Alaska WIC Policy

Chapter 2: Nutrition Services

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Alaska WIC Policy

Policy Title	ALASKA WIC NUTRITION SERVICES STANDARDS	Item	ALASKA WIC NUTRITION SERVICES STANDARDS
Policy Number	NSS 1.0	Effective Date	

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

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

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

Policy Title	LOCAL AGENCY STAFFING REQUIREMENTS	Item	LOCAL AGENCY STAFFING REQUIREMENTS
Policy Number	NSS 1.1	Effective Date	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.

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 on-going. 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

Policy Title	LOCAL AGENCY COORDINATOR REQUIREMENT	Item	LOCAL AGENCY COORDINATOR REQUIREMENT
Policy Number	NSS 1.1.1	Effective Date	December, 2012

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.

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 will substitute for two years of the required work experience.

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

New WIC Coordinators must complete the required SPIRIT on-line training within 15 calendar days of hire. If the WIC Coordinator has had previous SPIRIT experience in another state, they must read the SPIRIT scripts to understand Alaska business practices.

Alaska WIC Policy

Policy Title	LOCAL AGENCY COORDINATOR VACANCY	Item	SHORT AND LONG TERM COORDIANTOR VACANCY
Policy Number	NSS 1.1.2	Effective Date	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 (≤ 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 ≤ a month acceptable coverage can be through existing staff or qualified contractors.

Long-Term Vacancy (≥ 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.

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

Purpose

To describe the required qualifications a Competent Professional Authority (CPA) must poses 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
- 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

Policy Title	LOCAL AGENCY NUTRITION SERVICES STANDARDS	Item	LOCAL AGENCY NUTRITION SERVICES STANDARDS
Policy Number	NSS 1.2	Effective Date	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:

- 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

Policy Title	NUTRITION RISK ASSESSMENTS	Item	NUTRITION RISK ASSESSMENTS: RISK CODE MANUAL (USDA RISK CODES)
Policy Number	NSS 2.0	Effective Date	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
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- WIC Nutrition Risk Code Manual

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 on their web site at
http://dhss.alaska.gov/dpa/Pages/nutri/wic/administration/risk-codes-manual.aspx
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.

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.

Alaska WIC Policy

Policy Title	DEFINITION OF NUTRITION RISK	Item	DEFINITION OF NUTRITION RISK
Policy Number	NSS 2.1	Effective Date	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.

All nutrition risks that apply should be identified and assigned. This includes nutrition risks related to measurements, and nutrition risks gathered through the application form, or other parts of the complete nutrition assessment.

Alaska WIC Policy

Policy Title	NUTRITION RISK DATA COLLECTION	Item	NUTRITION RISK DATA COLLECTION: WIC APPLICATION FORMS
Policy Number	NSS 2.2	Effective Date	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: Nutrition Assessment (August, 2013, page 27-32)

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.

Staff should review applications with participants. If any information is found to be incorrect, CPAs can correct the information and initial. For example: if the participant has indicated they

drink raw milk, and upon discussion it is determined the participant does not drink raw milk, the CPA can cross this out on the application, correct it and initial.

WIC Application Forms can be found at:

Pregnant Woman Application Form:
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/InfantApplication.pdf

Child Application Form:
http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/WIC/childapp.pdf

Alaska WIC Policy

Policy Title	ANTHROPOMETRIC ASSESSMENTS	Item	ANTHROPOMETRIC ASSESSMENTS
Policy Number	NSS 2.3	Effective Date	June 30, 2012

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: Nutrition Assessment (August, 2013, page 27- 32)

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

Policy Title	CORRECT TECHNIQUES FOR TAKING ANTHROPOMETRIC MEASUREMENTS	Item	CORRECT TECHNIQUES FOR TAKING ANTHROPOMETRIC MEASUREMENTS
Policy Number	NSS 2.3.1	Effective Date	June 30, 2012

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

Policy Title	CALIBRATION OF SCALES	Item	CALIBRATION OF SCALES
Policy Number	NSS 2.3.1.1	Effective Date	November 15, 2016

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 2 A, Clinic Environment (August 2013, page 4)

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

Policy Title	WEIGHING INFANTS	Item	WEIGHING INFANTS
Policy Number	NSS 2.3.1.2	Effective Date	June 1, 2016

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.
- If measured on a non-digital scale, 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) to be sure that the first measurement was accurate).
- If the measurement is performed on a digital scale, only one measurement is required.

Alaska WIC Policy

Policy Title	WORLD HEALTH ORGANIZATION (WHO) GROWTH STANDARDS FOR INFANTS & CHILDREN BIRTH TO 24 MONTHS AND CDC GROWTH CHARTS	Item	WORLD HEALTH ORGANIZATION (WHO) GROWTH STANDARDS FOR INFANTS & CHILDREN BIRTH TO 24 MONTHS AND CDC GROWTH CHARTS
Policy Number	NSS 2.3.1.3	Effective Date	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

Policy Title	GUIDELINES FOR GROWTH CHARTS AND GESTATIONAL AGE ADJUSTMENT : FOR LBW & VLBW INFANTS	Item	GUIDELINES FOR GROWTH CHARTS AND GESTATIONAL AGE ADJUSTMENT: FOR LBW & VLBW INFANTS
Policy Number	NSS 2.3.1.3	Effective Date	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

Policy Title	MEASURING LENGTH OF CHILDREN UNDER AGE TWO	Item	MEASURING LENGTH OF CHILDREN UNDER AGE TWO
Policy Number	NSS 2.3.1.4	Effective Date	June 1, 2016

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 to confirm the first measurement was accurate).
- If using digital equipment, only one measurement is required.

Alaska WIC Policy

Policy Title	WEIGHING CHILDREN AND ADULTS	Item	WEIGHING CHILDREN AND ADULTS
Policy Number	NSS 2.3.1.5	Effective Date	June 1, 2016

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 to confirm the first measurement was accurate).
- If measurement is done on digital equipment, no second measurement is required.

Alaska WIC Policy

Policy Title	MEASURING HEIGHT OF CHILDREN AND ADULTS	Item	MEASURING HEIGHT OF CHILDREN AND ADULTS
Policy Number	NSS 2.3.1.6	Effective Date	June 1, 2016

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 to confirm the first measurement was accurate).
- If digital equipment is used, no second measurement is required.

Alaska WIC Policy

Policy Title	MEASURING HEAD CIRCUMFERENCE	Item	MEASURING HEAD CIRCUMFERENCE
Policy Number	NSS 2.3.1.7	Effective Date	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

Policy Title	HEMATOLOGICAL TESTS	Item	HEMATOLOGICAL TESTS
Policy Number	NSS 2.4	Effective Date	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 6, Nutrition Assessment (August, 2013, pages 27-31)

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.

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.

Table 201 – A

		Category									
		1st Trimester	2nd Trimester	3rd Trimester	Nonpreg 12 - < 15 yrs	Nonpreg 15 - < 18 yrs	Nonpreg ≥ 18 yrs	Infants 0 - < 6 mo	Infants 6 - < 12 mo	Child 1 - < 2 yrs	Child 2 - < 5 yrs
Altitude	**Smoking**	**Hct <**	**Hct <**	**Hct <**	**Hct <**	**Hct <**	**Hct <**	**Hct <**	**Hct <**	**Hct <**	**Hct <**
No altitude adjustment	Nonsmokers	33.0	32.0	33.0	35.7	35.9	35.7		33.0	32.9	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				

Table 201 – B

		Category									
		1st Trimester	2nd Trimester	3rd Trimester	Nonpreg 12 - < 15 yrs	Nonpreg 15 - < 18 yrs	Nonpreg ≥ 18 yrs	Infants 0 - < 6 mo	Infants 6 - < 12 mo	Child 1 - < 2 yrs	Child 2 - < 5 yrs
Altitude	**Smoking**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**	**Hgb <**
No altitude adjustment	Nonsmokers	11.0	10.5	11.0	11.8	12.0	12.0		11.0	11.0	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/Pages/nutri/wic/administration/risk-codes-manual.aspx
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

"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

Policy Title	NON-INVASIVE HEMOGLOBIN TESTING	Item	USE OF NON-INVASIVE HEMOGLOBIN TESTING IN WIC
Policy Number	NSS 2.4.1	Effective Date	March 2017

Purpose

To outline procedures when using the alternate non-invasive method to obtain hemoglobin levels in WIC participants.

Authority

State WIC Office

Policy

Non-invasive Hemoglobin Testing

Pronto Non-Invasive Hemoglobin Screening
Alaska Bloodwork Protocol

Criteria for Screening

Pronto device may be used for screening adults and children, weighing 22 pounds or more. Screening is most successful if child is at least 24 months of age.

Preparation for Screening

1. Have participant wash hands or use a hand sanitizer. A 70% isopropyl alcohol pad can be used for cleaning the finger. If the participant has nail polish on her fingernails, proceed with the screening. Dark nail polish may impact the machine's ability to take a reading. Removal of dark nail polish prior to testing is optional.
2. Participant should have been seated for approximately 2 minutes before performing the screen.
3. Rest the hand/arm on the table or desk. Hand/arm should be above waist level.
4. No movement or talking.

Site Selection

1. Select non-dominant hand. Preferred finger is ring or middle finger. Do not ask to remove jewelry or watch due to liability reasons.
2. Select sensor size by:
    a. Child sensor: 22 lbs. – 110 lbs.
    b. Adult sensor: 66 lbs. or more

Testing

1. Clean sensor with alcohol wipe.
2. Place sensor on finger insuring the tip of the finger is touching the finger stop. If the participant has a long fingernail, the fingernail can extend over the finger stop.

3. Insure the detector is place directly over the patient's nail bed.
4. Make sure the initial reading on the device is at least 1.0 (This initial reading is not the hemoglobin value; it is the perfusion measurement.). Readings less than 1.0 may result in an unsuccessful screening. Lightly rubbing and warming the finger before screening may help increase the reading.
5. Instruct the participant not to talk or move during the screening.
6. Document the results in SPIRIT.
7. It is not necessary to turn off the device between the screenings; however, turning off the device will extend the battery life.
8. Keep the sensor cable as straight as possible, running it up the back of the hand and lower arm.

Tips for Screening Small Children

1. If more than one member of the family needs screening, start with the oldest family member(s).
2. If the child is awake, make eye-contact and chat with the child during the first 30 seconds of the screening. The child can be screened sitting in their parent's lap, facing outward with their hand on the parent's thigh. The child's hand can also be stabilized and held between the parent's two hands.
3. Staff should test facing the child; keep an eye on the finger in the sensor. If the fingers starts to move, continue chatting with the child and have the parent place their hand over the child's hand. Staff can do this as well.
4. Children can be screened while asleep or in a drowsy state.

Tips for Warming Cold Hands

1. Keep a heating pad on low heat next to the Pronto and warm hands up prior to testing.
   OR
2. Wash hands with warm water prior to testing.
   OR
3. Have the parent rub their hands together or the child's hands between theirs prior to testing.

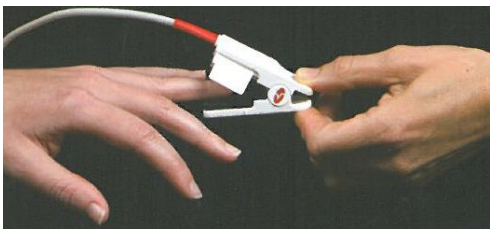
Other Helpful Hints

1. Always use sensor guide on adults to determine appropriate sensor size.
2. Select ring or middle finger (non-dominant) for adults.
3. Thumb should be used in all children followed by the middle finer of non dominant hand..

Pronto Use

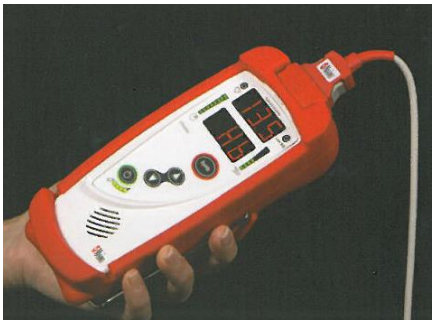
1. Select sensor size

2. Place sensor on finger



3. Press SpHb button

4. Obtain results



Batteries for the Pronto device

The Pronto device is USDA approved for use with alkaline batteries. Each device takes 4 AA batteries. Alkaline batteries last for about 250 tests. Rechargeable batteries can be used and last for 125-150 tests.

Alaska WIC Policy

Policy Title	IRON DEFICIENCY ANEMIA	Item	IRON DEFICIENCY ANEMIA
Policy Number	NSS 2.4.1	Effective Date	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

Policy Title	BLOOD TEST DATES	Item	BLOOD TEST DATES: DEFERRING BLOOD TESTS 90 DAYS: BLOOD TESTS BY OTHER PROVIDERS
Policy Number	NSS 2.4.2	Effective Date	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

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):

□Anemia
□Breastfeeding
□Chronic Disease
□Developmental Disability
□Feeding Problems
□Formula Feeding Problems
□Gaining Too Much Weight
□Homeless
□Inadequate Weight Gain
□Inappropriate Foods for Age
□Low Birth Weight/Prematurity
□Nutrition Related Medical Condition
□Poor Eating Habits
□Poor Prior Pregnancy Outcome
□Pregnancy Difficulties
□Short Stature Height/Age
□Teenage Pregnancy
□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

Policy Title	UNIVERSAL PRECAUTIONS	Item	UNIVERSAL PRECAUTIONS
Policy Number	NSS 2.4.3	Effective Date	November 13, 2013

Purpose
To provide guidelines for performing safe finger and heal 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

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

Policy Title	BLOOD TEST REQUIREMENTS FOR WIC CERTIFICATION	Item	BLOOD TEST REQUIREMENTS FOR WIC CERTIFICATION
Policy Number	NSS 2.4.4	Effective Date	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

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

[1]For breastfeeding women 6-12 months postpartum, no additional blood test is necessary if a blood test was obtained after the termination of pregnancy.
[2]A blood test taken between 6-9 months of age can be used to meet this screening requirement.
[3]A blood test is recommended 6 months after the infant test, at around 15 to 18 months of age.
[4]Children ages 24-60 months with a positive anemia screening result require a follow-up blood test at 6-month intervals.

Alaska WIC Policy

Policy Title	EXCEPTION TO BLOOD TEST REQUIREMENTS	Item	EXCEPTION TO BLOOD TEST REQUIREMENTS
Policy Number	NSS 2.4.5	Effective Date	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

Policy Title	REFUSAL OF BLOOD TESTS	Item	REFUSAL OF BLOOD TESTS
Policy Number	NSS 2.4.6	Effective Date	June 30, 2012

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

Policy Title	BLOOD WORK REQUIREMENTS FOR CHILDREN	Item	BLOOD WORK REQUIREMENTS FOR CHILDREN
Policy Number	NSS 2.4.7	Effective Date	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

Policy Title	BLOOD LEAD LEVELS	Item	BLOOD LEAD LEVELS
Policy Number	NSS 2.4.4	Effective Date	March 2017

Guidance on referring for testing for blood lead levels

Authority:

USDA Memo dated May 21, 2015 "Transmittal of Revised, Not Allowed, and corrected Nutrition Risk Criteria"

Nutrition Risk 211: Elevated Blood Lead Levels, definition and justification

State of Alaska Epi Bulletin, Blood Lead Surveillance in Children Aged < 18 years- Alaska, 1995-2012

Policy: Blood Lead Levels

WIC agencies must assess the history of lead testing for every infant and child. The WIC staff should make a referral to a children's health care provider if the:

- Child has never received a lead test
- Child had an elevated BLL 12 months prior and has had no interim follow-up screening
- Child is suspected by a parent or a health care provider to be at risk for lead exposure
- Child has a sibling or frequent playmate with an elevated BLL
- Participant is a recent immigrant, refugee, or foreign adoptee
- Breastfeeding or lactating woman, parent, or child's principal caregiver works professionally or recreationally with lead
- Family has a household member who uses traditional, folk, or ethnic remedies; cosmetics; or who routinely eats unregulated/uninspected food imported from abroad
- Family has been identified at increased risk for lead exposure by the health department because the family has local risk factors for lead exposure

Lead poisoning is a persistent, but entirely preventable, public health problem in the United States. Elevated blood lead levels (BLLs) – are a potent, pervasive neurotoxicant associated with harmful effects on health, nutritional status, learning and behavior. Young children who have even low levels of lead exposure are at risk for lifelong intellectual and behavioral deficits.

Children are at heightened risk for BLL because they absorb lead more readily than adults and their developing nervous system is particularly vulnerable to the effects of lead.

Avoidance of lead exposure remains the primary preventive strategy for reducing adverse health effects.

Some of the sources of lead that pose a danger to children in other states are not encountered in Alaska, and children are infrequently tested for lead here. However, there are some unique sources of lead exposure in AK, including the use of lead shot for hunting in some areas.

Testing for blood lead levels requires a blood draw, and is usually done in a doctor's office.

Lead in Pregnant Women

Lead poisoning in a pregnant woman results in lead crossing the placenta and can have a detrimental impact on a developing fetus. One cause of lead poisoning in pregnant women is from practicing pica. Pica is defined as the eating of one or more nonnutritive substances on a persistent basis for a period of at least one month. Items commonly ingested include soil, clay, ice, starch, baking powder, chalk and paint. Cases of lead poisoning have been found when lead containing items, such as lead-contaminated soil and pottery, have been ingested. Pica is commonly practiced in areas of Africa, Asia, and Central America. In the United States it occurs more frequently in the South and in immigrant populations where it is culturally acceptable. In areas of the U.S. where pica is viewed negatively, women may not admit to engaging in these practices thus, it places the pregnant woman and her fetus at risk.

Lead in Breastfeeding Women

Lead in maternal plasma is transferred to breast milk; however, very little maternal plasma lead is actually transferred to the milk. If a breastfeeding woman tests positive for lead, in most cases breastfeeding is safe. If the blood lead level goes above 40 ug/dl or the level is greater than 20 ug/dl and the baby's level is above 5 ug/dl, temporarily pumping and discarding milk until BLLs decline is recommended. Mothers should be supported during this interruption so that their milk supply can be maintained. Testing of breastmilk is not recommended.

Lead in Infants and Children

Children with pica may also have an elevated BLL. Lead poisoning is most common in children, especially those living in low income, migrant, or new refugee households.

Nutrition and Lead Absorption

Adequate consumption of calcium, iron, selenium, and zinc along with vitamins C, D and E **decreases** the absorption of lead in adults and lowers the susceptibility to the toxic effects in children. Nutritional status affects the absorption, deposition, and excretion of lead and thus may

affect lead toxicity. Infants and children with a BLL ≥5 μg/dL should be assessed for the adequacy of their diet with a focus on increasing iron, calcium, and vitamin C, as follows:

- Iron deficiency anemia (IDA) can be an indicator of lead poisoning as they often coexist. Iron status should be evaluated and nutritional supplementation may be recommended by the participant's health care provider to correct and prevent IDA. Testing for IDA should occur (4):
    - Once between ages 9-12 months,
    - Again 6 months later, and
    - Annually from ages 2 to 5 years.
- Inadequate dietary calcium intake generally affects lead absorption. Results from some studies indicate that dietary calcium (when consumed at Adequate Intake levels) competitively inhibits lead absorption.
- The antioxidant, vitamin C, has been shown to have natural chelating properties, enhancing the urinary elimination of lead from the body.

Implications for WIC Nutrition Services

WIC nutrition services may benefit participants with lead exposure or elevated BLL in the following ways by:

• Reinforcing primary prevention strategies to avoid lead exposure and reduce adverse health effects such as offering to explain risk factors and common sources of lead, and providing a referral to lead treatment programs in health departments. Other CDC prevention tips can be found at: http://www.cdc.gov/nceh/lead/tips.htm.

• Encouraging consumption of foods (with an emphasis on the foods in the WIC food package) with nutrients that help minimize absorption of ingested lead and assist in preventing adverse consequences.

o Calcium: Low-fat dairy, bone-in canned fish, and fortified fruit and vegetable juices http://ods.od.nih.gov/factsheets/Calcium-HealthProfessional/

o Iron: Lentils and beans, fortified cereals, red meats, fish, and poultry http://ods.od.nih.gov/factsheets/Iron-HealthProfessional/

o Vitamin C: Citrus fruits, tomatoes, and other fruits and vegetables http://ods.od.nih.gov/factsheets/VitaminC-HealthProfessional/

Helping to determine source(s) of lead exposure and counsel participants on avoiding further exposure, including identification and assessment of pica behavior.
(For more information, see Risk #427 *Inappropriate Nutrition Practices for Women* and Risk #425 *Inappropriate Nutrition Practices for Children*.)

• Working with local lead treatment programs to determine source(s) of lead exposure and to support their recommendations for reducing further exposure.

•Encourage women to breastfeed. If elevated BLL are identified, follow CDC recommendations for initiation and continuation of breastfeeding.

Providing breastfeeding support to mothers with elevated BLLs who need to temporarily pump and discard their breast milk.

• Working with healthcare providers to support breastfeeding according to the CDC guidelines if lead exposure occurs in a breastfeeding dyad.

Alaska WIC Policy

Policy Title	DIETARY ASSESSMENT	Item	DIETARY ASSESSMENT
Policy Number	NSS 2.5	Effective Date	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

Policy Title	NUTRITION RELATED MEDICAL CONDITIONS	Item	NUTRITION RELATED MEDICAL CONDITIONS
Policy Number	NSS 2.6	Effective Date	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. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking probing questions related to that diagnosis. CPAs can assign the nutrition risk for medical conditions or diseases once presence of the condition is confirmed through discussion with the participant. A best practice is to verify the diagnosis with the health care provider either by phone or through written confirmation

Alaska WIC Policy

Policy Title	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	Item	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN
Policy Number	NSS 2.7	Effective Date	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

Policy Title	COMPUTER SYSTEM RISK CODE SUMMARY	Item	COMPUTER SYSTEM RISK CODE SUMMARY
Policy Number	NSS 2.8	Effective Date	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 ≥95th% 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 ≤ 10th% 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 <5th % (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 (≤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/≥1 infant still living) (NBF-most recent pregnancy)

330 General Obstetrical Risks

331 Pregnancy at a Young Age (PG/BF/NBF, **H** age ≤ 15 PG/BF)
332 Short Interpregnancy Interval (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≥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 Oral Health Conditions (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 (PG, BF)
602 Breastfeeding Complications (Women) (PG, 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

Policy Title	PRIORITY GROUP ASSIGNMENTS WITH NUTRITIONAL RISK	Item	PRIORITY GROUP ASSIGNMENTS WITH NUTRITIONAL RISK
Policy Number	NSS 2.9	Effective Date	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							
Priority I			***Categories***				
	RF#	**Risk Factor Name**	**PG**	**BF**	**I**	**C**	**NBF**
	101	Underweight Women	X	X			
	103	Underweight or At Risk of Becoming Underweight			X		
	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	X				
	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) 1st 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**	**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	Short Inter-pregnancy Interval	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	**H**	**H**	**H**		
	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	X	X	X		
	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			X
	362	Developmental, Sensory or Motor Disabilities with the Ability to Eat	X	X	X		
	363	Pre-Diabetes		X			
	371	Maternal Smoking	X	X			
	372	Alcohol and Illegal Drug Use	X	X			
	381	Oral Health Conditions	X	X	X		
	382	Fetal Alcohol Syndrome (HR up to 1 yr of certification)			**H**		
	601	Breastfeeding Mother of Infant at Nutritional Risk	X	[i]X			
	602	Breastfeeding Complications (Woman)	X	**H**			
	603	Breastfeeding Complications for Breastfed Infant			**H**		
	702	Breastfeeding Infant of Woman at Nutritional Risk			[ii]X		
	703	Infant Born of Woman w/ Mental Retardation/Alcohol/ Drug Abuse During Most Recent Pregnancy			X		
	904	**Environmental Tobacco Smoke Exposure (Second Hand or involuntary)**	**X**	**X**	**X**		

II	RF#	Priority II Risk Factor Name	PG	BF	I	C	NBF
	601	Breastfeeding Mother of Infant at Nutritional Risk	X	[iii]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			[iv]X		

Priority	Priority III		Categories				
	RF#	Risk Factor Name	PG	BF	I	C	NBF
	101	Underweight Women					[v]X
	103	Underweight or At Risk of Becoming Underweight				X	
	111	Overweight Women					[vi]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					[vii]X
	134	Failure to Thrive				**H**	
	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%)				**H**	**[viii]H**
	211	Elevated Blood Lead Levels				X	[ix]X
	303	History of Gestational Diabetes					[x]X
	311	History of Preterm Delivery					[xi]X
	312	History of Low Birth Weight					[xii]X
	321	History of Spontaneous Abortion, Fetal or Neonatal Loss					[xiii]X
	331	Pregnancy at a Young Age					[xiv]X
	332	Short Interpregnancy Intervals					[xv]X
	333	High Parity and Young Age					[xvi]X
	335	Multifetal Gestation					[xvii]X
	337	History of Birth of a Large for Gestational Age Infant					[xviii]X
	339	History of Birth with Nutrition Related Congenital or Birth Defect					[xix]X
	341	Nutrient Deficiency				X	[xx]X
	342	Gastro Intestinal Disorders				X	[xxi]X
	343	Diabetes Mellitus				X	[xxii]X

	344	Thyroid Disorders				X	[xxiii]X
	345	Hypertension				**H**	**[xxiv]H**
	346	Renal Disease (excluding UTI)				X	[xxv]X
	347	Cancer				**H**	[xxvi]**H**
	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)				X	**[xxxi]**X
	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				X	[xl]X
	363	Pre-Diabetes					**X**
	371	**Maternal Smoking**					**[xli]X**
	372	Alcohol and Illegal Drug Use					X
	381	Oral Health Conditions				X	**[xlii]X**
	382	Fetal Alcohol Syndrome (HR up to 1 yr of certification)				**H**	
	904	**Environmental Tobacco Smoke Exposure (Second Hand or Involuntary)**				**X**	**[xliii]X**
IV	**RF #**	**Priority IV Risk Factor Name**	**PG**	**BF**	**I**	**C**	**NBF**
	401	Failure to Meet *Dietary Guidelines for Americans*	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	[xlv]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			[xlvii] X		
	801	Homeless	[xlviii] X	[xlix]X	[l]X		
	802	Migrant	[li]X	[lii]X	[liii]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	[lvii] X	[lviii] X	[lix] X		
	903	Foster Care	[lx] X	[lxi] X	[lxii] X		
V	**RF #**	**Priority V** **Risk Factor Name**	**PG**	**BF**	**I**	**C**	**NBF**
	401	Failure to Meet *Dietary Guidelines for Americans*				**X** ≥ 2	
	425	Inappropriate Nutrition Practices for Children				**X**	
	428	Dietary Risk Associated with Complementary Feeding Practices (12-23 months)				**X**	
	801	Homelessness				[lxiii] X	
	802	Migrant				[lxiv] X	
	901	Recipient of Abuse				[lxv] X	
	902	Woman, or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food				[lxvi] X	
	903	Foster Care				[lxvii] X	
VI	**RF #**	**Priority VI** **Risk Factor Name**	**PG**	**BF**	**I**	**C**	**NBF**
	401	Failure to Meet *Dietary Guidelines for Americans*					**X**
	427	Inappropriate Nutrition Practices for Women					**X**
	501	Possibility of Regression					[lxviii] X
	801	Homelessness					[lxix] X
	802	Migrant					[lxx] X
	901	Recipient of Abuse					[lxxi] X
	902	Woman, or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food					[lxxii] X
	903	Foster Care					[lxxiii] X
VII	**RF #**	**Priority VI** **Risk Factor Name**	**PG**	**BF**	**I**	**C**	**NBF**
	501	Possibility of Regression				[lxxiv] 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

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.

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

Purpose: To define the process of "mid-certification assessment" (MCA), 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 certification that lasts for 12 months. 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.

MCAs are very similar to certification appointments. Participants receive the same nutrition assessment and education. The main changes are: income does not need to be checked (unless it's changed), and the certification application does not need to be completed. Local agencies can have their own form for MCAs to collect the most recent height and weight (and hemoglobin, if applicable).

Instructions for the MCA process are below.

For infants, 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 (or length) and weight measurements should be collected and an assessment of growth and weight (e.g. BMI calculations, growth chart plotting) performed.

II. Bloodwork (if necessary)(i

i) For infants, and children 12-23 months

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). 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 and follow up on the goal set at 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:

A. 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. Follow up on goal set at certification.

C. Document any needed referrals as the current assessment warrants.

Alaska WIC Policy

Policy Title	HIGH RISK PARTICIPANTS	Item	HIGH RISK PARTICIPANTS
Policy Number	NSS 2.10	Effective Date	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 (August 2013, page 14, 17, 18, 25, 34, 35, and 68)

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

Policy Title	CERTIFICATION AS HIGH RISK	Item	CERTIFICATION AS HIGH RISK
Policy Number	NSS 2.10.1	Effective Date	October 1, 2016

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 (August 2013, page 14, 17, 18, 25, 34, 35, and 68)

State of Alaska WIC Program

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) occurring at or before the next nutrition contact (at 3 months). Best practice is to refer to the RD to be seen within 2 months, especially if the risk would be expected to benefit from nutrition intervention. Exceptions to this are risk factors 602 and 603 (BF complications or potential complications). Participants with HR due to these risk factors can be referred to the IBCLC, if available, and the IBCLC can write the HR care plan.

The care plan may be developed by telephone contact with the participant in rural locations. 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. Participants who do not live rurally should be seen in person if possible. Circumstances that would preclude someone from being seen for a HR follow up in person should be noted in the chart.
High risk care plans can be implemented by a CPA.

Care plan must be entered as a SOAP note, and indicate the credentials of the staff member who completed it. In order for the HR contact to be complete, the Nutrition Education tab must be opened, and a HR risk must be chosen. This step is used by the Spirit Utilities HR Report, to count the HR contact as completed. If the participant has more than one HR, both high risks must be selected in the Nutrition Education tab or else the participant will appear on the HR report.

An exception is participants who transfer in to an agency as high risk. These participants can be given the same next appointment a non-high-risk transfer would receive, and can be referred to the dietitian at that contact.

Alaska WIC Policy

Policy Title	WHAT IS HIGH RISK?	Item	WHAT IS HIGH RISK?
Policy Number	NSS 2.10.2	Effective Date	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 CriteriaManual

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) and multifetal gestation

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 weighting 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, and fetal alcohol syndrome (FAS).

Alaska WIC Policy

Policy Title	HIGH RISK CRITERIA AND RISK CODES	Item	HIGH RISK CRITERIA AND RISK CODES
Policy Number	NSS 2.10.3	Effective Date	August 1, 2017

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 SPIRIT 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 three 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://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Nutrition_Service_Standards.pdf

High Risk Code Table: Alaska WIC (Revised November, 2016)

USDA	I	C	PG	BF	NBF	Risk Factor
134	☆	☆				Failure To Thrive
141	☆					Low Birthweight ((Birth weight <5 lbs.)
142	☆					Prematurity (< 37 weeks gestation) (1st 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)
347	☆	☆	☆	☆	☆	Cancer
351	☆	☆	☆	☆	☆	Inborn Errors of Metabolism
354	☆	☆	☆	☆	☆	Celiac Disease
360	☆	☆	☆	☆	☆	Other Medical Conditions
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

Policy Title	NUTRITION CARE PLANS FOR NON-HIGH RISK PARTICIPANTS	Item	NUTRITION CARE PLANS FOR NON-HIGH RISK PARTICIPANTS: CPA'S USE OF NUTRITION CARE PLANS
Policy Number	NSS 2.10.4	Effective Date	June 1, 2016

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 (August 2013, pages 18, 34, 35).

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.

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 please contact state WIC staff.

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/documents/dpa/programs/nutri/downloads/localagency/2010/alaskawicnutritoncareplanmanual-combined.pdf.

Alaska WIC Policy

Policy Title	NUTRITION CARE PLANS FOR HIGH RISK PARTICIPANTS	Item	NUTRITION CARE PLANS FOR HIGH RISK PARTICIPANTS
Policy Number	NSS 2.10.5	Effective Date	October, 2014

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 (August, 2013, Pages 14, 17, 18).

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. High Risk breastfeeding women with HR risk factors 602 and 603 can be referred to the RD or the IBCLC (if one is available at the local agency) and the IBCLC can write the care plan.

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 four nutrition education contacts within a certification period (including +

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.

The following two pages show examples of high risk care plan formats. The RD or IBCLC may choose to use the SOAP note in SPIRIT to write the care plan.

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

Policy Title	CERTIFICATION PROCESS	Item	PROCESS TO COMPLETE FOR CERTIFCATIONS/RECERTIFICATIONS
Policy Number	SFP 26.0	Effective Date	October 7, 2015

Purpose:

To describe the procedure for certifying (and recertifying) participants.

Authority:

Federal Regulations 7 CFR 246 Subpart C Certification of participants…. (v) D (VIII) e
State of Alaska WIC Program

Policy:

Staff are required to conduct a complete assessment prior to providing WIC benefits (nutrition education, food instruments, and referrals).

In order to be certified (or recertified) as eligible for the program, applicants who meet the program's eligibility standards must be determined to be at nutritional risk. A competent professional authority on the staff of the local agency will determine if a person is at nutritional risk through a medical and/or nutritional assessment. Referral data, such as weight, height, and hemoglobin, may be submitted by a competent professional authority not on the staff of the local agency, or, this information may be collected at the local agency. Anthropometric information, along with the information provided on the application, needs to be completely reviewed by the local agency competent professional authority in order to assess nutritional status and to document the nutritional risk for the participant before determining the topic(s) for nutrition education.

All the information (weight, length or height, iron status, and the information on the application) are necessary for a full nutritional assessment. Completing and assessing this information **before** counseling begins helps to ensure that all aspects are considered in assessing a participant's nutritional risk; that food packages are tailored to address individual nutritional needs; that nutrition education is designed appropriately for the individual, including breastfeeding promotion and support; and that all necessary referrals are made to health and social services where appropriate.

Completing nutrition assessment before beginning nutrition education helps the CPA focus the nutrition education message, and can lead to a shorter appointment and a better experience for

participants. Counseling before all the components of nutrition assessment have been collected and assessed is not in line with Value Enhanced Nutrition Assessment (VENA) Guidance, which calls for conducting a complete WIC nutrition assessment (including anthropometric, biochemical, clinical, dietary, environmental and family data that impacts nutritional status) in order to tailor the WIC benefits (nutrition education, food package, and referrals) provided to the individual participant's needs.

Alaska WIC Policy

Policy Title	NUTRITION EDUCATION	Item	NUTRITION EDUCATION
Policy Number	NSS 3.0	Effective Date	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

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, and which can be flowed up on at the next education opportunity, in 1-3 months. If Local Agencies develop their own nutrition education materials, these materials or other participant forms, must be submitted and approved by the state WIC office prior to being used by the WIC office.

Alaska WIC Policy

Policy Title	NUTRITION EDUCATION PLAN	Item	NUTRITION EDUCATION PLAN
Policy Number	NSS 3.1	Effective Date	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

Policy Title	NUTRITION EDUCATION PLAN REQUIREMENTS	Item	NUTRITION EDUCATION PLAN REQUIREMENTS
Policy Number	NSS 3.1.1	Effective Date	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.

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

Policy Title	NUTRITION EDUCATION PLAN GOALS AND OBJECTIVES	Item	NUTRITION EDUCATION PLAN GOALS AND OBJECTIVES
Policy Number	NSS 3.1.2	Effective Date	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

Policy Title	NUTRITION EDUCATION PLAN EVALUATION	Item	NUTRITION EDUCATION PLAN EVALUATION: EVALUATION STRATEGIES
Policy Number	NSS 3.1.3	Effective Date	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.

- 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

Policy Title	ANNUAL SURVEY OF PARTICIPANT VIEWS ON NUTRITION EDUCATION AND BREASTFEEDING PROMOTION	Item	ANNUAL SURVEY OF PARTICIPANT VIEWS ON NUTRITION EDUCATION AND BREASTFEEDING PROMOTION
Policy Number	NSS 3.1.4	Effective Date	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

Policy Title	PARTICIPANT CENTERED SERVICES	Item	PARTICIPANT CENTERED SERVICES
Policy Number	NSS 3.2	Effective Date	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 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.

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

Policy Title	COMPARISON OF NUTRITION EDUCATION APPROACHES IN WIC	Item	COMPARISON OF NUTRITION EDUCATION APPROACHES IN WIC
Policy Number	NSS 3.3	Effective Date	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

	DIDACTIC	PARTICIPANT CENTERED
Educator's Presentation	○ Educator strives to be seen as a knowledgeable expert	○ Educator strives to be seen as a facilitator or partner, supportive and open to the participant's views
Stylistic Characteristics	○ Decides nutrition/health behavior changes that the WIC participant should make ○ Informs the WIC participant what is wrong with her current nutrition/health behaviors ○ Tells the WIC participant what specific behavior changes to make to improve her health and her children's health ○ Presents an action plan with broad behavioral objectives ○ Asks close-ended questions to confirm the WIC participant's understanding of the information the educator conveys	○ Elicits information from the WIC participant about her goals and concerns ○ Helps the WIC participant determine nutrition/health behaviors she wants to change ○ Offers information and ideas for how to accomplish behavior change, with small doable action steps ○ Helps the WIC participant identify barriers to change and strategies she can use to overcome them ○ Asks open-ended questions to encourage the WIC participant's active participation ○ Uses active listening skills to make sure she (the educator) understands ○ Provides education, including information, in the context of each WIC participant's goals, culture, and personal circumstances
Anticipated Outcomes	○ WIC participant leaves with information she can use to change educator-identified nutrition/health-related behaviors	○ WIC participant leaves with information ✚ ○ 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

I.A. PCE One-Pager 1

Alaska WIC Policy

Policy Title	NUTRITION EDUCATION GUIDANCE	Item	NUTRITION EDUCATION GUIDANCE
Policy Number	NSS 3.4	Effective Date	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

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

Policy Title	NUTRITION EDUCATION DELIVERY MEDIUMS	Item	NUTRITION EDUCATION DELIVERY MEDIUMS
Policy Number	NSS 3.4.1	Effective Date	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 the 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

Policy Title	NUTRITION EDUCATION INFORMATION-ENVIRONMENTAL REINFORCEMENTS DELIVERY MEDIUMS	Item	NUTRITION EDUCATION INFORMATION-ENVIRONMENTAL REINFORCEMENTS DELIVERY MEDIUMS
Policy Number	NSS 3.4.2	Effective Date	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

Policy Title	NUTRITION EDUCATION MATERIALS	Item	NUTRITION EDUCATION MATERIALS
Policy Number	NSS 3.5	Effective Date	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

Policy Title	NUTRITION EDUCATION MATERIALS	Item	NUTRITION EDUCATION MATERIALS
Policy Number	NSS 3.5.1	Effective Date	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

Policy Title	NUTRITION EDUCATION NEWSLETTERS	Item	NUTRITION EDUCATION NEWSLETTERS
Policy Number	NSS 3.5.2	Effective Date	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

Policy Title	NUTRITION EDUCATION CONTACTS	Item	NUTRITION EDUCATION CONTACTS
Policy Number	NSS 3.6	Effective Date	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 initial certification. 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 wichealth.org and other creative methods of providing nutrition education.

Alaska WIC Policy

Policy Title	NUTRITION EDUCATION CONTACT METHODS	Item	NUTRITION EDUCATION CONTACT METHODS
Policy Number	NSS 3.7	Effective Date	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 to obtain their quarterly nutrition education. When participants are referred to wichealth.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 mailed food boxes) can access nutrition education via 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 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 which is mailed must relate back to the participant's risk factors.
    - The 'One Call Now' feature can count as the first call to a participant-staff should make every effort to make the second call on another day and at another time of day, and document the call in the participant's chart.

Alaska WIC Policy

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

Purpose
To describe the types of participants who may benefit from the 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 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 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

Policy Title	INTERNET NUTRITION EDUCATION PROCEDURES	Item	INTERNET NUTRITION EDUCATION PROCEDURES
Policy Number	NSS 3.7.2	Effective Date	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 participant's materials.
2. If participants do not have Internet access at home, give them a copy of a 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 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 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

Policy Title	FREQUENCY OF NUTRITION EDUCATION CONTACTS	Item	FREQUENCY OF NUTRITION EDUCATION CONTACTS
Policy Number	NSS 3.7.3	Effective Date	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 twelve-month certification period, at least four nutrition contacts must be made available to all adult participants and the parents or caretakers of infant and child participants.

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

Policy Title	NUTRITION EDUCATION BY PROXY	Item	NUTRITION EDUCATION BY PROXY
Policy Number	NSS 3.7.4	Effective Date	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

Policy Title	DOCUMENTATION OF NUTRITION EDUCATION CONTACTS	Item	DOCUMENTATION OF NUTRITION EDUCATION CONTACTS
Policy Number	NSS 3.7.5	Effective Date	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.

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.

- 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.
- For every certification, recertification and nutrition ed contact, CPA must open the "Nutrition Education" tab and select a topic.
- For High Risk (HR) contacts, when the HR contact is completed, RD must open the Nutrition Education tab and choose a risk labeled high risk. Choosing a HR risk on the nutrition education tab is what the Spirit Utilities High Risk List uses to mark a HR contact as complete.

- 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.
- For High Risk nutrition education contacts, RD must open the Nutrition education tab and choose an HR risk. This process is used by the Spirit Utilities HR report to mark the HR contact as complete.
- 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 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

Policy Title	TELEPHONE NUTRITION COUNSELING AND EDUCATION	Item	TELEPHONE NUTRITION COUNSELING AND EDUCATION
Policy Number	NSS 3.7.6	Effective Date	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

Policy Title	TELEPHONE NUTRITION COUNSELING AND EDUCATION PREPARATION	Item	TELEPHONE NUTRITION COUNSELING AND EDUCATION PREPARATION
Policy Number	NSS 3.7.7	Effective Date	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

Alaska WIC Policy

Policy Title	TELEPHONE NUTRITION COUNSELING AND EDICATION POLICY	Item	TELEPHONE NUTRITION COUNSELIGN AND EDUCATION POLICY
Policy Number	SFP 5.1	Effective Date	May 1, 2016

Purpose:

To provide guidance on providing nutrition education to WIC participants using the telephone.

Authority:

State of Alaska WIC Program

USDA WICworks WIC Program Nutrition Education Guidance
https://wicworks.fns.usda.gov/wicworks/Learning_Center/ntredguidance.pdf

Policy:

Nutrition education is the Program benefit that makes WIC a premiere public health program, setting it apart from other nutrition assistance programs. Effective nutrition education should be designed to elicit a positive behavior change regardless of delivery method.

The elements of effective nutrition education can also be applied via telephone. For example, the WIC nutrition educator can assess the participant's readiness to change and determine relevant nutrition messages during a telephone conversation that use participant centered learning as the counseling method/teaching strategy. This combination of delivery medium and counseling method/teaching strategy allows for participant interaction, goal setting and immediate feedback. Information that reinforces the messages can be provided via mail, electronically or at the next clinic visit.

Tips for Telephone Counseling

Sometimes, a telephone call is the best way to follow up with a participant. These sessions are low cost and do not require transportation. Also, some participants may be more open talking with you when you are not face-to-face in the WIC office. Here are some tips to make these sessions successful.

Prepare for the telephone call.

- •Ask other colleagues about their experiences with telephone counseling.
- •Prepare your work space and eliminate distractions.

- •Review the participant's information and have it in front of you during the call.
- •Remember to use skills similar to those you use in face-to-face counseling.

Make the call.

- •Introduce yourself warmly.
- •Welcome in a way that conveys your willingness to listen in an unhurried manner.
- •Let them know how much time you anticipate the call to take.
- •Ask if this is a good time to talk and whether the participant can speak freely.
- •Pretend the participant can see you.
- •Pay attention to the tone of your voice, breathing patterns, pauses, and speaking pace.

Pay attention.

- •Listen actively to the participant's words and overall message.
- •Value the participant as a human being.
- •Listen with an open mind and heart. Don't interrupt.
- •Acknowledge the participant's feelings to continue the conversation.
- •Make an effort to understand in a non-judgmental way.

Consider your words.

- •Show you're listening. Use verbal cues, e.g., "Yes, I see…," "Uh huh…"
- •Say the participant's name and the child's name often.
- •Describe concrete examples that fit the participant's experience.
- •Use language easy enough for anyone to understand.

Use your best counseling skills even though you are not face-to-face.

- •Let the participant choose the most pressing problem they wish to discuss.
- •Address other issues as time permits.
- •Ask open-ended questions to draw out more feelings, concerns, and difficulties.
- •Probe for more information when a superficial answer is not enough.
- •Congratulate and compliment small positive steps.
- •Paraphrase key content and feelings from what the participant says.
- •Verify what you heard and correct misunderstandings.
- •Allow for thinking with pauses and silences. These may foster more discussion.

Close the call.

- •Summarize the main points of the conversation.
- •PRAISE the participant and help the person feel confident for taking action.
- •Set a time for the next visit with the participant.
- •Limit calls to 15 minutes.

Take care with leaving messages and voicemail.

- •Follow your WIC agency policy on leaving messages. They may compromise privacy.
- •Check on the Family Information form to make sure it is ok to leave a message for a participant.

Guard the participant's confidentiality.

- •Keep information quiet according to WIC policy.
- •Select a time and place to make your call so others will not overhear you.
- •Assume any information is confidential if you are unsure.

Document contacts with WIC participants.

- •Record the date.
- •Specify the type of contact you had with participant or caregiver.
- •Note any referrals you made.
- •Summarize the things you talked about.
- •Follow your agency policy for documentation.

Adapted from:
Loving Support Through Peer Counseling, "Module 4: Counseling and Communications Skills," 2005. http://www.nal.usda.gov/wicworks/Learning_Center/loving_support.html

"Telephone Counseling Skills Training Module" from Johns Hopkins University, Bloomberg School of Public Health/Center for Communication
Programs and the Academy for Educational Development (2000), *AIDS helpline counselor training: Trainer's manual.* Johannesburg,
South Africa.

Stage	Description	Behavior Goals	Educational Strategies
Precontemplation *"I am not interested in change"*	• **Is unaware of problem and hasn't thought about change, or not interested in change.** • Has no intention of taking action within the next 6 months.	• **Increase awareness of need for change.** • Personalize information on risks and benefits. • Reduce fears associated with having to change behavior (costs are too high, etc.).	• **Create supportive climate for change.** • Discuss personal aspects and health consequences of poor eating or sedentary behavior. • Assess knowledge, attitudes, and beliefs. • Build on existing knowledge. • Relate to benefits loved ones will receive. • Focus on the impact the negative behavior has on loved ones.
Contemplation *"Someday I will change"*	• Is interested in taking action, but not yet able to commit to it.	• Increase motivation and confidence to perform the new behavior. • Reduce fears associated with having to change behavior.	• Identify problematic behaviors. • Prioritize behaviors to change. • Discuss motivation. • Identify barriers to change and possible solutions. • Suggest small, achievable steps to make a change. • Focus on benefits the change will have on loved ones.
Preparation *"I want to change but I am not sure I can."*	• Intends to take action soon and has taken some behavioral steps in this direction. • Lacks self-efficacy to take steps necessary for long lasting change.	• Resolution of ambivalence • Firm commitment • Initiate change • Increase self-efficacy through gradually increasing more difficult tasks.	• Assist in developing a concrete action plan. • Encourage initial small steps to change. • Discuss earlier attempts to change and ways to succeed. • Elicit support from family and friends.
Action *"I am ready to change."*	• Has changed overt behavior for less than 6 months. • Needs skills for long-term adherence.	• Commit to change	• Reinforce decision. • Reinforce self-confidence. • Assist with self-monitoring, feedback, problem solving, social support, and reinforcement. • Discuss relapse and coping strategies.
Maintenance *"I am in the process of changing."*	• Has changed overt behavior for more than 6 months.	• Reinforce commitment and continue changes/new behaviors.	• Plan follow-up to support changes. • Help prevent relapse. • Assist in coping, reminding, finding alternatives, and avoiding slips/relapses.

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.

Policy Title	FIVE TECHNIQUES TO SUCCEED IN ANSWERING THE TELEPHONE	Item	FIVE TECHNIQUES TO SUCCEED IN ANSWERING THE TELEPHONE
Policy Number	NSS 3.7.8	Effective Date	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

Policy Title	NUTRITION EDUCATION STANDARDS	Item	NUTRITION EDUCATION STANDARDS
Policy Number	NSS 4.0	Effective Date	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 7 A Drug and other Harmful Substance Abuse
NSS 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

Policy Title	DRUG AND HARMFUL SUBSTANCE ABUSE	Item	ALCOHOL AND DRUG ABUSE POLICY
Policy Number	NSS 4.1	Effective Date	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*

7. Additional resources at:

   - https://wicworks.fns.usda.gov/wicworks/Topics/ResourceManual.pdf
   - https://wicworks.fns.usda.gov/topics-z/substance-abuse

Policy Title	ALTERNATE FOOD LIST	Item	ALTERNATE FOOD LIST
Policy Number	NSS 4.2	Effective Date	March, 2017

Purpose

To provide an alternate food list for participants who do not have access to water or cooking facilities in order to use their WIC foods.

Authority

State WIC Office

Policy

Alternate Food List

The food list below provides alternative foods for participants who do not have access to clean water or cooking facilities. Participants who are homeless, living in shelters or other non-traditional living situations may be provided with the associated food packages after assessment by the CPA, determining appropriate food package assignment.

Food Safety Tips

Wash hands often in soap and clean water. Use hand sanitizers if needed.

Wash dishes, utensils and tools used to prepare meals in clean soapy water and rinse well.

If refrigeration is not available, consume prepared foods or opened canned foods within 2 hours.

Close opened packages tightly to avoid contamination. Keep in clean area.

Wash fresh fruits and vegetables in clean water.

Throw out foods that don't look or smell fresh. Don't taste to be sure.

Alaska 2-1-1
resources in your community
Call 211 or 1-800-478-2221
http://alaska211.org/

Why Eat more Fruits and Veggies?

1. **Fruits and veggies** are nutritious and delicious!
2. **Fun to Eat!** Come crunch, some squirt, some you peel… some you don't, and some grow right in your own backyard.
3. **Quick, natural snack.** Fruits and veggies are nature's treat and easy to grab for a snack. Many don't require refrigeration.
4. **Vitamins and minerals.** Fruits and veggies are rich in vitamins and minerals that help you feel healthy and energized.
5. **May reduce disease risk.** Eating plenty of fruits and veggies may help reduce heart disease, high blood pressure, and some cancers.
6. **Low in calories**, naturally.
7. **Color and texture**– Fruits and vegetables add color, texture and appeal to your plate.
8. **Fiber.** Fruits and veggies provide fiber that helps to fill you up and keep your digestive system happy.
9. **Convenience.** Nutritious in any form– fresh, frozen, canned, dried or 100% juice. They're ready when you are.

Adapted from fruitsandveggiesmorematters.org

Provided by:

Alaska Department of Health and Social Services
Division of Public Assistance
Family Nutrition Services
P.O. Box 110612, Juneau, Alaska 99811
Phone: (907) 465-3100
Fax: (907) 465-3416
www.familynutrition@alaska.gov
E-mail: wic@alaska.gov

Published July 1, 2016

Alternate Food List

Effective Date:
July 1, 2016

ALASKA WIC
Good Nutrition For Women, Infants & Children

Allowed Foods

Juice

If your check says...

1 JUICE-12OZ FRZ or 11.5OZ POURABLE CONC or 46-48OZ PLSTC/CAN

You can buy Orange Juice in this size:

Three 15.2 oz. containers Tropicana or Minute Maid

If your check says...

1 CAN(S)-16OZ- FROZEN JUICE or 64 OZ PLASTIC CONTAINER

You can buy Orange Juice in this size:

One 6-pack of 10 oz. containers Minute Maid

-OR-

Four 15.2 oz. containers Tropicana or Minute Maid

If your check says...

2 JUICE – 12OZ-FRZ or 11.5OZ POURABLE CONC or 46-48OZ PLSTC/CAN

You can buy Orange Juice in these sizes...

Six 15.2 oz. containers Tropicana or Minute Maid

Eggs

Must buy what is written on your check.

6 PKG(S) HARDBOILED EGGS (2 PER PACK)

(pack of 2 hardboiled eggs)

Beans

(See WIC Food List for more details on other beans and peanut butter)

4 16OZ CANS BEANS/ BAKED BEANS/PEAS/ LENTILS or 18 OZ PNT BTR

If "Baked Beans" is written on check, only these brands are allowed

- Bush's Vegetarian Baked Beans, 16 oz.
- B & M Vegetarian Baked Beans, 16 oz.
- Heinz Vegetarian Baked Beans, 16 oz.

Policy Title	INFANT INTAKE ASSESSMENT STANDARDS	Item	INFANT INTAKE ASSESSMENT STANDARDS
Policy Number	NSS 4.2	Effective Date	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

Policy Title	INFANT NUTRITION EDUCATION STANDARD TOPICS	Item	INFANT NUTRITION EDUCATION STANDARD TOPICS
Policy Number	NSS 4.2.1	Effective Date	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

Policy Title	RECOMMENDED SUPPLEMENTATION FOR INFANTS	Item	RECOMMENDED SUPPLEMENTATION FOR INFANTS: FLUORIDE: IRON, VITAMIN D: VITAMIN D EDUCATION FOR PARENTS: INVENTORY AND STORAGE OF VITAMIN D
Policy Number	NSS 4.2.2	Effective Date	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 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

Policy Title	SOLID FOODS FOR INFANTS	Item	SOLID FOODS FOR INFANTS
Policy Number	NSS 4.2.3	Effective Date	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

Policy Title	NUTRITION EDUCATION STANDARDS FOR CHILDREN	Item	NUTRITION EDUCATION STANDARDS FOR CHILDREN
Policy Number	NSS 4.3	Effective Date	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

Policy Title	NUTRITION EDUCATION STANDARDS FOR PREGNANT WOMEN	Item	NUTRITION EDUCATION STANDARDS FOR PREGNANT WOMEN
Policy Number	NSS 4.4	Effective Date	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.

2nd 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**

3rd 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.**

Policy Title	NUTRITION EDUCATION STANDARDS POSTPARTUM NON-BREASTFEEDING WOMEN	Item	NUTRITION EDUCATION STANDARDS POSTPARTUM NON-BREASTFEEDING WOMEN
Policy Number	NSS 4.5	Effective Date	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

Policy Title	NUTRITION EDUCATION STANDARDS BREASTFEEDING WOMEN	Item	NUTRITION EDUCATION STANDARDS BREASTFEEDING WOMEN
Policy Number	NSS 4.6	Effective Date	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

Policy Title	BREASTFEEDING PROMOTION AND SUPPORT STANDARDS	Item	BREASTFEEDING PROMOTION AND SUPPORT STANDARDS
Policy Number	NSS 5.0	Effective Date	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.

Policy Title	BREASTFEEDING AIDS STANDARDS	Item	BREASTFEEDING AIDS STANDARDS: POLICY FOR PROVIDING BREASTFEEDING AIDS: ALLOWED BREASTFEEDING AIDS
Policy Number	NSS 5.1	Effective Date	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.

Policy Title	REASON FOR PROVIDING BREAST PUMPS	Item	REASON FOR PROVIDING BREAST PUMPS
Policy Number	NSS 5.2	Effective Date	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).

Policy Title	TYPES OF PUMPS AND THEIR USE	Item	TYPES OF PUMPS AND THEIR USE
Policy Number	NSS 5.3	Effective Date	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

Type	Examples	Type of Use
Convenience	• Hand Expression • Manual Pumps • Pedal Pump	• Occasional separation from baby • Used no more than 8 times per week • Temporary or short term use
Work or School	• Personal-use Double Electric* (Medela Pump- In-Style)	• Infant is at least 4 weeks of age • Used 9 or more times per week • Plans to pump for a few months • Attending school/work more than 20 hours per week or less frequently with an inflexible schedule • Mothers with a well-established milk supply • Infant is exclusively breastfed
Medical Need	• Hospital-grade Double Electric (Medela Lactina)	• Frequent use • To bring in or increase milk supply • To maintain milk supply due to prematurity, hospitalization or other health problems • Long or short term use • Mother whose baby is not nursing • Mother with severe, recurrent engorgement • Mother with very sore nipples • Mother that has had breast surgery • Mother that is re-lactating • Mother that needs to pump and dump

* 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

Policy Title	BREAST PUMP AND DEVISE DISTRIBUTION	Item	BREAST PUMP AND DEVISE DISTRIBUTION: BREAST SHELLS: INFANT FEEDING TUBE DEVICES: BREAST PUMP EDUCATION
Policy Number	NSS 5.4	Effective Date	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 SPIRIT), 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

- 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.

The Human Milk Storage Guidelines for WIC can be found at http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/LocalAgency/2016/Human-Milk-Storage-Final.pdf.

Alaska WIC Policy

Policy Title	REQUIRED BREAST PUMP FORMS	Item	REQUIRED BREAST PUMP FORMS
Policy Number	NSS 5.5	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 between $350.00-$963 (depending on the value of the pump.). 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 *Working and Breastfeeding, or Balancing Act,* La Leche League International. Order from Juneau.)

10. _____ Review breast milk collection and storage with the client. (Provide handout *Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).*

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

Policy Title	RECORD KEEPING AND SECURITY FOR BREASTFEEDING AIDS	Item	RECORD KEEPING AND SECURITY FOR BREASTFEEDING AIDS
Policy Number	NSS 5.6	Effective Date	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

Policy Title	FOLLOW-UP BREASTFEEDING AIDS	Item	FOLLOW-UP BREASTFEEDING AIDS
Policy Number	NSS 5.7	Effective Date	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

Policy Title	BREASTFEEDING AIDS FOR OFF-SITE PARTICIPANTS	Item	BREASTFEEDING AIDS FOR OFF-SITE PARTICIPANTS
Policy Number	NSS 5.8	Effective Date	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

Policy Title	LOAN AND RETRIEVAL OF ELECTRIC BREAST PUMPS WITH PREGNANT WOMEN	Item	LOAN AND RETRIEVAL OF ELECTRIC BREAST PUMPS WITH PREGNANT WOMEN
Policy Number	NSS 5.9	Effective Date	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 $963.00.

Alaska WIC Policy

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Policy Title	CLEANING BREAST PUMP EQUIPMENT	Item	CLEANING BREAST PUMP EQUIPMENT
Policy Number	NSS 5.10	Effective Date	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

Policy Title	LOST OR STOLEN ELECTRIC BREAST PUMPS	Item	LOST OR STOLEN ELECTRIC BREAST PUMPS
Policy Number	NSS 5.11	Effective Date	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:

- 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.

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

Policy Title	LOST MULTI-USER ELECTRIC BREAST PUMPS	Item	LOST MULTI-USER ELECTRIC BREAST PUMPS
Policy Number	NSS 5.12	Effective Date	July 24, 2013

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

Authority
7 CFR 246.7 (l) (l)

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 $963.00/pump.

Alaska WIC Policy

Policy Title	BREASTFEEDING AND USE OF SUPPLEMENTAL FORMULA	Item	BREASTFEEDING AND USE OF SUPPLEMENTAL FORMULA
Policy Number	NSS 6.1	Effective Date	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.

- 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.

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

Policy Title	BREASTFEEDING PEER COUNSELING (USING LOVING SUPPORT)	Item	BREASTFEEDING PEER COUNSELING (USING LOVING SUPPORT)
Policy Number	NSS 5.13	Effective Date	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

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/labfpeercounseling.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.

These go with page 51

[i] USDA requires a breastfeeding dyad (woman and infant) be assigned the same priority level from Priority I, II or IV.
[ii] USDA requires a breastfeeding dyad (woman and infant) be assigned the same priority level from Priority I, II or IV.
[iii] USDA requires a breastfeeding dyad (woman and infant) be assigned the same priority level from Priority I, II or IV.
[iv] USDA requires a breastfeeding dyad (woman and infant) be assigned the same priority level from Priority I, II or IV.
[v] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[vi] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[vii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[viii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
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[xxix] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxx] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxi] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxiii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxiv] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxv] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxvi] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxvii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxviii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xxxix] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xl] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xli] USDA allows State to select from Priorities III, IV, V ,VI or VII. Alaska chooses to assign Priority III.
[xlii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.

[xliii] USDA allows State to select from Priorities III, IV, V or VI. Alaska chooses to assign Priority III.
[xliv] USDA allows State to select from Priorities I, IV or VII. Alaska chooses to assign Priority IV.
[xlv] 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.
[xlix] USDA allows State to select from Priorities IV or VII. Alaska chooses to assign Priority IV.
[l] 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.