

Postpartum Participant Form

Project _____ Site _____

Cert Date _____
 Cert Expires _____

Identification

Family ID -

PAN

Out-of-State Transfer

Out-of-State Transfer Only

Priority

Cert Expires - -

Name

Last
 First
 Middle

Date of Birth - -

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

Other Program Participation

Medicaid Food Stamps
 AFDC/TANF EPSDT/THSteps

Medicaid Number

Measurements

Height - /8ths"

Measure Date - -

HCT

Weight lbs oz

or
 HGB

Health-Care Sources / Referrals

Health-Care Sources

- 00 Self or None
- 01 Prenatal Clinic — Health Dept
- 03 Hospital
- 04 Private Physician
- 05 Family Planning
- 15 Other _____

Referred from

- 00 Self or None
- 01 Prenatal Clinic — Health Dept
- 02 Child Health — Health Dept
- 03 Hospital
- 04 Private Physician
- 05 Family Planning
- 08 AFDC/TANF, Medicaid, or Food Stamps
- 11 Community-Service Org
- 12 Shelter
- 13 Friend or Family
- 14 Advertisement
- 16 Case Manager

Referred to

- 00 Self or None
- 01 Prenatal Clinic — Health Dept
- 03 Hospital
- 04 Private Physician
- 05 Family Planning
- 06 Immunizations
- 08 AFDC/TANF, Medicaid, or Food Stamps
- 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.

Postpartum Women

Delivery Date - -

Trimester Prenatal Care

Weeks Gestation

Pre-Preg Wt

Preg Wt Gain

Gravida

Para

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

Previously Bf This Infant

Food Package

Food Pkg Code

Formula

Rx Exp - -
 Rx Exp - -
 Rx Exp - -

Formula Code
 Formula Code
 Formula Code

EBT Only

Qty
 Qty
 Qty

Nutrition Education

NE Code
 NE Code
 NE Code

WIC Postpartum Nutritional Risk Codes

Anthropometric — Various Priorities (See each code)

- 101 ___ **Underweight** — Prepregnancy or current BMI less than 18.5 (Priority III)
- 111 ___ **Overweight** — Prepregnancy BMI greater than or equal to 25 (Priority VI)
- 133 ___ **High Gestational Weight Gain in Most Recent Pregnancy (Singleton Only)** — (Priority VI)
- ___ Prepregnancy underweight (gained more than 40 pounds)
 - ___ Prepregnancy normal weight (gained more than 35 pounds)
 - ___ Prepregnancy overweight (gained more than 25 pounds)
 - ___ Prepregnancy obese (gained more than 15 pounds)

Biochemical — Priority III

- 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 III

Obstetrical Risks

- 303 ___ **Gestational Diabetes in Most Recent Pregnancy**
- 311 ___ **Preterm Delivery** — 37 weeks or less gestation in most recent pregnancy
- 312 ___ **Low-Birthweight Infant** — Weighed 5 lbs. 8 oz. or less (2500 g or less) in most recent pregnancy
- 321 ___ **Fetal Death** (20 weeks or greater gestation), **Neonatal Death** (28 days or less of life) or **Spontaneous Abortion** (miscarriage) in most recent pregnancy
- 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 in 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 lbs. or more (4000 g or more) (includes most recent pregnancy)
- 339 ___ **Birth with Nutrition-Related Birth Defect** — Due to 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** — Ulcers, liver and gallbladder disease, malabsorption syndromes and bowel diseases, pancreatitis, and GER
- 343 ___ **Diabetes Mellitus**
- 344 ___ **Thyroid Disorders**
- 345 ___ **Hypertension**
- 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 developmental disability

Substance Use / Other Health Risks

- 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 VII)
- 502 ___ **Transfer of Certification** (No Priority)
- 801 ___ **Homelessness** (Priority VI)
- 802 ___ **Migrancy** (Priority VI)
- 901 ___ **Recipient of Abuse/Battering within Past Six Months** (Priority VI)
- 902 ___ **Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food** — (Priority VI)
- ___ 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** — During previous six months (Priority VI)