00-017

TEXAS DEPARTMENT OF HEALTH

AUSTIN, TEXAS

INTER-OFFICE MEMORANDUM

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: Barbara Keir, Director
Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: February 18, 2000

SUBJECT: Correction - Instructions 'for Completing WIC Certifications Forms (WIC-39, WIC-40, and WIC-41)

An error has been brought to our attention regarding the Instructions for Completing Certification Forms (WIC-39, WIC-40, and WIC-41) for pregnant, breastfeeding, and postpartum women. When filling in the boxes on the Participant forms corresponding to "Para," the instructions should read "Record the number of births after 20 or more weeks gestation, regardless of outcome." Please correct this information in your copy of the Texas Nutrition Risk Manual. A copy of the corrected version is attached and may also be found at our web site: *www.tdh.state.tx.us/wichd/nut/history-nut.htm.* We continue to appreciate your feedback regarding these matters and apologize for any confusion this may have caused. If you have any questions related to this information, contact Isabel Clark, Clinical Nutrition Specialist, at 5 12-458-7444.

Attachment

- **Para** (Pregnant, Breastfeeding and Postpartum): Record the number of births after 20 or more weeks gestation, regardless of outcome.

- **Pregnancy Outcome** (Breastfeeding and Postpartum Only): Record the appropriate code (L, S, M, A, or N) under the "Outcome" column. The weight in pounds and ounces and the sex of the infant(s) should be recorded in the appropriate columns. The additional rows are intended for multi-fetal births.

- **Previously Bf Other Infants** (Pregnant and Breastfeeding Only): Check "Y" for yes or "N" for no to indicate if the applicant has previously breastfed other infants.

- **Previously Bf This Infant** (Postpartum Only): Check "Y" for yes or "N" for no to indicate if the woman breastfed the infant at any time.

- **Interest in Bf** (Pregnant Only): Check "Y" for yes or "N" for no to indicate if the applicant is interested in breastfeeding.

- **Exclusively Bf** (Breastfeeding Only): Check **"Y"** for yes or "N" for no to indicate if the breastfeeding woman exclusively breastfeeds the infant and receives no supplemental formula.

- **Food Pkg Code:** Record the food package number that corresponds to the participant's category and food package description.

- **Rx Exp Date:** If the child or woman is receiving formula, the formula prescription expiration date must be documented on the Participant Form. Changes in the prescription expiration date *may* be documented in the additional formula prescription expiration date boxes. Documentation of prescription changes on the Participant form is *optional, as* long as the *changes are* documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant's chart.

- **Formula Code:** If the participant receives formula, there will be a formula code *in addition* to the food package code that will be selected and recorded on the assessment form. Changes in formula may be documented in the additional boxes. **Recording these changes in the boxes is optional, as** long as the changes are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant's chart.

- NE **Code:** Record the Nutrition Education code which corresponds with the nutrition education provided.