

SECTION: Certification**SUBJECT: Anthropometric Data**

Federal Regulations: §246.7 (e)(1), Guidelines for Growth Charts and Gestational Age Adjustment for Premature, Low Birth Weight and Very Low Birth Weight Infants (revision in process)

Nutrition Services Standard: 7

Resources: This on-line module discusses the importance of accuracy and reliability in taking anthropometric measurements <http://depts.washington.edu/growth/> (MCHB Growth Chart Training) and provides a review of appropriate anthropometric equipment selection, calibration and measurement techniques. An additional online module is available at <https://connect.wisconsin.gov/dhswicweighmeasure/>

POLICY

Anthropometric data shall be no more than 60 days old at the time of certification. If the participant/parent or guardian doesn't have current anthropometric measurements from his/her health care provider (HCP), ask the participant the date/month of the last or future visit to the HCP to determine if measurements obtained will fall within appropriate timeframes for CT-WIC data entry and to determine if the participant has a medical home.

Often for children ages 2 and older, if it is not time for a child's annual physical the insurance company will NOT cover a doctor's visit for height and weight check only.

WIC certification requirements must occur at no charge to the participant (certification without charge). Therefore, local agency staff must be equipped to weigh and measure participants and provide this service as long as there is evidence of ongoing health care.

Anthropometric measurements**Infants and Children:**

- At certification, mid-certification and re-certification visits, the Competent Professional Authority (CPA) enters the anthropometric measurements of the infant or child participant in the Infant/Child Height/Weight tab in the Health menu. Based on the data entered, CT-WIC auto-assigns the appropriate anthropometric risk factors. It is recommended that the CPA, verify the CT-WIC automated risk factor for those infants or children that require gestational age adjustment (GAA). At follow-up visits, anthropometric data can be updated in the Infant/Child Health tab.

Growth of infants and children ages 0-24 months are assessed using the WHO Growth Standards, which are based on optimal growth, rather than a reference population as the 2000 Centers for Disease Control and Prevention (CDC) growth curves. Body Mass Index (BMI) for age or weight-for-stature for children 24 months to 5 years are assessed using the 2000 CDC 2-20 years gender specific growth charts. CT-WIC will display both the BMI and BMI-for-age percentile after data is entered. See below for sample

Infant 0-23 months

Infant/Child Height/Weight
Growth Chart

Anthropometric Data English(SAE) Metric

* Anthro Date	Age	Height					Weight			BMI	BMI/ Age	Wt/ Age	Ht/ Age	Wt/ Ln
		* in	* 1/8	R/S	?	* lbs	* oz	?						
10/19/2015	9 m, 18 d	20	0	Recumbent	<input type="checkbox"/>	44	0	<input type="checkbox"/>	N/A	N/A	99.99	0.01	99.9	
1/1/2015	0 days	14	3	Recumbent	<input type="checkbox"/>	3	4	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/	

* Birth Weight: lbs oz Unknown
 * Birth Length: in 1/8 Unknown
 * Completed Weeks of Gestation: Unknown
 Weight Change: 40 lbs 12 oz
 Immunization Status: Reviewed Referred
 Height Change: 5 in 5 eighths
 Time Interval: 9 m, 18 d

Bloodwork

Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created
10/16/2015	12.0			<input type="checkbox"/>		10/19/2015

Child 2-5 years

Infant/Child Height/Weight
Growth Chart

Anthropometric Data English(SAE) Metric

* Anthro Date	Age	Height					Weight			BMI	BMI/ Age	Wt/ Age	Ht/ Age	Wt/ Ln
		* in	* 1/8	R/S	?	* lbs	* oz	?						
10/26/2015	2 y, 9 m	35	0	Standing	<input type="checkbox"/>	29	0	<input type="checkbox"/>	16.64	72.75	40.14	16.77	N/	
1/1/2013	0 days	21	0	Recumbent	<input type="checkbox"/>	5	0	<input type="checkbox"/>	N/A	N/A	0.97	98.78	0.0	

* Birth Weight: lbs oz Unknown
 * Birth Length: in 1/8 Unknown
 * Completed Weeks of Gestation: Unknown
 Weight Change: 24 lbs
 Immunization Status: Reviewed Referred
 Height Change: 14 in
 Time Interval: 2 y, 9 m

Bloodwork

Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created
No Records Exist in Data Source						

History of anthropometric assessments including BMI calculation and percentiles, shown as numerical values, can be viewed in the Lab Screen. CT-WIC shows a graphical representation of growth curves. This upgrade provides the CPA with an overview of the infant or child's growth over time.

To provide the parent, caretaker or guardian with a visual overview of the infant/child's growth, CPA's should display the growth chart and print a copy if necessary or requested by the parent, caretaker or guardian.

Additionally, for infants and children ages 0-24 months and children ages 2-5 year old it is important to clearly communicate with parents and caregivers what the specific growth curve conveys or represents, especially if the pediatrician or health care provider is using a different growth chart. Also, when a child transfers from the WHO Growth Standards to the 2000 CDC 2-20 years gender specific growth curves, some changes in percentiles may occur.

- Use of CT-WIC Nutrition Risk Criterion #114 (Parent with BMI ≥ 30) is a manually assigned risk factor. If the mother's pre-pregnancy BMI is known, the CPA must manually assign this risk. CPA's are not required to request and/or calculate the BMI of each parent. However, if this risk is used, the parent's information should be documented in the Education Notes.

Note: It is possible for an infant or child to have CT-WIC FNS Nutrition Risk Criterion #103(**Underweight or At Risk of Underweight**) and #114 (**Parent with BMI ≥ 30**) assigned simultaneously, based on the mother's assessed BMI and the infant or child's weight for length and BMI for age. Nutritionists are encouraged to use discretion and professional judgment when discussing this with caregivers. Additional information can be found in the *CT WIC Program Motivational Interviewing Guidance Local Agency Resource*, and *Consistent Education Messages: Childhood Overweight and Obesity Guide for BMI Assessment and Effective Communication with Families*, guidance document.

Additional Resources:

Changes in Terminology for Childhood Overweight and Obesity:
<http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>

WIC 200-12 Supplement to Infant/Children Certification Form, WIC 200-12 Infant and Children Nutrition Assessment Form Guidance for more information on counseling tips.

Also refer to CT Nutrition Risk Update presentation, related nutrition risk write-ups, and CDC's WHO Growth Chart On-line training: www.cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm for more in-depth information.

Prenatal, Breastfeeding and Postpartum Women:

At certification, the CPA records anthropometric measurements for manual and/or auto-assignment of anthropometric risk factors in the Lab screen in CT-WIC. To provide quality nutrition services, during follow-up appointments, enter current prenatal weight in Lab screen and click "Save". CT-WIC will auto-calculate weeks' gestation and incremental weight gain or loss and assign any applicable weight-based risks once new information is saved.

Verify measurements of women on the Prenatal Weight Gain Grid in CT-WIC at each prenatal visit. Discuss strategies to increase, decrease or maintain weight gain.

For Breastfeeding and Postpartum Women, current weight can also be updated at follow-up visit on the Lab Screen to determine if participant has returned to pre-pregnancy weight or reached her weight loss/gain goals.

Additional Resources:

WIC 200-12 Supplement to Women's Certification Form and 200-12 Nutrition Questionnaire and Assessment for Guidance for additional background and information on 2009 IOM Recommendations Prenatal Weight Gain and prenatal weight gain counseling tips.

Information is also available at the following link: <http://iom.edu/Reports/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines.aspx>

Documentation:

If anthropometric measurements or blood work are obtained verbally from the HCP, documentation should be included in CT-WIC indicating the date the verbal order was obtained. Faxed information should be scanned into CT-WIC. Please Note that verbal anthropometric measurements or blood work are not acceptable from a WIC participant since this information is used to assign risks and eligibility.