b>Policy Number</b>	NSS 4.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide Infant Intake Standards that support sound feeding practices, solid progression and balanced intake to support an infant's growth and development during their first year of life.

## Authority

State WIC Office

## Policy

### Infant Intake Assessment Standards

The table below presents the Infant Intake Standards, which shows food amounts by food type and infant age appropriate for infants, to support sound feeding practices, solid progression and balanced intake to support an infant's growth and development during their first year of life.

Food	Age of Infant				
	0-4 mo	4-6 mo	6-8 mo Str/Pureed	8-10 mo Mashed Table	10-12 mo Cut Table
Breastmilk	On Demand Approx 8- 12+ feedings	On Demand Approx 6- 8+ feedings	On Demand Approx 4-8 feedings	On Demand Approx 4-6 feedings	On Demand Approx 4-6 feedings
Formula w Fe+	16-32 oz	24-32 oz	24-32 oz	24-32 oz	24-32 oz
Infant Cereal	-	-	1-6 T	4-8 T	4-8 T
Vegetables	-	-	1-4 T	4-6 T	4-6 T
Fruit	-	-	1-4 T	4-6- T	4-6 T
Fruit Juice (cup)	-	-	2 oz	2-3 oz	3-4 oz
Meat, Fish, Poultry, Cooked Dried Beans or Egg Yolk	-	-	1-2 T	2-4 T	4 T
Teething Biscuit/Infant Crackers	-	-	1	1	1
Starch, Potato, Rice	-	-	-	2 T	2 T

<b>Policy Title</b>	<b>INFANT NUTRITION EDUCATION STANDARD TOPICS</b>	<b>Item</b>	<b>INFANT NUTRITION EDUCATION STANDARD TOPICS</b>
<b>Policy Number</b>	NSS 4.2.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide, at minimum, nutrition and health education topics that should be addressed when counseling and providing nutrition education to the caregivers of infants.

## Authority

State WIC Office

## Policy

### Infant Nutrition Education Standard Topics

Nutrition education Local Agencies provide to guardians of infant participants should promote the development of sound eating habits and optimal nutrition for the infant. Topics to be addressed include, but are not limited to:

#### Infant 0-5 Months:

- Importance of iron fortified formula if formula fed
- Vitamin D, fluoride and iron supplementation for the breastfed infant
- Fluoride supplementation for the formula fed infant
- Importance of immunizations and well child care
- Normal growth and development
- Inappropriate feeding practices (i.e., propping a bottle, early introduction of solids, etc.)

#### Infants 6-11 months:

- Introduction of solid foods
- Introduction of juice from a cup and weaning to cup
- Importance of iron fortified formula until 1 year of age
- Baby bottle tooth decay
- Normal growth and development
- Anemia and iron rich foods
- Prevention of choking
- Promoting the development of self-feeding skills
- Important of immunizations and well child care

<b>Policy Title</b>	<b>RECOMMENDED SUPPLEMENTATION FOR INFANTS</b>	<b>Item</b>	<b>RECOMMENDED SUPPLEMENTATION FOR INFANTS: FLUORIDE: IRON, VITAMIN D: VITAMIN D EDUCATION FOR PARENTS: INVENTORY AND STORAGE OF VITAMIN D</b>
<b>Policy Number</b>	NSS 4.2.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide nutrition standards for supplementing fluoride, iron and vitamin D during infancy.

## Authority

WIC Nutrition Risk Criteria Manual

American Academy of Pediatrics

Dr. Brad Gessner: Medical Directive for Issuing Vitamin D:  
<http://hss.state.ak.us/ocs/nutri/Admin/education/default.htm>

## Policy

### Recommended Supplementation for Infants

#### Fluoride

Starting at about 6 months a breastfed infant should receive 0.25 mg of fluoride per day, if he or she is only fed breastmilk or breastmilk with solid foods. The American Academy of Pediatrics (AAP) recommends that, because breastfed infants drink little or no water, they should receive fluoride supplements whether or not they live in communities with optimally fluoridated water. The AAP Committee on Nutrition recommends initiating fluoride supplementation shortly after birth in breastfed infants (0.25 mg fluoride per day) and according to the fluoride content of the drinking water in formula-fed infants. Satisfactory reduction in the prevalence of dental caries can be accomplished by initiating fluoride supplementation as late as six months of age.

Fluoride given on an empty stomach is 100% bioavailable, but if administered with milk or a calcium-rich meal will be incompletely absorbed. For infants, the supplement should be given between feedings.

#### Iron

Infants should receive an iron supplement starting at 4 – 6 months of age if they are not receiving iron-fortified formula or iron-fortified infant cereal. The amount of supplementary iron depends on the size and maturity of the infant.

## **Vitamin D**

Exclusively or partially breastfed infants should receive 400 IU of vitamin D beginning the first few days of life unless the infant is weaned to at least 1 L/day or 1 qt/day of vitamin D-fortified formula. All WIC infants and children on Medicaid or Denali KidCare over the age of six weeks who are partially or exclusively breastfed are eligible for Vitamin D supplements, funded by the Alaska Department of Health and Social Services. WIC federal funds cannot be used to pay for supplements.

Exclusively breastfed infant means that they receive only breastmilk or breastmilk plus solid foods. WIC nutritionists, registered dietitians, and Alaska certified CPAs are allowed to issue the vitamin drops. A notation should be made in the infant or child's paper or computer record that the vitamins were issued.

Liquid Tri-Vi-Sol Vitamin A, C and D drops in 50 ml bottles should be distributed. A daily dose of one ml, contains 1500 IU vitamin A, 35 mg vitamin C, and 400 IU vitamin D. A one ml dropper is included in each bottle. These vitamins are also available as "off the shelf" products.

Vitamin drops can be ordered from the State WIC Office. WIC Local Agencies within Native Health Corporations should explore obtaining vitamin supplements from the corporation, as Medicaid and Maternal, Child Health funding to buy the vitamins is very limited. WIC Vitamin D supplements are not WIC benefits.

## **Vitamin D Education for Parents**

Parents need to know:

- Breastmilk remains the best source of nutrition for an infant and child
- Vitamin D is important for healthy bone growth and development
- Vitamin D supplements are recommended in Alaska for certain infants
- Vitamin D supplements are not a part of the WIC food package and are paid for by outside funding sources
- How to give the vitamin drops
- How to get more vitamins
- To stop the vitamins if the infant goes on formula (continue vitamins if infant with dark skin is partially formula-fed)
- To stop the vitamins when the child begins to drink vitamin D fortified milk on a daily basis
- To store the vitamins safely out of the reach of children

A parent education brochure is available from the State WIC Office.

## **Inventory and Storage of Vitamin D**

An inventory should be kept of the supply of vitamins on hand, and kept at the clinic. The vitamin drops should be stored in a secure place that is dry and cool (59F to 89F is good.) The

vitamins should be protected from direct sunlight and from freezing. Returned bottles of vitamins cannot be reissued. Dispose of them immediately. Vitamin D supplements can be ordered from the State WIC Office from the Nutrition Education Materials

For further details on the Vitamin D directive, see Dr. Brad Gessner's Medical Directive for Issuing Vitamin D located at: <http://hss.state.ak.us/ocs/nutri/Admin/education/default.htm>

<b>Policy Title</b>	<b>SOLID FOODS FOR INFANTS</b>	<b>Item</b>	<b>SOLID FOODS FOR INFANTS</b>
<b>Policy Number</b>	NSS 4.2.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide guidelines for introducing solids to infants; including age appropriateness, amounts, methods and special food considerations.

## Authority

State WIC Office

## Policy

### Solid Foods for Infants

- Solid foods should be added one at a time when the infant is able to sit with support and has good neuromuscular control of head and neck. The infant should be able to indicate desire for food by opening the mouth and leaning forward, and to indicate disinterest by leaning back and turning away (- at 6 months). Iron fortified rice cereal is recommended as the first solid food, then vegetables, fruit and meat. Exclusively breastfed infants should be fed meat earlier to ensure an adequate intake of protein, iron and zinc. Solid foods should be introduced one at a time, with an interval of several days between new foods to check for signs of intolerance.
- Finger foods and foods of different textures should be offered when developmentally appropriate.
- Solid foods are recommended not only to meet nutritional needs but to encourage and support developmental changes. Consuming less solid foods than recommended will not necessarily result in an inadequate diet. The baby is the best judge of how much to eat.

### Juice:

- Excess fruit juice should be avoided. No more than 4 oz from a cup is recommended on a daily basis. The importance of feeding juice from a cup instead of bottle should be stressed.

### Honey:

- Honey, including that used in cooking or baking or found in prepared foods (e.g. yogurt with honey, peanut butter with honey) should not be offered to infants. When consumed by an infant, honey, which is sometimes contaminated with clostridium botulinum spores may cause infant botulism, a type of serious food borne illness. Corn syrup and other syrups on the market are not sources of clostridium botulinum spores, and are not associated with infant botulism.

### Water:

- Healthy infants fed adequate amounts of breastmilk or infant formula in the first 6 months of life generally do not require additional plain water added to their diet.

#### Caffeine:

- Beverages containing caffeine and bromine are not recommended for infants. Coffee, tea and some carbonated beverages such as colas and hot chocolate contain these substances.

#### Sweetened Drinks:

- Sodas, fruit drinks, punches, sweetened gelatin water, sweetened ice tea and other beverages with added sugar are not recommended for infants because of their high sugar content.

#### Herbal Teas:

- Certain herbal teas contain powerful substances similar to drugs and are not appropriate for infant consumption.
- Baby foods prepared for an infant at home can be equally nutritious and more economical than commercially prepared baby food.

#### Baby Foods:

- When commercial baby foods are used, single ingredient foods are preferred over combination foods or dinners. Combination foods or dinners are more expensive ounce for ounce and usually have less nutritional value by weight than single ingredient foods.
- Infants should not be fed baby food desserts such as puddings, custards and cobblers which contain added sugar.

#### Foods to Avoid:

- Due to the risk of choking, it is best to avoid feeding infants these foods:
  - Raw vegetables (including green peas, string beans, celery, carrots, etc.)
  - Cooked or raw whole corn kernels
  - Hard pieces of raw fruit
  - Whole pieces of canned fruit
  - Nuts, seeds, or popcorn
  - Whole grapes, berries, or cherries with pits
  - Hot dogs or stringy, tough meat
  - Peanut butter
  - Hard cheese
  - Uncooked dried fruit (including raisins)
  - Hard candy

<b>Policy Title</b>	<b>NUTRITION EDUCATION STANDARDS FOR CHILDREN</b>	<b>Item</b>	<b>NUTRITION EDUCATION STANDARDS FOR CHILDREN</b>
<b>Policy Number</b>	NSS 4.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide, at minimum, nutrition and health education topics that should be addressed when counseling and providing nutrition education to children.

## Authority

State WIC Office

## Policy

### **Nutrition Education Standards for Children**

Nutrition education provided by Local Agencies to parents and guardians of child participants and child participants themselves should promote the development of sound eating habits and optional nutritional status for the child. Nutrition education will also emphasize the relationship between nutrition, physical activity and health.

Topics to be addressed include but not limited to:

#### **Children 12-24 Months:**

- Fluoride supplementation
- Baby bottle tooth decay
- Anemia and iron rich foods
- Dental nutrition
- Normal growth and development
- Nutritious snacks
- Meeting nutritional needs of the toddler, including appropriate serving sizes (My Plate Kid's Place at <http://www.choosemyplate.gov/kids/>)
- Normal toddler eating habits
- Importance of whole milk until 2 year of age
- Weaning from the bottle, if not completed by 14 months

#### **Children 2 years - 5 years:**

- Nutritious snacks
- Dental nutrition
- Normal growth and development
- Anemia and iron rich food
- Meeting the nutritional needs of the preschooler including appropriate portion sizes (My Plate Kid's Place at <http://www.choosemyplate.gov/kids/>)
- Promotion of physical activity

<b>Policy Title</b>	<b>NUTRITION EDUCATION STANDARDS FOR PREGNANT WOMEN</b>	<b>Item</b>	<b>NUTRITION EDUCATION STANDARDS FOR PREGNANT WOMEN</b>
<b>Policy Number</b>	NSS 4.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide, at minimum, nutrition and health education topics that should be addressed when counseling and providing nutrition education to pregnant women.

## Authority

State WIC Office

## Policy

### Nutrition Education Standards for Pregnant Women

Nutrition education provided to the pregnant participant should promote the development of sound eating habits and optimal nutritional status. Topics to be addressed include but are not limited to:

- Relationship of diet to pregnancy outcome
- Diet during pregnancy (
- Vitamin and mineral supplements
- Weight gain during pregnancy
- Dealing with discomforts of pregnancy (i.e., morning sickness, constipation, etc.)
- Substance abuse (tobacco, alcohol, drugs)
- Fetal development
- Breastfeeding promotion, support and guidance

When a pregnant woman is certified, Local Agency staff should emphasize that:

- Breastfeeding women may receive WIC benefits for up to one year postpartum while non-breastfeeding women are eligible for only six months postpartum.
- Breastfeeding women are at a higher level in the WIC priority system than non-breastfeeding postpartum women, and are more likely to be served than postpartum women when Local Agencies do not have the resources to serve all individuals who apply for the WIC Program.

Postpartum participants should fully understand the full range of program benefits available to them regardless of their choice of infant feeding method.

## Providing Breastfeeding Promotion, Education & Support

Suggested below are some “Best Practices” when providing prenatal breastfeeding education. Whenever possible provide breastfeeding support and encouragement according to the guidelines below.

*Certification Visit:*

- **Find out mother’s breastfeeding intentions by reviewing the Pregnant Application.** Use Participant Centered Services techniques based on motivational interviewing and participant stage of change, to extend, clarify and reflect during the conversation. Questions to help begin the conversation: *What have you heard about breastfeeding? What were your breastfeeding experiences like with your previous baby? What was the best thing about breastfeeding? What was most challenging?*
- **Address any concerns that the mother voices.**
- **Inform the mother of ways WIC support breastfeeding:**
  - Breastfeeding education classes
  - Mother & baby certified through first year. Non-breastfeeding women are eligible for only six months postpartum.
  - Breastfeeding women are at a higher level in the WIC priority system than non-breastfeeding postpartum women, and are more likely to be served than postpartum women when local agencies do not have the resources to serve all individuals who apply for the WIC Program.
  - Breast pumps available for certain needs
  - Breastfeeding peer counselors (if applicable)
  - Extra foods
- These benefits can be presented as additional incentives to breastfeed.

*2<sup>nd</sup> Prenatal Visit:*

- **Follow up on the previous discussion.** Questions you may want to ask: *Have you thought any more about breastfeeding? - Tell me about your thoughts. How do you plan to feed your baby? What questions or concerns do you have about breastfeeding?*
- **Address any concerns that the mother voices.**
- **Use anticipatory guidance by discussing how to establish a good milk supply.** Explain supply and demand principles, and that exclusive breastfeeding during the first month is crucial to establishing a good milk supply. For this reason, WIC does not give supplemental formula in the first month.
- **Ask if the mother has support for breastfeeding** (e.g., baby’s father, friends, family, co-workers). Mom may not have supportive friends or family. Encourage mom to invite a friend or family member to join her at her WIC appointments or breastfeeding class to learn more about breastfeeding.
- **Offer information about breastfeeding classes or support groups.**
- **Refer to BFPC program if applicable**

*3<sup>rd</sup> Prenatal visit:*

This is the time to cover topics related to getting breastfeeding off to a good start, and letting moms know where they can get breastfeeding support during the first weeks. Offer to discuss such topics as:

- **Explain hospital practices that help build a milk supply.**
- **Discuss how new moms can get help for breastfeeding once they leave the hospital.**
- **Supplementation interferes with a mother's milk supply.**
- **Discuss how to know if the baby is getting enough milk.**
- **Discuss availability of breast pumps for certain circumstances.**

<b>Policy Title</b>	<b>NUTRITION EDUCATION STANDARDS POSTPARTUM NON-BREASTFEEDING WOMEN</b>	<b>Item</b>	<b>NUTRITION EDUCATION STANDARDS POSTPARTUM NON-BREASTFEEDING WOMEN</b>
<b>Policy Number</b>	NSS 4.5	<b>Effective Date</b>	June 30, 2012 (re-formatted)

### **Purpose**

To provide, at minimum, nutrition and health education topics that should be addressed when counseling and providing nutrition education to postpartum non-breastfeeding women.

### **Authority**

State WIC Office

### **Policy**

#### **Nutrition Education Standards Postpartum Non-Breastfeeding Women**

Nutrition education provided to the postpartum participant should promote the development of sound eating habits and optimal nutrition status, and emphasize the relationship between nutrition, physical activity and health and support breastfeeding if appropriate. Topics to be addressed include but are not limited to:

- My Food Plate
- Exercise and weight management
- Folic acid and birth defects
- Substance abuse and impact on health

<b>Policy Title</b>	<b>NUTRITION EDUCATION STANDARDS BREASTFEEDING WOMEN</b>	<b>Item</b>	<b>NUTRITION EDUCATION STANDARDS BREASTFEEDING WOMEN</b>
<b>Policy Number</b>	NSS 4.6	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide, at minimum, nutrition and health education topics that should be addressed when counseling and providing nutrition education to postpartum breastfeeding women.

## Authority

State WIC Office based on:

Nutrition Services Standards: Standard 13, Education and Support (October 2001, page 33-34)

## Policy

### Nutrition Education Standards Breastfeeding Women

Nutrition education provided to the postpartum participant should promote the development of sound eating habits and optimal nutrition status, and emphasize the relationship between nutrition, physical activity and health and support breastfeeding if appropriate. Topics to be addressed include but are not limited to:

- Breastfeeding resources, support, techniques, and problem solving (in the clinic or over the phone)
- Offer congratulations and praise
- Call within 1 week of expected delivery date to see how mom is doing (**best practice**).
- Schedule mom to return to the clinic soon after delivery.
- Find out if mom has any breastfeeding concerns or questions by asking open ended questions. Questions you may want to ask: *How is breastfeeding going? Do you have any questions or concerns?*
- Provide referrals and other resources as appropriate.
- Assess the Infant and breastfeeding application for appropriate number of feedings and wet diapers, etc.
- Assess the infant and breastfeeding mother's needs prior to changing food packages to change the amount of formula if prescribed or requested.
- Offer to discuss hunger and satiety cues, and growth spurts.
- Offer to discuss exclusive breastfeeding in the first month
- Diet during breastfeeding (My Plate for Pregnant and Breastfeeding Women, at <http://www.choosemyplate.gov/mypyramidmoms/>)
- Substances to avoid when breastfeeding (tobacco, alcohol, drugs)
- Folic acid and birth defects
- Exercise and weight management

<b>Policy Title</b>	<b>BREASTFEEDING PROMOTION AND SUPPORT STANDARDS</b>	<b>Item</b>	<b>BREASTFEEDING PROMOTION AND SUPPORT STANDARDS</b>
<b>Policy Number</b>	NSS 5.0	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide guidelines for implementing breastfeeding promotion activities and creating a clinic environment that endorses breastfeeding.

## Authority

State WIC Office

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General: Definitions
  - 246.2
    - page 350 (breastfeeding)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits-Nutrition Education
  - 246.11(c)(6-7)
    - page 399

State WIC Office based on:

Nutrition Services Standards: Standard 13, Education and Support (October 2001, page 33-34)

## Policy

### Breastfeeding Promotion and Support Standards

“Breastfeeding” for WIC certification is defined as “the provision of mother’s milk to her infant on the average of at least once a day”.

The State WIC Office coordinates with Local Agencies to implement breastfeeding promotion activities that encourage the development of breastfeeding coalitions, task forces and forums; develop breastfeeding promotion materials; provide breastfeeding aids to WIC participants, as appropriate; provide training for State and Local Agency staff; and, to the extent possible under present funding, employ certified lactation consultants and peer counselors.

Local WIC agencies should create a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding by:

- Designating a staff person to coordinate breastfeeding promotion and support activities.
- Incorporating task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants.

- Ensuring women have access to breastfeeding education and support activities during the prenatal and postpartum periods.

Local agency WIC programs should establish policies that support a breastfeeding friendly environment for WIC clients and employees. The agency environment should promote and support both clients and employees' breastfeeding goals. The clinic shall:

- Display posters, pictures, and/or photographs of women breastfeeding in areas visible to WIC participants. Images shall portray breastfeeding in a positive manner and have images that reflect the ethnicity of the WIC participants served.
- Formula, formula materials, formula logos, bottles and pacifiers are not in view except during use as teaching aids.
- Magazines, books and educational materials, and incentive items that are displayed or provided to WIC participants do not promote or market formula.
- Make reasonable efforts to provide a private area at the WIC clinic for participants to receive help with breastfeeding or who request a private space to breastfeed.
- Make reasonable efforts to provide breastfeeding WIC employees a private, clean and comfortable area in close proximity to the employee's work area for nursing or expressing milk.
- Provide a reasonable amount of break time for WIC employees to express breast milk or breastfeed.
- Provide pump kits purchased with WIC funds only to WIC clients.
- Inform all new WIC employees at orientation of breastfeeding support available for employees.
- Inform pregnant WIC employees of policies, facilities, information, and resources to support breastfeeding.
- Offer breastfeeding support to WIC employees in the early postpartum period.
- **Work with your agency that hosts the WIC program to support and approve the breastfeeding friendly environment policy and the best practices for clinics.**

Best practices for supporting breastfeeding friendly clinics are as follow:

- Provide alternative work schedules such as part-time employment, job sharing, flex schedules, and / or a gradual return to work
- Allow infants to be brought in to the workplace during breaks times to be breastfed or allow infants in the workplace under the care of their mother as job duties allow for a period of time to be determined between the WIC employee and their supervisor.
- Create on-site support groups for breastfeeding WIC clients and employees.

<b>Policy Title</b>	<b>GUIDANCE ON BREASTFEEDING AND THE USE OF HUMAN MILK</b>	<b>Item</b>	<b>BREASTFEEDING: BENEFITS AND CONTRAINDICATIONS</b>
<b>Policy Number</b>	NSS 5.1	<b>Effective Date</b>	January 2016

## Purpose

To provide, guidance on the use and contraindications of human milk.

## Authority

7 CFR 246.11 ( c )(7)(iv)

<http://pediatrics.aappublications.org/content/129/3/e827.full>

<http://www.ilca.org/i4a/pages/index.cfm?pageid=3933> Position on Breastfeeding, Breast Milk, and Environmental Contaminants (currently under revision)

## Policy

### Guidelines on Breastfeeding and the Use of Human Milk

Due to the overwhelming body of medical research supporting the health benefits of breastfeeding, and the corresponding risks of artificial infant milk (“formula”) feeding, Alaska WIC supports and recommends breastfeeding and the use of human milk as the normal and preferred modes of feeding for all infants, and recognizes human milk as generally superior to all artificial milks. All pregnant participants shall be encouraged to choose breastfeeding as the preferred method of nourishing their infants unless contraindicated for health reasons.

1. Direct breastfeeding, or pumped milk feeding, is the normative standard for infant feeding and nutrition.
2. Alaska WIC supports the AAP & ILCA positions that breastfeeding be considered a public health/medical issue, and not a lifestyle choice.
3. Alaska supports the following counseling practices by ensuring that breastfeeding education is included in both group and individual prenatal nutrition education to include the following:
  - a. Benefits of breastfeeding for both infants and mothers
  - b. Health risks of not breastfeeding for both infants and mothers
  - c. Provide “how to breastfeed” information
  - d. Utilize positive peer counseling when available
  - e. Involve family and friends to enhance positive support of breastfeeding
    - f. Encourage the mother to communicate her decision to breastfeed to her prenatal care provider and appropriate hospital and birthing staff
4. Direct breastfeeding of an infant by its mother, exclusively through 6 months, and continuing to 12 months and beyond.
5. Feeding the mother’s own pumped breastmilk, when direct breastfeeding is not an option.
6. When mother’s own milk is not available, feeding pasteurized donor milk from a credentialed milk bank (as the safest donor milk option) may be an option, if the mother has resources to procure it. WIC is unable to purchase donor milk.

7. The WIC program cannot endorse or participate in donor milk distribution. When clients who are considering use of non-pasteurized (“raw”) donor milk from private or informal milk sharing networks, from friends or family members or from other sources, staff may educate on safely and informed consent, and refer clients to evidence-based information on milk sharing.

- Pediatrics Volume 132, Number 5, November 2013.  
<http://pediatrics.aappublications.org/content/132/5/e1227.full>
- <http://www.ncbi.nlm.nih.gov/pubmed/22848324>
- <http://www.usbreastfeeding.org/LinkClick.aspx?link=Position-Statements%2fDonor-Milk-Statement-2008-06-18-USBC.pdf&tabid=227&mid=587>

When a mother is asking about getting donor milk informally or is giving her baby donor milk:

- Encourage her to inform her baby’s healthcare provider.
- Make a note in the infant’s client record about your referral to the health care provider. This helps protect WIC from liability.
- Share the risks of contamination, such as the possible presence of drugs or alcohol, and disease.

Buying milk online: Recent studies show there are serious risks associated with buying breastmilk online, including bacterial and viral contamination. All health authorities who have addressed this issue actively discourage buying milk sold online. WIC staff should do the same.

8. Reinforce mom’s OWN breastmilk is always BEST, and every ounce counts.

9. When a client is considering formula, WIC staff should educate on the nutritional deficits and health risks associated with formula use, so clients may make an informed decision prior to receiving formula from WIC or other sources.

### **Contraindications to Breastfeeding**

Contraindications to breastfeeding may exist for the participant. These contraindications will occur in only a few participants. Breastfeeding is not recommended when:

- a. The mother is using illegal drugs that are known to enter the breastmilk and are harmful to the baby. Examples include: heroin, cocaine, crack, methamphetamine and other amphetamines, hallucinogens
- b. The mother is taking medications known to cause harm to the breastfed baby, such as: anticancer drugs, and radioactive substances
- c. The mother has tested positive for HIV
- d. The infant has galactosemia
- e. The mother has T-cell leukemia virus type 1 (HTLV-1)
- f. The mother has untreated active tuberculosis

Breastfeeding may not be appropriate or may need to be temporarily stopped in the following situations. Refer the mother to the RD, lactation specialist or her health care provider for further evaluation and follow up.

- a. The mother is taking certain medications after birth. Compatible medications can be found to use while breastfeeding, in most cases.

- b. Only the health care provide can recommend or change medications. A good reference book to address the safety of medications while breastfeeding is: “*Medications and Mother’s Milk*” (Hale).
- c. The mother is on methadone therapy. Breastfeeding may be encouraged if a mother is enrolled in a supervised methadone maintenance program and have negative screening for HIV infection and illicit drugs. The AAP approves breastfeeding in women undergoing methadone therapy if the dose is less than 20 mg/24 hours. The mother must be monitored closely by a health care professional.  
The mother is a heavy chronic drinker or a binge drinker
- d. The mother is using marijuana

Marijuana is currently legal in Alaska and is known that:

- Marijuana does pass to the baby from the breastmilk.
- When used during pregnancy or while breastfeeding, marijuana may interfere with baby’s brain development because their brains are growing rapidly during this time.
- Some of the potential long-term health effects to babies who are exposed to marijuana during pregnancy or while breastfeeding include the following: decreased growth, decreased IQ scores, decreased mental function, decreased academic ability, and attention problems.
- The baby will have a positive drug screening test for several weeks after the mother uses marijuana
- Marijuana can be laced with other substances which can be harmful to the infant
- The mother’s ability to parent may be compromised

Mother’s should avoid marijuana while pregnant, breastfeeding, or trying to become pregnant. See [marijuana.dhss.alaska.gov](http://marijuana.dhss.alaska.gov) for additional information.

- e. The mother has Hepatitis B (HBV)
  - HBV may transfer to the infant via breastmilk
  - Both mother and infant should be treated for HBV
  - In appropriately treated mother-infant pairs, breastfeeding may continue
- f. The mother has Hepatitis C
  - Hepatitis C may pass to the infant through the mother’s bleeding or cracked nipples
- g. Infants with cleft palate, cleft lip or Down Syndrome
  - Ability to nurse should be evaluated by a lactation specialist
  - Pumping breastmilk is usually recommended if a baby can’t nurse at the breast
- h. The infant has PKU
  - Infants with PKU can partially breastfeed while using special supplemental formula
  - Close monitoring by the health care provider is required

<b>Policy Title</b>	<b>BREASTFEEDING AIDS STANDARDS</b>	<b>Item</b>	<b>BREASTFEEDING AIDS STANDARDS: POLICY FOR PROVIDING BREASTFEEDING AIDS: ALLOWED BREASTFEEDING AIDS</b>
<b>Policy Number</b>	NSS 5.2	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide guidelines for providing breastfeeding aides to WIC Program breastfeeding women.

## Authority

State WIC Office based on:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart E- State Agency Provisions- Program Costs
  - 246.14(d)(1)(ii)
    - page 424

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits- Nutrition Education
  - 246.11(a)(1)
    - page 398

## Policy

### Breastfeeding Aids Standards

#### Policy for Providing Breastfeeding Aids

The intent of breastfeeding promotion in the Alaska WIC Program is to promote optimal infant health by increasing the incidence and prevalence of breastfeeding. This is accomplished through providing WIC participants with breastfeeding information, encouragement and support. Providing breastfeeding aids is one way to support a subset of breastfeeding mothers and babies in special circumstances and is thus, an allowable expenditure for promoting and supporting breastfeeding.

#### Allowed Breastfeeding Aids include

- Hospital-grade double electric breast pump (Medela Lactina)
- Single use personal electric breast pump (Medela Pump In Style)
- Pedal breast pumps (Medela Pedal Pump)
- Manual breast pump (Medela Harmony or Medela Manual Pump Kit)
- Double pumping accessory kit
- Other State provided breastfeeding aids

Breastfeeding aids purchased with WIC funds must be provided free of charge to breastfeeding women participating in the Alaska WIC Program. Breast pumps shall be provided to participants

only after a thorough assessment of the breastfeeding relationship to ensure that a breast pump is the preferred intervention.

Breastfeeding aids must not be provided to any pregnant or breastfeeding women solely as an inducement to consider or to continue breastfeeding. Some research suggests that providing pumps and other breastfeeding aids to all breastfeeding women, regardless of need, may have the unintended effect of discouraging breastfeeding. The practice may give breastfeeding women the impression that special supplies and/or equipment are needed to successfully breastfeed, and thus reinforce a lack of confidence.

Breastfeeding aids which come into contact with mother's milk are provided to a lactating participant for her use only and must not be used by anyone else. In order to avoid the possibility of contamination, these devices must not be received back by the WIC agency and redistributed for use by another individual.

<b>Policy Title</b>	<b>REASON FOR PROVIDING BREAST PUMPS</b>	<b>Item</b>	<b>REASON FOR PROVIDING BREAST PUMPS</b>
<b>Policy Number</b>	NSS 5.3	<b>Effective Date</b>	June 30, 2012 (re-formatted)

### **Purpose**

To provide reasons when breast pumps may be provided to a WIC Program breastfeeding woman.

### **Authority**

State WIC Office

### **Policy**

#### **Reason for Providing Breast Pumps**

Hospital-grade double electric breast pumps must be loaned, not given, to lactating participants.

Reasons for providing breast pumps to a participant include:

- Mothers who are having difficulty in establishing or maintaining an adequate milk supply due to maternal and infant illness.
- Temporary mother/infant separation (such as hospitalization or a return to work or school).
- Mothers who have temporary breastfeeding problems, such as engorgement.
- Mothers of premature infants who are unable to suck adequately.
- Mothers of multiple births.
- For any other reason that the nutrition counselor feels a pump will enhance the breastfeeding experience or will help the mother continue successful breastfeeding (prior approval by the Local Agency WIC Coordinator is required).

<b>Policy Title</b>	<b>TYPES OF PUMPS AND THEIR USE</b>	<b>Item</b>	<b>TYPES OF PUMPS AND THEIR USE</b>
<b>Policy Number</b>	NSS 5.4	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the different types of breast pumps and provide instances when they are most appropriate for use.

## Authority

State WIC Office

## Policy

### Types of Pumps and Their Use

<b>Type</b>	<b>Examples</b>	<b>Type of Use</b>
Convenience	<ul style="list-style-type: none"> <li>• Hand Expression</li> <li>• Manual Pumps</li> <li>• Pedal Pump</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional separation from baby</li> <li>• Used no more than 8 times per week</li> <li>• Temporary or short term use</li> </ul>
Work or School	<ul style="list-style-type: none"> <li>• Personal-use Double Electric* (Medela Pump- In-Style)</li> </ul>	<ul style="list-style-type: none"> <li>• Used 9 or more times per week</li> <li>• Plans to pump for a few months</li> <li>• Attending school/work more than 20 hours per week or less frequently with an inflexible schedule</li> <li>• Mothers with a well-established milk supply</li> </ul>
Medical Need	<ul style="list-style-type: none"> <li>• Hospital-grade Double Electric (Medela Lactina)</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent use</li> <li>• To bring in or increase milk supply</li> <li>• To maintain milk supply</li> <li>• Long or short term use</li> <li>• Mother whose baby is not nursing</li> <li>• Mother with severe, recurrent engorgement</li> <li>• Mother with very sore nipples</li> <li>• Mother that has had breast surgery</li> <li>• Mother that is relactating</li> <li>• Mother that needs to pump and dump</li> </ul>

\* Clients living in remote areas of the state or that are homeless may be candidates for personal-use double electric pumps in lieu of hospital-grade double electric breast pumps. For guidance see “Type of Use” for the hospital-grade pumps to determine if this type of pump is appropriate for clients living in remote areas of the state or that are homeless. This policy should be implemented on a case-by-case basis and approved by the clinic breastfeeding specialist, WIC Coordinator/assistant or designee. Special emphasis should be placed on educating the client that use of the pump is for an individual and there are risks associated with loaning personal –use double electric pumps to other women such as cross-contamination and poorly working pumps. Receiving a personal-use double electric pump is a onetime only occurrence in the WIC program and clients should be made aware of this stipulation through the use of the Breast Pump Loan Agreement located at the end of this policy.



# Alaska WIC Policy

<b>Policy Title</b>	<b>BREAST PUMP AND DEVISE DISTRIBUTION</b>	<b>Item</b>	<b>BREAST PUMP AND DEVISE DISTRIBUTION: BREAST SHELLS: INFANT FEEDING TUBE DEVICES: BREAST PUMP EDUCATION</b>
<b>Policy Number</b>	NSS 5.5	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe when breast pumps may be issued and guidelines on the use of related breastfeeding devices (shells and infant feeding tubes) and breast pump education.

## Authority

State WIC Office

## Policy

### Breast Pump and Devise Distribution

WIC staff shall not issue a single-user electric breast pump and a hospital-grade electric breast pump to a participant at the same time. The hospital-grade electric breast pump must be returned to the clinic before a single-user electric breast pump may be issued. A hospital-grade electric breast pump may be issued to a participant who has previously received a single-user electric breast pump.

Clinic staff need to document the distribution of single-user electric breast pumps given to participants (Breast Pump tab in AKWIC), educate the client on use, assembly, cleaning of the pump and inform client that the pump is for their use only and is not to be loaned, sold or given away. Clients are to be encouraged to save the single user electric pump for possible future pregnancies since **they will only be issued one pump while on the Alaska WIC Program.**

### Breast Shells

Breast Shells - Breast shells may be provided to women with inverted or sore nipples. They may be given during either the prenatal or postpartum period.

### Infant Feeding Tube Devices

Thorough education and follow-up are necessary for any participant who receives an Infant Feeding Device. The infant's physician must be notified that the device has been prescribed.

Reasons for the use of an Infant Feeding Tube Device include:

- infant with sucking problems
- infants who have latch-on-problems
- mothers with low milk supply



## Alaska WIC Policy

- infants who are reluctant to nurse
- premature infants
- infants with low weight gain
- infants with cleft palate
- adopted infants
- other problems (prior approval by the Local Agency WIC Coordinator is required)

### **Breast Pump Education**

Before a participant is loaned or given a breast pump or breastfeeding aid, instruction on the appropriate assembly, proper use and, and care must be provided by trained staff.

DRAFT



## Alaska WIC Policy

Policy Title	REQUIRED BREAST PUMP FORMS	Item	REQUIRED BREAST PUMP FORMS
Policy Number	NSS 5.6	Effective Date	June 30, 2012 (re-formatted)

### Purpose

To describe the required form(s) that must be completed when a breast pump is issued to a WIC participant.

### Authority

State WIC Office

### Policy

#### Required Breast Pump Forms

Prior to issuing a breast pump to a participant, the Breast Pump Loan and Release Agreement form included at the end of this policy must be completed and signed by the participant and the WIC representative. The original must be put in the participant's paper file and a copy must be given to the participant. Electric breast pumps are loaned free of charge, without a monetary deposit.

In addition, the Breast Pump Checklist form included at the end of this policy must be completed, signed by the WIC representative, and placed in the participant's paper file or in a separate breast pump log.

Alaska WIC Breast Pump Loan & Release Agreement

WIC Clinic \_\_\_\_\_

The WIC Program is extremely pleased with your decision to provide your infant with breast milk. In order to borrow a pump or be issued a single-user pump, you must agree to abide by this Loan and Release Form Agreement.

WIC Participant Information

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Infant's DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address \_\_\_\_\_  
Last First

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Additional Contact Person's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Breast Pump Issued Pump Serial Number OR State Tag Number

- Electric Breast Pump \_\_\_\_\_
- Pump In Style \_\_\_\_\_

Reason for Issuance:  Back to Work/School  Increase Milk Supply  NICU  Other

Check as appropriate:

- For Single User Electric Pumps Only: I understand that I will be issued only **one** single-user electric pump while on the Alaska WIC Program. I understand that I should not loan out or sell this pump.
- I have received and understand instructions for operating this breast pump including how to properly close the case. I am able to operate this breast pump without assistance.
- I have inspected this breast pump and agree that it is in good condition.
- I have received and understand instructions for cleaning this breast pump.
- I agree to follow the instructions for operating and cleaning this breast pump.
- I understand that the WIC Program, or its representatives, cannot be held responsible for any personal damage caused by the use of this breast pump. I release the WIC Program from any liability regarding my use of this breast pump.
- I understand this breast pump is a loan from the WIC Program, and that it is loaned to me on a priority basis. I may be required to return it for use by a higher priority WIC participant. I agree to return the breast pump on (date) \_\_\_\_\_ or sooner, if requested or if I am not using it on a *daily basis*.
- I understand that I must return the breast pump undamaged and clean or be subject to a financial penalty of \$323.00. If I don't return the loaned electric breast pump, the state may use other types of legal options to collect payment, including small claims court, which could result in **Permanent Fund Dividend (PFD) garnishment**.

I understand that this breast pump must not be removed from the local area without special permission.

**Our supplies are limited so please return the breast pump, when you no longer need it. THANK YOU.**

*The WIC Program reserves the right to schedule monthly appointments, call you to check on the pump and may issue vouchers on a monthly basis while the pump is on loan.*

\_\_\_\_\_  
WIC Participant Signature                      Date

\_\_\_\_\_  
WIC Representative Signature                      Date

Breast pump Returned Date \_\_\_\_\_

Checklist for Instructing Breastfeeding WIC Participants on Using Breast Pumps

WIC Participant Name: \_\_\_\_\_

**Instructions:** Complete the tasks listed below in person or over the phone. Initial on the space provided.

1. \_\_\_\_\_ Breast Pump Loan and Release Agreement form reviewed and signed. Original in the file, and a copy given to client.
2. \_\_\_\_\_ Demonstrate pump kit assembly, show or send video with the pump for the client to view before using it. Disassemble the pump and have client put it together.
3. \_\_\_\_\_ Demonstrate how to hook kit up to electric pump.
4. \_\_\_\_\_ Demonstrate how to adjust suction on pump.
5. \_\_\_\_\_ Help client, as appropriate, use pump or express milk from both breasts. Be available, in person or by phone, to help client.
6. \_\_\_\_\_ Demonstrate how to take apart the pump, and which parts need to be washed.
7. \_\_\_\_\_ Review cleaning instructions. (Sterilization instructions must be reviewed for mothers of very small, pre-term infants and infants with an immune deficiency).
8. \_\_\_\_\_ Demonstrate how to close the carrying case.
9. \_\_\_\_\_ Review breastfeeding/pumping routine with client. (Provide handout *A Mother's Guide to Milk Expression and Breast Pumps*, La Leche League International. Order from Juneau.)
10. \_\_\_\_\_ Review breast milk collection and storage with the client. (Provide handout *Breastmilk Collection and Storage, Guidelines For Normal Newborns*, Medela.)
11. \_\_\_\_\_ Give client the name and phone number of the clinic to call if she needs help.
12. \_\_\_\_\_ Notify client an RD/RN/IBCLC or Breastfeeding Peer Counselor will call within 24 hours and at least weekly to follow up.

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*



# Alaska WIC Policy

<b>Policy Title</b>	<b>RECORD KEEPING AND SECURITY FOR BREASTFEEDING AIDS</b>	<b>Item</b>	<b>RECORD KEEPING AND SECURITY FOR BREASTFEEDING AIDS</b>
<b>Policy Number</b>	NSS 5.7	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe documentation, related to breastfeeding aides, which must be kept in either the participant’s AKWIC system record or Local Agency issuance and inventory logs.

## Authority

State WIC Office

## Policy

### Record Keeping and Security for Breastfeeding Aids

Documentation of the prescription of any breastfeeding aid must be included in the WIC participant’s file. The Documentation must include the type of breastfeeding aid provided, the reason the breastfeeding aid was provided, a brief summary of the content of the instruction provided, and the name of the qualified staff person who provided the instruction.

Documentation for giving a personal electric breast pump should occur in the “Breast Pump” tab in the AKWIC system. This tab can also be used to document loaning of other breast pumps and breastfeeding equipment.

Local Agencies must keep a log to record issuance of electric and pedal breast pumps. The log for electric breast pumps must include contact information, with name, address and telephone number of the borrower. Electric breast pumps are WIC equipment and must be tagged and inventoried according to the State WIC equipment policy.

Careful attention must be given to the security of all breastfeeding aids; for example; keeping them in a locked cabinet or room at the clinic.



# Alaska WIC Policy

<b>Policy Title</b>	<b>FOLLOW-UP BREASTFEEDING AIDS</b>	<b>Item</b>	<b>FOLLOW-UP BREASTFEEDING AIDS</b>
<b>Policy Number</b>	NSS 5.8	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the required follow-up needed when breastfeeding aids are issued to a WIC participant.

## Authority

State WIC Office

## Policy

### Follow-up Breastfeeding Aids

At least one follow-up contact by a trained person is recommended within 24-48 hours for WIC participants who receive breastfeeding aids. This contact can be made by telephone and is to assure that the breastfeeding aid is operating correctly and that the participant is using it properly. Documentation of this contact should be made in the WIC participant's file.



## Alaska WIC Policy

<b>Policy Title</b>	<b>BREASTFEEDING AIDS FOR OFF-SITE PARTICIPANTS</b>	<b>Item</b>	<b>BREASTFEEDING AIDS FOR OFF-SITE PARTICIPANTS</b>
<b>Policy Number</b>	NSS 5.9	<b>Effective Date</b>	June 30, 2012 (re-formatted)

### **Purpose**

To describe the procedures for issuing breastfeeding aids to offsite WIC participants.

### **Authority**

State WIC Office

### **Policy**

#### **Breastfeeding Aids for Off-Site Participants**

Off-site participants should be notified that breastfeeding aids are available to assist them in successfully breastfeeding. When issuing a breast pump to an off-site participant, contact with the participant should be made by telephone (if possible). Appropriate instructional materials must accompany the breastfeeding aid. Local Agency staff should work with any available on-site health care providers or other health care personnel to provide necessary education and follow-up.



# Alaska WIC Policy

<b>Policy Title</b>	<b>LOAN AND RETRIEVAL OF ELECTRIC BREAST PUMPS WITH PREGNANT WOMEN</b>	<b>Item</b>	<b>LOAN AND RETRIEVAL OF ELECTRIC BREAST PUMPS WITH PREGNANT WOMEN</b>
<b>Policy Number</b>	NSS 5.10	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the procedures for issuing breast pumps to pregnant women and guidelines for tracking and retrieving pumps.

## Authority

State WIC Office

## Policy

### **Loan and Retrieval of Electric Breast Pumps with Pregnant Women**

Women currently enrolled in WIC, who have recently delivered an infant(s) and have a need for an electric pump prior to their recertification appointment as a breastfeeding woman **should** be issued an electric breast pump. These women or a designee may come to the WIC office to fill out the *Alaska WIC Breastfeeding Promotion Program Breast Pump Loan and Release Agreement* form, receive instruction on proper use, care and return of the electric breast pump. All contact information should be updated on the loan form for purposes of tracking the electric breast pump. A recertification appointment or reminder should be given to the WIC participant at that time.

Women or designees are encouraged to return the pump to the office it was issued. In instances where electric breast pumps have been issued by one clinic and returned to another clinic, it is the receiving clinic's responsibility to send the electric pump back to the originating office. If it is required that the pump be sent via mail, regular US Priority mail should be used and the pump insured for \$323.00.



# Alaska WIC Policy



<b>Policy Title</b>	<b>CLEANING BREAST PUMP EQUIPMENT</b>	<b>Item</b>	<b>CLEANING BREAST PUMP EQUIPMENT</b>
<b>Policy Number</b>	NSS 5.11	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the procedures to be used for cleaning and sanitizing breast pumps before they are reissued to a new participant.

## Authority

State WIC Office

## Policy

### Cleaning Breast Pump Equipment

All electric breast pumps (EBP) and carrying cases will be cleaned by hand, using bleach and water with disposable towels, bleach wipes, or other appropriate disinfectant such as Cavacide before electric breast pumps may be reissued to WIC clients.

- Remove and throw away any double pumping accessory pieces left in or on EBP.
- Wipe Video case with bleach solution, if applicable.
- Remove Carrying Strap and clean both sides with bleach solution.
- Wipe all surfaces of EBP with the bleach solution; allow to remain wet for 2 minutes
- Wipe Carrying Case inside and out with the bleach solution, allow to remain wet for 2 minutes.
- Allow EBP, Carrying Case and Strap to Air Dry.
- Document any missing or broken pieces on **EBP Inspection Form.**
- Replace Carrying Strap, Video and EBP in case. Store closed until needed.

### Cleaning Solution Options:

- Bleach Solution: Mix 1 tablespoon of chlorine bleach with 4 cups warm water. Discard after use.
- Use commercial Bleach wipes

Use commercial spray sanitizing solution and paper towels



# Alaska WIC Policy

<b>Policy Title</b>	<b>LOST OR STOLEN ELECTRIC BREAST PUMPS</b>	<b>Item</b>	<b>LOST OR STOLEN ELECTRIC BREAST PUMPS</b>
<b>Policy Number</b>	NSS 5.12	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To describe the procedures to be used when an electric breast pump is reported lost or stolen.

## Authority

State WIC Office

WRO, ASM Memo 95-138 Providing Breast Pumps to WIC Participants

## Policy

### Lost or Stolen Electric Breast Pumps

WIC benefits cannot be denied to a participant for failing to return a pump or returning a dirty or damaged pump. If an electric breast pump is lost or not returned, the WIC office is not obligated to provide an electric pump to that mother in the future. Make a notation that the electric breast pump was not returned, in an “Alert” and copy to the “Breastfeeding Notes” section in SPIRIT. In the future, a mother can receive a manual pump and or a pedal pump if the need for a breast pump arises.

If an electric breast pump is reported stolen and an official police report is brought into the WIC office, scan or file a copy in the chart and make a notation in the “Breastfeeding Notes” section in SPIRIT so that this mother can be issued an electric breast pump in the future.

If an electric breast pump is returned to the WIC office damaged, take the pump out of the Local Agency Inventory and send it in to the State WIC Office for repair.

Make reasonable effort to retrieve electric breast pumps that are not returned to the local WIC agency after the date specified in the Breast Pump Loan and Release Agreement Form.

At minimum Local Agencies should:

- Attempt to contact all parties by phone or email listed on the Breast Pump Loan and Release Agreement Form and on the Family Information Form, within seven days of the breast pump return due date.
- Leave messages if appropriate.
- Document all call attempts.
- If unsuccessful after 14 days:



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- Mail a letter to the participant and the “additional contact” person listed on the Breast Pump Loan and Release Agreement Form, requesting return of the pump to the Local Agency.
- Document that a letter(s) was sent in the “Breastfeeding Notes” section in SPIRIT. Keep a copy of the letter for your records or scan it into SPIRIT.
- If these efforts are not successful and the WIC client fails to return the breast pump within 30 days after the letter was mailed, notify the State WIC office Administrative Assistant and provide backup documentation along with the participant ID number for further collection efforts. The State WIC Office will pursue further collection options.
  - Backup documentation includes:
    - Alaska WIC Breast Pump Loan & Release Agreement form
    - Rights and Responsibilities form
    - Notes from SPIRIT
    - Letter(s) sent to client
- Remove the electric breast pump from the Local Agency inventory after contacting the State WIC Office.
- Document that the electric breast pump was not returned, in an “Alert” and copy to the “Breastfeeding Notes” section in SPIRIT.
- Notify the State WIC Office if the participant returns the pump to the Local Agency after collection efforts have begun.

A sample breast pump collection letter is available at the end of the policy.



## Alaska WIC Policy

### Sample Breast Pump Retrieval Letter

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

I am writing to request that you return the electric breast pump we loaned you on \_\_\_\_\_ (date.) We hope that you and your baby benefited from our breast pump loan program. It is important that we receive the electric breast pump back as soon as possible as we have a limited number of electric breast pumps for a large number of WIC participants.

This pump is now overdue and prevents us from serving other WIC mothers that may need the pump. By not returning the pump you are limiting our ability to help other WIC families.

I expect that you will be able to deliver the electric pump **immediately**.

If our WIC office does not hear from you or receive the pump by \_\_\_\_\_ (date), we will proceed to turn over the breast pump retrieval process to the State of Alaska Fraud Control Unit . Thank you for your prompt response. If you have any questions, please contact me at

\_\_\_\_\_.

Sincerely,

WIC Coordinator  
Contact Information



# Alaska WIC Policy

## Alaska WIC Policy

<b>Policy Title</b>	<b>LOST MULTI-USER ELECTRIC BREAST PUMPS</b>	<b>Item</b>	<b>LOST MULTI-USER ELECTRIC BREAST PUMPS</b>
<b>Policy Number</b>	NSS 5.13	<b>Effective Date</b>	July 24, 2013

### Purpose

To provide ensure proper accountability of state purchased multi-user electric breast pumps.

### Authority

7 CFR 246.7 (l) (1)

### Policy

#### Lost Electric Breast Pumps

The SPIRIT computer system helps track multiple-user electric breast pumps through its breast pump inventory system. Agencies should utilize the reporting features of the SPIRIT system to manage the breast pumps assigned to the local agency. Minimally breast pump reports are monitored monthly to quickly detect any discrepancies in inventory.

Following the state policies on lost and stolen breast pumps, local agencies shall make a reasonable effort to retrieve multi-user electric breast pumps that are not returned when requested, and refer to the state WIC office for collection efforts if unsuccessful.

If the State WIC office determines that any breast pump(s) were lost as a result of unexplained causes, negligence, mismanagement of the breast pump loan program, or poor inventory control, the state WIC office will require the local WIC agency to pay a sum equal to the amount of the money or the value of the breast pump(s) lost or missing. Multiple-user electric breast pumps are valued at a replacement cost of \$323.00/pump.



# Alaska WIC Policy

<b>Policy Title</b>	<b>BREASTFEEDING AND USE OF SUPPLEMENTAL FORMULA</b>	<b>Item</b>	<b>BREASTFEEDING AND USE OF SUPPLEMENTAL FORMULA</b>
<b>Policy Number</b>	NSS 6.1	<b>Effective Date</b>	June 30, 2012 (re-formatted)

## Purpose

To provide guidelines to support breastfeeding and use of supplemental formula.

## Authority

State WIC Office

Federal Regulations: 7CFR Ch. II (12-6-2007 Edition)

- Revisions in the WIC Food Package

Federal Publication: Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages”, “Protocols”, “Counseling Points” and “Staff Roles”. Found at:

<http://www.fns.usda.gov/wic/policyandguidance/breastfeedingguidance.htm>

State WIC Office based on:

Nutrition Services Standards: Standard 13, Education and Support (October 2001, page 33-34)

## Policy

### Breastfeeding and Use of Supplemental Formula

WIC encourages all women to fully breastfeed for at least six months, to continue to breastfeed along with appropriate complementary foods at least until the infant is one year of age, and to continue thereafter for as long as mutually desired. When a breastfeeding mother requests formula from WIC, she may not be fully aware of the impact of formula supplementation on breastfeeding, or of the increased health risks of feeding formula in place of breastfeeding. In particular, giving infant formula to a breastfeeding infant in the first month interferes with the establishment of breastfeeding and often leads to a decrease in a mother’s breastmilk supply.

A Competent Professional Authority (CPA) shall provide counseling to a breastfeeding woman who requests supplemental formula for her infant. An assessment and counseling must occur before issuing warrants for formula.

- The first priority is to help the woman successfully achieve her breastfeeding goals.
- Assess the mother’s understanding of the impact of supplemental formula on her breastmilk supply and potentially on her and her baby’s optimal health and nutrition.
- Inform the breastfeeding mother that her food package will change and will be based upon how much she is breastfeeding.
- Provide the minimum amount of formula that meets but does not exceed the infant’s nutritional needs.



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- Determining how much supplemental formula to issue is difficult, since providing too much may decrease breastfeeding. Assessing the mother and infant and giving guidance is critical.
  - If the infant is receiving no formula and the mother is unsure of how much formula she will be using, assess and counsel the mother on the impact of formula. If formula issuance is deemed appropriate, issue the lowest amount of formula indicated.
  - If the mother is already giving the infant some formula, issue the lowest amount the infant is currently using.
  - Supplemental formula can be increased up to the maximum allowed based on infant's age and category.
  - Provide additional follow-up visits with the mother and baby to continue to support breastfeeding success.
- A breastfeeding infant who receives any formula from WIC is no longer in the fully breastfeeding category. The infant's status and mother's status will need to change to the appropriate breastfeeding category. Document this in SPIRIT on the mother's Health Information tab through the "Infant's Born from This Pregnancy" radio button, updating breastfeeding amount, date breastfeeding verified and other pertinent fields required.
- SPIRIT's "Breastfeeding Amount" field drives the client status.
- **Fully Breastfeeding**- Mother receives an exclusive breastfeeding package until the baby turns one year old. The baby receives no formula from WIC.
- **Mostly Breastfeeding**- Mother receives a breastfeeding package until the baby turns one year old. Baby can receive up to 4 cans of powdered formula per month, but no more.
- **Some Breastfeeding**- Mother receives a food package up until when the baby is six months old. After the baby is six months old, the mother is counted as a breastfeeding woman but receives no food package. The baby is entitled to the maximum amount of formula allowed for age. The expectation is that after a thorough assessment, babies will receive the minimal amount needed to support breastfeeding.
- **Non-Breastfeeding**- Mother receives a post-partum food package for the first six months. Once the baby turns six months, the mother is no longer entitled to a food package and is no longer counted as a WIC participation. The baby is fully formula fed and is entitled to the maximum amount of formula for the age category.
- Document the assessment and counseling in the Manage Notes field.
- When the participant's category changes, the appropriate food package for the new category can be issued.



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### Assessing Supplemental Formula Amounts for the Partially Breastfed Infant

*Has a supplement been started?*



**YES**

*How much supplement is the infant getting each day?*

Similac Advance or ProSobee		
0-3 oz. per day	→	1 can powder per month
4-6 oz. per day	→	2 cans powder per month
7-9 oz. per day	→	3 cans powder per month
10-12 oz. per day	→	4 cans powder per month
13-15 oz. per day	→	5 cans powder per month
16-18 oz. per day	→	*6 cans powder per month
19-21 oz. per day	→	*7 cans powder per month
22-24 oz. per day	→	*8 cans powder per month
25-27 oz. per day	→	*9 cans powder per month

- This quantity may exceed the maximum allowed as determined by infant age and category.



## Alaska WIC Policy

<b>Policy Title</b>	<b>BREASTFEEDING PEER COUNSELING (USING LOVING SUPPORT)</b>	<b>Item</b>	<b>BREASTFEEDING PEER COUNSELING (USING LOVING SUPPORT)</b>
<b>Policy Number</b>	NSS 5.13	<b>Effective Date</b>	June 30, 2012 (re-formatted)

### **Purpose**

To promote strong breastfeeding support by *Using Loving Support* to implement breastfeeding best practices throughout Alaska WIC.

### **Authority**

Using Loving Support:

[http://www.nal.usda.gov/wicworks/Learning\\_Center/support\\_peer.html](http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html)

### **Policy**

#### **Breastfeeding Peer Counseling (Using Loving Support)**

The Alaska WIC Program promotes and supports breastfeeding in collaboration with a strong statewide support network strengthening existing *Using Loving Support* projects and enhancing the continuity of WIC's current breastfeeding management and counseling efforts. In *Using Loving Support* to implement Best Practices in Peer Counseling, support plans are identified and developed for WIC communities statewide. For more information on Breastfeeding Peer Counseling, go to:

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/localagencies/labfpeer-counseling.aspx>

SPIRIT will include breastfeeding participants that have consulted with a BFPC and have a delivery date during the given date range on the BFPC report.





## Alaska WIC Policy

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- xliii USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
- xliiv USDA allows State to select from Priorities I, IV or VII. Alaska chooses to assign Priority IV.
- xliv USDA allows State to select from Priorities I, IV or VII. Alaska chooses to assign Priority IV.
- xlvi USDA requires a breastfeeding dyad (woman and infant) be assigned the same priority level from Priority I, II or IV.
- xlvii USDA requires a breastfeeding dyad (woman and infant) be assigned the same priority level from Priority I, II or IV.
- xlviii USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- xlivx USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- <sup>1</sup> USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- li USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lii USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- liii USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- liv USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lv USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lvi USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lvii USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lviii USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lix USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lx USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lxi USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lxii USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
- lxiii USDA allows State to select from Priorities V or VII. Alaska chooses to assign Priority V.
- lxiv USDA allows State to select from Priorities V or VII. Alaska chooses to assign Priority V.
- lxv USDA allows State to select from Priorities V or VII. Alaska chooses to assign Priority V.
- lxvi USDA allows State to select from Priorities V or VII. Alaska chooses to assign Priority V.
- lxvii USDA allows State to select from Priorities V or VII. Alaska chooses to assign Priority V.
- lxviii USDA allows State to select from Priorities III, IV, V, VI or VII. Alaska chooses to assign Priority VI
- lxix USDA allows State to select from Priorities VI or VII. Alaska chooses to assign Priority VI.
- lxx USDA allows State to select from Priorities VI or VII. Alaska chooses to assign Priority VI.
- lxxi USDA allows State to select from Priorities VI or VII. Alaska chooses to assign Priority VI.
- lxxii USDA allows State to select from Priorities VI or VII. Alaska chooses to assign Priority VI.
- lxxiii USDA allows State to select from Priorities VI or VII. Alaska chooses to assign Priority VI.
- lxxiv USDA allows State to select from Priorities III, V or VII. Alaska chooses to assign Priority VII.