

Cert Date _____
 Cert Expires _____



Pregnant Participant Form

Project _____ Site _____

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

Pregnant Women

Delivery Date - -

Trimester Prenatal Care

Pre-Preg Wt

Gravida

Previously Bf Other Infants

Para

Interest in Bf

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 Pregnant Nutritional Risk Codes

Anthropometric — Priority I

- 101 **Underweight** — Prepregnancy BMI less than 19.8 (R)
- 111 **Overweight** — Prepregnancy BMI greater than or equal to 26.1 (R)
- 131 **Low Maternal Weight Gain** —
 Low weight gain at any point in pregnancy using weight-gain grid and respective prepregnancy weight category
or
16 to 40 Weeks Gestation, singleton pregnancy:
 Underweight women gain less than 4 lb./month
 Normal/overweight women gain less than 2 lb./month
 Obese women gain less than 1 lb./month
- 132 **Maternal Weight Loss During Pregnancy** — Any weight loss below prepregnancy weight in first trimester (0–13 weeks gestation) or 2 lb. or more in second or third trimesters (14–40 weeks gestation)
- 133 **High Maternal Weight Gain** — In current pregnancy, has gained 7 lb. or more per month in any trimester (singleton pregnancy)

Biochemical — Priority I

- 201 **Low Hematocrit / Low Hemoglobin (R)**
 First trimester (0–13 weeks): Hct less than 33.0% or Hgb less than 11.0 g/dL
 Second trimester (14–26 weeks): Hct less than 32.0% or Hgb less than 10.5 g/dL
 Third trimester (27–40 weeks): Hct less than 33.0% or Hgb less than 11.0 g/dL
- 211 **Lead Poisoning** — Blood lead level of 10 µg/dL or greater within past 12 months (R)

Clinical / Health / Medical — Priority I

Obstetrical Risks

- 301 **Hyperemesis Gravidarum**
- 302 **Gestational Diabetes in Current Pregnancy**
- 303 **History of Gestational Diabetes**
- 311 **History of Preterm Delivery** — 37 weeks or less gestation
- 312 **History of Low-Birthweight Infant** — Weighed 5 lbs. 8 ozs. or less (2500 g or less)
- 321 **History of Fetal Death** (20 weeks or greater gestation), **History of Neonatal Death** (28 days or less of life), or **History of Two or more Spontaneous Abortions** (miscarriages)
- 331 **Pregnancy at a Young Age** — (conception at 17 years or younger) current pregnancy
- 332 **Closely Spaced Pregnancies** — (conception before 16 months postpartum) current pregnancy

- 333 **High Parity and Young Age** — Woman, younger than 20 years at conception of current pregnancy, who has had three or more previous pregnancies of 20 weeks or more duration, regardless of birth outcome
- 334 **Lack of or Inadequate Prenatal Care Beginning After First Trimester or** (see following chart)
- | <u>Weeks of Gestation</u> | <u>Number of Prenatal Visits</u> |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> 14–21 | 0 or unknown |
| <input type="checkbox"/> 22–29 | 1 or less |
| <input type="checkbox"/> 30–31 | 2 or less |
| <input type="checkbox"/> 32–33 | 3 or less |
| <input type="checkbox"/> 34 or more | 4 or less |
- 335 **Multi-Fetal Gestation in Current Pregnancy**
- 336 **Fetal Growth Restriction (FGR)**
- 337 **History of Birth of a Large for Gestational Age Infant** — Weighs 9 lbs. or more (4000 g or more)
- 338 **Pregnant Woman Currently Breastfeeding**
- 339 **History of Birth with Nutrition-Related Birth Defect** (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) (R)
- 342 **Gastro-Intestinal Disorders** — Ulcers, liver and gallbladder disease, malabsorption syndromes and bowel diseases, pancreatitis, and GER (R)
- 343 **Diabetes Mellitus**
- 344 **Thyroid Disorders**
- 345 **Hypertension** — Chronic and pregnancy-induced
- 346 **Renal Disease** — Excluding urinary-tract infections
- 347 **Cancer (R)**
- 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 (R)
- 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 (R)
- 359 **Recent Major Surgery, 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 (R)
- 361 **Clinical Depression (R)**
- 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 disability

Substance Use / Other Health Risks

- 371 **Maternal Smoking** — Any current daily smoking of tobacco products [(R) **Breastfeeding woman only**]
- 372 **Any Alcohol Use in Current Pregnancy (R)**
- 373 **Any Illegal Drug Use in Current Pregnancy (R)**
- 381 **Dental Problems** — Gingivitis of pregnancy, periodontal disease, tooth decay, tooth loss, or ineffectively replaced teeth [(R) **(Excluding gingivitis of pregnancy)**]

Dietary Priority IV

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

Other Risks — Priority IV

- 502 **Transfer of Certification** (No Priority)
- 801 **Homelessness**
- 802 **Migrancy**
- 901 **Recipient of Abuse/Battering within Past Six Months (R)**
- 902 **Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food**
 17 years or younger
 Mentally disabled/delayed, or mental illness such as clinical 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

(R) = Allowable regression risk code for breastfeeding and postpartum women.