



Memorandum

#16-108

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: November 2, 2016

SUBJECT: Replacement Section of Clinic Assessment Manual

This is to inform you that the section titled “Instructions for Completing the Diet/Health History for Infants” in the Clinic Assessment Manual (CAM) has had a revision to the guidance under question #11. Please replace this entire section with the one included with this memo. It is important for all certifying authorities to review this change.

If you have any questions, please contact Tiffany Brown, WIC Certification Specialist Program Coordinator, at 512-341-4587 or Tiffany.Brown@dshs.texas.gov.

Instructions for Completing the Diet/Health History for Infants

The “Diet/Health History for Infants” Form shall be completed at all infant certifications as part of the certification process.

Side 1:

- **Today’s Date** – Document the date the form is completed.
- **Infant’s Name** – Document the name of the infant applicant.
- **DOB** – Document the infant’s date of birth.
- **Age** – Document the infant’s age on the date of certification.

Breastfeeding History for Infants

1. Is this infant currently breastfed?

If response is “Yes,” go to question number 3.

2. If no, was this infant *ever* breastfed or fed breastmilk?

If the infant was ever breastfed or fed breastmilk, document “Yes.” If the infant never received breastmilk, document “No” and go to question number 7.

Breastfed Infant (Total or Partial)

3. How many feedings of breastmilk has this infant had in the past 24 hours?

This is the number of breastfeedings in 1 full day, 24 hours. It might help to have the mother count the number of feedings from a certain time, such as 12 noon, on one day until the same time, 12 noon, on the following day. Document the number of feedings and assess if risk code 460 is appropriate. Some examples of appropriate use of risk code 460 are:

- breastfeedings are scheduled
- infant is less than 2 months of age and received less than 8 feedings in 24 hours
- infant is between 2 to 6 months of age and received less than 6 feedings in 24 hours

4. How is breastfeeding going for you?

Document any problem(s) and assess if risk code 603 is appropriate. Some examples of appropriate use of risk code 603 are:

- jaundice
- weak or ineffective suck

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- difficulty latching

5. How many wet diapers per day?

This is the average number of wet diapers in a 24 hour period. Assign risk code 603 if the mother reports less than 6 wet diapers.

How many dirty diapers per day?

This is the average number of stoolled diapers in a 24 hour period. Assess the response to determine if risk code 603 is appropriate.

Bottle-Fed Infant (Answer only if bottle-feeding this infant.) If exclusively breastfed infant ever consumes breastmilk from a bottle, go to question number 13.

6. What type of formula do you use for this infant?

Document the type of formula currently being used.

7. What is the name of the formula?

Be specific in documenting the name of the formula (e.g. Similac Advance). Assess if risk code 460 is appropriate. Some examples of appropriate use of risk code 460 are:

- infant is on a low-iron formula without iron supplementation
- infant is on a formula substitute such as:
- cow's milk
- goat's milk
- canned evaporated or sweetened milk

8. How much formula and water are mixed together?

If the parent/guardian is using powdered or concentrated liquid formula, ask her how she prepares the formula. Assess if formula is diluted correctly. Most powdered formula is prepared 1 scoop formula to 2 oz. of water. Concentrated liquid formula is prepared 1 can (13 oz.) formula to 1 can (13 oz.) water. If formula is not prepared correctly, assign risk code 460.

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9. Do you add anything to the formula besides water?

If the response is “Yes,” document what is added to the formula and assign risk code 460.

10. Is the water boiled before it is mixed with the formula?

For infants less than 3 months (90 days) of age, participants can use regular tap and bottled water to prepare formula. They must boil water for 1 minute then allow it to cool. Assign risk code 460 if water used for formula preparation is inappropriate.

11. If you are using powdered formula, how soon are you mixing the formula with the water after the water has been boiled?

Powdered infant formula (PIF) is not sterile therefore the CDC recommends that PIF should be mixed with boiled water within 5 minutes of boiling to kill potential bacteria in the formula. If waiting more than 5 minutes, share with the parent/guardian that according to CDC this is the safest way to prepare the formula to keep the baby from getting sick, but do not assign risk code. Also let her know that the formula should be cooled to a safe drinking temperature before giving it to the baby. You can suggest that she may want to speak to her baby’s healthcare provider about the best way to prepare formula for her baby.

12. How many bottles do you make at one time?

Document the number of bottles prepared at one time.

13. How much breastmilk or formula do you put in each bottle?

Be specific when documenting this amount (e.g. all bottles 6 oz., two 8 oz. bottles and two 4 oz. bottles).

14. How much breastmilk or formula does this infant drink at each feeding?

Be as specific as possible when documenting this amount (e.g. $\frac{1}{2}$ or $\frac{3}{4}$ of all or some of the bottles).

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15. How many bottles of breastmilk or formula does this infant drink in 24 hours?

Document the total amount of expressed breastmilk and/or formula intake in ounces (e.g. 100% of three 6 oz. bottles is equal to 18 oz., $\frac{3}{4}$ of two 8 oz. bottles is equal to 12 oz.).

16. How long does one can of formula last?

In general, a can of powdered formula lasts about 3+ days and a can of concentrated liquid formula last about 1 day.

17. What is done with leftover breastmilk or formula in the bottle?

Assign risk code 460 if an infant is fed formula which:

- has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer
- has been held in a refrigerator longer than the safe storage time indicated by the manufacturer
- remains in a bottle 1 hour after the start of a feeding
- remains in a bottle from an earlier feeding
- Is fed using improperly cleaned baby bottles

18. How are bottles, nipples, etc. cleaned?

Participant washes bottles, nipples, rings, etc. in hot water using dishwashing detergent and bottle-brushes and/or clean dish cloths. Dishwashers are also acceptable. Sanitize bottles, nipples, etc. in boiling water for 5 minutes during the infant's first 3 months of life. Assign risk code 460 if bottles, nipples, etc. are not washed/sanitized appropriately.

19. How are bottles of breastmilk or prepared formula stored?

Bottles of expressed breastmilk and prepared formula (mixed with water) should be stored in a refrigerator. Assign risk code 460 if prepared bottles are not stored in a refrigerator.

All Infants

20. Do you always hold this infant during feedings?

If the response is “No,” assess for routine practice and assign risk code 460 if appropriate.

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21. Do you put this infant in bed with a bottle?

If the response is “Yes,” assess for routine practice and assign risk code 460 if appropriate.

22. Do you use items (blanket, toy, diaper, etc.) to prop or hold up the bottle?

If the response is “Yes,” assess for routine practice and assign risk code 460 if appropriate.

23. Do you let this infant crawl or walk around with the bottle or a cup?

If the response is “Yes,” assess for routine practice and assign risk code 460 if appropriate.

24. Do you give this infant the bottle whenever he cries?

If the response is “Yes,” assess for routine practice and assign risk code 460 if appropriate.

25. Currently, do you use the bottle to feed liquids other than breastmilk, formula, or water?

If the response is “No,” go to question number 26.

If yes, at what age was it first given?

If the response is “Yes,” document the age that the liquid was first given.

What liquid?

- juice
- water
- tea or coffee
- colas or other sweetened beverages
- corn syrup, sugar, or salt
- honey
- other: _____

If “other,” document what the liquid is. If any liquid other than breastmilk, formula, or water is put in the bottle, assign risk code 460.

26. Have you ever given this infant any foods other than breastmilk or formula?

If the response is “Yes,” indicate at what age food(s) were first given. If the response is “No,” go to question number 29.

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27. What foods or beverages, other than breastmilk or formula, have you given this infant in the last 24 hours? (Please list and include amounts.)

This is a diet recall for infants. Staff may use food models to demonstrate quantity. If any inappropriate food(s) or beverage(s) are listed, assign risk code 460.

28. How are solid foods fed to this infant?

Be specific in documenting this (e.g. spoon fed, infant feeder, bottle). If the infant is developmentally ready for solids, a spoon should be used to feed solids. If a bottle or infant feeder is used, assign risk code 460.

Does this infant use his or her fingers to eat with?

If the infant is ready for finger-feeding but the parent/guardian is not advancing the diet appropriately, assess if risk code 460 is appropriate.

Side 2: (shaded, optional field)

- Infant's Name – Document the name of the infant applicant.
- Date of Birth – Document the infant's date of birth.

Health History for Infants

29. Where do you take this infant for health care?

The response should indicate infant's health care provider. If the infant does not have a health care provider, staff shall provide information/referral to the parent/guardian and document the referral on the participant form.

30. How long has it been since the last health-care visit?

Document a date if the infant has a health care provider. If the date is unknown, an approximate date is acceptable (e.g. month/year). If the infant does not have a health care provider, documentation to this question is not required. Make an appropriate referral and document it on the participant form.

31. Has this infant ever had any health problems?

If the response is "Yes," staff shall assess if one or more of the risk codes apply and assign as appropriate. Some of the 300 risk codes may apply. Documentation is required if any of the risk codes are assigned. Some examples include but are not limited to:

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- 341 - Nutrient Deficiency Diseases
- 342 - Gastro-Intestinal Disorders
- 343 - Diabetes Mellitus
- 352 - Infectious Disease
- 359 - Recent Major Surgery, Trauma, Burns

32. Do you feed this infant a special diet or have special instructions you follow?

If the response is “Yes,” document the diet or feeding instructions. Assess the information and assign risk code(s) which may include the 300s and/or risk code 460.

33. Does this infant have any feeding problems?

If the response is “Yes,” document the feeding problem(s) and assess the information. Assign appropriate risk code(s) which may include the 300s and/or risk code 460.

34. Are there any foods that you limit, avoid, or do not give this infant for any reason?

If the response is “Yes,” document the food(s) and specify whether they are limited or avoided as well as the reason(s). Assess the information and assign the appropriate risk code(s) which may include the 300s and/or risk code 460.

35. Does your infant have any oral health conditions including early childhood caries (ECC)?

If the response is “Yes,” document problem(s) and refer to risk code 381 for Definition/Cut-off Value. Note: Not all oral health conditions must affect the ability to eat in order to assign risk code 381.

36. Has this infant had surgeries, burns, or serious injuries?

If the response is “Yes,” document the surgery, burn, and/or serious injury and assign risk code 359.

37. Has this infant been tested for a blood lead level (BLL) in the past 12 months?

If the response is “Yes,” document the BLL and assign risk code 211 if the level was greater than or equal to 5 mcg/dL. If risk code 211 is assigned, staff shall also make a referral to the health care provider if the infant has had no interim follow-up screening within the past 12 months from the date of initial

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testing. If the response is “No,” or if the parent/guardian is unsure, staff shall refer the infant to the health care provider for any applicable reason listed in the *Referrals* section of risk code 211.

38. Is this infant taking any medications?

If the response is “Yes,” document the medication(s). Refer to your clinic copy of the Food Medication Interactions book. If a listed medication has a drug-nutrient interaction, assign risk code 357. Staff must document the name of the prescription or over-the-counter drug in the chart, the condition it treats, and the length of time the participant has been taking the medication. If the infant is taking multiple medications, you may document “multiple medications” and list only those that have a drug-nutrient interaction.

39. Do you give this infant any of these?

- herbal medicine/teas
- vitamins or minerals

If the response is “Yes” to any of the above and it meets risk criteria for herbal medicine/teas, assign risk code 357, and for vitamins and/or minerals, assign risk code 460.

40. Is there anyone living in this household who currently smokes inside the home?

If the response is “Yes,” assign risk code 904. Note: If someone lives in the household and does not smoke inside the home, then risk code 904 does not apply.

41. Are you afraid someone you know may injure or harm you or this infant?

If the response is “Yes,” staff may need to ask more questions to find out what type of referral should be offered (e.g. National Domestic Violence Hotline 1-800-799-7233). To assign risk code 901, abuse or neglect must have occurred within the last 6 months.

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Questions inside the box: Ask the following questions to assist the applicant; there are no risk codes related to these questions.

1. Do you have any of these?

- a. a working stove
- b. a working refrigerator
- c. running water

The responses assist staff in providing appropriate referral(s), counseling, and/or food package. If the answer is “No” for a working refrigerator and/or running water, ask about the source of water used to prepare formula and how the prepared formula is stored. Assess if risk code 460 is appropriate. Discuss with the parent/guardian to determine whether a food package for participants with no refrigeration or cooking facilities would better meet her needs.

2. On a regular basis, are you ever concerned you won’t be able to buy enough food to feed your family?

If the response is “Yes,” staff shall offer food resource lists/referral information. Dial 211 or visit <https://www.211Texas.org> online to reach the Texas Information and Referral network.

3. List the questions you have about your infant’s nutrition, development, health, etc.

The response may assist staff in getting the applicant’s/participant’s current concern(s) and in opening up the counseling session.

Staff Comments: (Shaded area, this field is optional.) Space is provided for staff documentation as needed.