

Minnesota WIC Risk Criteria – Exhibit 5-T

UPDATED 7/31/2020

101 Underweight (Woman)

HuBERT Assigned? YES

Pregnant Women: Pre-pregnancy Body Mass Index (BMI) < 18.5

Non-breastfeeding Women: Pre-pregnancy OR current BMI < 18.5

Breastfeeding Woman < 6 months postpartum: Pre-pregnancy OR current BMI < 18.5

Breastfeeding Woman > 6 months postpartum: Current BMI < 18.5

103 Underweight or At Risk of Becoming Underweight (Infants and Children)

HuBERT Assigned? YES

Underweight

Birth to < 24 months: $\leq 2.3^{\text{rd}}$ percentile weight-for-length as plotted on the Birth to 24-month gender-specific growth charts*.

2-5 years: $\leq 5^{\text{th}}$ percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts.

At Risk of Underweight

Birth to < 24 months: $> 2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile weight-for-length as plotted on the Birth to 24 month gender-specific growth charts*.

2-5 years: $> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts.

*Based on 2006 World Health Organization international growth standards.

111 Overweight (Women)

HuBERT Assigned? YES

Pregnant Women: Pre-pregnancy BMI ≥ 25

Non-Breastfeeding Women: Pre-pregnancy BMI ≥ 25

Breastfeeding Women < 6 Months Postpartum: Pre-pregnancy BMI ≥ 25

Breastfeeding Women ≥ 6 Months Postpartum: Current BMI ≥ 25

113 Obese (Children 2-5 Years of Age)

HuBERT Assigned? YES

≥ 24 months to 5 years: ≥ 95 th percentile BMI or weight-for-stature as plotted on 2000 CDC 2-20 years gender specific growth charts.

NOTE: The cutoff is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.

114 Overweight or At Risk of Overweight (Infants and Children)

HuBERT Assigned? YES

Overweight

2 – 5 years: ≥ 85 th percentile and < 95th percentile BMI-for-age or weight-for- stature as plotted on the 2000 CDC 2-20 years gender specific growth charts.

At Risk of Overweight

Birth to < 12 months: Biological mother with a BMI ≥ 30 at time of conception or any point in the first trimester of pregnancy.

NOTE: The cutoff is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.

115 High Weight-for-Length (Infants and Children < 24 Months)

HuBERT Assigned? YES

≥ 97.7 th percentile weight-for-length as plotted on the Birth – 24 months gender specific growth charts.*

*Based on 2006 World Health Organization international growth standards.

121 Short Stature or At Risk of Short Stature (Infants and Children)

HuBERT Assigned? YES

Short Stature

Birth to 2 years: \leq 2.3rd percentile length-for-age as plotted on the Birth – 24 months gender specific growth charts.

2 – 5 years: \leq 5th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts.

At Risk of Short Stature

Birth to 2 years: $>$ 2.3rd percentile and \leq 5th percentile length-for-age as plotted on the Birth to 24 months gender specific growth charts.

2 – 5 years: $>$ 5th percentile and \leq 10th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts.

NOTE: Assignment of risk code based on adjusted gestational age for infants and \leq 2 year olds born premature.

131 Low Maternal Weight Gain

HuBERT Assigned? YES

Low maternal weight gain as defined as:

1. A low rate of weight gain, such that in the 2nd and 3rd trimesters singleton pregnancies:
 - Underweight women gain less than ($<$) 1 pound per week.
 - Normal weight women gain less than ($<$) .8 pounds per week.
 - Overweight women gain less than ($<$) .5 pounds per week.
 - Obese women gain less than ($<$) .4 pounds per week.

OR

2. Any weight loss or, low weight gain at any point in pregnancy, such that a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine) -based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom of the appropriate weight gain range for her respective pre-pregnancy weight category as follows:

Weight Loss or Low Weight Gain Table

Pre-pregnancy Weight Groups	Definition (BMI)	Total Weight Gain Range (lbs.)
Underweight	< 18.5	28 – 40
Normal Weight	18.5 to 24.9	25 – 35
Overweight	25.0 to 29.9	15 – 25
Obese	≥ 30.0	11 - 20

133 High Maternal Weight Gain

HuBERT Assigned? YES

Singleton Pregnancies:

Pregnant Women (current pregnancy), all trimesters, all weight groups

1. A high rate of weight gain, such that in the 2nd and 3rd trimesters singleton pregnancies:

- Underweight women gain greater than (>) 1.3 pounds per week.
- Normal weight women gain greater than (>) 1 pound per week.
- Overweight women gain greater than (>) .7 pounds per week.
- Obese women gain greater than (>) .6 pounds per week.

OR

2. High weight gain at any point in pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine) -based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category (see below).

Breastfeeding or Non-Breastfeeding Women (most recent pregnancy only):

Total gestational weight gain exceeding the upper limit of the NASEM's recommended range based on pre-pregnancy BMI, as follows:

High Maternal Weight Gain Table

Pre-pregnancy Weight Groups	Definition (BMI)	Total Weight Gain Range (lbs.)
Underweight	> 18.5	> 40
Normal Weight	18.5 to 24.9	> 35
Overweight	25.0 to 29.9	> 25
Obese	≥ 30.0	> 20

134 Failure to Thrive

HuBERT Assigned? NO

Presence of failure to thrive diagnosed by a physician as self-reported by applicant/ participant/ caregiver; or as reported or documented by a physician, or someone working under physician's orders.

135 Slowed/Faltering Growth Pattern

HuBERT Assigned? YES

Infants Birth to 2 Weeks: Excessive weight loss after birth, $\geq 7\%$ birth weight.

Infants 2 weeks to 6 months: Any weight loss, using two weight measurements taken at least 8 weeks apart.

141 Low Birth Weight and Very Low Birth Weight

HuBERT Assigned? YES

Low Birth Weight

Birth weight defined as less than or equal to 5 pounds 8 ounces (≤ 2500 g), for infants and children less than 24 months old.

Very Low Birth Weight

Birth weight defined as less than or equal to 3 pounds 5 ounces (≤ 1500 g), for infants and children less than 24 months old.

Note: See “Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants” found in the [Allowed WIC Nutrition Risk Criteria](#).

142 Preterm or Early Term Delivery

HuBERT Assigned? YES

Infants and children less than 24 months old:

Preterm: Delivery of an infant born less than 37 weeks gestation.

Early Term: Delivery of an infant born more than or equal to 37 weeks and less than 39 weeks gestation.

151 Small for Gestational Age

HuBERT Assigned? NO

Presence of small for gestational age diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician’s orders.

Note: See “Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants” found in the [Allowed WIC Nutrition Risk Criteria](#).

152 Low Head Circumference

HuBERT Assigned? NO

Birth to < 24 months: $\leq 2.3^{\text{rd}}$ percentile head circumference-for-age as plotted on Birth to 24 months gender specific growth charts.

Note: See “Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants” found in the [Allowed WIC Nutrition Risk Criteria](#).

153 Large for Gestational Age

HuBERT Assigned? YES if birth weight ≥ 9 pounds

Birth weight ≥ 9 pounds (≥ 4000 g)

OR

Presence of large for gestational age diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.

201 Low Hemoglobin or Hematocrit

HuBERT Assigned? YES

Hemoglobin or hematocrit concentration below the 95th percentile confidence interval (i.e. below the .025 percentile) for healthy, well-nourished individuals of same age, sex, and stage of pregnancy.

HuBERT will suggest risk code 201-Low Hemoglobin or Hematocrit for any values **less than** the blood values listed on the table below.

Low Hemoglobin or Hematocrit Table - Women

Status	Non-smoking	Any smoking up to 20 cigarettes/day	Smoking 21 to 40 cigarettes/day	Smoking > 40 cigarettes/day
NA	Hgb & Hct	Hgb & Hct	Hgb & Hct	Hgb & Hct
PG 1 st trimester	11.0 & 33.0	11.3 & 34.0	11.5 & 34.5	11.7 & 35.0
PG 2 nd trimester	10.5 & 32.0	10.8 & 33.0	11.0 & 33.5	11.2 & 34.0
PG 3 rd trimester	11.0 & 33.0	11.3 & 34.0	11.5 & 34.5	11.7 & 35.0
PP, BF: 12-14 years	11.8 & 35.7	12.1 & 36.7	12.3 & 37.2	12.5 & 37.7
PP, BF: 15-17 years	12.0 & 35.9	12.3 & 36.9	12.5 & 37.4	12.7 & 37.9
PP, BF: 18 years and up	12.0 & 35.7	12.3 & 36.7	12.5 & 37.2	12.7 & 37.7

Low Hemoglobin or Hematocrit Table – Infants/Children

Status	Age	Hct. %	Hgb. grams
Infant	5 to 12 months	33.0	11.0
Child	12 to 24 months	32.9	11.0
Child	24 to 60 months	33.0	11.1

211 Blood Lead Levels**HuBERT Assigned? YES**

Blood lead level of ≥ 5 µg/deciliter within the past 12 months.

301 Hyperemesis Gravidarum**HuBERT Assigned? NO**

Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This nutrition risk is based on a chronic condition, not single episodes. This is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded. Presence of Hyperemesis Gravidarum diagnosed by physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

302 Gestational Diabetes**HuBERT Assigned? YES**

Presence of gestational diabetes diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

303 History of Gestational Diabetes

HuBERT Assigned? YES if previous WIC pregnancy record has checkbox in Health Information screen selected.

Pregnant Women: any history of gestational diabetes.

Breastfeeding/Non-Breastfeeding: any history of gestational diabetes.

304 History of Preeclampsia

HuBERT Assigned? YES if History of Preeclampsia checkbox in Health Information screen is selected.

History of diagnosed preeclampsia.

Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.

311 History of Preterm or Early Term Delivery

HuBERT Assigned? YES

Preterm: Delivery of an infant born less than 37 weeks gestation.

Early Term: Delivery of an infant born more than or equal to 37 weeks and less than 39 weeks gestation.

Pregnant Women: any history of preeclampsia.

Breastfeeding/Non-Breastfeeding: any history of preeclampsia.

312 History of Low Birth Weight

HuBERT Assigned? YES for Pregnant Women: If Low Birth Weight checkbox on Woman's Health Information tab is selected. For Postpartum Women: If Low Birth Weight checkbox on Woman's Health Information tab is selected OR when most recent birth weight is \leq 5 pounds, 8 ounces.

Birth of an infant weight \leq 5 pounds 8 ounces. (\leq 2500 grams)

Pregnant Women: any history of low birth weight.

Breastfeeding/Non-Breastfeeding: most recent pregnancy.

321 History of Spontaneous Abortion, Fetal or Neonatal Loss

HuBERT Assigned? YES if History of Fetal or Neonatal Loss checkbox in Health Information screen is selected.

A spontaneous abortion (SAB) is the spontaneous termination of a gestation at < 20 weeks or < 500 grams.

Fetal death: the spontaneous termination of a gestation at ≥ 20 weeks.

Neonatal death: the death of an infant within 0-28 days of life.

Pregnant Women: any history of fetal or neonatal loss or 2 or more spontaneous abortions.

Breastfeeding: most recent multi-fetal pregnancy with one or more infants still living.

Non-Breastfeeding: most recent pregnancy.

331 Pregnancy at a Young Age

HuBERT Assigned? YES

Conception \leq 17 years of age.

Pregnant Women: current pregnancy.

Breastfeeding/Non-Breastfeeding: most recent pregnancy.

332 Short Interpregnancy Interval

HuBERT Assigned? YES if Live Birth Within 18 Months checkbox in Health Information Screen is selected.

Interval of < 18 months from date of live birth to conception of subsequent pregnancy

Pregnant Women: current pregnancy.

Breastfeeding/Non-Breastfeeding: most recent pregnancy.

333 High Parity and Young Age

HuBERT Assigned? YES Pregnant Woman only if woman was < 20 years at conception and pregnancy parity is > 3

Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.

Pregnant Women: current pregnancy.

Breastfeeding/Non-Breastfeeding: most recent pregnancy.

334 Lack of or Inadequate Prenatal Care

HuBERT Assigned? YES when “Did Not Receive Prenatal Care” selected in Health Information screen OR CPA assigned if number of prenatal visits not met.

Prenatal care beginning after the 1st trimester (> 13th week)

OR WHEN:

14-21 Weeks of gestation and 0 or unknown number of prenatal visits

22-29 Weeks of gestation and 1 or less prenatal visits

30-31 Weeks of gestation and 2 or less prenatal visits

32-33 Weeks of gestation and 3 or less prenatal visits

34 or more Weeks of gestation and 4 or less prenatal visits

335 Multifetal Gestation

HuBERT Assigned? YES *Pregnant*: If Expecting Multiple Births checkbox in Health Information screen is selected. ***Postpartum*:** If Multi-fetal Gestation in 'Most Recent Pregnancy History' section of Health Information screen is selected.

More than one (>1) fetus in a pregnancy

Pregnant Women: current pregnancy.

Breastfeeding/Non-Breastfeeding: most recent pregnancy.

336 Fetal Growth Restriction

HuBERT Assigned? NO

Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth, and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10th percentile for gestational age.

Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician or someone working under physician's orders.

337 History of Birth of a Large for Gestational Age Infant

HuBERT Assigned? YES for postpartum women when most recent birth weight is ≥ 9 pounds.

Pregnant Women: any history of giving birth to an infant weighing ≥ 9 pounds (4000 grams).

Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy, or history of giving birth to an infant weighing ≥ 9 pounds (4000 grams).

Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver or as reported or documented by a physician or someone working under physician's orders.

338 Pregnant Woman Currently Breastfeeding

HuBERT Assigned? YES

Pregnant woman who is currently breastfeeding.

339 History of Birth with Nutrition Related Congenital or Birth Defect

HuBERT Assigned? NO

A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excessive Vitamin A.

Pregnant Women: any history with nutrition-related congenital or birth defect.

Breastfeeding/Non-Breastfeeding: most recent pregnancy.

341 Nutrient Deficiency or Disease

HuBERT Assigned? NO

Any currently treated or untreated nutrient deficiency or disease. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypoglycemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and Iron Deficiency.

Presence of nutrient deficiency diseases diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.

342 Gastro-Intestinal Disorders

HuBERT Assigned? NO

Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:

- Gastroesophageal reflux disease (GERD)
- Peptic ulcer
- Post-bariatric surgery
- Short bowel syndrome
- Inflammatory bowel disease, including ulcerative colitis or Crohn's Disease
- Liver disease

- Pancreatitis
- Biliary tract disease

Presence of gastro-intestinal disorders diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician or someone working under physician's orders.

343 Diabetes Mellitus

HuBERT Assigned? YES

Presence of Diabetes Mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician or someone working under physician's orders.

344 Thyroid Disorders

HuBERT Assigned? NO

Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:

- Hyperthyroidism
- Hypothyroidism
- Congenital Hypothyroidism
- Congenital Hyperthyroidism
- Postpartum Thyroiditis

Presence of thyroid disorders diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician or someone working under physician's orders.

345 Hypertension and Prehypertension

HuBERT Assigned? YES

Hypertension: high blood pressure, which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension.

Prehypertension: being at high risk for developing hypertension, based on blood pressure levels.

Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.

346 Renal Disease

HuBERT Assigned? NO

Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

Presence of renal disease diagnosed by a physician self-reported as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

347 Cancer

HuBERT Assigned? NO

A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.

Presence of cancer diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

348 Central Nervous System Disorders

HuBERT Assigned? NO

Conditions which affect energy requirements, that may affect the individual's ability to feed self, or that alter nutritional status metabolically, mechanically, or both. Includes, but are not limited to:

- Epilepsy
- Cerebral Palsy (CP)
- Neural tube defects (NTDs), such as:
 - Spina bifida or
 - Myelomeningocele
- Parkinson's Disease
- Multiple Sclerosis

Presence of disorder diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician, or someone working under physician's orders.

349 Genetic and Congenital Disorders

HuBERT Assigned? NO

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (**not** sickle cell trait), and muscular dystrophy.

Presence of disorder diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician, or someone working under physician's orders.

351 Inborn Errors of Metabolism

HuBERT Assigned? NO

Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat.

Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to:

- Amino Acid Disorders
- Organic Acid Metabolism Disorders
- Fatty Acid Oxidation Disorders
- Lysosomal Storage Diseases
- Urea Cycle Disorders
- Carbohydrate Disorders
- Peroxisomal Disorders
- Mitochondrial Disorders

Presence of disorder diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician, or someone working under physician's orders.

NOTE: For information about additional IEM, please see Clarification for 351 in the [Allowed Nutrition Risk Criteria – 351 Inborn Errors of Metabolism](#).

352A Infectious Diseases - Acute

HuBERT Assigned? NO

A disease characterized by a single or repeated episode of relatively rapid onset and short duration. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks and fleas to humans. Includes, but not limited to:

- Hepatitis A
- Hepatitis E
- Meningitis (Bacterial/Viral)
- Parasitic infections
- Listeriosis
- Pneumonia
- Bronchitis (3 episodes in last 6 months)

Presence of disorder diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician, or someone working under physician's orders.

352B Infectious Diseases - Chronic

HuBERT Assigned? NO

Conditions likely lasting a lifetime and require long-term management of symptoms. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly, from person to person (1). Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks and fleas to humans. Includes, but not limited to:

- HIV - Human Immunodeficiency Virus
- AIDS – Acquired Immunodeficiency Syndrome
- Hepatitis B
- Hepatitis C
- Hepatitis D

Presence of disorder diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician, or someone working under physician's orders.

353 Food Allergies

HuBERT Assigned? NO

Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

Presence of food allergies diagnosed by a physician as self-reported by applicant/participant/caregiver or as reported or documented by a physician, or someone working under physician's orders.

354 Celiac Disease

HuBERT Assigned? NO

An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food.

Celiac Disease (CD) is also known as:

- Celiac Sprue
- Gluten-sensitive Enteropathy
- Non-tropical Sprue

Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or as documented by a physician, or someone working under physician's orders.

355 Lactose Intolerance

HuBERT Assigned? NO

Lactose intolerance is a syndrome of one or more of the following: diarrheas, abdominal pain, flatulence, and/or bloating that occur after lactose ingestion.

Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver or as reported or documented by a physician, or someone working under physician's orders.

356 Hypoglycemia

HuBERT Assigned? NO

Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver or as reported or documented by a physician, or someone working under physician's orders.

357 Drug Nutrient Interactions

HuBERT Assigned? NO

Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.

358 Eating Disorders (Women only)

HuBERT Assigned? NO

Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:

- Self-induced vomiting
- Purgative abuse
- Alternating periods of starvation
- Use of drugs such as appetite suppressants, thyroid preparations or diuretics
- Self-induced marked weight loss

Presence of eating disorder(s) diagnosed by a physician as self-reported by applicant/participant/caregiver or reported or documented by a physician, or someone working under physician's orders or evidence of such disorders documented by the CPA.

359 Recent Major Surgery, Trauma, Burns

HuBERT Assigned? YES if C-section Delivery checkbox is selected in the Postpartum tab of Health Information.

Major surgery (including C-sections), trauma or burns severe enough to compromise nutrition status.

Any occurrence:

- Within the past two (≤ 2) months may be self-reported
- More than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.

360 Other Medical Conditions

HuBERT Assigned? NO

Diseases or Conditions with Nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to:

- Juvenile rheumatoid arthritis (JRA) (or Juvenile idiopathic arthritis – JIA)
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis
- Persistent asthma (moderate or severe) requiring daily medication

Presence of medical conditions(s) diagnosed by a physician as self-reported by applicant/participant/caregiver or as reported or documented by a physician, or someone working under physician's orders.

361 Depression (Women and Children)

HuBERT Assigned? NO

Presence of clinical depression diagnosed by a physician or psychologist as self-reported by applicant/participant/caregiver or as reported or documented by a physician, psychologist or someone working under physician's orders.

362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

HuBERT Assigned? NO

Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but is not limited to:

- Minimal brain function

- Feeding problems due to developmental delays such as pervasive development disorder (PDD) which includes autism
- Birth injury
- Head trauma
- Brain damage
- Other disabilities

363 Pre-Diabetes

HuBERT Assigned? NO

Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes.

Presence of pre-diabetes diagnosed by a physician as self-reported by applicant/participant/caregiver or as reported or documented by a physician, or someone working under physician's orders.

371 Maternal Smoking

HuBERT Assigned? YES

Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.

372 Alcohol and Substance Use

HuBERT Assigned? YES for pregnant women.

For Pregnant Women:

- Any alcohol use
- Any illegal substance use and/or abuse of prescription medications.
- Any marijuana use in any form

For Breastfeeding and Non-Breastfeeding Postpartum Women:

- Alcohol Use:
 - Binge Drinking: Routine consumption of 4 or more (≥ 4) drinks within 2 hours.
 - High Risk Drinking: Routine consumption of 8 or more (≥ 8) drinks per week or 4 or more (≥ 4) drinks on any day.

- **Note:** A serving or standard sized drink is: 12 ounces beer; 5 ounces wine; or 1 ½ fluid ounces 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials, or liqueurs).
- Any illegal substance use and/or abuse of prescription medications.
- Any marijuana use in any form (breastfeeding only).

381 Oral Health Conditions

HuBERT Assigned? NO

Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. Oral health conditions include, but are not limited to:

1. Presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars (infants and children).
2. Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality (children and all categories of women).
3. Gingivitis of pregnancy (pregnant women).

382 Fetal Alcohol Spectrum Disorders

HuBERT Assigned? NO

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).

Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

383 Neonatal Abstinence Syndrome (NAS)

HuBERT Assigned? NO

NAS is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants because of the mother's use of drugs during pregnancy, and diagnosed by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver.

NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth. This condition must be present within the first 6 months of birth for risk code assignment. It is applicable to infants up to one year of age.

401 Failure to Meet Dietary Guidelines for Americans

HuBERT Assigned? NO

Assigned ONLY to individuals (2 years and older) for whom a complete nutrition assessment (including assessment for Risk Code 425 or 427) has been performed and no other risks have been assigned.

411 Inappropriate Nutrition Practices for Infants

HuBERT Assigned? NO

Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below.

- A. Routinely using a substitute for human milk or for iron fortified infant formula as primary nutrient source during the 1st year of life.
- B. Routinely using nursing bottles or cups improperly.
- C. Routinely offering complementary foods* or other substances inappropriate in type or timing. (*food/drink other than breast milk or iron fortified infant formula)
- D. Routinely using feeding practices that disregard the developmental needs or stage of the infant.
- E. Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.
- F. Routinely feeding inappropriately diluted formula.
- G. Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.
- H. Routinely feeding a diet very low in calories and/or essential nutrients.
- I. Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula.
- J. Feeding dietary supplements with potentially harmful consequences.
- K. Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.

425 Inappropriate Feeding Practices for Children

HuBERT Assigned? NO

Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below.

- A. Routinely feeding inappropriate beverages as the primary milk source.
- B. Routinely feeding a child any sugar-containing fluids.
- C. Routinely using bottles, cups, or pacifiers improperly.
- D. Routinely using feeding practices that disregard the developmental needs or stages of the child.
- E. Feeding foods to a child that could be contaminated with harmful microorganisms.
- F. Routinely feeding a diet very low in calories and/or essential nutrients.
- G. Feeding dietary supplements with potentially harmful consequences.
- H. Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.
- I. Routine ingestion of non-food items (pica).
- X. Child Transitioning to New Age Category - Created as a work-around to allow staff to create default food packages when there aren't any age-appropriate risk factors.

427 Inappropriate Nutrition Practices for Women

HuBERT Assigned? NO

Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below:

- A. Consuming dietary supplements with potentially harmful consequences.
- B. Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.
- C. Compulsively ingesting non-food items (pica).
- D. Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.
- E. Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.

428 Dietary Risk Associated with Complementary Feeding Practices

HuBERT Assigned? NO

An infant (4-12 months) or child (12-23 months) who has begun to or is expected to begin to:

1. Consume complementary foods and beverages.
2. Eat independently.
3. Be weaned from breast milk or infant formula, or
4. Transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans* is **at risk** of inappropriate complementary feeding.

A complete nutrition assessment, including for Risk Code 411, Inappropriate Nutrition Practices for Infants, or Risk Code 425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk code.

501 Possibility of Regression

HuBERT Assigned? NO

A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. (for recert only) Possibility of Regression may be used only once following a certification period.

502 Transfer of Certification

HuBERT Assigned? NO

Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category, and shall be accepted as proof of eligibility for program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible.

601 Breastfeeding Mother of Infant at Nutritional Risk

HuBERT Assigned? YES

A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.

Includes pregnant as well as postpartum women who breastfeed.

602 Breastfeeding Complications or Potential Complications (Women)

HuBERT Assigned? NO

A breastfeeding woman with any of the following complications or potential complications for breastfeeding:

- A. Severe breast engorgement
- B. Recurrent plugged ducts
- C. Mastitis (fever or flu-like symptoms with localized breast tenderness)
- D. Flat or inverted nipples
- E. Cracked, bleeding or severely sore nipples
- F. Age \geq 40 years
- G. Failure of milk to come in by 4 days postpartum
- H. Tandem nursing (breastfeeding two siblings who are not twins)

Includes pregnant as well as postpartum women who breastfeed.

603 Breastfeeding Complications or Potential Complications (Infants)

HuBERT Assigned? NO

A breastfeeding infant with any of the following complications or potential complications for breastfeeding:

- Jaundice
- Weak or ineffective suck
- Difficulty latching onto mother's breast
- Inadequate weight gain indicators, such as:
 - Excessive weight loss after birth ($> \frac{1}{2}$ lb. or $> 8\%$ from birth)
 - Not back to birth weight by 2 weeks of age or not gaining at least 7 ounces each week during first 2 months of life
 - Inadequate stooling (for age as determined by a physician or other health care professional), or
 - Less than 6 wet diapers per day

701 Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy

HuBERT Assigned? YES if mother received WIC services in MN when pregnant.

An infant < 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.

702 Breastfeeding Infant of Woman at Nutritional Risk

HuBERT Assigned? YES when linked to a Currently BF woman.

Breastfeeding infant of woman at nutritional risk.

801 Homelessness

HuBERT Assigned? YES when Homeless checkbox in Demographics tab is selected.

A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A temporary accommodation of not more than 365 days in the residence of another individual.
- A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

802 Migrancy

HuBERT Assigned? YES when Migrancy checkbox in Demographics tab is selected.

Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

901 Recipient of Abuse

HuBERT Assigned? NO

Battering or child abuse/neglect within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.

“Battering” generally refers to violent assaults on women.

Child abuse/neglect is defined as “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.”

902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

HuBERT Assigned? NO

Woman (pregnant, breastfeeding, or non-breastfeeding), or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food.

Examples may include individuals with:

- ≤ 17 years of age.
- Mental illness, including clinical depression as diagnosed by a physician, licensed psychologist or someone working under a physician’s orders, or as self-reported.
- Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities.
- Intellectual disability as diagnosed by a physician, licensed psychologist or someone working under a physician’s orders, or as self-reported.
- Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medication.

903 Foster Care

HuBERT Assigned? NO

Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.

904 Exposure to Environmental Tobacco Smoke (ETS)

HuBERT Assigned? YES

Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.

Reference – Listing of Hyperlinks

[Allowed WIC Nutrition Risk Criteria](https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/index.html)

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

[Allowed WIC Nutrition Risk Criteria – 351 Inborn Errors of Metabolism](https://www.health.state.mn.us/docs/people/wic/localagency/nutrition/riskcodes/bioclinmed/351.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/nutrition/riskcodes/bioclinmed/351.pdf>)

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