A Guide to WIC
Clermont County

This institution is an equal opportunity provider.
# WIC

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Clermont County
WIC Facts

24 hour breastfeeding support 513.515.2650
Available after clinic hours, on weekends, and on holidays.

Clermont County WIC Address
2400 Clermont Center Dr Suite 200 Batavia, OH 45103
PHONE 513.732.7329
FAX 513.735.8430

TEXT "CCWAPPT" TO 85511; THEN TEXT PREFERRED APPT TIME

24 HOUR BREASTFEEDING SUPPORT 513.515.2650

TARGET POPULATION
Women
(Pregnant, postpartum up to 6 months, and breastfeeding up to 1 year)
Infants & Children
(up to the age of 5 years old)

Now easier than ever!
Food benefits are loaded onto a card!

BENEFITS
Nutrition Education from registered dietitians
Breastfeeding Help from trained staff
Healthy Foods tailored for each participant
Referrals to other services

Ohio WIC Program Income Guidelines
185% of poverty level; guidelines change July 1st annually.

CLERMONT COUNTY WIC ADDRESS
2400 Clermont Center Dr Suite 200 Batavia, OH 45103
PHONE 513.732.7329
FAX 513.735.8430
TEXT "CCWAPPT" TO 85511; THEN TEXT PREFERRED APPT TIME

24 HOUR BREASTFEEDING SUPPORT 513.515.2650
Available after clinic hours, on weekends, and on holidays.
Ohio WIC Program Profile

Caseload and Average Monthly Benefits per participant can be found at http://www.fns.usda.gov/pd/wic-program

Program is 100% federally funded.

WIC - an Effective Health Care Program

WIC participation improves the length of pregnancy, improves birth weight, reduces late fetal deaths, improves the diet of women and children, increases head circumference of infants, and increases vocabulary scores in children.

Proven Cost-Effective

"WIC lowers medical costs by improving prenatal care, improving length of pregnancy, and increasing birth weight."

"Every dollar invested in WIC for pregnant women produced Medicaid savings of $1.92 in Florida to $4.21 in Minnesota."

Track Record

Improves pregnancy outcomes.

How?

Provides or refers to support services necessary for full-term pregnancies.

Reduces infant mortality.

How?

Reduces the incidence of low birth weight.

Provides infants and children with a healthy start.

How?

Combats poor and/or inadequate diet.
Our team of dedicated and well-trained staff work hard to help children have a good start to life. We would like to collaborate with you to ensure consistent messages are conveyed between our offices. In order to receive WIC benefits, one must be recertified every 6 months and those at high risk must be seen every 3 months. Because of this continued contact, WIC staff can make a large positive impact on participant's nutrition status. Let's work together to ensure each woman, infant and child has what he/she needs to succeed.

Any pregnant/postpartum woman, infant, or child that meet the income guidelines. Especially...

- Patients with low iron.
- Patients with breastfeeding issues.
- Infants, children, or pregnant women struggling to gain weight (slow growth or underweight).
- Children at risk for OR at a high weight for height (>85th percentile).
- Women pregnant at a young age.
- Patients with inborn errors of metabolism OR other conditions that may affect nutritional status.
- Infants born early and/or with a low birth weight.
Clermont County WIC Referral Form

Please fax completed form to 513-735-8430
OR
Mail to 2400 Clermont Center Dr Suite 200, Batavia, OH 45103

<table>
<thead>
<tr>
<th>Referring Agency Information</th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
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<tr>
<td><strong>Agency:</strong></td>
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<tr>
<td><strong>Address:</strong></td>
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<tr>
<td><strong>City:</strong></td>
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<tr>
<td><strong>State:</strong></td>
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<tr>
<td><strong>ZIP:</strong></td>
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<tr>
<td><strong>Phone:</strong></td>
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<tr>
<td><strong>Fax:</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Mother/Infant/Child Being Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>DOB:</strong></td>
</tr>
<tr>
<td><strong>Parent/Guardian:</strong></td>
</tr>
<tr>
<td><strong>EDC date:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
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<td><strong>Phone:</strong></td>
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<td><strong>City:</strong></td>
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<tr>
<td><strong>State:</strong></td>
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<tr>
<td><strong>ZIP:</strong></td>
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</tbody>
</table>

Reason for referral and other pertinent medical information:

<table>
<thead>
<tr>
<th>Height*</th>
<th>Weight*</th>
<th>BMI</th>
<th>Hbg*</th>
</tr>
</thead>
</table>

* Indicate date taken if different than the above date; values more than 30 days old will not be accepted to use at WIC appointment.

Consent for Sharing Information
You are not required to consent to sharing any of the above information, but may wish to for the well being of yourself or your children. If you decide not to consent, your refusal will not in any way affect the services you receive from this agency. Any information that is shared will be kept confidential.

A signature below indicates you give permission to share the information included on this form with Clermont County WIC.

Signature (Parent/guardian's signature if under 18 years old):

Signature of referring Health Professional:

This institution is an equal opportunity provider.
All Ohio WIC projects are now completing non-invasive hemoglobin tests on participants over the age of 2 years old using a system developed by Masimo Corporation. The Masimo hemoglobin system consists of a reusable finger sensor and a non-invasive pulse carbon oxygen Oximeter. The Oximeter emits multiple light wavelengths through the finger sensor and provides a spot checking hemoglobin (SpHb). Benefits for using this new system include a quieter and more relaxed WIC environment and a reduction of overall medical supply costs.

### WHEN DO WE REFER TO AN MD?

<table>
<thead>
<tr>
<th></th>
<th>Hgb Level (Less than or equal to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>10.0</td>
</tr>
<tr>
<td>Postpartum</td>
<td>11.0</td>
</tr>
<tr>
<td>Infant</td>
<td>10.0</td>
</tr>
<tr>
<td>Children</td>
<td>10.0</td>
</tr>
</tbody>
</table>

At WIC, hemoglobin is checked every 6 months or every 3 months when values are low.

### WHAT DO WE TALK ABOUT DURING THE APPOINTMENT?

**Increasing high iron foods:**
- Meat/Poultry/Fish/Eggs
- Nuts/Beans
- Fortified Grains
- Dark Leafy Greens
- Dried Fruits

**Limit cow’s milk intake to 2-3 cups per day.**

**Consume iron rich foods with Vitamin C rich foods to increase iron absorption.**
Children under two are plotted on the World Health Organization’s (WHO) weight-for-length growth chart.

Children over two are plotted on the Center for Disease Control’s (CDC) BMI-for-age growth chart.

**WHEN DO WE REFER TO THE DOCTOR?**

**High Weight for Height**
- When a child greater than 2 years old is over the 95th percentile.

**Slow Growth in Infants**
- 0 to 2 Weeks Old: Greater than or equal to a 7% weight loss.
- 2 Weeks to 6 Months: Any weight loss (weight taken at least 8 weeks apart).

**WHAT DO WE TALK ABOUT DURING THE APPOINTMENT?**

**High Weight for Height**
- Health Risks Associated with a High BMI
- MyPlate
- Limit Snacking
- Increase Activity
- Limit Screen Time

**Slow Growth in Infants**
- Feeding on Infant’s Hunger Cues
- Breastfeeding Support
- Mixing Formula

---

When do we refer to the doctor?

**Children over two are plotted on the Center for Disease Control’s (CDC) BMI-for-age growth chart.**

Children under two are plotted on the World Health Organization’s (WHO) weight-for-length growth chart.

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Please see attached referral form.
PREGNANCY & POSTPARTUM SCREENINGS

Clermont County WIC has recently started screening pregnancy and postpartum women for depression, domestic abuse, and drug/alcohol use.

**DEPRESSION SCREENING**
PHQ-9: Patient Health Questionnaire-9

**DOMESTIC ABUSE SCREENING**
Do you feel safe in your relationship? + Do you ever feel afraid of your partner?

**DRUG USE SCREENING**
DAST-10: Drug Abuse Screening Test

**ALCOHOL USE SCREENING**
ASBI: Alcohol Screening and Brief Intervention

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**WHEN DO WE REFER?**
Verbal referrals for moderate risks:
- DAST-10 score of 3 to 5.
- PHQ-9 score of 4 to 10.
Written referrals for substantial/severe risks:
- DAST-10 score of 6 to 10.
- PHQ-9 score of greater than 10.
- Positive domestic abuse screening.

**WHERE DO WE REFER?**
DAST and PHQ-9 referrals go to primary health physician and Greater Cincinnati Behavioral Health Services.
Domestic abuse referrals go to House of Peace and/or Women Helping Women.

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**WHAT DO WE TALK ABOUT DURING THE APPOINTMENT?**

**Positive Screening for Depression:**
- Foods that can help boost moods and lessen symptoms of depression.
- Increasing physical activity if cleared by MD.
- Meal preparation to allow time for themselves.
- How breastfeeding can lessen symptoms of depression.

**Positive Screening for Alcohol:**
- Fetal Alcohol Syndrome.
- Tips to handle risky situations involving alcohol.

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Please see attached referral sheet.
Ohio Department of Health
WIC Interagency Referral and Follow-Up Form

Date Referred to FAX

Referring Agency Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
<td>FAX</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Participant Information

<table>
<thead>
<tr>
<th>Participant name</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td>EDC date</td>
</tr>
<tr>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hgb*</th>
<th>Hct*</th>
<th>Reason for referral and other pertinent medical information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height*</td>
<td>Weight*</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicate date taken if different than the above date.

Consent for Sharing Information

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A signature below indicates you give permission to share the information included on this form with the “referred to” agency listed above.

Participant, parent, or guardian signature

Response from Physician, Health Clinic or Human Services Agency

Please complete, send one copy to the referring agency address, and retain one copy for your files.

Action taken

Signed Date

In accordance with Federal law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

HEA 4427 10/12
Breastfeeding

**Breastfeeding Support**

Clermont County WIC provides breastfeeding education and support to all pregnant and breastfeeding participants in the office and at home through text messages, phone calls, email and mail.

**Breastfeeding Classes**

"Breastfeeding: A Gift of Love" infant feeding class is offered twice a month.

**Text Messaging**

WIC offers educational message tracks, tailored group messaging and individualized conversational texting.

**After Hours Breastfeeding Hotline**

WIC provides breastfeeding help after office hours, on weekends, and on holidays.

**Breastfeeding Support Staff**

WIC has breastfeeding peer helpers and dietitians with additional lactation training.

**When Do We Refer?**

Some common reasons we refer a breastfeeding dyad includes:

- Tongue/lip tie
- Possible thrush
- Suspected mastitis
- Failure to gain weight
- Jaundice

**Where Do We Refer?**

- IBCLC
- ENT
- OB/GYN
- Pediatrician/family practice doctor
- Center for Breastfeeding Medicine at CCHMC

**What Do We Talk About During the Appointment?**

We provide education and support to the mother in achieving her breastfeeding goals by covering topics such as:

- Skin to skin
- Hand expression
- Importance of colostrum
- How to establish/maintain milk supply
- Infant hunger cues
A new Ohio WIC objective is to encourage a healthy weight reduction in postpartum participants that had a high weight before pregnancy and experienced a high weight gain during pregnancy.

**WHAT DO WE PROVIDE TO HELP MANAGE WEIGHT?**

- Personalized nutrition counseling from registered dietitians.
- Pedometers to monitor physical activity.
- A food diary that explains how to follow a 90 day log to track the number of daily servings eaten from each food group and steps taken wearing a pedometer.

**SAMPLE PAGES FROM WIC’S NEW FOOD DIARY**

<table>
<thead>
<tr>
<th>Daily Servings Recommended from Each Food Group</th>
<th>Sample + Start of 90 Day Log</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calorie Level</strong></td>
<td><strong>1800</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Grains</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Protein Foods</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Oils</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Extra Calories</strong></td>
<td>195</td>
</tr>
</tbody>
</table>

Add 500 Calories per day for Breastfeeding!
Beans or Peanut Butter
Women and children over the age of 18 months have the choice between beans/peanut butter. Both are a shelf stable source of protein and iron.

Eggs
Women and children over the age of 12 months receive 1 to 2 cartons of eggs. Eggs provide protein, fat, and several key vitamins and minerals.

Cereal & Whole Grains
All women receive cereal, but only pregnant and breastfeeding women receive whole grains. All children over the age of one receive both cereal and whole grains. Both are great sources of fiber, vitamins, and minerals.

Milk
Children 1 to 2 years of age receive whole milk (to provide fat for brain development) and all other women and children receive 1%, 1/2% or skim milk. Milk is a great source of Calcium and Vitamin D.

Juice
All women and children over the age of 12 months receive 100% unsweetened juice. Juice contains many essential vitamins, such as vitamin C, that may be lacking if a diet is low in fruits or vegetables.

Fruits and Vegetables
Women and children over the age of 12 months receive fresh, frozen, or canned fruits and vegetables. This helps provide essential vitamins and minerals only found in fruits and vegetables.

Fish and Cheese
Only offered to exclusively breastfeeding mothers to help promote breastfeeding and support intake of fat needed for milk production.

Each food package is tailored by a registered dietitian to fit the participant's needs.
The only formulas that do not require a prescription are Gerber Good Start Gentle, Soothe, and Soy.
Blank prescriptions can be found at www.ccphohio.org

Recommended Formula Intake

<table>
<thead>
<tr>
<th>Age</th>
<th>Total in 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1 month</td>
<td>16 to 20 ounces</td>
</tr>
<tr>
<td>1 to 2 months</td>
<td>18 to 24 ounces</td>
</tr>
<tr>
<td>2 to 4 months</td>
<td>24 to 28 ounces</td>
</tr>
<tr>
<td>4 to 6 months</td>
<td>28 to 32 ounces</td>
</tr>
<tr>
<td>6 to 12 months</td>
<td>24 to 32 ounces</td>
</tr>
</tbody>
</table>

WIC recommends feeding on infant's hunger cues.

A valid Medical Diagnosis must be provided to issue any formula other than Gerber Good Start Gentle, Soothe, or Soy!
Symptoms of a diagnosis (i.e., gas, formula intolerance, vomit, diarrhea, etc) will not be accepted. Valid diagnoses include, but are not limited to, GERD, lactose intolerance, milk allergy, failure to thrive, and neonatal abstinence syndrome.

Infant cereal and baby food is also provided to WIC infants between 6 months and 1 year old.

Please see a sample prescription on the following page.
PLEASE COMPLETE SECTIONS A-D ON THE PRESCRIPTION FORM

Ohio WIC Prescribed Formula and Food Request Form

All requests are subject to WIC approval and provision based on program policy and procedures. Medical documentation is federally required to issue special formulas. Please complete sections A-D of this form in full.

A. Required Patient Information

- Patient’s Name: ___________________________ Date of Birth: ___________________________
- Parent/Caregiver’s Name: ___________________________ Weeks Born Early (if applicable): ___________________________
- Medical Diagnosis/Condition: ___________________________

(Medical diagnosis must be specific and correlate to the requested formula.)

B. Required Special Formula Information

- Amount of formula to be provided per DAY (must be measurable):

  - Intended length of use: □ 1 month □ 2 months □ 5 months □ 4 months □ 5 months □ 6 months (maximum)
  - Has a trial with Gerber Good Start Gentle, Gerber Good Start Soy, or Gerber Good Start Soothe been completed?: □ Yes □ No

If "No," please indicate why:

Infants
- Allamin Infant
- EnfamilCare for Infants
- Enfamil AR
- Enfamil OleCare
- Enfamil Gentlease (RTF only)

Children
- Allamin Junior
- Boost Junior
- Boost Kid Essentials 1.0 Cal (retail)
- Boost Kid Essentials 1.5 Cal
- Boost Kid Essentials with Fiber 1.5 Cal
- Infant Formulas: Soy Pediatric Drink
- Compliment Breakfast Essentials
- Compliment Pediatric

- Complete Pediatric Reduced Calorie
- Elcace Junior
- E20S Spinal
- Naccare Junior
- Naccare Jr. w/ Prebiotics
- Naccare Split Emulsified
- Nannens Junior

Women
- Boost
- Boost Breeze
- Compliment Breakfast Essentials
- Compliment Pediatric

- Complete Pediatric Reduced Calorie
- Elcace Junior
- E20S Spinal
- Naccare Junior
- Naccare Jr. w/ Prebiotics
- Nannens Junior

- Nannens Junior with Fiber
- Pediatric Formula
- Pediatric Formula 1.5 Cal
- Pediatric Junior
- Pediatric Junior with Fiber
- Pediatric Junior with Prebiotics
- Super Soluble Ducal

- Whole milk
- Whole low lactose/lactose free milk
- Cheese

For PBM and Metabolite Needs: WIC collaborates with the Ohio Metabolite Formula Program which supplies certain metabolite formulas approved by an Ohio Department of Health (ODH) approved metabolic service provider. A separate form must be completed. Please contact your WIC office for more information.

C. Required Supplemental Food Information

WIC Health Professional will issue age appropriate supplemental food unless indicated below.

- No WIC supplemental foods: provide formula only.
- Issue a modified food package OMITTING the supplemental foods checked below:

  - Infants (6-11 months): Infant cereal Infant fruits and vegetables
  - Children and Women: Milk Juice Breakfast cereal Whole grains Fruits and vegetables
  - Beans Peanut butter Eggs Cheese Fish (fully breastfeeding women only)
  - It is medically warranted for this patient to receive the following foods in addition to special formula:
    - Whole milk
    - Whole low lactose/lactose free milk
    - Cheese

D. Required Health Care Provider Information

- Health Care Provider’s Name (please print): ___________________________
- Phone: ___________________________
- Health Care Provider’s Signature: ___________________________
- Date: ___________________________

(Effective 11/1/05)

Rx can be found on the Clermont County Public Health website www.CCPHOhio.org

Only physicians, nurse practitioners, or physician’s assistants may sign off on this form.

Medical diagnosis must be federally approved and warrant the use of prescribed formula. Symptoms such as vomiting, diarrhea, formula intolerance, etc. are not federally approved.

Federally approved diagnoses include, but are not limited to, GERD, FTT, milk allergy, and lactose intolerance.

Amount of formula must be in ounces per day.

Please do not write in formulas. If a formula is not listed, WIC cannot provide it.

If an infant, child, or adult is unable to eat any food provided by WIC, please complete section C. Medical diagnosis must warrant omitting the food item.

If participant is prescribed a supplement, complete the bottom of section C if the medical diagnosis warrants for whole milk and/or cheese.