

Cert Date	
Cert Effective	
Cert Expires	



Breastfeeding Participant Form

LA # _____ Site # _____

Identification

Client ID (CID)

PAN

Out-of-State Transfer Y N

Priority

Out-of-State Transfer Only

Cert Expires - -

Name

Last

First

Middle

Date of Birth (DOB) - -

Race (may select one or more, if applicable)

- A ___ Asian
- B ___ Black
- P ___ Native Hawaiian or Other Pacific Islander
- I ___ American Indian or Alaska Native
- W ___ White

Ethnicity Hispanic or Latino Y N

Other Program Participation

Medicaid Food Stamps/SNAP

TANF THSteps

Medicaid Number

Measurements

Height - /8ths in

Weight lb oz

Measure Date - -

BMI

HCT

HGB

Health-Care Sources/Referrals

Health-Care Sources

- 00 ___ None
- 01 ___ Prenatal Clinic – Health Dept
- 03 ___ Hospital
- 04 ___ Private Physician
- 05 ___ Family Planning
- 15 ___ Other _____

Referred from

- 00 ___ None
- 01 ___ Prenatal Clinic – Health Dept
- 02 ___ Child Health – Health Dept
- 03 ___ Hospital
- 04 ___ Private Physician
- 05 ___ Family Planning
- 08 ___ TANF, Medicaid, or Food Stamps/SNAP

- 11 ___ Community Service Org
- 12 ___ Shelter
- 13 ___ Friend or Family
- 14 ___ Advertisement
- 15 ___ Other _____
- 16 ___ Case Manager

Referred to

- 00 ___ None
- 01 ___ Prenatal Clinic – Health Dept
- 03 ___ Hospital
- 04 ___ Private Physician
- 05 ___ Family Planning
- 06 ___ Immunizations
- 08 ___ TANF, Medicaid, or Food Stamps/SNAP
- 11 ___ Community Service Org
- 12 ___ Shelter
- 15 ___ Other _____
- 16 ___ Case Manager
- 99 ___ Do Not Release Client Data

Nutritional Risk: Turn to back side for data-entry codes.

Delivery Date

Trimester Prenatal Care

Weeks Gestation

Pre-Preg Wt

Preg Wt Gain

Gravida (number of total pregnancies)

Para (number of births greater than or equal to 20 weeks gestation regardless of outcome)

Breastfeeding Women

Codes	Pregnancy Outcome			
	Outcome	Wt/Lb	Wt/Oz	Sex
L – Live				
S – Stillbirth				
M – Miscarriage				
A – Abortion				
N – Neonatal Death				

Previously Bf Other Infants Y N

Exclusively Bf Y N

Formula

Food Pkg Code

Formula Code

Max or Tailored Qty

RX Expiration

Updates

Date

Food Pkg

Formula Code

Max or Qty

RX Expiration

Nutrition Education

NE Code

NE Code

NE Code

WIC Breastfeeding Nutritional Risk Codes

Anthropometric – Priority I

- 101 ___ **Underweight** – Less than 6 months postpartum, prepregnancy or current BMI less than 18.5; greater than or equal to 6 months postpartum, current BMI less than 18.5
- 111 ___ **Overweight** – Less than 6 months postpartum, prepregnancy BMI greater than or equal to 25; greater than or equal to 6 months postpartum, current BMI greater than or equal to 25
- 133 ___ **High Gestational Weight Gain in Most Recent Pregnancy (Singleton Only)** –
 ___ Prepregnancy underweight (gained more than 40 lb)
 ___ Prepregnancy normal weight (gained more than 35 lb)
 ___ Prepregnancy overweight (gained more than 25 lb)
 ___ Prepregnancy obese (gained more than 20 lb)

Biochemical – Priority I

- 201 ___ **Low Hematocrit/Low Hemoglobin** –
 ___ 12 through 14 years: Hct less than 36% or Hgb less than 11.8 g/dL
 ___ 15 years or older: Hct less than 36% or Hgb less than 12.0 g/dL
- 211 ___ **Lead Poisoning** – Blood lead level of 10µg/dL or greater within past 12 months

Clinical/Health/Medical – Priority I

Obstetrical Risks

- 303 ___ **History of Gestational Diabetes**
- 304 ___ **History of Preeclampsia**
- 311 ___ **Preterm Delivery** – 37 weeks or less gestation in most recent pregnancy
- 312 ___ **Low-Birthweight Infant** – Weighed 5 lb 8 oz or less (2500 g or less) in most recent pregnancy
- 321 ___ **Fetal Death** – 20 weeks or greater gestation in most recent pregnancy which was a multi-fetal gestation with one or more infants still living or
Neonatal Death – 28 days or less of life in most recent pregnancy which was a multi-fetal gestation with one or more infants still living
- 331 ___ **Pregnancy at a Young Age** – Conception at 17 years or younger in most recent pregnancy
- 332 ___ **Closely Spaced Pregnancies** – Conception before 16 months postpartum in most recent pregnancy
- 333 ___ **High Parity and Young Age** – Woman, younger than 20 years at conception of most recent pregnancy, who has had three or more previous pregnancies lasting 20 weeks or more, regardless of birth outcome
- 335 ___ **Multi-Fetal Gestation in Most Recent Pregnancy**
- 337 ___ **Birth of a Large for Gestational Age Infant** – Any birth of an infant weighing 9 lb or more (4000 g or more) (includes most recent pregnancy)

- 339 ___ **Birth with Nutrition-Related Birth Defect** – Inappropriate nutritional intake in most recent pregnancy, (e.g., inadequate zinc, folic acid, or excess vitamin A)

Nutrition-Related Risk Conditions

- 341 ___ **Nutrient-Deficiency Diseases** – Malnutrition, scurvy, rickets, hypocalcemia, and osteomalacia (Refer to nutrition risk manual for other conditions.)
- 342 ___ **Gastro-Intestinal Disorders** – GERD, peptic ulcer, post bariatric surgery, short bowel syndrome, inflammatory bowel disease (including ulcerative colitis and Crohn's) pancreatitis, liver, and biliary tract disease
- 343 ___ **Diabetes Mellitus**
- 344 ___ **Thyroid Disorders**
- 345 ___ **Hypertension and Prehypertension**
- 346 ___ **Renal Disease** – Excluding urinary tract infections
- 347 ___ **Cancer**
- 348 ___ **Central Nervous System Disorders** – Parkinson's, epilepsy, cerebral palsy, multiple sclerosis, and spina bifida
- 349 ___ **Genetic and Congenital Disorders** – Cleft lip or palate, Down syndrome, thalassemia major, muscular dystrophy, and sickle cell anemia (not sickle cell trait)
- 351 ___ **Inborn Errors of Metabolism** – PKU, hyperlipoproteinemia, and galactosemia (refer to nutrition risk manual for other conditions)
- 352 ___ **Infectious Diseases within Past Six Months** – TB, pneumonia, meningitis, parasitic infections, hepatitis, HIV, or AIDS
- 353 ___ **Food Allergy** – Wheat, eggs, milk, corn, or peanuts
- 354 ___ **Celiac Disease** – Celiac sprue, gluten enteropathy, or nontropical sprue
- 355 ___ **Lactose Intolerance**
- 356 ___ **Hypoglycemia**
- 357 ___ **Drug Nutrient Interactions**
- 358 ___ **Eating Disorders** – Anorexia nervosa and bulimia
- 359 ___ **Recent Major Surgery (including C-Section), Trauma, or Burns in Past Two Months** – Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician
- 360 ___ **Other Medical Conditions** – Juvenile rheumatoid arthritis, lupus erythematosus, heart and cardiorespiratory disease, cystic fibrosis, or persistent moderate or severe asthma requiring daily medication
- 361 ___ **Clinical Depression**
- 362 ___ **Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat** – Disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs; minimal brain function, brain damage, head trauma, other disabilities, or feeding problems due to a developmental delay

- 363 ___ **Pre-Diabetes** – Impaired fasting glucose (IFG) and/or glucose tolerance (IGT)

- 371 ___ **Maternal Smoking** – Any smoking of tobacco products (i.e., cigarettes, pipes, or cigars, etc.)
- 372 ___ **Alcohol** – Current routine use of two or more drinks per day, binge drinking, or heavy drinking
- 373 ___ **Any Current Illegal Drug Use**
- 381 ___ **Dental Problems** – Periodontal disease, tooth decay, tooth loss, or ineffectively replaced teeth

Dietary Priority IV

- 401 ___ **Failure to Meet Dietary Guidelines for Americans**
- 480 ___ **Inappropriate Nutrition Practices**

Other Risks – Various Priorities (See each code)

- 501 ___ **Possibility of Regression** (Priority IV)
- 502 ___ **Transfer of Certification** (No Priority)
- 601 ___ **Breastfeeding Mother of Infant at Nutritional Risk** (Priority I, II, or IV)
- 602 ___ **Breastfeeding Complications or Potential Complications** – Severe engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age 40 years or older; milk coming in after four days postpartum; or tandem nursing of non-twins (Priority I)
- 801 ___ **Homelessness** (Priority IV)
- 802 ___ **Migrancy** (Priority IV)
- 901 ___ **Recipient of Abuse/Battering within Past Six Months** (Priority IV)
- 902 ___ **Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food** (Priority IV)
 ___ 17 years or younger
 ___ Mentally disabled/delayed, or mental illness such as clinical or postpartum depression
 ___ Physical disability which restricts or limits ability to prepare food
 ___ Current use or history of abusing alcohol or other drugs
- 903 ___ **Foster Care** – Entry or transfer during previous six months (Priority IV)
- 904 ___ **Environmental Tobacco Smoke Exposure** – Exposure to smoke inside the home (Priority I)