

**SECTION: Certification****SUBJECT: Anthropometric Data**

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**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

**Nutrition Services Standard:** 7

**Resources:** This on-line module discusses the importance of accuracy and reliability in taking anthropometric measurements <https://depts.washington.edu/growth/index.htm> (MCHB Growth Chart Training) and provides a review of appropriate anthropometric equipment selection, calibration.

**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, 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.
- For infants enrolled prior to age six (6) months who are certified until their first birthday, it is best practice to assess growth throughout the certification period, at the following ages:
  - Birth-4 weeks
  - 2-5 months
  - 6-8 months
  - 9-11 months
  - Infants with inadequate growth or rapid growth velocity may require more frequent measurements.

At a minimum, CT-WIC Anthropometrics grid should include birth weight and length, 6 months and 12-month measurements.

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 samples of lab screen showing BMI values as well as 0-12 month minimum and best practice anthropometric data entries and growth charts respectively.

### Infants/Children 0-23 months- minimum

Infant/Child Height/Weight
Growth Chart

Anthropometric Data  English(SAE)  Metric

	Anthro Data				Weight			Height				BMI					
	* Anthro Date	* By Whom	Act. Age	AGA	* lbs	* oz	?	* in	* 1/8	R/S	?	BMI	BMI/ Age	Wt/ Age	Ht/ Age	Wt/ Ln	? Reasons
	02/20/2024	MD/PA	1 y, 0 m	11 m, 15...	18	13	<input type="checkbox"/>	29	4	R	<input type="checkbox"/>	N/A	N/A	13.03	36.07	9.60	
	08/28/2023	Nurse	6 m, 9 d	5 m, 23 d	15	8	<input type="checkbox"/>	26	1	R	<input type="checkbox"/>	N/A	N/A	11.49	22.08	17.37	
	02/21/2023	MD/PA	2 days	-12 days	5	12	<input type="checkbox"/>	17	6	R	<input type="checkbox"/>	N/A	N/A	5.28	0.33	76.19	

Add
Remove

\* Birth Weight:  lbs  oz  Unknown

\* Completed Weeks of Gestation:   Unknown

Immunization Status:  Reviewed  Referred

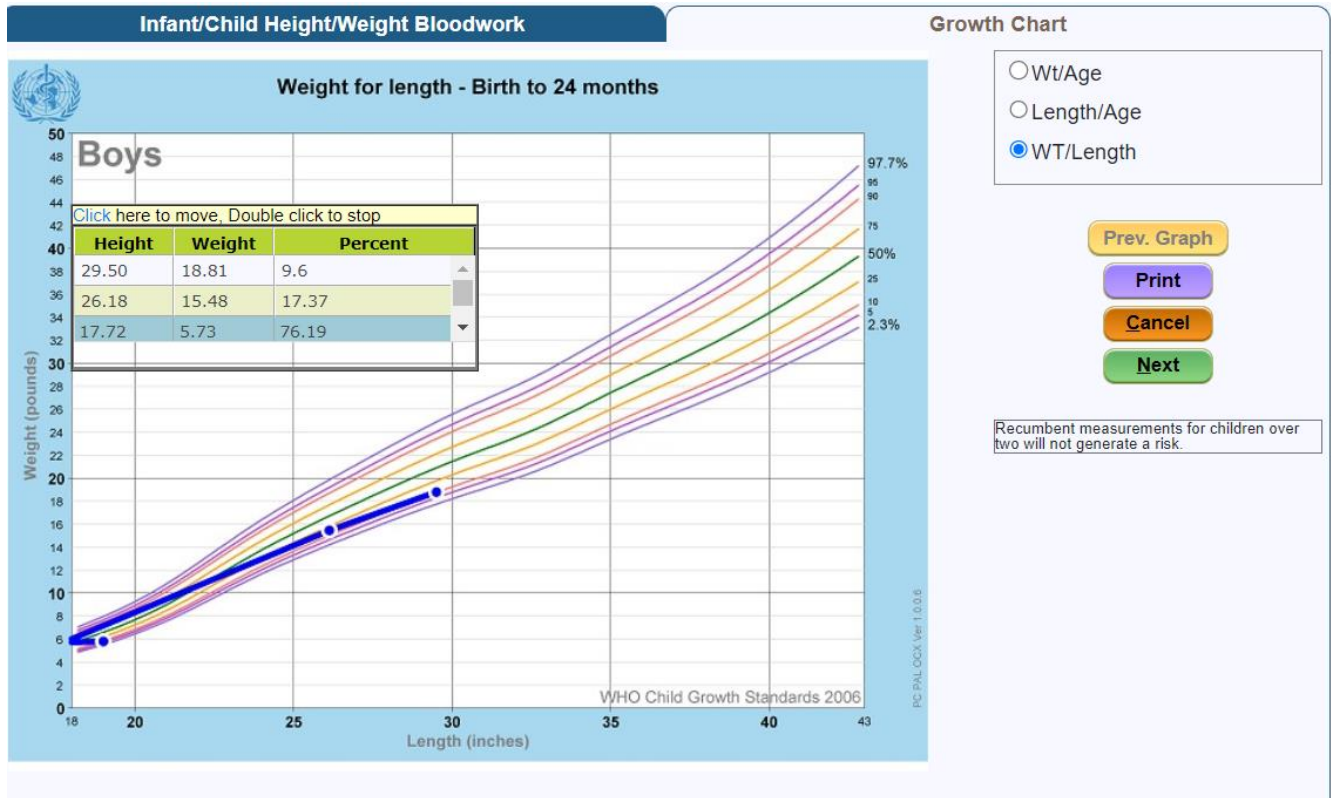
\* Birth Length:  in  1/8  Unknown

Weight Change:

Height Change:

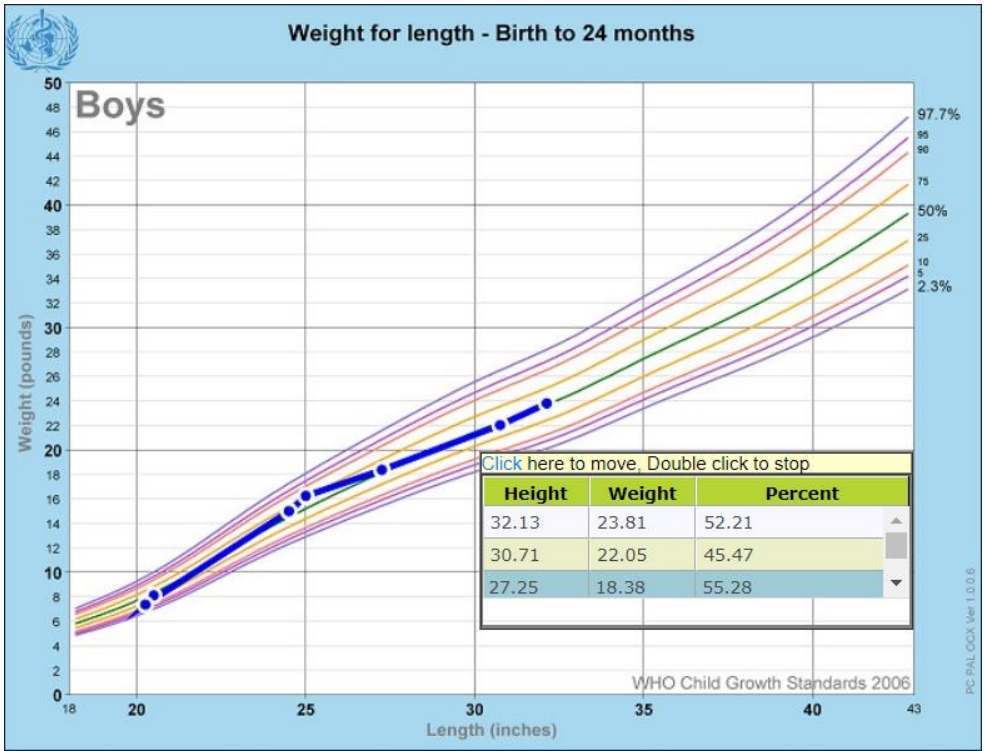
Time Interval:

Bloodwork



# Infants/Children 0-23 months- best practice

Anthropometric Data																
English(SAE) Metric																
* Anthro Date	* By Whom	Act. Age	AGA	Weight			Height				BMI	BMI/ Age	Wt/ Age	Ht/ Age	Wt/ Ln	? Reasons
				* lbs	* oz	?	* in	* 1/8	R/S	?						
04/25/2024	Nurse	1 y, 6 m		23	13	<input type="checkbox"/>	32	1	R	<input type="checkbox"/>	N/A	N/A	40.31	29.95	52.21	
10/03/2023	EM Record	1 y, 0 m		22	1	<input type="checkbox"/>	30	6	R	<input type="checkbox"/>	N/A	N/A	62.64	83.19	45.47	
04/04/2023	MD/PA	6 m, 3 d		18	6	<input type="checkbox"/>	27	2	R	<input type="checkbox"/>	N/A	N/A	66.15	75.30	55.28	
02/07/2023	MD/PA	4 m, 6 d		16	4	<input type="checkbox"/>	25	0	R	<input type="checkbox"/>	N/A	N/A	61.53	33.32	78.43	
01/17/2023	WIC CPA	3 m, 16 d		15	0	<input type="checkbox"/>	24	4	R	<input type="checkbox"/>	N/A	N/A	53.44	38.42	65.35	
10/05/2022	MD/PA	4 days		7	6	<input type="checkbox"/>	20	2	R	<input type="checkbox"/>	N/A	N/A	46.24	67.23	17.05	
10/01/2022		0 days		8	2	<input type="checkbox"/>	20	4		<input type="checkbox"/>	N/A	N/A	74.90	87.59	38.73	



## Children 2-5 years

Infant/Child Height/Weight					Growth Chart										
Anthropometric Data					English(SAE) <input checked="" type="radio"/> Metric <input type="radio"/>										
* Anthro Date	* By Whom	Act. Age	AGA	Weight			Height				BMI	BMI/Age	Wt/Age	Ht/Age	Wt/Ln
				* lbs	* oz	?	* in	* 1/8	R/S	?					
09/02/2022	MD/PA	3 y, 1 m		33	0	<input type="checkbox"/>	37	2	S	<input type="checkbox"/>	16.72	78.31	68.61	48.23	N/A
07/21/2021	MD/PA	2 y, 0 m		26	4	<input type="checkbox"/>	34	0	S	<input type="checkbox"/>	15.97	36.85	45.40	65.53	N/A
07/18/2019	MD/PA	0 days		6	15	<input type="checkbox"/>	19	7	R	<input type="checkbox"/>	N/A	N/A	42.56	76.32	14.97

\* Birth Weight: 6 lbs 15 oz  Unknown      \* Birth Length: 19 in 7 1/8  Unknown  
 \* Completed Weeks of Gestation: 40  Unknown      Weight Change: 6 lbs 12 oz  
 Immunization Status:  Reviewed  Referred      Height Change: 3 in 2 eighths  
 Time Interval: 1 y, 1 m

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  $\geq 30$ ) 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  $\geq 30$** ) 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 200-13 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](http://www.cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm) for more in-depth information.

## Prenatal, Breastfeeding and Postpartum Participants:

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 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 participants, 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 their weight loss/gain goals.

## Pregnant Participants

Anthropometric Data															English(SAE) <input checked="" type="radio"/> Metric <input type="radio"/>	
* Anthro Date	* By Whom	Weight			Height			Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BMI	Current BMI	? Reason		
02/06/2023	MD/PA	179	0	<input type="checkbox"/>	66	0	<input type="checkbox"/>	29	19	-6	PG	25.82	28.89			
01/16/2023	WIC CPA	185	0	<input type="checkbox"/>	66	0	<input type="checkbox"/>	26	25	25	PG	25.82	29.86			

\* Month/Year of First Prenatal Visit: 11 / 2022

\* Pre-pregnancy Weight: 160 lbs  Unknown

\* Multifetal Gestation:  Yes  No

\* Previous Pregnancies?  Yes  No

\* Previous Live Births: 2

\* Last Pregnancy Ended: 06/01/2020

\* Miscarriages:  Yes  No 2

\* Stillbirth:  Yes  No

\* Other:  Yes  No 1

## Breast/Chest Feeding/Postpartum Participants

Anthropometric Data English(SAE) Metric

* Anthro Date	* By Whom	Weight			Height			Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BMI	Current BMI	? Reaso
		* lbs	* oz	?	* in	* 1/8	?							
12/08/2022	Other	197	0	<input type="checkbox"/>	70	0	<input type="checkbox"/>			13	BE	23.67	28.27	
09/30/2022	Other	184	0	<input type="checkbox"/>	70	0	<input type="checkbox"/>	29	32	3	PG	23.67	26.40	
08/29/2022	Other	181	0	<input type="checkbox"/>	70	0	<input type="checkbox"/>	24	32	3	PG	23.67	25.97	

\* Month/Year of First Prenatal Visit: 3 / 2022 Actual Delivery Date: 12/8/2022

\* Pre-pregnancy Weight: 165 lbs  Unknown \* Total Infants: 1

\* Weight at Delivery: 197 lbs \* Live at Birth: 1

\* Weight gained during pregnancy: 32 lbs \* Pregnancy Outcome

Live  Miscarriage/Stillborn/Abortion  
 Multiples  Born alive but died within 28 days

### Additional Resources:

*WIC 200-13 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: [Weight Gain During Pregnancy: Reexamining the Guidelines | The National Academies Press](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3974574/table/T1/?report=objectonly>

### 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.*

### Quality Assurance:

During quarterly chart audits, program management should ensure that anthropometric data is being collected timely i.e., at regular intervals, and documented correctly in CT-WIC. This includes ensuring that the fields in the Lab Screen grid are populated correctly and the growth charts and/or weight gain grids display correctly.