Section 5.3: Nutrition Risk Assessment

2/2021

Section 5.3.1: Anthropometric Data

References: 7 CFR 246.7(e)(1)(i)(A and B) and 246.7(e)(1) (ii)

Policy: Local Agency staff must obtain and record accurate anthropometric data reflective of the participant's category at certification, re-certification, and mid-certification. The data must have been measured within the previous sixty days.

Purpose: To ensure that accurate applicant/participant anthropometric data is included in the health status assessment so that correct risks are identified, risk codes assigned, and relevant education provided.

Procedures

1. **Local agency staff must obtain anthropometric data either by:**
   - Measuring height/length and weight using appropriate equipment and following the procedures described in the Minnesota WIC Program Anthropometric Manual ***or***
   - Obtaining anthropometric data from a medical provider through referral. **See** Section 5.3.1.1 below **– Use of Referral Weight and Height/Length Data**. Self-reported anthropometric information may not be used.

   Procedures for measuring height/length and weight are described in the Minnesota WIC Program Anthropometric Manual (Part II, pages 11 – 36):
   - Measuring recumbent length of infants and young children, page 11
   - Weighing children younger than 24 months of age, page 18
   - Measuring standing height of older children and adults, page 24
   - Weighing older children and adults, page 29
2. **Local agency staff must accurately record anthropometric data in the Information System, documenting:**
   - Date measurements were taken and
   - Whether the length/height was measured in standing or recumbent position
3. **CPA staff must assess anthropometric data using the appropriate assessment tools.**

- Using the growth charts displayed in the Information System, assess anthropometric data for Infants and children and assign risk codes**.**
  - **For infants and children < 24 months of age**: weigh and measure recumbent length. The Information System will plot length-for-age, weight-for-age, and weight-for-length.
  - **For children between 24 and 36 months of age**, either recumbent length ***or*** standing height (preferred) can be measured. Refer to the Minnesota WIC Program Anthropometric Manual for information and guidance on selecting appropriate measurement (height or length).
    - If *height* is measured, *standing* must be indicated in the Information System and the system will display and plot BMI-for-age.
    - If *length* is measured, *recumbent* must be indicated in the Information System and the system will display and plot weight-for-length.
  - **For children > 36 months of age**, weigh and measure *standing height*.
    The Information System will plot height-for-age, weight-for-age, and BMI-for-age.

    Note: Other growth grids (e.g., for children with Down Syndrome or for premature infants) may be used for education and assessing the infant/child, **but not for assigning risk codes**.
- **Women's anthropometric data** will be assessed based on the National Academies of Sciences' recommendations in their report: Weight Gain During Pregnancy: Reexamining the Guidelines.
  - The Information System will display the grid appropriate for the woman's weight status (underweight, normal weight, overweight, or obese). Refer to the Minnesota WIC Program Anthropometric Manual for information and guidance on using and interpreting pregnancy weight gain charts.
    - For pregnant women and women < 6 months postpartum, *pre-pregnancy* BMI is used to assess weight status.
    - For breastfeeding women ≥ 6 months postpartum, *current* BMI is used to assess weight status.
  - Staff should assess the woman's weight gain during her pregnancy if currently pregnant, and total amount of weight gained if Postpartum.

4. Local agencies must have equipment that meets the guidelines in the Minnesota WIC Program Anthropometric Manual.

Local agencies must check the accuracy of clinic scales at least twice each year, approximately 6 months apart. See the Minnesota WIC Program Anthropometric Manual (pages 18 and 29) for specific instructions and requirements. Results of scale checks must be recorded and the local agency must be able to provide records of scale checks during the local agency's management

evaluation. Exhibit 5-K: Documenting Clinic Scale Testing is a form that may be used to record the dates and results of the scale checks.

Guidance

- All participants, including women, must be measured and weighed. **Self-reported height and/or weight may not be used**.
- If a woman is > 20 years of age, staff need measure her height only once (typically at her at her initial certification).
- Each time height/length and weight are measured, a single measurement is adequate when care is taken to assure that proper measuring techniques are used. Staff need not measure more than once.
- Whenever there is any doubt about the accuracy of a measurement (including measurements obtained by referral), staff should re-measure. Errors could occur in measuring, reporting, plotting, or entry into the Information System.
  - If an accurate measure is not possible (e.g., child is wearing a cast or is very uncooperative), mark that the measure may not be accurate and select the appropriate reason for the inaccuracy. Document additional information about the suspected inaccuracy in the Notes section.
  - If it is not possible to measure the participant (e.g., because the participant is medically fragile and unable to come to clinic) and no referral data is available, use the "Unknown ht/wt" button to provide a placeholder for the measurement in the anthropometric tabs of the Information System. Describe the situation more fully in the Notes section, and if possible, obtain these measurements when referral data is available or the condition is resolved.
- **Clothing:** WIC participants must be clothed as specified in the Minnesota WIC Program Anthropometric Manual to ensure accurate weights.
  - Since it is essential that infants be in a **dry diaper** for weighing, it is advantageous to have a dedicated diaper-changing area in the near vicinity of the weighing area.
  - It is also helpful to have a supply of diapers available.
- **Drapes:** Staff should use drapes on infant scales, recumbent measuring boards, foot beds on scales, and on the headpiece of the length measuring board.
- Scales must be zero-balanced with the drape prior to each use.

5.3.1.1 Using Referral Weight and Height/Length Data

References: 7 CFR 246.7 (e)(1)(i)(A) and 246.7 (e)(1)(i)(B)

Policy: Referral anthropometric data must meet all the requirements for anthropometric data collected in the clinic.

Purpose: To ensure an accurate assessment of the participant's weight and height/length using referral data, anthropometric data must reflect the participant's current category, and have been done within the scheduling requirements to be valid.

Procedures

Weight and height/length data collected by a medical provider other than WIC staff, may be used for certification/recertification/mid-certification provided the following conditions are met. Use of referral data does not pre-empt the requirement that the participant be physically present at the certification (see Section 5.2.5: Physical Presence).

For referral data to be used, the following conditions must be met:

- The data is provided by a health care provider.
  - The referral data should be provided on letterhead from the source or another form that specifies the medical clinic/provider, and includes:
  - Participant's name
  - Date of collection
- The referral data may be obtained from the participant's electronic medical record (EMR). The parent must show the WIC staff the value in the EMR.
- The CPA may obtain this information by phone from the medical clinic or health care provider.
- The participant was in the same categorical status (i.e., pregnant or postpartum) at the time of data collection as at the certification at which the data is used.
- The **anthropometric measurements** were taken within sixty days of the certification.
- The *actual measurement date* is entered in the Information System so that plotting is accurate.
- The source of the measurement date is entered in the Information System.
- Self-reported data may not be used.

Guidance

Because infants grow so rapidly, it is best clinical practice to weigh and measure infants at the certification appointment whenever possible. If referral data must be used, it should be as recent as possible, collected no more than 30 days prior to the infant certification.

Reference – Complete Listing of Hyperlinks

Minnesota WIC Program Anthropometric Manual
(https://www.health.state.mn.us/docs/people/wic/localagency/training/nutrition/nst/anthro.pdf)

Weight Gain During Pregnancy: Reexamining the Guidelines
(http://www.nap.edu/catalog.php?record_id=12584)

Section 5.2.5: Physical Presence
(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_2_5.pdf)

Exhibit 5-K: Documenting Clinic Scale Testing
(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex5/5k.pdf)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942