

Weight Inclusivity & Growth: Topic of the Month

UPDATED FEBRUARY 7, 2023

This Topic of the Month was written with Huda Gass, MPH Nutrition Student & Dietetic Intern from the University of Minnesota School of Public Health.

With the expiration of the COVID-19 related waivers, WIC has returned to collecting height and weight measurements. For many parents, this is the first time they have had the opportunity to discuss their child's growth with WIC staff. This topic of the month will take a look at how to create open dialogue with participants when discussing measurements and exploring growth with a weight inclusive lens.

Weight inclusivity

Weight inclusivity is an approach that prioritizes health and well-being without emphasizing weight to help improve diet and exercise-related health behaviors. This approach differs from the traditional weight-centric model. WIC can build stronger relationships with families and promote a positive and supportive environment by focusing on behavior rather than weight when discussing a child's growth.

Weight inclusivity and growth

Ensure weight-inclusivity when discussing growth by using language that minimizes harm and helps parents understand that weight is only one piece of the puzzle within their overall development. This ensures a comprehensive approach in prioritizing the risks, identifying the interests and motivations of the participant, and in determining the appropriate course of action in providing care.

Assist the family by providing research-based education, being transparent, unbiased, and allowing the family to be active partners in the conversation. This will build trust and maintain a positive dialogue that will reassure and empower parents. Open dialogue and understanding will provide families with the support and resources needed to establish healthy eating behaviors that align with their child's specific needs and development.

Things to consider:

- Approach the conversation about a child's weight with curiosity, not assumptions.
- Show genuine interest and ask open-ended questions.
- Gather details about the child's habits, routines, activity, and overall wellbeing.
- Focus on healthy behaviors rather than the numbers on the scale/chart.
- Talk with the parent, not at them!

Discussing growth charts

When discussing growth charts, think about ways to encourage families to view growth charts as tools for monitoring trends over time, rather than strict health indicators. This can alleviate unnecessary anxiety and foster a more comprehensive understanding of a child's well-being.

While WIC uses charts to track each child's unique growth trends, it is important not to belabor the exact percentages. It is desirable to have a series of measurements to monitor a child's growth pattern over time. Ideally, a child will grow consistently and maintain their own natural growth pattern, but that is not always the case. When there are deviations in growth, explore what factors are contributing to the change. When there is only one measurement, we can still explore with the family the factors that contribute to healthy growth.

Factors effecting growth

Growth is not the only form of measurement to understand how a child is growing. It is important to remember there are many external factors that affect growth and development and some of these are outside of our control.

- **Environmental factors:** quality of dietary intake; quantity of dietary intake or food security; environmental exposure to disease or toxins.
- **Behavioral factors:** activity level; parental use of smoking, drugs, or alcohol; childhood adversity or trauma; timing of weaning; dental hygiene; vitamin intake, sleep duration, screen time.
- **Genetic factors:** inherited family characteristics.
- **Hormonal factors:** internal bodily changes.

Our role at WIC is to assess the individual as a whole without making assumptions based on one factor. While completing the nutrition and health assessment, identify potential concerns regarding a child's growth. It is important to probe for further information to assure you are assessing the situation correctly. One effective approach is to seek input from the family. Ask the parent what concerns they have or what their health care provider has shared about the child's growth. It is important that families know we value their input and experience; they are the expert in their unique circumstance, and we are here to support them.

Addressing flagged high risk codes

The WIC Information System will assign risk codes based on how a child's measurements plot on the growth chart. Regardless of which chart is used for the assessment, the chart's result cannot be used in isolation. **The WIC CPA must assess if the condition meets the need for a High Risk Criteria.**

Deviations in a child's weight and/or height may suggest possible problems related to eating behavior, undernutrition, or overfeeding. Additional information about the child and their situation must be part of the evaluation process to determine the level of risk. Using our critical thinking and professional judgment ([Critical Thinking: Third in a Series](#)), we can assess the information gathered during the nutrition assessment to determine whether this is truly a high risk situation or not. Ultimately, nutrition professionals do not decide what health conditions

are present; they are simply naming the specific nutrition problem or risk based on their assessment and educating and offering resources appropriately.

If the CPA determines that an instance should not be flagged as high risk, then the flag can be removed.

WIC high risk criteria for weight

According to the [High Risk and Medical Referral Criteria](#) (Exhibit 6-A), the following conditions are considered high risk *unless there are additional criteria that would warrant the risk code be resolved*. Before addressing as high risk, think critically if the child is maintaining within a consistent pattern of growth. If the growth deviates significantly above/below or rises/drops quickly from their normal growth curve, then further assessment is warranted.

WIC Risk Code 103, Underweight or At Risk of Underweight (Infants and Children) (The Information System will designate children with the following criteria as high risk.)

High Risk condition is for underweight infant or children only.

- Birth to <24 months: Weight-for-length \leq the 2.3 percentile (2.3%) on the WHO Growth Grid.
- 2-5 years-or-age: BMI-for-age \leq the 5th percentile (5%) on the CDC Growth Chart.

WIC Risk Factor 113 Obese (Children 2-5 Years of Age) (The Information System will designate all children with risk code 113 as high risk. However, the CPA must assess if High Risk Criteria is met.)

BMI for Age \geq 95th percentile BMI-for-age on the CDC Growth Grid. (High Risk Criteria):

- Child is \geq 95% BMI-for-age with a high rate of weight gain and has not established a parallel growth curve to the recommended curve. OR
- Child is \geq 95% BMI-for-age and has gained \geq 5 pounds in past 6 months. OR
- Child is significantly above the 95% BMI-for-age (more than 2 squares above 95% channel line).

If high risk criteria is met for 113, then follow the high risk care policy as described in MOM [Section 6.6: High Risk Individual Nutrition Care Plans](#). If risk factor 113 is assigned and the child is growing steadily along their own growth channel and is not significantly above the 95% BMI-for-age, the child doesn't meet the high risk criteria described above. In this case, the CPA may select **resolve system-assigned high risk designations** in the Information System. Lastly, **document the reason for resolving the high risk designation**.

Putting it into Practice

Example Conversation

Scenario: Sami arrived at the WIC clinic with her son Jack for a recertification appointment. WIC CPA Emily will be completing the appointment. Even though Sami and Jack have been participating in WIC for 3 years, there is no record of measurements in the WIC Information System. Emily starts by introducing herself and asks how Sami's day is going. Emily then explains the purpose of the appointment, what will happen during the appointment, and how long it will take. Once Emily has verified that the family is still eligible for the program, she is ready to move on to measurements.

Emily: Okay, thank you for bringing in all that information Sami. The next thing we will be doing today that is different from a phone appointment is that we will be checking Jack's height and weight. This is a normal part of the recertification process that was put on hold while the WIC clinic was closed.

Sami: Oh, I see. Jack does get his measurements done at the doctors. Does he need to do them here as well?

Emily: It's great that you are attending his well-child checkups. At WIC, measurements are a required part of our nutrition services. It also gives you the benefit of seeing how he is growing over time, even between doctor visits, and a chance to talk about it one on one.

Sami: That sounds great. Jack, will you let this nice lady measure you?

Jack: Okay.

Emily: Perfect. Let's start by having you take off your shoes, Jack. We will have you come stand over here on this scale and it will tell us how much you have grown.

Emily completes the measurements and enters them in the WIC Information System. Emily finds that Jack is in the 95%tile for BMI.

Emily: Jack, thank you for letting me measure you today. Now I am just going to ask your mom some questions and you can play a little if you'd like.

Emily directs Jack to a play board on the wall. Emily then discusses the Nutrition Assessment questions with Sami. Sami shares that Jack eats regular meals and snacks. He is willing to try most foods and eats a good variety. Jack loves to play, and he rarely sits down during the day!

Emily: If it's okay with you, I'd like you to share what the doctor has said about Jack's growth at his well-child checkup?

Sami: Well, his doctor really hasn't said anything more than "Jack is big for his age", and he always has been.

Emily: I see, thank you for sharing that. What do you think about how Jack is growing?

Sami: Honestly, I'm not too sure. It's only that Jack is growing a lot faster than my first child and he is bigger than his friends in the neighborhood. Should I be worried?

Emily: I understand your hesitation; it is confusing when two siblings grow so differently. It is also so easy to compare our children to other kids of the same age. Really, children grow at their own pace and when we look at their growth, we want to see how they are growing over time rather than comparing them to others.

Sami: So, that's why the doctor isn't concerned; he has seen his measurements every year.

Emily: Right! We only have this one measurement for Jack in our system so I can't say for sure how Jack has been growing, but this is something we can look at in future appointments as we get more measurements for him.

Sami: But with him being bigger than all the other kids, should I be concerned? Is there something I should be doing to help him slow down?

Emily: That's a question many parents ask. Really, Jack being bigger than other kids his age doesn't necessarily mean there's a problem. Like I shared, we want to pay attention to HIS growth, and how HE is growing over time. There are many developmental changes happening at his age and growth patterns can vary among children. There are also other factors to consider, such as his overall health, activity level, and eating habits. The most important thing is that Jack is healthy, active, and meeting his developmental milestones.

Sami: That makes sense. He's always been a really good eater and is very active. But what if he stays bigger as he grows older?

Emily: Since Jack is eating well and active, it may actually show that he is growing consistently for his body. We'll measure him again in 6 months and look to see that he is following his own pattern of growth. Seeing how he is growing over time may give you confidence in knowing that he's on track and his growth is appropriate. If there are big changes in his pattern of growth, his activity level, or appetite, we can talk about that, and his doctor may provide additional guidance as well at his well-child checkups.

Sami: Alright, so nothing to worry about right now. It's nice to know that I can see how Jack is growing between his doctor visits and when I go to Jack's 4-year well-child check I can also discuss how he has been growing there. I really appreciate the consistency in his care. Thank you for explaining all of this to me, Emily.

Emily: You're welcome, Sami. WIC is here to help and provide support as needed. Anytime you have any questions or concerns about Jack, please don't hesitate to reach out.

Sami: I really appreciate that. Thank you.

Sami sets a goal to discuss how Jack has been growing with his doctor at his 4-year well child checkup since they will be able to share his growth progression over the past 4 years. Emily completes the appointment with asking about the food package and reloading the benefits. Emily is sure to document what has been discussed at the end of the appointment.

Staff Tools

[Anthropometrics Module - 60 minutes](#) (MDH WIC)

[Anthropometric Manual \(PDF\)](#) (MDH WIC)

Trainings found on the [Minnesota Department of Health \(MDH\) Learning Center](#):

- Prerecorded Intuitive Eating: Promoting Positive Attitudes and Behaviors Within Families
- Prerecorded Strength-based, Body-positive Approaches to Nutrition Education
- WIC Baby Behavior Training
- WIC Toddler Behavior Training

Resources

[WIC Children's Weight Status](#) (MDH WIC)

[WIC Reports and Data/Children's Weight Status \(2-5 Years Old\)](#) (MDH WIC)

[Discussing Child's Weight- Topic of the Month](#) (MDH WIC)

[A New Look at Responsive Feeding Practices - Topic of the Month](#) (MDH WIC)

[Get Moving and Stay Active: Topic of the Month](#) (MDH WIC)

[AAP Policy Statements on Obesity](#) (American Academy of Pediatrics (AAP), March 23, 2022)

[Dietary Recommendations for Children and Adolescents: A Guide for Practitioners](#) (AAP, February 2006)

[Obesity Prevention: AAP Policy Explained](#) (Healthychildren.org/AAP, November 18, 2019)

Reference – Complete Listing of Hyperlinks:

[Critical Thinking: Third in a Series](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/2021/topic/0915nutassess.pdf>)

[High Risk and Medical Referral Criteria](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex6/6a.pdf>)

[WIC Risk Code 103, Underweight or At Risk of Underweight \(Infants and Children\)](#)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/103.html>)

[WIC Risk Factor 113 Obese \(Children 2-5 Years of Age\)](#)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/113.html>)

[Section 6.6: High Risk Individual Nutrition Care Plans](#)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_6.pdf)

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[Anthropometrics Module](https://www.health.state.mn.us/training/cfh/wic/nutrition/anthropometric/story.html)

(<https://www.health.state.mn.us/training/cfh/wic/nutrition/anthropometric/story.html>)

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

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/nutrition/nst/anthro.pdf>)

[Minnesota Department of Health \(MDH\) Learning Center](https://minnesota.myabsorb.com/admin/login)

(<https://minnesota.myabsorb.com/admin/login>)

[Discussing Child's Weight- Topic of the Month](https://www.health.state.mn.us/docs/people/wic/localagency/topicmonth/childweight.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/topicmonth/childweight.pdf>)

[A New Look at Responsive Feeding Practices - Topic of the Month](https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2020/topic/0902topic.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2020/topic/0902topic.pdf>)

[Get Moving and Stay Active: Topic of the Month](https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/2021/topic/0505topic.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/2021/topic/0505topic.pdf>)

[AAP Policy Statements on Obesity](https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/aap-policy-statements-on-obesity/) (<https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/aap-policy-statements-on-obesity/>)

[Dietary Recommendations for Children and Adolescents: A Guide for Practitioners](https://publications.aap.org/pediatrics/article/117/2/544/68440/Dietary-Recommendations-for-Children-and?autologincheck=redirected)

(<https://publications.aap.org/pediatrics/article/117/2/544/68440/Dietary-Recommendations-for-Children-and?autologincheck=redirected>)

[Obesity Prevention: AAP Policy Explained](https://www.healthychildren.org/English/health-issues/conditions/obesity/Pages/obesity-prevention-aap-policy-explained.aspx) (<https://www.healthychildren.org/English/health-issues/conditions/obesity/Pages/obesity-prevention-aap-policy-explained.aspx>)

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