Anthropometric and Laboratory Procedures

Category and Age	Required Data	Required Charting
Infant < 7 months	• OFC • Weight • Recumbent length	Birth to 36 month growth chart • OFC for age • Length for age • Weight for age • Weight for length
Infant 7-9 months	• OFC • Weight • Recumbent length	Birth to 36 month growth chart • OFC for age • Length for age • Weight for age • Weight for length
Infant 9 months -up to 12 months	• OFC • Weight • Recumbent length • Hematological test at a follow up or using referral data between 9 and 12 months of age	Birth to 36 month growth chart • OFC for age • Length for age • Weight for age • Weight for length
Child 12-23.9 months	• Weight • Recumbent length • Hematological test	Birth to 36 month growth chart • Length for age • Weight for age • Weight for length
Child 15 – 18 months	• Hematological test	Blood screen
Child ≥ 24 months	• Weight • Standing height • Hematological test	2-5 year growth chart • Height for age • Weight for age • BMI for age
Pregnant Woman	• Prepregnant weight • Current weight • Height • Hematological test	Prenatal Weight Gain Grid • Prepregnancy BMI • Current weight • Every visit
Breastfeeding and Postpartum Woman	• Prepregnant weight • Total weight gain • Current weight • Height • Hematological test	

***** For detailed procedures on collecting these data, please refer to the current Laboratory Module.

I. Anthropometric and Laboratory Referral data:

a. Height and weight data obtained within the past 60 days can be used.

b. Staff must document the source of the medical data in the participant's WIC file.

c. Data collected for women must be reflective of their category.

II. Routine maintenance of scales and measuring boards.

a. Perform daily maintenance of scales as follows:
   i. Scales should be placed on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.
   ii. Check that the scales balance at zero, daily, and after weighing every participant, by moving the ounce and pound weights to zero until the arm rests in the center. Check digital scales between measurements to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.
   iii. Clean scales every day they are in use. Check for wear and broken or faulty parts. Refer to the Laboratory staff training module for details.
   iv. Record cleaning, repair and replacement on the maintenance sheet for each scale.

b. Perform yearly maintenance of scales as follows:
   i. Have scales inspected yearly by the Utah Department of Agriculture, Weights and Measures, Market Licensing Division (801) 538-7159.
   ii. If scales pass inspection, you will receive a Utah Department of Agriculture Seal that will be dated and placed directly on your scale.
   iii. If scales do not pass inspection, the inspector must complete a "Small and Medium Scale Inspection Report." Make a copy and place it on the wall above the scales. Make other arrangements for weighing while scales are being serviced.
   iv. Contact the State agency, advising them of the problems with your scales. Avoid using the scales until the State agency responds regarding the need for repair, and approval or disapproval to use the equipment.

c. Perform daily maintenance of measuring boards as follows:

i. Clean measuring boards with disinfectant each day they are in use.
ii. Check for wear and broken or faulty parts.

d. Perform yearly maintenance of measuring boards as follows:
    i. Check all boards for accuracy by:
        1. Using a metal measuring tape;
        2. Checking for slippage on wall mounted boards; and
        3. Checking the right angle on head and foot boards.
    ii. Record cleaning, repair and replacement on the maintenance sheet for each measuring board.

III. HemoCues.

a. Routine maintenance of HemoCues.
    i. Always follow the manufacturer's directions when cleaning and maintaining blood work machines. Perform daily maintenance of HemoCues as follows:
        1. Clean HemoCues every day they are in use. Follow the manufacturer's directions.
        2. Record cleaning on maintenance sheet for each separate HemoCue machine.
        3. If necessary and depending on the type of equipment, follow the manufacturer's instructions for calibration.

b. Perform annual maintenance of HemoCues as follows:
    i. All records of cleaning, repair, and replacement should be recorded on the maintenance sheet for each HemoCue machine.

IV. Pronto

a. The Pronto-7 offers noninvasive and quick spot-check testing of total hemoglobin (SpHb). This technology may provide the following benefits:
    i. Staff
        1. Easy-to-use — Improves efficiency
        2. Decreases risk of accidental needle stick and exposure to blood-borne pathogens
        3. Requires no lab consumables or waste disposal

    ii. Participant
        1. Reduces painful needle sticks and time-consuming blood draws
        2. Enables immediate face-to-face counseling with clinician

b. Refer to Laboratory Module for specific procedures.

V. Blood work.

a. For pregnant, breastfeeding, and postpartum women, and child participants, the hematological test for anemia shall be performed or obtained from referral sources at the time of certification or within 90 days of the date of certification.

b. The hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources (with the exception of presumptively eligible pregnant women).

c. Referral data must be reflective of the participant's category.

d. Blood tests for infants.
    i. If an infant is first certified on the Utah WIC Program under 9 months of age, a hematological test is not required.
    ii. If an infant is first certified on the Utah WIC Program at 9 months of age or older, and since the next certification is not due until 6 months after the initial one, a hematological test shall be performed or results obtained from referral sources between 9 and 12 months of age.
    iii. An infant enrolled in WIC must be tested prior to the end of their 12^{th} month of life.

e. Children who are 2 – 5 years of age must have a hematological screening at least once every 12 months.
    i. For those children with a low hematological test result at their last certification, a hematological test is required at 6 months intervals.
    ii. If a child has been diagnosed with sickle cell anemia, the local agency must request a doctor's note documenting the diagnosis and that the child's blood iron level will test below normal, thus a subsequent 6 month follow up hematological test is medically unnecessary. The doctor's note needs to include the medical diagnosis, the most current hemoglobin value and notation that the child is being monitored on a regular basis. This documentation must be provided at each certification.

f. Puncture sites for the blood draw to determine hemoglobin value need to be consistent with current procedures and recommendations. (Example of resource: "Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens; Approved Standard – Sixth Edition", Vol. 28, No. 25 by the Clinical And Laboratory Standards Institute, 2008).

g. All pregnant women must have their hematological test at their initial certification visit.

h. For breastfeeding and postpartum women, the hematological test must be performed after the termination of their pregnancy.
    i. For breastfeeding women who are 6-12 months postpartum, no additional hematological test screenings are necessary if a test was performed after the termination of their pregnancy.

i. Time frames to collect blood work data:

Women			Infants		Children		
P	**B**	**N**	**< 9 mos**	**9-11 mos**	**12 – 24 months**	**15 – 18 months**	**2-5 years**
At prenatal certification	At postpartum certification visit	At postpartum certification visit	No blood work required	Blood work obtained from referral sources or at subsequent follow up near the Child's first birthday	At each certification visit and at the mid-certification health assessment **	If initially certified after 12 months	Once every 12 months**

If	Then
Not anemic	Follow the above schedule
Anemic	Hematological test every 6 months until anemia is resolved (except pregnant women, who will be retested at their postpartum visit).
Severe anemia	Follow as High Risk

**A child screened at 18 months whose results were within the normal range would not require another blood test until 30 months of age.

VI. Laboratory safety.

a. WIC clinics should follow the local agency or health department policy on handling body fluids.

b. All WIC clinics must have a Clinical Laboratory Improvement Amendment (CLIA) waiver on file or meet the National Committee for Clinical Laboratory Standards requirements.

c. For information on obtaining a CLIA waiver contact: Health Care Financing Administration, Attention: CLIA Laboratory Inquiry, PO Box 26687, Baltimore, MD 21207-0487.

VII. Exceptions for collecting blood.

a. The only circumstances which would preclude drawing blood are:
    i. If an applicant's religious belief won't allow him/her to have blood drawn, or
    ii. If an applicant has a documented medical condition (e.g. hemophilia, fragile bones, osteogenesis imperfecta, or a serious skin disease), in which the procedure of collecting blood could cause harm to the applicant. Applicants who have leukemia or thalassemia are also exempt from the blood collection with medical documentation. (See bloodwork policy above for sickle cell anemia exception.)

b. In the case of one of the above medical conditions, local agencies should make every effort to obtain referral data from the applicant's health care provider. However, in accordance with USDA policy, the applicant cannot be required to obtain such data at their own expense.

c. If an applicant refuses having blood drawn for the hematological test and reasons are not included in the above circumstances, take the following steps:
    i. Explain the risks of iron-deficiency anemia and the importance for screening, i.e., low energy, irritability and compromised learning ability. Then, if the applicant still does not consent to the screening, suggest referral data from the primary care provider. Offer assistance to the client to help obtain this information from the primary care provider Or,
    ii. The hematological test for anemia may be delayed for up to 90 days (See V. b above).
    iii. Infants between nine and twelve months of age must have a hematological test performed or the data must be obtained from referral sources between 9 and 12 months of age.

iv. If a client continues to refuse a hematological test for anemia at the clinic or refuses to obtain this information from the primary care provider for either herself or her infant/child, please contact the State agency.