

Length/Height/Weight & Growth Grids 1 – WINNIE Online Training Module

MAY 2024

Introduction

Intro

This WINNIE online training module is provided by the Minnesota (MN) Department of Health WIC Program. It is an overview of the Length/Height/Weight page and Growth Grids in WINNIE, the MN WIC Information System.

Date

All dates in this module are based on today's date being May 6, 2024.

Overview

Overview 1

Anthropometric data, or length/height and weight measurements are required for all participants (women, infants, and children) at each certification and at Mid-Certification Assessments (MCA).

Measurements as part of Nutrition Assessment is critical for identifying and preventing nutrition-related health problems and enables us to provide comprehensive health and nutrition services.

Overview 2

We can measure participants using appropriate equipment and procedures or we can use referral data from a medical provider.

We cannot use self-reported measurements.

Please note that in this module, we will use measurements to refer to length and height, as well as weight.

Referral Data

Referral Measurements 1

Measurements collected by a medical provider may be used if conditions specified by policy are met.

A couple of these conditions are:

It must be from their Health Care Provider and include the participant's name and the date of the measurements.

It also must have been collected within 60 days of the certification or MCA.

The system will not accept a measurement date more than 60 days before today.

Referral Measurements 2

For referrals, women must be in the same WIC Category at the time of the measurement as they are being certified for.

For example, we cannot use a measurement for a postpartum woman that was taken when she was pregnant.

However, we **can** use referral data for infants turning one year old whose category is changing to Child.

Infants & Referral Data

Since infants grow so rapidly, it is best clinic practice to measure and weigh them at the initial certification appointment whenever possible.

If referral data must be used, it should be as recent as possible, collected no more than 30 days prior to the infant's cert.

Deferred Data

Deferred Measurements 1

A temporary waiver allows agencies the option of using future measurements, or deferred measurements, to offer a remote option for certifications.

Deferred measurements cannot be used for MCAs.

Participants can provide measurements from a medical provider within 60 days after the certification has been completed.

Deferred Measurements 2

Since deferred measurements are temporary and optional, this is the only information we are going to provide on this topic.

Look to your agency for guidance if they choose to use deferred measurements.

More information can also be found in the Implementation of WIC ARPA Waivers document found on the MDH WIC website.

(https://www.health.state.mn.us/docs/people/wic/localagency/arpaguide.pdf)

<Transition Slide>

<screen description – no audio> Slide transitions to Franklin Beane's Length/Height/Weight page in Certification Mode.

Scenario

Scenario 1 – Child 2-3

For our scenario, we are certifying a child, Franklin Beanes, who is between 2 and 3 years old.

We've started his certification and have already completed Demographics, Proofs, and Income.

Our co-worker measured Franklin and jotted down his measurements, as well as that he was measured recumbent.

Let's add the new measurement before reviewing this page.

Click the Add button.

Length/Height & Weight Modal Overview

Add 1

The Length/Height & Weight modal opens. The Measurement Date is required and defaults to today. If we click the calendar icon... <no audio> Click the calendar control.

Measurement Date 1

...all future dates are disabled. However, it accepts dates up to 60 days or less in the past. Click the left arrow twice to view available dates then click the calendar icon again to close it.

Measurement Date 2-3

<no audio> Click the left arrow twice to view available dates then click the calendar icon again to close it.

Measurement Date 4

If we were to try to type a date more than 60 days in the past, a validation message displays indicating there is a 60-day limit.

Age at Measurement 1

The Age at Measurement field is read-only and automatically calculates the age of all children, postpartum women, and pregnant women for whom Health Information has yet to be completed.

Measurements 1

The measurements fields are all required.

The upper and lower allowed values for inches and pounds are based on the WIC Category.

For infants, the values must be between 1 and 40, inclusive, for inches and 0 and 40, inclusive for pounds.

For children, between 12 to 60 inches and 10 to 200 pounds.

For women, between 40 to 83 inches and 50 to 499 pounds.

The limits for the Eighths and Ounces are always the same: 0 to 7 for Eighths and 0 to 15 for Ounces.

Let's start adding the measurements.

Click into the Inches field, type 33, click or tab into Eighths and type 1.

<no audio> Click into the Inches field.

Add Length 1

<no audio> Click into the Inches field, type 33, click or tab into Eighths and type 1.

Position 1

The Position defaults to Standing for all participants except infants and children up to 2 years old.

Go ahead and click the dropdown.

<no audio> Click the Position dropdown.

Position 2

The dropdown is always enabled.

For children between 2 and 3 years old, recumbent can be selected if they are unable to stand for the measurement for some reason, such as being uncooperative, and we have to measure them lying down.

However, per policy, standing measurements once a child turns 2 years old are preferred.

Our coworker indicated Franklin was measured recumbent so let's select that for the position. <no audio> Select Recumbent from the Position dropdown.

Add Weight 1

Let's add his weight.

Click into the Pounds field, type 25, click or tab into the Ounces field, and type 1.

Add Weight 2

<no audio> Click into the Pounds field, type 25, click or tab into the Ounces field, and type 1.

BMI 1

BMI, or Body Mass Index, is also read-only.

It is only calculated for postpartum women and children over 2 years old measured standing.

We will look at the fields below the measurements in other scenarios.

Go ahead and click the Save button.

Length/Height/Weight Page Overview

Overview 1

The new measurement is added to a card at the top of the page and has read-only fields that match the fields on the modal we just completed, with two additions.

MN WIC does not use the Weight Change percentage because the appropriate rate of weight gain varies by children's age and the percentage is meaningless without standards to compare it to.

The Edit icon is only enabled on the date the record is created, and we can edit it whether the record was added in the Participant Folder or while in Certification Mode.

Growth Grids – Child Over 2 Recumbent

Growth Grids 1

For infants and children the Growth Grids button is always enabled.

Since Growth Grids provide a visual tool to assess measurements, we'll review them as well in this module.

Go ahead and click the button.

Growth Grids 2

The first grid is BMI.

Since only standing measurements are plotted on the BMI grid, Franklin's is empty.

The BMI grid compares a child's BMI to a large reference population of children of the same age and gender.

It's a helpful tool for evaluating the **consistency** of a child's growth.

There are 6 other grids.

The 0-24 WHO grids provide a standard growth curve based on an "ideal" of how an individual infant is "supposed" to grow.

The Y2-6 grids are from the CDC and provide a growth curve based on how a child's weight and height compare to other children of the same age and gender.

Growth Grids 3

The grid header includes name, age, State WIC ID, Household ID, and gender so that it has identifying information if printed.

Once children are over 2, regardless of how they are measured, their data are plotted on the Y2-6 grids.

We can still view their previous measurements on the 0-24 grids.

Go ahead and click the 0-24 WHO Length for Age button.

Growth Grids 4

The information below the grid provides when they were measured, how old they were when measured, the measurement, how they were measured, and where the data point falls on the growth curve.

The Plot column indicates if the measurement can be viewed on the chart. Blank equals yes.

The data point displays as a red triangle if the measurements fall below the 2.3rd percentile or above the 97.7th percentile.

Red triangles are generally associated with risk factor assignment.

Go ahead and click the 0-24 WHO Weight for Age button.

<no audio> Click the 0-24 WHO WT/Age button.

Growth Grids 5

On this grid, Franklin's measurement was within the expected standard growth curve, so the data point is a blue circle.

Now click the 0-24 WHO Weight for Length button.

<no audio> Click the 0-24 WHO WT/Len button.

Growth Grids 6

Now that we have both weight and length, note that instead of displaying the weight in pounds and ounces and length in inches and eighths, the system converts the measurements to decimals in order to plot the data.

Okay. Let's take a look at the Y2-6 grids.

Click the Y2-6 Weight for Height button.

<no audio> Click the Y2-6 WT/HT button.

Growth Grids 7

Grids provide a visual tool to help assess a child's growth and multiple measurements over time allow us to look at the trajectory and consistency of their growth.

This is an important piece of our nutrition services.

Measurements of children between 2 – 3 whose position was recumbent, like Franklin, have "recumbent" displaying next to the plot point.

Click the Y2-6 Weight for Age button.

<no audio> Click the Y2-6 WT/Age button.

Growth Grids 8

Like the 0-24 WHO grids, the blue circle data points indicate measurements within the standard growth curve.

However, for Y2-6 grids, the red triangle displays earlier when measurements are less than the 5th percentile or greater than the 90th.

Lastly, Click the Y2-6 Height for Age button.

LENGTH/HEIGHT/WEIGHT & GROWTH GRIDS 1

<no audio> Click the Y2-6 HT/Age button.

Growth Grids 9

These recumbent measurements can be used for assessment but are not used for risk factor assignment since height and weight risk factors for children 2-5 are based on standing measurements.

For instance, Risk Factor 121 – Short Stature would typically be system assigned when less than 5th percentile.

Let's close out of the grid and check out Risk Factors.

<no audio> Click the Close button then select Risk Factors from the sidebar.

Risk Factors 1

<no audio> Click the Close button then select Risk Factors from the sidebar.

Risk Factors 2

<Waiting> <screen description – no audio> Spin icon displays.

As expected, the system did not assign Risk Factor 121.

However, our co-worker who helped us out and measured Franklin for us just came back to our office and said she wrote "recumbent" on the wrong sticky note.

Franklin was measured standing.

So, let's go back to Length/Height/Weight.

<no audio> Select Length/Height/Weight from the sidebar.

WIC STAFF 1: Shoot! I wrote recumbent on the wrong sticky note and was hoping I could catch you before you got too far along in your assessment. I measured Franklin standing.

WIC STAFF 2: No worries! I probably should have double-checked.

Edit 1

We're going to change Franklin's measurement to standing.

How do you think we do that? Click anywhere for a hint.

<no audio> Change Franklin's measurement to Standing. Click anywhere for a hint.

<audio – hint> Click the Edit icon in the top card.

Edit 2

<no audio> Change Franklin's measurement to Standing. Click anywhere for a hint. <audio – hint> Click the Position dropdown.

Edit 3

<no audio> Change Franklin's measurement to Standing. Click anywhere for a hint. <audio – hint> Select Standing.

Edit 4

<no audio> Change Franklin's measurement to Standing. Click anywhere for a hint. <audio – hint> Click the Save button.

Standing Plot 1

Let's check out the grids again. Click the Growth Grids button.

Standing Plot 2

This time, we have a plot on the BMI grid.

Go ahead and view the rest of the grids, starting with Y2-6 Weight for Height then Weight for Age and Height for Age.

<no audio> View the other grids. Click the Y2-6 WT/HT grid, then Y2-6 WT/Age and Y2-6 HT/Age.

Standing Plot 3-4

<no audio> View the other grids. Click the Y2-6 WT/HT grid, then Y2-6 WT/Age and Y2-6 HT/Age.

Standing Plot 5

OK. Now that we have a standing measurement, let's close the grids and check out risk factors again.

<no audio> Click the Close button then select Risk Factors from the sidebar.

Risk Factors 3

<no audio> Click the Close button then select Risk Factors from the sidebar.

Risk Factors 4

Since we have a standing measurement, the system is able to assign Risk Factor 121 – Short Stature.

Next Module 1

We'll continue our review of Length/Height/Weight and Growth Grids in the next module.

Click the button to continue.

Knowledge Test

True/False Q#1

True or False?

Measurements from referral data for infants must be collected no more than 30 days prior to the infant's certification.

Answer #1

The answer is True.

Per MOM Policy 5.3.1, since infants grow so rapidly, if referral data must be used, it should be as recent as possible and collected no more than 30 days prior to the infant's cert.

True/False Q#2

True or False?

The BMI grid is a helpful tool for evaluating if the child is growing "normally" by comparing it to an idealized standard.

Answer #2

The answer is False.

The BMI grid is a helpful tool for evaluating the **consistency** of a child's growth and compares the child's BMI to a large reference population of children of the same age and gender.

End

End Slide

Thank you for reviewing this WINNIE online training module presented by the Minnesota Department of Health WIC Program.

If you have any feedback, comments, or questions about the information provided, please submit the <u>WINNIE Questions for the State WIC Office</u> form.

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, <u>health.wic@state.mn.us</u>, <u>www.health.state.mn.us</u>; to obtain this information in a different format, call: 1-800-657-3942.

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