Division of Community Nutrition

Subject: **Determine Nutritional Risk – Anthropometric**		*Policy:* **CRT 06.1**
Reference: **N / A**	*Effective*: **August 15, 2017**	*Supersedes*: **August 12, 2013**

I. Policy:

Height / length and weight measurements shall be performed and documented in the applicant's record at the time of certification, subsequent certification, and mid-certification. Height / length and weight shall be measured not more than 60 days prior to these appointments.

II. Procedure(s):

A. At each certification, subsequent certification, and mid-certification visit, collect the following anthropometric data in accordance with SWO guidelines:

1) Height / Length
   a. The following tools are approved for measuring height and length:
      1. For infants and children under the age of two and for children over the age of two who are less than 32 inches tall or have trouble standing, use a horizontal infant measuring board with a 90° fixed headboard and a sliding footpiece.
      2. For children over the age of two and adults, use a vertical measuring board with a 90° moveable headboard. Measuring rods attached to platform scales are <u>not</u> an acceptable tool for height measurement.

2) Weight
   a. The following tools are approved for measuring weight:
      1. For infants and children under the age of two and for children who have trouble standing, use a horizontal or reclining double beam balance scale or a digital baby scale. The scale shall measure to a half of an ounce.
      2. For children over the age of two and adults, use either a horizontal beam balance scale or a digital scale. The scale shall measure to a quarter of a pound.

3) For infants and children, the length for age and weight for length growth charts shall be used when measuring recumbent length. For children over 2, the height for age, weight for height and BMI (body mass index) for age growth charts shall be used when measuring standing height.

4) Document pre-pregnancy weight (PPW) of the pregnant woman in Crossroads. The CPA shall ask questions to determine the actual or best estimate of the client's pre-pregnant weight.

5) Medical data from other health care services or providers may be used by the Local Agency to determine nutritional eligibility. Anthropometric data submitted must be signed by healthcare provider not on staff of the local agency

6) Scan health care services / provider forms that contain anthropometric information in the participant's record

B. For infants/children 0-24 months of age, assess the length and weight using the World Health Organization (WHO) growth charts to identify nutrition risks:

1) Weight-for-length less than or equal to the 2.3rd percentile are classified as underweight
2) Weigh-for-length greater than the 2.3rd percentile but less than or equal to the 5th percentile are classified as at risk for underweight
3) Length-for-age less than or equal to the 2.3rd percentile are classified as short stature
4) Length-for-age greater than the 2.3rd percentile but less than or equal to the 5th percentile are classified as at risk for short stature
5) Weight-for-length greater than or equal to 97.7th percentile are classified as high weight-for-length

C. For children 2-5 years of age, assess the height/length and weight using the Centers for Disease Control (CDC) growth charts in Crossroads. The BMI for age growth chart is the preferred method of assessing children age 2 years and older for the nutrition risks:

1) Underweight (less than or equal to 5th percentile BMI-for-age)
2) At risk of underweight (6th through 10th percentile BMI-for-age)
3) Overweight (BMI for age $\geq$ 85th percentile and < 95th percentile); or
4) Obese (BMI for age $\geq$ 95th percentile).

a. Using the appropriate graph, determine if a detrimental or abnormal nutrition condition exists, such as underweight, overweight, abnormal patterns of weight gain, etc.

b. Review normal or abnormal anthropometric findings with the parent / legal guardian or caretaker

D. Assess pregnant women using the Prenatal Weight Gain Grid in Crossroads. Crossroads will calculate BMI and weight gain and shall assign the nutrition risks underweight, overweight, low maternal weight gain, high maternal weight gain or maternal weight loss during pregnancy. Refer to Appendix 15 for the BMI values for these nutrition risks. For breastfeeding and postpartum women, Crossroads will

calculate BMI and will ask for total weight gain during the pregnancy and shall assign the nutrition risks underweight, overweight and high maternal weight gain.

1) The nutrition risk of low maternal weight gain or high maternal weight gain as appropriate for each category is determined using the following definitions.

   a. Low maternal weight gain is a low rate of weight gain in the 2nd and 3rd trimesters as defined in the table below:

Pre-Pregnancy Weight Group	Definition	Total Weight Gain (lbs.)/Week
Underweight	BMI < 18.5	<1
Normal	BMI 18.5-24.9	<0.8
Overweight	BMI 25.0-29.9	<0.5
Obese	BMI ≥ 30.0	<0.4

E. Maternal weight loss during pregnancy is defined as follows:

Definition	Trimester
Any weight loss below pre-pregnancy weight	1st
Weight loss of ≥ 2 pounds	2nd or 3rd

F. High maternal weight gain is defined for the following categories:

1) Pregnant women as defined by a high rate of weight gain, such that in the 2nd and 3rd trimesters:

Pre-Pregnancy Weight Group	Definition	Total Weight Gain (lbs.)/Week
Underweight	BMI <18.5	> 1.3
Normal weight	BMI 18.5-24.9	> 1
Overweight	BMI 25.0-29.9	> 0.7
Obese	BMI ≥ 30.0	> 0.6

2) Breastfeeding or postpartum women (most recent pregnancy only) as defined in the table below:

Pre-Pregnancy Weight Group	Definition	Total Weight Gain for Pregnancy Just Ended
Underweight	BMI < 18.5	> 40 pounds
Normal weight	BMI 18.5-24.9	> 35 pounds
Overweight	BMI 25.0-29.9	> 25 pounds
Obese	BMI $\geq$ 30.0	> 20 pounds

3) For multi-fetal gestations (more than one fetus in the current or most recent pregnancy) the appropriate weight recommendations for all categories are defined below:

a. For twin gestations, the recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. A gain of 1.5 pounds per week during the second and third trimesters has been associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy.

b. For triplet gestation, the recommended weight gain is around 50 pounds with a steady weight gain of approximately 1.5 pounds per week throughout the pregnancy.

c. Review normal or abnormal anthropometric findings with the participant or parent / guardian.