

CPA Training Webinar

May 31, 2018
10:00 – 12:00 CST



NE WIC 5.31.18



AGENDA:

- Exit counseling
- Substance abuse counseling
- Risk code updates
- Completion of nutrition assessment and care plan
- Documenting nutrition education resources
- Referrals



Exit Counseling



NE WIC 5.31.18

What is Exit Counseling?

When women reach the end of their categorical eligibility, they receive reinforcement of important health messages

- Pregnant
- Breastfeeding
- Postpartum

Health Messages

- 1. The importance of folic acid
- 2. Continued breastfeeding, if appropriate
- 3. The importance of children's immunizations
- 4. Health risk of using alcohol, tobacco and other drugs
- 5. The need for a balanced diet



When do you provide Exit Counseling?

- ❖ During the final nutrition education appointment

- ❖ If provided at the end of pregnancy certification, can provide abbreviated counseling at the end of postpartum/breastfeeding cert

- ❖ Should not replace but be in addition to, nutrition education when more risk specific appropriate counseling is needed

- ❖ If during the education, you touch on any of the subjects involved in Exit Counseling, you do not have to review them again

How do you provide Exit Counseling?

Pregnant woman:

“Amy today is your last visit at WIC, while you are pregnant and before your baby arrives. Here at WIC, we have shared with you many things to help keep you and your baby healthy, while you were pregnant. Now, I would like to share a few things with you that will keep you and your baby healthy, after you give birth. Would that be ok?”

Review and offer educational material

- Take the road to better health
- Help me be healthy

Nutrition Educational Materials for Exit Counseling

Take the road to better health
Hey mom! Use what you learn at WIC to live a healthier life for you and your family.

Get Enough Folic Acid
For expecting and new moms folic acid is an important vitamin. When you are pregnant, getting enough folic acid can help prevent birth defects of baby's brain and spine. Women who are pregnant need 600 mcg of folic acid a day. To get enough, take a prenatal vitamin.

Even if you are not pregnant, it is important to get enough folic acid. In case you become pregnant. Taking a multivitamin and/or eating fortified cereal with at least 400 mcg of folic acid each day can be an easy way to get enough.

Stay Up To Date with Immunizations
It is important for **EVERYONE** in your family to get immunizations, when it is recommended. Doing this can save your child's life, as well as protect others around you. In the past, diseases such as measles, mumps, polio, and whooping cough affected many families. Today you are able to protect from these diseases and more by getting immunizations.

Consider Breastfeeding Your Baby
Breastfeeding can be one of the best things you do for both you and your baby's health. Experts recommend breastfeeding for baby's first year of life and beyond.

Moms benefit by burning extra calories, making it easier to lose weight. It also helps the uterus to go back to its original size and lessens any bleeding a woman may have, after giving birth.

Babies benefit by getting the perfect nutrition that changes as they grow. Breastfed babies are more able to fight off infection and disease like diarrhea, ear infections, and respiratory illness, such as pneumonia.

Make Healthy Food Choices
Having a well-balanced diet can help you and your child to get the nutrition that you need. **Families benefit** from following a healthy eating pattern by getting the right nutrients for their bodies, reducing their risk of chronic diseases, and staying at healthy weights. Some tips you may have heard at WIC are:

- Make half your plate fruits and vegetables. Focus on whole fruits. Vary your veggies.
- Make half your grains whole grains.
- Move to low-fat and fat-free milk or yogurt.
- Vary your protein routine.
- Drink and eat less sodium, saturated fat, and added sugars.

Avoid Alcohol, Tobacco, and Drugs
Substance use for anyone can lead to health problems. When you are pregnant, there is no safe time, amount, or type of alcohol, tobacco, or drug use. Smoking while pregnant can increase mom and baby's risk of illness or death. Drinking while pregnant can cause lifelong consequences for children and their families.

Adapted from Missouri DHEC, WIC & Nutrition Services

How do you provide Exit Counseling?

Postpartum/Breastfeeding Woman (Abbreviated Counseling)

Amy today is your last visit as a postpartum/breastfeeding mom, on WIC. However, your child(ren) will continue to receive WIC benefits. While you have been on WIC, we have discussed a lot of information about your health that will continue to be beneficial. Doing things like making sure you get enough folic acid, continuing to make healthy food choices, staying up to date your on child(ren)'s immunizations and avoiding alcohol, tobacco and other drugs. Would you like more information on any of those topics?

Review and offer educational material

- Take the road to better health
- Help me be healthy

Nutrition Educational Materials for Exit Counseling

www.fda.gov/ohrt/healthy

A final note to Mom: If you could have a baby again, get ready now. If you have a health problem, get it under control.

- ✓ Get up to date on your shots.
- ✓ Don't drink, smoke, or use drugs.
- ✓ Eat right and stay active.
- ✓ Breastfeed your baby!
- ✓ Get folic acid every day.

A healthy Mom grows a healthier baby!

If you feel unhappy, alone, or anxious after giving birth, you may have postpartum depression or PPD.
Get help by calling 1-800-944-4773 or visiting www.pcdhope.org

If you have thoughts of harming yourself or your baby, get immediate help by calling 1-800-273-TALK (1-800-273-8255).

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Questions





Substance Abuse Counseling



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Substance Abuse Counseling



1. Local agencies must provide information regarding the harmful effects of drugs, tobacco and alcohol **to all** pregnant, postpartum, breastfeeding women and to the parents and caretakers of WIC infants and children.
2. Participants who indicate that they or their child are **exposed to secondhand tobacco smoke** must also be warned of the dangers to themselves and/or their children.
3. Local Agencies must maintain an **up-to-date list of local resources** for drug and alcohol treatment programs as well as local smoking cessation programs.

Screening for Substance Abuse

Nebraska WIC screens for drug, alcohol and tobacco use to determine nutrition/medical criterion through the use of the questions asked during the Nutrition Interview.

Screening for Pregnant, Breastfeeding and Postpartum Moms

Do you give WIC permission to share FAK I/UNIS WIC information with this health care provider? Yes No

Life Style
Past Smoking

4a. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day?
(1 pack = 20 cigarettes)
Cigarettes/day

4b. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?
(1 pack = 20 cigarettes)
Cigarettes/day

Current Smoking

4c. How many cigarettes do you smoke on an average day now?
0 Cigarettes/day

4d. Does anyone else in your household smoke inside the home?

Do you give permission to share FAK I/UNIS WIC information with this health care provider? Yes No

Past Alcohol Use

4e. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?
Drinks/wk

4f. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?
Drinks/wk

Current Alcohol Use

4g. Do you currently drink alcohol? Yes No

If yes, how much and how often?

Screening for Pregnant, Breastfeeding and Postpartum Moms

Other ways to frame this question:

- We discussed smoking and alcohol use, do you have any past history and/or current use of other drugs?

Do you give WIC permission to share FARTU's WIC information with this health care provider? Yes No

Current Summary

Breastfeeding Support

Health/Medical

Nutrition Practices

Life Style

Social

Past and Current Drug Use

4b. In the 3 months before you were pregnant, did you use street drugs? How about now?
Listen, ask, and assess for

- OTC drugs recognized as safe
- Prescription medications
- Illegal drugs

372b - Illegal Drug Use

4i. What are your plans for returning to your pre-pregnancy shape?
Listen, ask, and assess for

Screening for Parents and Caretakers of infants and children

Life Style

Nutrition Practices

Social

4b. 1 # of hours of TV watching/video playing per day

4c. Does anyone living in your household smoke inside the home? Yes No

How to provide Substance Abuse Counseling?

At certification, need to offer substance abuse information

- Educational material that address the harmful impact of substance abuse
 - Help me be healthy
 - State created, “Keep you and your family safe”
- Current list of local resources for drug or other harmful substance abuse

Keep you & your children safe

You & your child can get hurt from alcohol, tobacco, & other drugs.

Tips for staying safe:

Pregnancy

- **Tobacco or e-cigarettes:** Quitting smoking early in pregnancy is best, but quitting at any time will help you and your baby. By quitting you will help your baby get more food and oxygen, grow better, and be born alive and healthy. E-cigarettes are also not safe to use while pregnant.
- **Alcohol:** There is no safe amount, no safe time, and no safe type of alcohol during pregnancy. By avoiding alcohol you can help prevent health issues such as Fetal Alcohol Spectrum Disorder for your child in the future. It is never too late to stop.
- **Other drugs:** Don't take medications (prescription or over-the-counter) without talking to your doctor first. Some drugs can cause birth defects. If you are using street drugs when pregnant, it can cause serious health complications. Talk to your doctor to get help.

Breastfeeding

- **Tobacco or e-cigarettes:** Mothers who are using tobacco or e-cigarettes can breastfeed their babies. Breastmilk may help protect your baby from the harmful effects of secondhand smoke. It is still better to quit. If you smoke, try to smoke outside right after you breastfeed. Nicotine levels will decrease before it is time to breastfeed again.
- **Alcohol:** If you drink alcohol it can be passed into your breastmilk. Excessive alcohol consumption while breastfeeding could affect the baby's sleep patterns and development. If you are going to drink alcohol while breastfeeding, drink in moderation (up to 1 standard drink per day) and wait at least 2 hours before breastfeeding your baby.
- **Other drugs:** If you take other drugs (even over-the-counter or prescription drugs) ask your doctor before breastfeeding.

If you have questions about whether it is safe to breastfeed, ask your doctor as soon as possible. Continue to pump regularly but wait to give your baby the milk until you know it is safe.

Postpartum moms, Parents, & Caregivers

Reduced substance use can be better for you and your child's health.

- Trying to reduce your child's exposure to second hand smoke could help them have less colds, ear infections, and risk of asthma. Also, less exposure to tobacco smoke for you and your child could reduce your risk of cancer, heart disease, and stroke. Smoking outside instead of in the house or car is better for others around.
- By avoiding substance abuse you will be more responsive and able to adapt to your child's needs. It is safer and easier for you to work, be responsible at home, and drive. You may also be able to live a healthier life. Substance use can hurt your body and cause health problems like heart attacks, liver disease, kidney disease, lung disease, and more. Take care of your body and live your best life for both you and your child.

It is never too late. Ask for help.

If substance abuse is something you or someone you know struggles with:

- Talk to your doctor for help and referrals.
- Find a substance abuse facility near you. Visit <https://findtreatment.samhsa.gov/> or call 1-800-662-HELP (+800-662-4357).
- For help quitting smoking call 1-800-QUIT-NOW (+800-784-8669) or sign up to get stop-smoking text messages at <http://smokefree.gov/smokefreeit/>.
- For help quitting drinking or drugs call 1-800-NCA-CALL (+800-622-2255).

Adapted with permissions from: Missouri WIC and Nutrition Services, Montana WIC
Resources: CDC.gov, ebsyread.drugabuse.gov

Be the kind of parent you want to be.
Protect your children by asking for help.



Substance abuse is when you feel a strong urge to keep taking a substance (like tobacco, alcohol, or other drugs) even if it is causing harm. Not everyone who uses will become addicted, but anyone can become addicted. To stop, ask for help. If you do become addicted, you can be treated and you can recover.

WIC NEBRASKA

Help Me Be Healthy

TIPS FOR A HEALTHY PREGNANCY



HEALTH TIPS FOR NEW MOMS



How to provide Substance Abuse Counseling?

Tailor education based on Nutrition assessment screening questions

- Not expected to diagnose or provide in-depth counseling
- Provide information in the course of routine activities

For those that are not participating in harmful behavior- Potential language,

"At WIC, we are required to offer everyone information on substance abuse. Are you interested in receiving information?"

I suggest you offer this after screening questions.

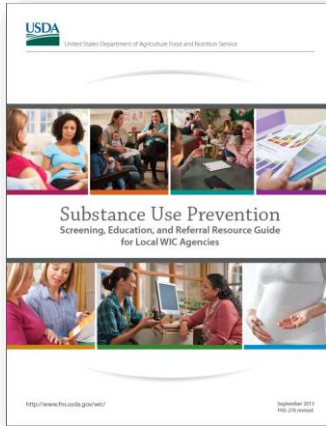
For those that are abusing a drug

- Focus your counseling and referrals on their individual behavior

Document any nutrition education material and referral given

Substance Use Prevention

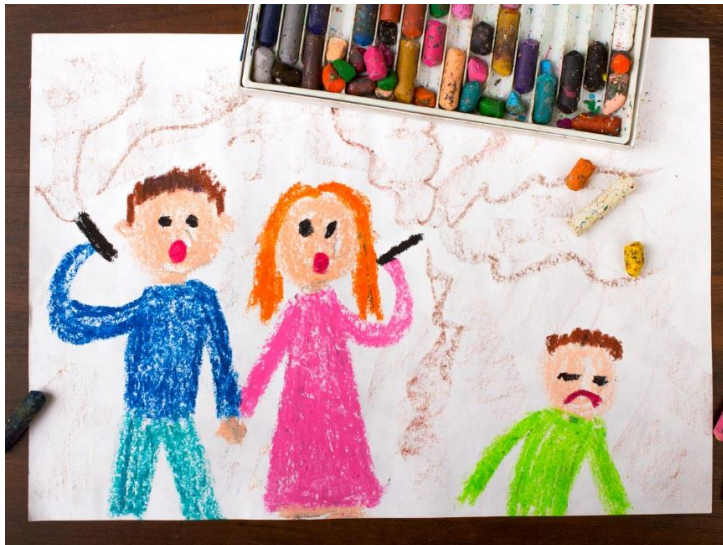
Screening, Education, and Referral Resource Guide for Local WIC Agencies



WIC Works Resource System website

<https://wicworks.fns.usda.gov/sites/default/files/media/document/ResourceManual%20rev%2004-17-18.pdf>

Questions





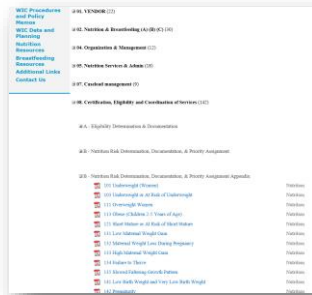
Risk Code Updates

NE WIC 5.31.18

How do I look up Risk Code definitions?

Nebraska WIC Program website

- Local Agency Staff
- WIC Procedures and Policy Memos
- 8. Certification, Eligibility and Coordination of Services
- B. Nutrition Risk Determination, Documentation & Priority Assignment Appendix



Manually Assigned Anthropometric Risk Codes

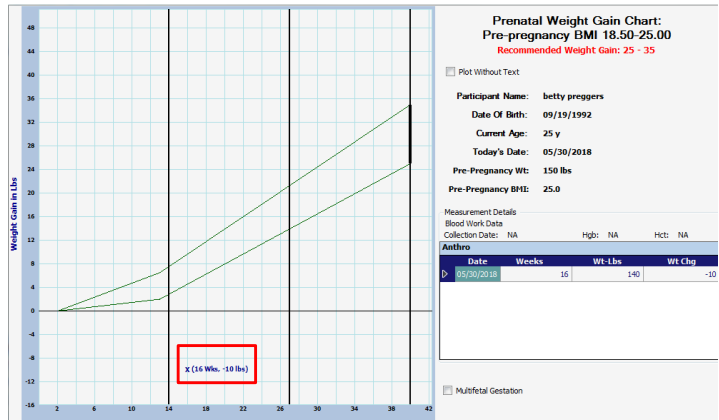
131 - Low Maternal Weight Gain

131 Low Maternal Weight Gain

Review:

Who is assigned this risk?

- Low weight gain at any point in pregnancy
- Weight plots at any point beneath the bottom line of the appropriate weight gain range



131 Low Maternal Weight Gain

Journey FI and eWIC:

Manually assign on Anthropometric panel or on the Risk panel

Participant: XX

Category: Pregnant EDD: 11/15/2018 HR

Date of Birth: 09/19/1992 (25 y) Weeks Gest: 16 WIC Status: Pending Cert. End: Last FB:

Anthropometrics

Record Date: 05/30/2018

*Measurement Date: 05/30/2018

Weight: Fraction Decimal Metric
 *Weight: 140 lbs Inaccurate Reason:

Height: Fraction Decimal Metric
 *Height: 65 in Inaccurate Reason:

Current BMI: 23.3

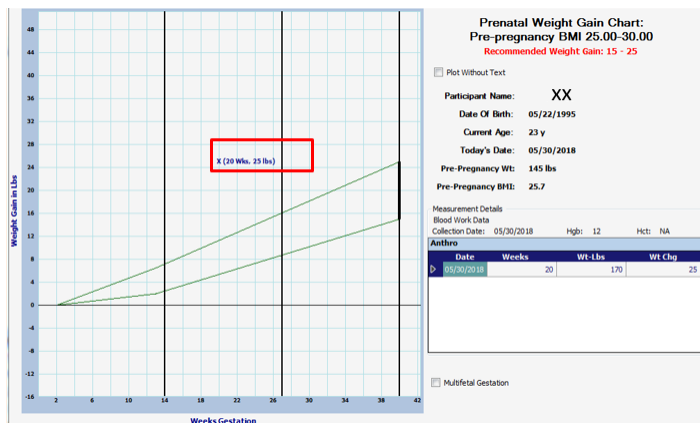
131 - Low Maternal Weight Gain - calculate with IOM pregnancy weight g
 133 - High Maternal Weight Gain

133-High Maternal Weight Gain (Pregnant women)

133-High Maternal Weight Gain (Pregnant women)

Who is assigned this risk?

- High weight gain at any point in pregnancy
- Weight plots at any point above the top line of the appropriate weight gain range



133-High Maternal Weight Gain (Pregnant women)

Journey FI and eWIC:

Manually assign on
Anthropometric panel or on
the Risk panel

Participant XX

Category: Pregnant EDD: 11/15/2018 HR

Date of Birth: 09/19/1992 (25 y) Weeks Gest: 16 WIC Status: Pending Cert. End: Last FB:

Anthropometrics

Record Date: 05/30/2018

Measurement Date: 05/30/2018

Weight: Fraction Decimal Metric

*Weight: 140 lbs Inaccurate Reason:

Height: Fraction Decimal Metric

*Height: 65 in Inaccurate Reason:

Current BMI: 23.3

131 - Low Maternal Weight Gain - calculate with IOM pregnancy weight grid

133 - High Maternal Weight Gain

133-High Maternal Weight Gain (Breastfeeding and Non-Breastfeeding Women)

- Total gestational weight gain exceeding the upper limit of the Institute of Medicines recommended range based on BMI for singleton pregnancies
- Will **Auto assign** in both Journey FI and eWIC:
 - Pre-pregnancy weight
 - Weight Gained This Pregnancy

Pregnancy

Record Dates: 05/30/2018

Infant(s) Born From This Pregnancy

English Metric

Prenatal

Expected Delivery Date: / /

Last Menstrual Period: / /

Weeks Gestation: NA

Pre-Pregnancy Weight: 145 lbs

Pre-Pregnancy BMI: 24.9

Multifetal Gestation: # of Expected Babies

Postpartum

Actual Delivery Date: 05/16/2018

Weight Gained This Pregnancy: 50 lbs

Pregnancy Termination with No Live Birth (321c)

of Live Infants From This Pregnancy: 1

135-Slow/Faltering Growth Pattern

135-Slowed/Faltering Growth Pattern

Previously known as “ Inadequate Growth”

Applies to Infants < 6 months only

Who gets this risk code:

- **Infants Birth to 2 weeks**
 - Excessive weight loss, defined as $\geq 7\%$ of birth weight
 - $(\text{Babies current weight (oz.)} / \text{babies birth weight (oz.)} - 1) * 100 = \text{Percentage of weight loss}$
 $117 \text{ ounces (7lbs 5oz.)} / 128 \text{ ounces (8 lbs)} = 0.91 - 1 = -0.086 * 100 = 8.6\% \text{ weight loss}$
 (This infant would be assigned 135)
- **Infants 2 weeks to 6 months of age**
 - Any weight loss
 - Two separate weight measurements taken at least 8 weeks apart

135-Slowed/Faltering Growth Pattern

Journey FI-

Have to **manually assign** this risk code

Journey eWIC

Will **auto assign** if meets the definition criteria

The screenshot displays a patient record for an infant (Male) with a date of birth of 05/25/2018. The interface includes a navigation menu on the left with categories like 'Waiting List', 'New Family', and 'Assessment'. The 'Anthropometrics' section is active, showing a record from 05/30/2018. It details weight and length measurements for a 7-month-old infant, both recorded as 7 lbs/oz and 18 4/8 inches. A 'Web Links' section at the bottom contains a checkbox for '135 Slowed/Faltering Growth Pattern', which is highlighted with a red box. Other fields include 'Birth Measurements' (Weight: 6 11 lbs/oz, Length: 19 in) and 'Calculated Weeks Gestation: 40'.

Risk Code Definition Changes

211- Elevated Blood Lead Levels

211Elevated Blood Lead Levels

Definition has changed

Who gets this risk code?

- Blood lead level of ≥ 5 $\mu\text{g}/\text{deciliter}$ within the past 12 months
- Older risk code criteria was ≥ 10 $\mu\text{g}/\text{deciliter}$

211- Elevated Blood Lead Levels

Journey FI-

Have to **manually assign** this risk code if measurement is **between 5-9 $\mu\text{g}/\text{dl}$**

The screenshot shows the Journey FI system interface for a child's record. The child's name is [REDACTED], Category: Child (Male), No Longer BF, WIC Status: Active, Cert. End: 07/2018, Last FB: Jul 18. The record is for Blood - Infants and Children, Record Dates: 02/05/2018. The 'Lead Level Measurement' section is highlighted with a red box and contains the following information:

- Lead Level Measurement
- Tested For Lead In The Last Year: Yes
- Lead Level 10 $\mu\text{g}/\text{dl}$ or Higher: No
- Lead Level ($\mu\text{g}/\text{dl}$): 3.20

Below this section is a bar chart showing Hemoglobin and Hematocrit levels over time. The chart has four bars labeled 1, 2, 3, and 4. Bar 1 is green and labeled 11.80. Bar 2 is green and labeled 11.80. Bar 3 is yellow. Bar 4 is yellow.

211- Elevated Blood Lead Levels

Journey eWIC - Will **auto assign** if meets the definition criteria

The screenshot shows the Journey eWIC system interface for a child's record. The child's name is [REDACTED], Category: Child (Male), No Longer BF, WIC Status: Active, Cert. End: 07/2018, Last FB: [REDACTED]. The record is for Blood - Infants and Children, Record Dates: 02/27/2018. The 'Lead Level Measurement' section is highlighted with a red box and contains the following information:

- Lead Level Measurement
- Tested For Lead In The Last Year: No
- Lead Level 5 $\mu\text{g}/\text{dl}$ or Higher: Unknown
- Lead Level ($\mu\text{g}/\text{dl}$): [REDACTED]

Other information visible in the screenshot includes: Blood Work Taken: Yes, Blood Work Date: 02/27/2018, Results Deferred: [REDACTED], Remaining Days: [REDACTED], Clinic Altitude: < 3000 ft, Hemoglobin: 10.60, Hematocrit: [REDACTED], and No Test Performed Reason: [REDACTED].

411- Inappropriate Nutrition Practices for Infants

411- Inappropriate Nutrition Practices for Infants

411.9-Routinely using inappropriate sanitation in the feeding, preparation, handling and/or storage of expressed human milk or formula

- **Feeding donor milk acquired directly from individuals or the internet.**

601 - Breastfeeding Mother of Infant at Nutritional Risk

601 - Breastfeeding Mother of Infant at Nutritional Risk

Pregnant women added as allowed category for assignment of this risk

Who is assigned this risk?

- A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk
- Category: Pregnant and Breastfeeding

601 - Breastfeeding Mother of Infant at Nutritional Risk

Journey FI

- If you have a pregnant woman, who is breastfeeding, and has an infant at nutritional risk
- **Manually assign** risk factor on the risk panel

Select Other risks, then Select correct 601 risk code based on Infant priority

- 601A-Mother of Priority 1 infant
- 601B-Mother of Priority 2 infant
- 601D-Mother of Priority 3 infant

The screenshot shows the 'Risk' panel in Journey FI. The 'Record Date' is 05/30/2018. The 'High Risk Status' is set to 'High Risk'. The 'Assigned Risks' table is as follows:

Risk	Priority	Auto Assigned	Certification
701 - Infant up to 5 mos old of WIC...	2	Yes	Yes
702A - BF Infant of Mother at Nur Pa...	1	Yes	Yes

The 'Available Risks' list includes:

- 501 - Possibility of Regression
- 502 - Transfer of Certification with VO
- 601A - BF Mother of Priority 1 Infant
- 601B - BF Mother of Priority 2 Infant
- 601D - BF Mother of Priority 4 Infant
- 602A - BF Complications - severe breat...
- 602B - BF Complications - recurrent plu...
- 602C - BF Complications - mastitis

601 - Breastfeeding Mother of Infant at Nutritional Risk

Journey eWIC

1. Select box **338-Pregnant Woman Currently Breastfeeding**
2. Select Other risks and Select correct 601 risk code based on Infant priority

- 601A-Mother of Priority 1 infant
- 601B-Mother of Priority 2 infant
- 601D-Mother of Priority 3 infant

The screenshot shows the 'Risk' panel in Journey eWIC. The 'Record Date' is 04/25/2018. The 'High Risk Status' is set to 'High Risk'. The 'Assigned Risks' table is as follows:

Risk	Priority	Auto Assigned	Certification
301 - Hypertense Graviddum Inve...	1	Yes	No
332 - Short Interpregnancy Interval	1	Yes	No
338 - Pregnant Woman Currently Bre...	1	Yes	No
601A - Pregnant or BF Mother of a P...	1	No	No

The 'Available Risks' list includes:

- 502 - Transfer of Certification (vald W...
- 601B - Pregnant or BF Mother of a Pri...
- 601C - Pregnant or BF Mother of a Pri...
- 601D - Pregnant or BF Mother of a Pri...
- 601E - Pregnant or BF Mother of a Pri...
- 601F - Pregnant or BF Mother of a Pri...
- 601G - Pregnant or BF Mother of a Pri...

602 - Breastfeeding Complications

602-Breastfeeding Complications

Pregnant women added as allowed category for assignment of this risk

Who is assigned this risk?

- A breastfeeding woman with any of the following complications or potential complications for breastfeeding
- Category: Pregnant and breastfeeding women

Complications (or potential complications):

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

602 Breastfeeding Complications

Journey FI

- If you have a pregnant mom, that is breastfeeding and is having any of the listed complications, you have to manually assign the risk code.

The screenshot shows the Journey FI interface for a pregnant woman. The top bar includes: Category: Pregnant, EDD: 09/04/2018, BW, Date of Birth: 11/06/1994 (23 y), Weeks Gest: 27, WIC Status: Active, Cert. End: 10/2018, Last FB: May 18. The record date is 03/08/2018. The interface is divided into several sections:

- Determine Risk** and **Edit HR Resolved** buttons.
- High Risk Status** section with checkboxes for High Risk, HR Resolved, and Additional Assessment Needed.
- View Current** and **View All** radio buttons, and a **Priority: 1** dropdown.
- Available Risks** list (highlighted with a red box):
 - 502 - Transfer of Certification with VO
 - 602A - BF Complications - severe breast engorgement
 - 602B - BF Complications - recurrent plugged ducts
 - 602C - BF Complications - mastitis
 - 602D - BF Complications - flat or inverted nipples
 - 602E - BF Complications - cracked, bleeding or severely sore nipples
 - 602F - BF Complications - breastfeeding cessation
 - 602G - BF Complications - failure of milk to come in by 4 days postpartum
- Assigned Risks** table:

Risk	Priority	Auto Assigned	Certification
101 - Underweight - Women BMI < 18.5	1	Yes	Yes
304 - History of Preeclampsia	1	Yes	Yes
427D - Inadequate Vitamin/Mineral Status	4	Yes	Yes

602 Breastfeeding Complications

Journey eWIC

You have a pregnant woman, who is breastfeeding

- Select box **338-Pregnant Woman Currently Breastfeeding**
- Then if applicable, select from list of **602-Breastfeeding Complications**

The screenshot shows the Journey eWIC interface for a pregnant woman. The top bar includes: Category: Pregnant, EDD: 02/25/2015, WIC Status: Terminated, Cert. End: 04/2015, Last FB: [blank]. The record date is 05/05/2018. The interface is divided into several sections:

- Health Care Provider** section with a checkbox for "Do you give WIC permission to share GEORGIA'S WIC information with this health care provider?" (Yes/No).
- 338 - Pregnant Woman Currently Breastfeeding** (highlighted with a red box).
- How is breastfeeding going for you?** section with checkboxes for Success, Challenges, Milk supply, Feeding/sucking, Baby preferring one breast, Baby not interested, and Soreness/nipple care.
- Starters/Prompts** section with checkboxes for "What have you heard about breastfeeding?" and "How does your family and spouse/partner feel about breastfeeding?"
- Do you give WIC permission to share GEORGIA'S WIC information with this health care provider?** section with a checkbox (Yes/No).
- 602 - Breastfeeding Complications** (highlighted with a red box) list:
 - 602a - BF Complications - severe breast engorgement
 - 602b - BF Complications - recurrent plugged ducts
 - 602c - BF Complications - mastitis
 - 602d - BF Complications - flat or inverted nipples causing latch problems
 - 602e - BF Complications - cracked, bleeding or severely sore nipples
 - 602f - BF Complications - failure of milk to come in by 4 days postpartum
 - 602g - BF Complications - tandem nursing 2 siblings who are not twins

Risk Code Definition Changes

ONLY FOR JOURNEY EWIC

352a-Infectious Diseases Acute
352b-Infectious Diseases Chronic

352a-Infectious Diseases Acute 352b-Infectious Diseases Chronic

Formerly known as **352-Infectious diseases**

Journey eWIC separates 352 out into Acute and Chronic diseases:

- Will have infectious diseases listed separately under acute and chronic
- Will auto assign based on nutrition interview

The screenshot shows the 'Nutrition Interview' interface for a child. The 'Health Care Provider' section is active, and the '352 - Infectious Diseases - Chronic' and '352a - Infectious Diseases - Acute' options are selected and highlighted with green boxes. The interface includes a sidebar with navigation tabs (Current Summary, Health/Medical, Immunizations, Oral Health, Life Style, Nutrition Practices, Social Environment) and a main content area with various checkboxes and dropdown menus for medical conditions.

332 - Short Interpregnancy Interval

332 Short Interpregnancy Interval

Previously known as “Closely Spaced Pregnancies”

Who is assigned this risk?

- Less than 18 months interval between date of a live birth to the conception of the subsequent pregnancy
- Pregnant women—Current pregnancy
- Breastfeeding/Non-breastfeeding women—Most recent pregnancy

This criterion is specific only to women who experience live births

- Does not include miscarriages or stillbirths
- May assign #321 History of Spontaneous Abortions, Fetal or Neonatal Loss, as appropriate

Enter - Pregnant Woman’s Current Expected Delivery date in the Pregnancy Screen

The screenshot shows a pregnancy screen form with the following details:

- Category: Pregnant
- EDD: 09/03/2018
- Date of Birth: 01/15/1989 (29 y)
- Weeks Gest: 21
- WIC Status: Pending
- Cert. End:
- Last FB:

The form is titled "Pregnancy" and includes a "Record Dates" section with "04/20/2018" and "1 of 1" records. It has "New" and "Edit" buttons. Below this, there are sections for "Prenatal" and "Postpartum" data.

Prenatal Section:

- Language: English (selected), Metric
- Expected Delivery Date: 09/03/2018 (highlighted with a red box)
- Last Menstrual Period: 11/27/2017
- Weeks Gestation: 21
- Pre-Pregnancy Weight: 150 lbs
- Pre-Pregnancy BMI: 23.5
- Multifetal Gestation:
- # of Expected Babies:

Postpartum Section:

- Actual Delivery Date:
- Weight Gained This Pregnancy: lbs
- Pregnancy Termination with No Live Birth (321c):
- # of Live Infants From This Pregnancy:

There is also a section for "Infant(s) Born From This Pregnancy" with "Add" and "Remove" buttons.

Enter - Last Recorded “Live” Actual Delivery Date in Health/Medical area of the Nutrition Interview

Category: Pregnant EDD: 09/03/2018
Date of Birth: 01/15/1989 (29 y) Weeks Gest: 21 WIC Status: Pending Cert. End: Last FB:

Nutrition Interview

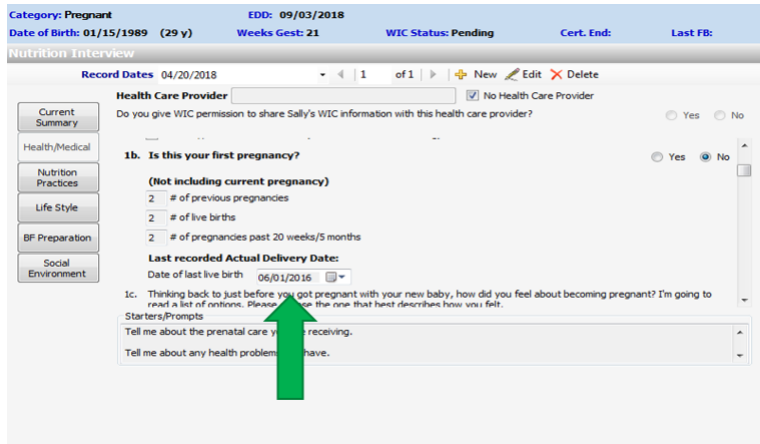
Record Dates: 04/20/2018 1 of 1 New Edit Delete

Health Care Provider: [] No Health Care Provider
Do you give WIC permission to share Sally's WIC information with this health care provider? Yes No

1b. Is this your first pregnancy?
(Not including current pregnancy)
2 # of previous pregnancies
2 # of live births
2 # of pregnancies past 20 weeks/5 months

Last recorded Actual Delivery Date:
Date of last live birth: 06/01/2016

1c. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? I'm going to read a list of options. Please choose the one that best describes how you felt.
Starters/Prompts
Tell me about the prenatal care you are receiving.
Tell me about any health problems you have.



332 - Short Interpregnancy Interval

Journey eWIC:

- Will auto assign if <18 months

Category: Pregnant EDD: 09/03/2018
Date of Birth: 01/15/1989 (29 y) Weeks Gest: 21 WIC Status: Pending Cert. End: Last FB:

Risk

Record Date: 04/20/2018 1 of 1 New Edit Delete

Determine Risk
Edit HR Resolved

High Risk Status
 High Risk
 HR Resolved
 Additional Assessment Needed

View Current View All Priority: 1

Available Risks

- Anthropometric Risks
- Biochemical Risks
- Clinical/Health/Medical Risks
- Nutrition Practice Risks
- Other Risks

Assigned Risks

Risk	Priority	Auto Assigned	Certification
332 - Short Interpregnancy Interval	1	Yes	No

For Breastfeeding/Non-Breastfeeding, the risk is based off the interval between their most recent pregnancy-reflected by the Actual Delivery Date

Most recent pregnancy

Category: Breastfeeding
Date of Birth: 09/19/1982 (35 y) WIC Status: Active Cert. End: 07/2018 Last FB: Dec 17

Pregnancy Record Dates: 01/30/2017 | 1 of 4 | New Edit

Infant(s) Born From This Pregnancy
Add Remove XXXX

English Metric

Prenatal
Expected Delivery Date: 08/08/2017
Last Menstrual Period: 11/01/2016
Weeks Gestation: NA
Pre-Pregnancy Weight: 185 lbs
Pre-Pregnancy BMI: 33.3
 Multifetal Gestation # of Expected Babies

Postpartum
Actual Delivery Date: 07/31/2017
Weight Gained This Pregnancy: 15 lbs
 Pregnancy Termination with No Live Birth (321c)
1 # of Live Infants From This Pregnancy

Most recent previous pregnancy

Category: Breastfeeding
Date of Birth: 09/19/1982 (35 y) WIC Status: Active Cert. End: 07/2018 Last FB: Dec 17

Pregnancy Record Dates: 10/19/2015 | 2 of 4 | New Edit

Infant(s) Born From This Pregnancy
Add Remove XXX

English Metric

Prenatal
Expected Delivery Date: 04/15/2016
Last Menstrual Period: 07/10/2015
Weeks Gestation: NA
Pre-Pregnancy Weight: 185 lbs
Pre-Pregnancy BMI: 33.3
 Multifetal Gestation # of Expected Babies

Postpartum
Actual Delivery Date: 04/11/2016
Weight Gained This Pregnancy: 1 lbs
 Pregnancy Termination with No Live Birth (321c)
1 # of Live Infants From This Pregnancy

332 - Short Interpregnancy Interval

Journey eWIC:

- Will auto assign if <18 months

Category: Pregnant EDD: 09/03/2018
Date of Birth: 01/15/1989 (29 y) Weeks Gest: 21 WIC Status: Pending Cert. End: Last FB:

Risk Record Date: 04/20/2018 | 1 of 1 | New Edit Delete

Determine Risk Edit HR Resolved

High Risk Status
 High Risk
 HR Resolved
 Additional Assessment Needed
View Current View All Priority: 1

Available Risks
 Anthropometric Risks
 Biochemical Risks
 Clinical/Health/Medical Risks
 Nutrition Practice Risks
 Other Risks

Assigned Risks

Risk	Priority	Auto Assigned	Certification
332 - Short Interpregnancy Interval	1	Yes	No

Risk code Cheat Sheet- Journey FI changes

MANUALLY Assigned Anthropometric Risk Codes		
Risk Code	Category	When to Assign Risk
Risk 110 Low-Midrange Weight Code	Pregnant Women	Weight gain at any point below the bottom line of the appropriate weight gain range. Manually Assign.
Risk 111 High-Midrange Weight Code	Pregnant Women	Weight gain at any point above the top line of the appropriate weight gain range. Manually Assign.
	Breastfeeding Women	Total gestational weight gain exceeding the upper limit of the OMF's recommended range based on her pre-pregnancy prepregnancy.
	Non-breastfeeding Women	Non-breastfeeding Women (0000 - 0001) OMF gain range if pregnancy panel is complete. Manually Assign.
Risk 112 Head 7 Growth Pattern (000 - 0001) Inappropriate Growth	Infants Birth to 2 weeks	Infants with 2 weeks Infants 2 weeks to 6 months of age Manually Assign.
	Infants 6 months to 1 year	Any weight loss. Two separate weight measurements taken at least 8 weeks apart. Manually Assign.
Risk Code Definition Changes		
Risk Code	Category	When to Assign Risk
Risk 210 Elevated Head Lead Levels	Pregnant Women	Head blood lead level of $\geq 1.5 \mu\text{g/dL}$ within the past 12 months.
	Breastfeeding Women	Head blood lead level of $\geq 1.0 \mu\text{g/dL}$ within the past 12 months.
	Non-breastfeeding Women	Head blood lead level of $\geq 1.0 \mu\text{g/dL}$ within the past 12 months.
	Children	Head blood lead level of $\geq 1.0 \mu\text{g/dL}$ within the past 12 months.
	Children	Head blood lead level of $\geq 1.0 \mu\text{g/dL}$ within the past 12 months.
Risk 411 Inappropriate Nutrition Practices for Infants	Infants	Receipt of one or more inappropriate feeding practices, handling and/or storage of expressed human milk or formula. Manually Assign to nutrition intervention or risk panel.
Risk 500 Breastfeeding Mother of Infant at Nutrition Risk	Pregnant Women	A breastfeeding woman whose breastfed infant has been determined to be at nutrition risk. Manually Assign to risk panel for pregnant women who are breastfeeding. OMF gain range for breastfeeding women.
Risk 502 Breastfeeding Complications	Pregnant Women	A breast-feeding woman with any of the following complications or potential complications for breastfeeding (from breast engorgement, recurrent plugged ducts, mastitis, breast or nipple symptoms with localized breast tenderness that is recurrent, nipple cracking, bleeding or severely sore nipples, age ≥ 40 years, history of milk to come by a dry pump/expressor, tandem nursing, breastfeeding from siblings with an oral form). Manually Assign to risk panel for pregnant women. Manually Assign to risk panel or nutrition intervention for breastfeeding women.

Questions





Completion of Nutrition Assessment and Care Plan

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Completion of Nutrition Assessment and Care Plan

- All portions of the Nutrition Interview need to be completed
- Why is this important?
 - Gives a complete picture of the participant's nutrition status
 - Gives more complete information to use to assess risks
 - Could potentially impact a participant's ability to qualify for the program
 - Provides information for follow up
 - Provides information for FNS, SA and LA Management evaluations

Portions commonly not completed

Smoking, Alcohol and Drug abuse for Breastfeeding and Postpartum moms

Do you give WIC permission to share HAKI/LUIS's WIC information with this health care provider? Yes No

Life Style

Past Smoking

4a. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day?
(1 pack = 20 cigarettes)
Cigarettes/day

4b. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?
(1 pack = 20 cigarettes)
Cigarettes/day

Current Smoking

4c. How many cigarettes do you smoke on an average day now?
0 Cigarettes/day

4d. Does anyone else in your household smoke inside the home?

Past Alcohol Use

4e. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?
Drinks/wk

4f. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?
Drinks/wk

Current Alcohol Use

4g. Do you currently drink alcohol? Yes No

If yes, how much and how often?

Portions commonly not completed

Social Environment:

- Remember, you can reword questions, just as long as you are assessing the situation.
- Potential language, "Is there anything that we did not discuss today, that you need help with?"

Record Dates: 05/30/2018 | 2 of 2 | New | Edit | Delete

Health Care Provider: No Health Care Provider

Do you give WIC permission to share elizabeth's WIC information with this health care provider? Yes No

Social Environment

5e. What else can I help you with?
Listen, ask, and assess for

- Abuse/neglect in the last 6 months
- Limited ability to make appropriate feeding decisions or prepare foods
- Family planning

901 - Recipient of Abuse - within past 6 months

902 - Limited Ability to make feeding decisions - woman or primary caregiver

Portions commonly not completed

Dental issues for Breastfeeding/Postpartum Mom

- This is important. Dentition impacts what mom can and cannot eat. A lot of healthy foods take quite a bit of chewing.

Current Summary

Breastfeeding Support

Health/Medical

Nutrition Practices

Life Style

Social Environment

3210 - fetal/neonatal death in maternal pregnancy-1 or more living infants

311 - History of Preterm Delivery

2g. Do you ever have a hard time chewing or eating certain foods?

Listen, ask, and assess for

- Routine oral health care
- Referral needed
- Tooth decay
- Tooth loss
- Impaired ability to eat
- Gingivitis

381 - Dental Problems

Portions commonly not completed

Breastfeeding/Postpartum Mom

Potential language:

- Physical activity is really important to keep you healthy, after having your baby. Once the doctor gives the ok, what are some ways that you plan to be physically active?

4i. What are your plans for returning to your pre-pregnancy shape?

Listen, ask, and assess for

- Physical activities
- Walking
- Playing with children
- Safe parks
- Access to fitness centers
- Activity frequency
- Food consumption changes

Portions commonly not completed

- Where you provide a consolidated report of what Mom/Parent/Caretaker said
- Provides a subjective view of participant's health
- Allows for follow up
- Helps to provide a more complete picture of participants nutrition status
- Let's evaluators know that the questions were asked
- This information goes into the Care plan



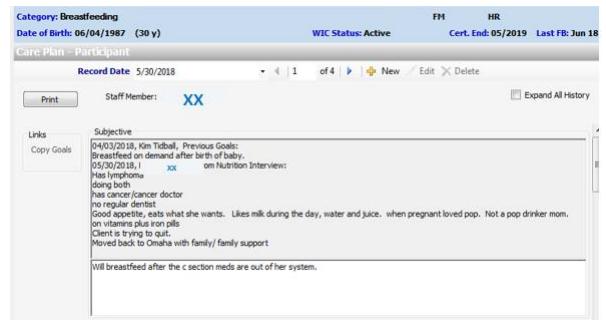
Care Plan

Complete picture of Participant's nutrition assessment on one page

Incomplete Nutrition Assessment will result in an incomplete Care Plan

The Subjective, Objective and Assessment areas have blank boxes

- You can add anything that you may remember, from the nutrition interview, that you did not type in the boxes
 - Instead of editing the nutrition interview
- Mom may say something that you want to record, while you are providing nutrition education



Care Plan

Counseling/Education boxes

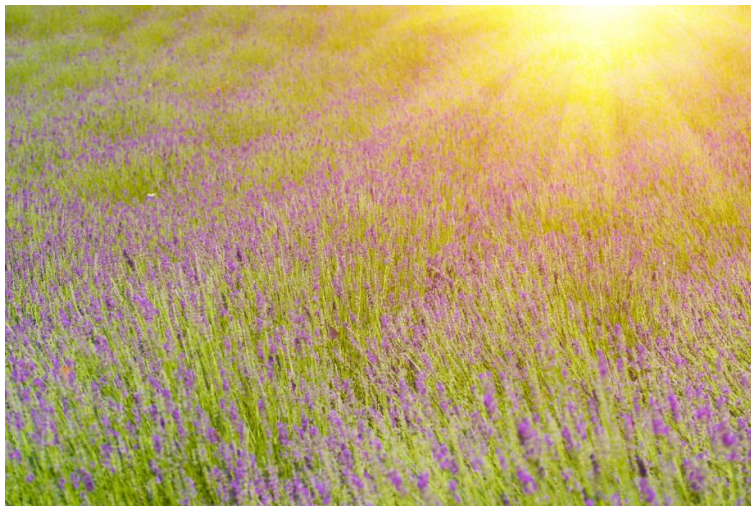
- Provide a synopsis of the education you provided
- Put in any nutrition materials that you used that are not located in the nutrition education panel

Counseling/Education
Plan

Plan

- Area where you can expound on the plan you discussed with mom/parent/caretaker to reach her goals
- Recommendations for the next person to talk about, that you identified during the current visit, but did not discuss

Questions





Documenting Nutrition Education Resources used

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Documenting Nutrition Education Resources used

Remember to document when you provide a nutrition education resource

3 potential reasons this is happening:

- WIC participant or caretaker was not interested in receiving the material
- It was given but not recorded
- Or the nutrition ed material is not in the Nutrition Education panel in Journey
 - Plan: to get a list of nutrition ed materials, used by each agency, by the end of the year
 - In the interim, if the handout you provided is not in Journey, please list it in the Counseling/Education box in the Care plan

Pamphlets Provided

- Pregnancy
- Breastfeeding
- Not Breastfeeding
- Infant
- Child
- All Participant Categories



Referrals



NE WIC 5.31.18

Requirements for Referrals

Remember to document Referrals

Procedure: **Referrals**

- Functional area: VIII Certification, Eligibility and Coordination of Services

Staff must make referrals to health related and public assistance programs based on a client's and their family's needs and interests

- Certification, Mid-certification, Recertification, Nutrition education visits

Required referrals

- Each local agency will develop a list of services available locally.
- Written information on Medicaid, including income eligibility
- On at least one occasion, must be given information about SNAP, AFDC and the Child Support Enforcement Program
- If applicant is not eligible for WIC, must be given referral to other food assistance programs

Types of Referrals

Informal/Passive Referral: An informal/passive referral can be accomplished by providing printed information about a health or community program or providing the information verbally

- Representative of most of the referrals given in the WIC program

Formal/Active Referral: A formal/active referral occurs when a staff member initiates contact with a health or community program for the WIC participant

- If participant actively tells you she is abusing drugs
- You work in a health center that provides services participant needs but they do not speak English
- Use your professional judgment

Referrals

Examples of **Referrals** made in the WIC program:

- Breastfeeding promotion and support services, i.e. Milkworks, La Leche League
- Child care centers
- Immunizations
- Dentists
- Physicians and other health care providers
- Shelters and food pantries
- Low Hemoglobin

The screenshot shows a software interface for managing WIC referrals. On the left is a navigation tree with categories like Income, Assessment, and Education and Care. The 'Education and Care' category is expanded, and 'Referrals - Participant' is highlighted with a red box. The main window displays a form for a participant named Brian (Male), born 05/25/2018. Below the form is a table titled 'Referrals - Participant' with columns for Date, Organization Type, Organization, Staff Member, and Follow-up. One row is visible with the date 05/30/2018, Organization Type 'Breastfeeding Support', and Staff Member 'Narissa Scales'.

Date	Organization Type	Organization	Staff Member	Follow-up
05/30/2018	Breastfeeding Support		Narissa Scales	

Questions



Please complete the attendance poll!