



## Memorandum

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#12-105

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Linda Brumble, Unit Manager  
Nutrition Education/Clinic Services Unit  
Nutrition Services Section

**DATE:** September 27, 2012

**SUBJECT: Policy Memo:** Revised Policies *BF:05.0 Issuance and Inventory of Manual and Single-User Electric Breast Pumps*, *BF:06.0, Loan of and Inventory of Multi-User Electric Breast Pumps*, *BF:07.0 Issuance of Breast Pumps to a Proxy*, *CS:18.0 Criteria for Identifying Nutrition Risk Conditions*, *FD:13.0 Issuance of Contract Standard Formulas* and deletion of policies *IM:01.0 Eligibility for Immunizations*, *IM:02.0 Immunization Fees*, *IM:03.0 Operational Procedures for WIC Contracted Immunization Services*, *IM:04.0 Standing Delegation Orders*, *IM:05.0 Compliance with Consent for and Administration of Immunization Services*, *IM 06.0 Monitoring Storage of Vaccines*, *IM 07.0 Immunization Quality Assurance*, *IM:08.0 Vaccine Distribution and Accountability*, *IM:09.0 Vaccine Adverse Event Reporting System*, *IM:10.0 Immunization Records*, *IM:12.0 Bloodborne Pathogen Exposure Control Plan*; *IM:13.0 Immunization Equipment*

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The subject policies will be revised or deleted October 1, 2012 and may be found at:

[http://www.dshs.state.tx.us/wichd/policy/toc\\_bf.shtm](http://www.dshs.state.tx.us/wichd/policy/toc_bf.shtm)  
[http://www.dshs.state.tx.us/wichd/policy/toc\\_cs.shtm](http://www.dshs.state.tx.us/wichd/policy/toc_cs.shtm)  
[http://www.dshs.state.tx.us/wichd/policy/toc\\_fd.shtm](http://www.dshs.state.tx.us/wichd/policy/toc_fd.shtm)  
[http://www.dshs.state.tx.us/wichd/policy/toc\\_im.shtm](http://www.dshs.state.tx.us/wichd/policy/toc_im.shtm)

### Summary of Changes

*BF:05.0 Issuance and Inventory of Manual and Single-User Electric Breast Pumps*

- revised and changed to match the new name of the WIC-50' "single-user breast pump release agreement"

*BF:06.0 Loan of and Inventory of Multi-User Electric Breast Pumps*

- revised and changed to match the new name of the WIC-51 "multi-user breast pump loan contract"
- revised say that "WIC staff shall ensure participants to have access to the appropriate pump and appropriate flange size without the need for additional travel"
- defined secure as locked
- clarified issuance qualifications (like in BF: 07.0)

*BF:07.0 Issuance of Breast Pumps to a Proxy*

- revised policy allows proxies to sign in lieu of participant during breast pump issuance

**Policy Memo:** Revised Policies *BF:05.0 Issuance and Inventory of Manual and Single-User Electric Breast Pumps, BF:06.0, Loan of and Inventory of Multi-User Electric Breast Pumps, BF:07.0 Issuance of Breast Pumps to a Proxy, CS:18.0 Criteria for Identifying Nutrition Risk Conditions, FD:13.0 Issuance of Contract Standard Formulas* and deletion of policies *IM:01.0 Eligibility for Immunizations, IM:02.0 Immunization Fees, IM:03.0 Operational Procedures for WIC Contracted Immunization Services, IM:04.0 Standing Delegation Orders, IM:05.0 Compliance with Consent for and Administration of Immunization Services, IM 06.0 Monitoring Storage of Vaccines, IM 07.0 Immunization Quality Assurance, IM:08.0 Vaccine Distribution and Accountability, IM:09.0 Vaccine Adverse Event Reporting System, IM:10.0 Immunization Records, IM:12.0 Bloodborne Pathogen Exposure Control Plan; IM:13.0 Immunization Equipment*

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*CS:18.0 Criteria for Identifying Nutrition Risk Conditions,*

- includes previous changes made to the risk code manual
- Pregnant Women
  - 211 – Title of risk code changed to match USDA’s title
- Breastfeeding Women
  - 133 – Title of risk code changed to match USDA’s title
  - 211 – Title of risk code changed to match USDA’s title
  - 352 – Title of risk code changed to match USDA’s title
- Postpartum Women
  - 133 – Deleted “(singleton only)” since we now have recommended weight gain ranges for women carrying multiple fetuses
  - 211 – Title of risk code changed to match USDA’s title
  - For the postpartum woman, some priorities changed from a priority III to either a priority IV, V or VII
- Infants
  - The titles to the Anthropometric risk codes changed to reflect the new revisions. As a result of the new revisions, risk code 114 was deleted and risk code 115 was added. The title of risk code 211 was changed to match USDA’s title.
- Children
  - The titles to the Anthropometric risk codes changed to reflect the new revisions. As a result of the new revisions, risk codes 112, 115 and 152 were added. The title of risk code 211 was changed to match USDA’s title.

*FD:13.0 Issuance of Contract Standard Formulas*

- Milk-based and soy-based toddler formulas may only be issued to children greater than 1 year of age who have a valid need and present a prescription. Toddler formulas will no longer be issued to infants 9-12 months of age.
- Instructions for concentrating infant formula to 27-30 calories per ounce are **no longer** available at the website <http://www.dshs.state.tx.us/wichd/wiccatalog/contents.shtm>. Staff needing 27-30 calorie/ounce instructions should contact a State Office Nutritionist via the formula pager.

Because WIC will no longer provide immunizations as of October 1, 2012, the following policies related to the provision of immunizations will be deleted:

- IM:01.0, Eligibility for Immunizations
- IM:02.0, Immunization Fees

**Policy Memo:** Revised Policies *BF:05.0 Issuance and Inventory of Manual and Single-User Electric Breast Pumps*, *BF:06.0, Loan of and Inventory of Multi-User Electric Breast Pumps*, *BF:07.0 Issuance of Breast Pumps to a Proxy*, *CS:18.0 Criteria for Identifying Nutrition Risk Conditions*, *FD:13.0 Issuance of Contract Standard Formulas* and deletion of policies *IM:01.0 Eligibility for Immunizations*, *IM:02.0 Immunization Fees*, *IM:03.0 Operational Procedures for WIC Contracted Immunization Services*, *IM:04.0 Standing Delegation Orders*, *IM:05.0 Compliance with Consent for and Administration of Immunization Services*, *IM 06.0 Monitoring Storage of Vaccines*, *IM 07.0 Immunization Quality Assurance*, *IM:08.0 Vaccine Distribution and Accountability*, *IM:09.0 Vaccine Adverse Event Reporting System*, *IM:10.0 Immunization Records*, *IM:12.0 Bloodborne Pathogen Exposure Control Plan*; *IM:13.0 Immunization Equipment*  
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- *IM:03.0, Operational Procedures for WIC Contracted Immunization Services*
- *IM:04.0, Standing Delegation Orders*
- *IM:05.0, Compliance with Consent for and Administration of Immunization Services*
- *IM 06.0, Monitoring Storage of Vaccines*
- *IM 07.0, Immunization Quality Assurance*
- *IM:08.0, Vaccine Distribution and Accountability*
- *IM:09.0, Vaccine Adverse Event Reporting System*
- *IM:10.0, Immunization Records*
- *IM:12.0, Blood Borne Pathogen Exposure Control Plan*
- *IM:13.0, Immunization Equipment*

If you have any questions regarding *BF:05.0 Issuance and Inventory of Manual and Single-User Electric Breast Pumps*, *BF:06.0, Loan of and Inventory of Multi-User Electric Breast Pumps* or *BF:07.0 Issuance of Breast Pumps to a Proxy*, please contact Lindsey Randall, Breast Pump Coordinator at [lindsey.randall@dshs.state.tx.us](mailto:lindsey.randall@dshs.state.tx.us) or (512) 341-4594. If you have any questions regarding *CS:18.0 Criteria for Identifying Nutrition Risk Conditions*, please contact Tiffany Brown, Training Specialist, at [tiffany.brown@dshs.state.tx.us](mailto:tiffany.brown@dshs.state.tx.us) or (512) 341-4587 and if you questions regarding *FD:13.0 Issuance of Contract Standard Formulas*, please contact Liz Bruns, Training Specialist, at [elizabeth.bruns@dshs.state.tx.us](mailto:elizabeth.bruns@dshs.state.tx.us) or (512) 341-4585.

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Effective October 1, 2012

Policy No. BF:05.0

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## **Issuance and Inventory of Manual and Single-user Electric Breast Pumps**

### **Purpose**

To enable WIC breastfeeding mothers to initiate and maintain breastfeeding when having to return to work or school or during special circumstances.

### **Authority**

7 CFR Part 246.14; USDA FNS Policy Memorandum, 99-WIC-73

### **Policy**

The local agency (LA) staff shall provide manual and single-user electric breast pumps to breastfeeding WIC participants when needed to manage breastfeeding and maintain milk supply.

Local agencies shall maintain a secure and perpetual inventory of all pumps at all times.

Local agencies shall not implement policies regarding breast pump issuance that are more restrictive than the state agency breast pump policies.

### **Definition**

Single-User Breast pump - can be manual or electric and are classified as personal hygiene items by the Food and Drug Administration. They should never be used by more than one (1) person.

Lost or Stolen Breast Pump – a missing breast pump that is not accounted for by way of a breast pump inventory log or a release agreement.

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Designated and Trained Staff – Staff who are designated by the WIC Director or Breastfeeding Coordinator to issue breast pumps and who have completed required breast pump training described in BF:04.0

## **Procedures**

### **I. Issuance**

- A. A WIC participant who requests a breast pump shall not be denied a pump. Each participant's pump needs are different and should be assessed individually upon issuance. It is up to the CA, WCS, Peer Counselor, Lactation Consultant, WIC Director, or other designated and trained staff (See BF:04.0) to determine which pump would best fit the participant's need.
- B. Manual Breast Pump Issuance
  - 1. A manual breast pump can be issued for any reason. The reason for pump issuance is not restricted by state policy, but should be documented appropriately on the corresponding inventory log. Some examples of when a mom might need a manual pump include but are not limited to:
    - i. to help in resolving short-term breastfeeding concerns such as engorgement, flat or inverted nipples, oversupply, sleepy baby, or plugged duct.
    - ii. for very infrequent separation from their baby such as part-time work (less than six hours per week).
    - iii. for mothers who would rather feed their expressed milk in a bottle while in public.
    - iv. for any other reason as determined by the CA, WCS, Peer Counselor, Lactation Consultant, WIC Director, or other designated and trained staff.
  - 2. WIC staff shall have participants print and sign their name on the appropriate inventory log upon issuance of a manual breast pump. The inventory log should then be completed and initialed by the staff member conducting the pump training and issuance.

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C. Single-User Electric Pump Issuance

1. A single-user electric breast pump can be issued for any reason. There are no restrictions on breast pump issuance in regards to the amount of formula a participant receives. The reason for pump issuance is not restricted by state policy, but should be documented appropriately on the corresponding inventory log. Some examples of when a mom might need a single-user electric pump include but are not limited to:
  - i. for mothers who must be separated from their infant for reasons such as part-time (of approximately six hours or more per week) or full-time return to work or school, brief infant or mother hospitalization, sharing custody of infant, or for any other reason that involves a mom/infant separation of approximately six or more hours per week.
  - ii. for mothers of compromised infants who need help maintaining their milk supply after establishing their milk with a multi-user electric pump. Examples include infants born pre-term or near-term with cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, PKU, neurological impairment, or any other reason.
  - iii. for mothers who are having difficulty maintaining adequate milk supply due to infant/mother illness or need for maternal medications that are contraindicated with lactation.
  - iv. for mothers who need an electric pump to establish their milk supply but who participate or will be transferring to another local agency. (Multi-user electric pumps can also be issued for this reason. Refer to the Breast Pump Procedures Manual for transfer instructions.)
  - v. for any other reason as determined by the CA, WCS, Peer Counselor, Lactation Consultant, WIC Director, or other designated and trained staff.

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2. WIC staff shall have participants receiving a single-user electric pump read, initial the statements, and sign the single-user breast pump release agreement upon issuance of a single-user electric pump. If a participant cannot read, the release agreement shall be read to the participant. The release agreement shall also be signed by the staff member conducting the pump issuance. The release agreement shall be distributed as follows:

- i. original in participant or central file; and
- ii. copy to participant.

Upon issuance, WIC staff shall also complete all sections of the Single-User Electric Breast Pump Inventory Log.

- D. WIC staff shall not issue a breast pump to themselves or relatives. The WIC employee who is scheduled or has a family member scheduled for an appointment shall make arrangements for another WIC employee to issue the breast pump.
- E. WIC staff shall not issue a single-user electric breast pump and multi-user electric breast pump to a participant at the same time. The multi-user electric breast pump shall be returned to the clinic before a single-user electric pump may be issued. A single-user electric breast pump may be issued the same day a multi-user electric pump is returned if it is determined the WIC participant needs it to maintain her milk supply.

## II. Training

- A. Before receiving a breast pump, mothers shall be trained by WIC staff on assembly, use, and cleaning of the breast pump, and storage of human milk utilizing the pump that is being issued to the participant or a demonstration pump. Showing a participant a breast pump video does not count as training.
- B. WIC staff conducting training shall have completed the Breastfeeding Promotion and Support Module and been previously trained on breast pump issuance, inventory control, basic troubleshooting, retrieval, assembly, use, cleaning, and LA protocol

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on who to contact to answer participant's questions on breastfeeding (BF). See Policy BF:04.0.

### III. Inventory

- A. All full time clinics, at minimum, shall maintain an inventory of manual and electric breast pumps. If inventory is not stored at part time or satellite clinics, WIC staff shall ensure participants have access to the appropriate pump without the need for additional travel (i.e. staff will deliver from full-time clinic or to participant's clinic, home or a mutual meeting place.)
- B. WIC staff shall document shipments of manual and single-user electric pumps received, transferred, and issued on SA breast pump inventory logs which shall be maintained in a central breast pump file at the LA for audit purposes.
- C. The LA shall maintain a secure and perpetual inventory of all breast pumps and flanges at all times. Reconciliation of breast pump logs to actual breast pump inventory shall be done once a month, at minimum. State agency breast pump logs may be modified with prior approval by the SA BF Coordinator. See policy GA: 3.0 for breast pump log and release agreement retention rates.
- D. WIC staff shall not issue a replacement electric pump until a participant returns the broken or defective electric breast pump to the clinic.
- E. A WIC participant who reports that her single-user electric breast pump was stolen shall present a police report prior to being issued another electric pump. If a police report cannot be obtained, a manual pump can be issued. Pumps and collection kits stolen out of clinic inventories shall be reported to State Agency according to Policy AC:35.0.

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## **Loan and Inventory of Multi-user Electric Breast Pumps**

### **Purpose**

To enable WIC participants to initiate breastfeeding and increase the duration of breastfeeding in special circumstances.

### **Authority**

7 CFR Part 246.14; USDA FNS Memorandum 99-WIC-73

### **Policy**

Local agencies shall provide multi-user electric breast pumps and collection kits to WIC participants who need to establish their milk supply.

Local agencies shall maintain a secure and perpetual inventory of collection kits and multi-user electric pumps at all times.

Local agencies shall not implement policies regarding breast pump issuance that are more restrictive than the state agency breast pump policies.

### **Definitions**

Multi-user Electric Breast Pump – a breast pump with a powerful and reusable motor unit that is designed for mothers who need to establish their milk supply with a breast pump alone or with minimal breastfeeding by the infant.

Milk Collection Kit - a personal use milk collection kit given to WIC mothers, who are temporarily loaned a multi-user electric pump, and should never be used by more than one (1) person.

Irretrievable Multi-user Electric Breast Pump – a multi-user electric breast pump originally loaned to a WIC participant, but deemed irretrievable

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according to the Guidelines for Retrieval of Multi-user Breast Pumps in the Breast Pump Procedures Manual.

Lost or Stolen Breast Pump – a missing breast pump that is not accounted for by way of a breast pump inventory log or a loan contract.

Designated and Trained Staff – Staff who are designated by the WIC Director or Breastfeeding Coordinator to issue breast pumps and who have completed required breast pump training described in BF:04.0

## **Procedures**

### **I. Issuance**

- A. Multi-user electric pumps can be issued for any reason if all of the following conditions are present:
- i. The WIC participant is currently enrolled in WIC as pregnant or breastfeeding,
  - ii. Has delivered her infant(s),
  - iii. Is determined eligible for a pump.

The reason for pump issuance is not restricted by state policy, but should be documented appropriately on the corresponding inventory log. Some examples of when a mom might need a multi-user electric pump include but are not limited to:

1. for mothers of newborns with special needs such as prematurity, low birth weight, Down Syndrome, cardiac problems, cystic fibrosis, PKU, neurological impairment, or other special needs.
2. for mothers of newborns with physical or neurological impairment such as cleft lip or palate, tongue tie, uncoordinated suck/swallow pattern, weak suck, inability to suck, or inability to effectively latch-on to the breast.
3. for mothers who must be separated from their newborn due to infant or mother hospitalization.
4. for mothers at risk for delayed lactogenesis II, such as mothers who had cesarean section delivery or conditions such as diabetes, obesity, hyperthyroidism, insufficient mammary glandular tissue, postpartum

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- hemorrhage, ovarian cyst, polycystic ovarian syndrome, and history of breast surgery.
5. for mothers who want to re-lactate.
  6. for any other reason as determined by the CA, WCS, Peer Counselor, Lactation Consultant, WIC director, or other designated and trained staff (See BF:04.0).
- B. Food benefits may be single-, double-, or triple-issued to WIC participants receiving multi-user pumps as determined by the CA, WCS, Peer Counselor, Lactation Consultant, WIC Director, or other designated and trained staff. However, because WIC participants who receive multi-user breast pumps need close follow up, multi-user pumps can only be issued for a maximum of two months at a time.
1. loan extensions can be granted in person or by phone for up to two months at a time.
  2. mothers of infants born prior to 38 weeks shall be granted loan extensions upon request until their baby reaches their original due date, at minimum.
  3. all mothers issued multi-user pumps should be provided with close follow up in an attempt to help mom reach the desired goal of pumping 25 ounces a day, per baby, by day 14 and thereafter, for as long as the mother has the pump.
- C. LA staff shall determine the mother's need for a milk collection kit. If the mother did not receive a collection kit in the hospital or received one that is not designed to work with the LA breast pump, a collection kit shall be issued.
- D. WIC staff shall have participants read, initial each statement, and sign a breast pump loan contract when borrowing a multi-user pump. If the participant cannot read, the loan contract shall be read to the participant. The loan contract shall also be completed and signed by the staff member conducting the issuance. The loan contract shall be distributed as follows:
1. original in participant or central file; and
  2. copy to participant.
- Upon issuance, WIC staff shall complete all sections of the WIC Inventory Log for Collection Kits and Issuance of Multi-User Breast Pumps.
- E. WIC staff shall not issue a breast pump to themselves or relatives. The WIC employee who is scheduled or has a family member scheduled for an appointment shall make arrangements for another WIC employee to issue the breast pump.

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- F. WIC staff may issue a multi-user breast pump to a proxy, 16 years of age or older, if certain conditions identified in Policy BF: 07.0 are present.

## II. Training

- A. Before receiving a breast pump, mothers shall be trained by WIC staff on assembly, use, and cleaning of the breast pump, and storage of human milk utilizing the pump that is being issued to the participant or a demonstration pump. Showing a participant a breast pump video does not count as training.
- B. WIC staff conducting training shall have completed the Breastfeeding Promotion and Support Module and been previously trained on breast pump issuance, inventory control, basic troubleshooting, retrieval, assembly, use, and cleaning, and LA protocol on who to contact to answer participant's questions on BF. See Policy BF:04.0.

## III. Inventory

- A. All full time clinics, at minimum, shall maintain an inventory of multi-user electric breast pumps and collection kits. If inventory is not stored at part time or satellite clinics, WIC staff shall ensure participants have access to the appropriate pump and appropriate flange size without the need for additional travel (i.e. staff will deliver from full-time clinic or to participant's clinic, home or a mutual meeting place.)
- B. The LA shall maintain a secure and perpetual inventory of all breast pumps and collection kits and keep items in a locked area at all times. Reconciliation of inventory logs to physical inventory shall be done once a month, at minimum. State agency breast pump logs may be modified with prior approval by the SA BF Coordinator. See Policy GA: 3.0 for breast pump inventory log, release agreement, and loan contract retention rates.
- C. WIC staff shall document inventory of multi-user electric breast pumps on the Master Inventory Log for Multi-User Electric Breast Pumps, which shall be maintained in a central breast pump file at the LA and available for audit purposes. Information to be documented shall include breast pump serial numbers, date received and staff initials. If a multi-user electric breast pump is no longer in inventory, document the reason it was removed from inventory along with the date and staff initials.
- D. WIC staff shall document collection kits received, multi-user electric pump loan information, and collection kit issuance on the inventory log for collection

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- kits, which shall be maintained in a central breast pump file at the LA and available for audit purposes. The information to be documented shall include participant name, breast pump serial number, reason for issuance, documentation that release form was signed, date issued, date due, staff initials, and date returned.
- E. Upon return to the clinic, staff shall check the pump case for all parts, plug the pump in to ensure it is in good working order, assess the pump for damage, clean the pump motor casing with a mild bleach solution or standard household cleaner, and document the date the multi-user electric breast pump was returned on the appropriate inventory log.
  - F. WIC staff shall not issue a replacement electric pump until a participant returns the broken or defective electric breast pump to the clinic.
  - G. A WIC participant who reports that her multi-user electric breast pump was stolen shall present a police report prior to being issued another electric pump. If a police report cannot be obtained, a manual pump can be issued. Stolen pumps and collection kits shall be reported to SA according to Policy AC:35.0.
- IV. Retrieval - To prevent financial liability, LAs shall follow the Guidelines for Retrieval of Multi-user Electric Breast Pumps in the Breast Pump Procedures Manual when retrieving pumps that are not returned in a timely manner to the clinic.

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**Issuance of Breast Pumps to a Proxy**

**Purpose**

To enable WIC participants to appoint a proxy to pick up a breast pump in special circumstances.

**Authority**

7 CFR Part 246.12; USDA FNS Memorandum 99-WIC-73

**Policy**

To support breastfeeding women, the LA shall allow a proxy to pick up breast pumps for WIC participants in special circumstances.

**Definitions**

Proxy – any person 16 years of age or older designated by a breastfeeding participant to obtain a breast pump.

**Procedures**

- I. A WIC participant can appoint a proxy, age 16 or older, to pick up a multi-user breast pump if all of the following conditions are present:
  - A. The WIC participant
    1. Is currently enrolled in WIC as pregnant or breastfeeding,
    2. Has delivered her infant(s),
    3. Is determined eligible for a pump.
  - B. The WIC participant's situation must warrant issuing a multi-user pump immediately. (Example: infant in the NICU and mother states she cannot pick up the pump from WIC.)
  
- II. The WIC participant shall designate a proxy in writing.

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- A. The written statement shall name the proxy and be signed and dated by the WIC participant.
  - B. The written statement shall be filed in the participant's chart and be accessible for audit/review.
  - C. Individuals unable to write may make their mark in lieu of a signature on the written statement.
    - 1. LA staff may assist clients who cannot write with preparation of the written statement; however, another staff member must witness. This option is more helpful to the family if completed at the clinic in advance of a future appointment when it is known the participant or parent/guardian/caretaker will need a proxy.
    - 2. A third party other than LA staff may also assist the participant or parent/guardian/caretaker in preparation of the written statement. Examples of a third party include but are not limited to, family members and friends.
- III. The proxy shall provide identification for himself/herself as well as the participant (refer to Policy CS: 05.0 for acceptable documents for identity). The participant's active enrollment shall be verified.
- IV. The following steps shall be taken to ensure completion of the Multi-User Electric Breast Pump Loan Contract and to ensure adequate breast pump training.
- A. WIC staff shall talk to the mom via the phone and determine that she meets the required conditions listed above.
  - B. If the mother can receive a fax, then the loan contract should be faxed to the mom. WIC staff should go over each point on the loan contract with the mom over the phone and the mom should initial each point, sign the bottom and fax it back.
  - C. If the mother cannot receive a fax then the WIC staff shall read to the mom each statement on the Multi-User Electric Breast Pump Loan Contract, with another staff as a witness, allowing time between each statement for the mom to agree. Initial each

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statement on behalf of the mom once she has agreed to each statement.

- D. WIC staff shall train the proxy before issuing the pump, unless the mother can answer yes to all three of the following questions and does not need additional breast pump training:
  - 1. Have you already used an Ameda Hygienikit (collection kit) for the Elite pump in the hospital?
  - 2. Do you know how to take it apart, clean it, and put it back together?
  - 3. Have you received information about how to store and handle your pumped milk?
- E. If the mother cannot answer yes to the above questions, then WIC staff shall train the proxy before issuing the pump.
- F. If the mother cannot be reached, but the proxy has the appropriate documentation, then the WIC staff shall have the proxy read each statement on the Multi-User Electric Breast Pump Loan Contract. The proxy shall acknowledge contract obligations by initialing each statement on behalf of the participant.
- G. If special circumstances arise in which a single-user electric or manual pump is deemed more appropriate, proxy pick up is allowable using the procedure listed above with approval of the WIC Director, Breastfeeding Coordinator, or International Board Certified Lactation Consultant.

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## **Criteria For Identifying Nutrition Risk Conditions**

### **Purpose**

To provide benefits to meet the special health and nutrition needs of low-income pregnant, breastfeeding and postpartum women, infants, and children. WIC provides supplemental foods and nutrition education to participants at nutrition risk during the critical growth and development periods of pregnancy, infancy, and early childhood.

### **Authority**

7 CFR Part 246.7

### **Policy**

To be eligible for program benefits, all WIC Program applicants shall have a nutrition risk condition identified through the documentation of a complete nutrition assessment.

### **Procedures**

- I. When determining eligibility, compare all data from the applicant's health history, dietary, biomedical, and anthropometric assessment to the risk conditions listed in the Texas Nutrition Risk Manual. The criteria listed in this policy reflect allowable risk conditions. The Texas Nutrition Risk Manual provides the definition, justification, clarifications/guidelines and references about each of the risk conditions.
  
- II. Every condition of nutrition risk identified shall be marked on the back of the category specific state agency (SA) Participant Form (titled WIC Nutrition Risk Codes). Every risk code marked on the Participant Form shall have supporting documentation, e.g., growth charts, diet and health history forms.

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## **Guidelines**

### **List of Allowable Nutrition Risk Conditions**

The allowable nutrition risk conditions are subsequently listed by category. These risk conditions are in accordance with the national risk conditions identified and required by the United States Department of Agriculture (USDA). See the Texas Nutrition Risk Manual for complete definitions, clarification and justification of each risk criteria.

#### **Pregnant Women**

##### Anthropometric - Priority I

- 101 Underweight
- 111 Overweight
- 131 Low Maternal Weight Gain
- 132 Maternal Weight Loss During Pregnancy
- 133 High Maternal Weight Gain

##### Biochemical - Priority I

- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

##### Clinical/Health/Medical - Priority I

##### Pregnancy-Induced Conditions

- 301 Hyperemesis Gravidarum
- 302 Gestational Diabetes
- 303 History of Gestational Diabetes
- 304 History of Preeclampsia

##### Delivery of Low-Birth weight/Premature Infant

- 311 History of Preterm Delivery
  - 312 History of Low Birth Weight
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Prior Stillbirth Fetal or Neonatal Death

321 History of Spontaneous Abortion (two or more terminations of less than 20 weeks gestation or less than 500 grams), Fetal (20 weeks or greater gestation) or Neonatal Loss (28 days or less of life)

General Obstetrical Risk

- 331 Pregnancy at a Young Age
- 332 Closely Spaced Pregnancies
- 333 High Parity and Young Age
- 334 Lack of or Inadequate Prenatal Care
- 335 Multifetal Gestation
- 336 Fetal Growth Restriction (FGR)
- 337 History of Birth of a Large for Gestational Age Infant
- 338 Pregnant Woman Currently Breastfeeding
- 339 History of Birth with Nutrition Related Congenital or Birth Defect

Nutrition-Related Risk Conditions (Chronic disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases
  - 342 Gastro-Intestinal Disorders
  - 343 Diabetes Mellitus
  - 344 Thyroid Disorders
  - 345 Hypertension and Prehypertension
  - 346 Renal Disease
  - 347 Cancer
  - 348 Central Nervous System Disorders
  - 349 Genetic and Congenital Disorders
  - 351 Inborn Errors of Metabolism
  - 352 Infectious Diseases (within the past 6 months)
  - 353 Food Allergies
  - 354 Celiac Disease
  - 355 Lactose Intolerance
  - 356 Hypoglycemia
  - 357 Drug Nutrient Interactions
  - 358 Eating Disorders
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- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Substance Use (Drugs, Alcohol, Tobacco)

- 371 Maternal Smoking
- 372 Any Alcohol Use in Current Pregnancy
- 373 Any Illegal Drug Use in Current Pregnancy

Other Health Risks

- 381 Dental Problems

Dietary - Priority IV

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

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 502 Transfer of Certification - No priority

Homelessness/Migrancy

- 801 Homelessness – Priority IV
- 802 Migrancy – Priority IV

Other Nutrition Risks

- 901 Recipient of Abuse (within past six months) – Priority IV
- 902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food – Priority IV
- 903 Foster Care – Priority IV
- 904 Environmental Tobacco Smoke Exposure – Priority I

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**Breastfeeding Women** - A woman is considered a breastfeeding woman if she nurses the infant at least once a day.

Anthropometric - Priority I

- 101 Underweight
- 111 Overweight
- 133 High Maternal Weight Gain in Most Recent Pregnancy

Biochemical- Priority I

- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Priority I

Pregnancy-Induced Conditions

- 303 History of Gestational Diabetes
- 304 History of Preeclampsia

Delivery of Low-Birth weight/Premature Infant

- 311 History of Preterm Delivery
- 312 History of Low Birth Weight

Prior Stillbirth, Fetal or Neonatal Death

- 321 History of Spontaneous Abortion (termination of less than 20 weeks gestation or less than 500 grams), Fetal (20 weeks or greater gestation) or Neonatal Loss (28 days or less of life)

General Obstetrical Risks

- 331 Pregnancy at a Young Age
- 332 Closely Spaced Pregnancies
- 333 High Parity and Young Age
- 335 Multifetal Gestation
- 337 History of Birth of a Large for Gestational Age Infant
- 339 History of Birth with Nutrition Related Congenital or Birth Defect

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Nutrition-Related Risk Conditions (E.g. Chronic Disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases
- 342 Gastro-Intestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic and Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352 Infectious Diseases (within the past 6 months)
- 353 Food Allergies
- 354 Celiac Disease
- 355 Lactose Intolerance
- 356 Hypoglycemia
- 357 Drug Nutrient Interactions
- 358 Eating Disorders
- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat
- 363 Pre-Diabetes

Substance Use (Drugs, Alcohol, Tobacco)

- 371 Maternal Smoking
- 372 Alcohol Use
- 373 Any Current Illegal Drug Use

Other Health Risks

- 381 Dental Problems

Dietary - Priority IV

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

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 501 Possibility of Regression - Priority IV
- 502 Transfer of Certification - No priority

Breastfeeding Mother/Infant Dyad

- 601 Breastfeeding Mother of Infant at Nutritional Risk - Priority I, II or IV depending on infant's priority. Use only if no other risk condition is identified.
- 602 Breastfeeding Complications or Potential Complications - Priority I

Homelessness/Migrancy

- 801 Homelessness - Priority IV
- 802 Migrancy - Priority IV

Other Nutrition Risks

- 901 Recipient of Abuse (within past six months) - Priority IV
- 902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority IV
- 903 Foster Care - Priority IV
- 904 Environmental Tobacco Smoke Exposure – Priority I

**Postpartum Women**

Anthropometric - Refer to each risk condition for priority level

- 101 Underweight - Priority III
- 111 Overweight - Priority VI
- 133 High Maternal Weight Gain in Most Recent Pregnancy - Priority VI

Biochemical - Priority III

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- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Refer to each risk condition for priority level

Pregnancy-Induced Conditions

- 303 History of Gestational Diabetes – Priority V
- 304 History of Preeclampsia – Priority V

Delivery of Low-Birth weight/Premature Infant

- 311 History of Preterm Delivery – Priority III
- 312 History of Low Birth Weight – Priority III

Prior Stillbirth, Fetal or Neonatal Death

- 321 History of Spontaneous Abortion (termination of less than 20 weeks gestation or less than 500 grams), Fetal (20 weeks or greater gestation) or Neonatal Loss (28 days or less of life) – Priority III

General Obstetrical Risks

- 331 Pregnancy at a Young Age- Priority III
- 332 Closely Spaced Pregnancies – Priority III
- 333 High Parity and Young Age – Priority III
- 335 Multifetal Gestation – Priority III
- 337 History of Birth of a Large for Gestational Age Infant – Priority V
- 339 History of Birth with Nutrition Related Congenital Birth Defect – Priority V

Nutrition-Related Risk Conditions (E.g. Chronic Disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases – Priority III
  - 342 Gastro-Intestinal Disorders – Priority III
  - 343 Diabetes Mellitus – Priority III
  - 344 Thyroid Disorders – Priority III
  - 345 Hypertension and Prehypertension – Priority III
  - 346 Renal Disease – Priority III
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- 347 Cancer – Priority III
- 348 Central Nervous System Disorders- Priority III
- 349 Genetic and Congenital Disorders – Priority III
- 351 Inborn Errors of Metabolism – Priority III
- 352 Infectious Diseases (within the past 6 months) – Priority III
- 353 Food Allergies- Priority III
- 354 Celiac Disease – Priority III
- 355 Lactose Intolerance – Priority III
- 356 Hypoglycemia – Priority III
- 357 Drug Nutrient Interactions – Priority III
- 358 Eating Disorders – Priority III
- 359 Recent Major Surgery, Trauma, Burns – Priority III
- 360 Other Medical Conditions – Priority III
- 361 Depression – Priority III
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat – Priority III
- 363 Pre-Diabetes – Priority IV

Substance Use (Drugs, Alcohol)

- 371 Maternal Smoking – Priority VII
- 372 Alcohol Use – Priority III
- 373 Any Current Illegal Drug Use – Priority III

Other Health Risks

- 381 Dental Problems – Priority III

Dietary - Priority VI

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

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 501 Possibility of Regression - Priority VII
  - 502 Transfer of Certification- No priority
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Homelessness/Migrancy

- 801 Homelessness - Priority VI
- 802 Migrancy - Priority VI

Other Nutrition Risks

- 901 Recipient of Abuse (within past six months). - Priority VI
- 902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority VI
- 903 Foster Care - Priority VI
- 904 Environmental Tobacco Smoke Exposure – Priority V

**Infants**

Anthropometric - Priority I

- 103 Infant Underweight
- 104 Infant At Risk of Underweight
- 112 Infant At Risk of Overweight
  
- 115 High Weight-for-Length
- 121 Short Stature
- 122 Infant At Risk of Short Stature
- 134 Failure to Thrive (FTT)
- 135 Inadequate Growth
- 141 Low Birth Weight
- 142 Prematurity
- 143 Very Low Birth Weight
- 151 Small for Gestational Age
- 152 Low Head Circumference
- 153 Large for Gestational Age

Biochemical - Priority I

- 201 Low Hematocrit/Low Hemoglobin
  - 211 Elevated Blood Lead Levels Within the Past 12 Months
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Clinical/Health/Medical - Priority I

*Nutrition-Related Risk Conditions (E.g., Chronic Disease, Genetic Disorder, Infection)*

- 341 Nutrient Deficiency Diseases
- 342 Gastro-Intestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic and Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352 Infectious Diseases (within the past 6 months)
- 353 Food Allergies
- 354 Celiac Disease
- 355 Lactose Intolerance
- 356 Hypoglycemia
- 357 Drug Nutrient Interactions
- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

*Other Health Risks*

- 381 Dental Problems
- 382 Fetal Alcohol Syndrome (FAS)

Dietary - Priority IV

- 428 Dietary risk Associated with Complementary Feeding Practices (4 to 12 months)
- 460 Inappropriate Nutrition Practices for Infants

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Other Risks - Refer to each risk condition for priority level

Regression/Transfer

502 Transfer of Certification - No priority

Breastfeeding Mother/Infant Dyad

603 Breastfeeding Complications or Potential Complications - Priority I

Infant of a WIC-Eligible Mother or Mother at Risk During Pregnancy

701 Infant Up to 6 Months Old of WIC Mother - Priority II

702 Breastfeeding Infant of Woman at Nutrition Risk - Priority I, II, or IV depending on woman's priority level. Use only if no other risk condition is identified.

703 Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse (most recent pregnancy) - Priority I

704 Infant Up to 6 Months of a Woman Who Would Have Been Eligible During Pregnancy – Priority II

Homelessness/Migrancy

801 Homelessness - Priority IV

802 Migrancy - Priority IV

Other Nutrition Risks

901 Recipient of Abuse (within past six months) – Priority IV

902 Infant of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority IV

903 Foster Care - Priority IV

904 Environmental Tobacco Smoke Exposure – Priority I

**Children**

Anthropometric - Priority III

103 Child Underweight

104 Child At Risk of Underweight

112 Child At Risk of Overweight

113 Child Obese (2-5 Years of Age)

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- 114 Child Overweight (2 – 5 Years of Age)
- 115 High Weight-for-Length (12 – 23 Months of Age)
- 121 Short Stature
- 122 Child At Risk of Short Stature
- 134 Failure to Thrive (FTT)
- 135 Inadequate Growth
- 141 Low Birth Weight
- 142 Prematurity
- 143 Very Low Birthweight
- 151 Small for Gestational Age
- 152 Low Head Circumference (12 – 23 Months of Age)

Biochemical - Priority III

- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Priority III

*Nutrition-Related Risk Conditions (E.g., Chronic Disease, Genetic Disorder, Infection)*

- 341 Nutrient Deficiency Diseases
  - 342 Gastro-Intestinal Disorders
  - 343 Diabetes Mellitus
  - 344 Thyroid Disorders
  - 345 Hypertension and Prehypertension
  - 346 Renal Disease
  - 347 Cancer
  - 348 Central Nervous System Disorders
  - 349 Genetic and Congenital Disorders
  - 351 Inborn Errors of Metabolism
  - 352 Infectious Diseases (within the past 6 months)
  - 353 Food Allergies
  - 354 Celiac Disease
  - 355 Lactose Intolerance
  - 356 Hypoglycemia
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- 357 Drug Nutrient Interactions
- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Other Health Risks

- 381 Dental Problems
- 382 Fetal Alcohol Syndrome (FAS)

Dietary - Priority V

- 401 Failure to Meet Dietary Guidelines (2 – 5 Years of Age)
- 428 Dietary Risk Associated with Complementary Feeding Practices (12 – 23 Months of Age)
- 470 Inappropriate Nutrition Practices for Children

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 501 Possibility of Regression - Priority VII
- 502 Transfer of Certification - No priority

Homelessness/Migrancy

- 801 Homelessness - Priority V
- 802 Migrancy - Priority V

Other Nutrition Risks

- 901 Recipient of Child Abuse (within past six months) – Priority V.
- 902 Child of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority V
- 903 Foster Care – Priority V
- 904 Environmental Tobacco Smoke Exposure – Priority III

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**Issuance of Contract Standard Formulas**

**Purpose**

To ensure that participants requiring standard milk-based, soy-based or lactose-free formula receive contract formula.

**Authority**

State Policy; 7CFR Part 246.10 (c)

**Policy**

Infants who receive formula shall be issued contract formula except in cases where non-contract formula or medical nutrition products have been prescribed for valid medical reasons. Contract formula may be issued to participants older than one year of age for valid medical reasons.

**Definitions**

Medical Home – A health care professional or healthcare clinic that provides comprehensive medical care. Comprehensive care includes care of patients with illnesses and injuries, well-child exams, immunizations, and referrals for specialty care.

**Procedures**

- I. Contract standard milk-based infant formula shall be issued to infants unless:
  - A. An infant is already using an alternative contract formula such as a soy-based or lactose-free formula and the parent/guardian wants to continue on that formula; or
  - B. An infant is experiencing difficulties with the formula and the parent/guardian is requesting a trial with an alternative contract formula.
  - C. There is a request from the healthcare provider (HCP) for an alternate formula for medical reasons, (e.g. protein hydrolysate

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such as Alimentum for the infant at high risk of developing allergic disease).

- II. Contract standard soy-based infant formula shall be issued to infants in cases where:
  - A. The family follows a vegan (vegetarian, no dairy) diet and requires soy formula; or
  - B. There is a strong family preference and/ or caregiver request for soy formula; or
  - C. A prescription from an infant's healthcare provider is presented for a soy-based formula for a valid medical reason (e.g. cow's milk allergy, soy formula for galactosemia).
  
- III. Contract standard milk-based and soy-based toddler formulas may be issued to children over one year of age when:
  - A. There is a prescription and valid medical need for a child.
  - B. There is a recommendation by the CA for soy-based toddler formula when the HCP requested soymilk. Soy-based toddler formula may be a better option for children 1-2 years of age when weight for length is at or less than the 10th percentile. A verbal order from the HCP or a prescription for contract soy formula is necessary for approval and issuance. See Policy FD: 17.0 for additional information regarding the issuance of soy formula versus soymilk.
  
- IV. Issuance of contract formula to a participant older than one year of age requires a prescription, assessment, documentation and approval as described in Policy FD: 16.0.
  - A. The following are reasons why contract milk-based formulas might be needed beyond one year of age:
    - 1. Prematurity
    - 2. Developmental delay
    - 3. Oral motor feeding problems
    - 4. Tube feeding
  - B. The following are reasons why contract soy-based formulas might be needed beyond one year of age:

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- 1. Galactosemia
  - 2. Vegan diet
  - 3. Milk allergy
  - C. Refer to the most recent version of the Texas WIC Formulary and Medical Reasons for Issuance for details under the specific formula requested:  
<http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>.
  - D. Approval authority is Level 1 for the issuance of contract formula to a participant older than one year of age for the reasons indicated the Texas WIC Formulary.
- V. Concentrating (or altering standard dilution of) contract formula:
- A. A request from a prescriptive authority is required for WIC staff to provide instructions for mixing formula to concentrations other than the standard 20 kcal/oz. It is not necessary to contact the state office for approval to provide mixing instructions for contract formula. Document that mixing instructions were provided by WIC staff as requested by the HCP.
  - B. Mixing instructions for concentrating contract formula to 22 and 24 kcal/oz can be accessed at:  
<http://www.dshs.state.tx.us/wichd/nut/concent.shtm>.
  - C. Contact the formula pager at (512) 499-6814 if mixing instructions for 27 and 30 kcal/oz formula concentrations are needed.
- VI. Handling reported symptoms of intolerance:
- A. If intolerance to any of the standard contract formulas is reported, question the parent/guardian to assess whether symptom(s) of intolerance may be caused by errors in feeding, preparation, and/or storage. If symptoms appear to be due to these errors, provide appropriate counseling. If a parent/guardian reports symptoms of diarrhea, bloody stools, vomiting, fever, or if an infant has weight loss, poor or no weight

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gain, a referral shall be made to the infant's medical home.  
Document the referral in the participant's record.