



**WHO  
Growth  
Charts  
&  
Related  
Risks**

**TRAINEE WORKBOOK**

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**ACTIVITY 1:**  
**Using ISIS height/weight screen**  
**and explaining percentiles**

In pairs or with a small group discuss:

- 1) How do you currently use the ISIS height and weight summary screen?
- 2) How do you explain percentiles to parents?

**ACTIVITY 2:**  
**Comparing the CDC charts and the WHO charts**  
*(for children birth – up to 24 months)*

<b>CDC</b>	<b>WHO</b>
Based on only American children	Based on children from many countries
Data collection inconsistent and not standardized	Careful, consistent collection of data
Reference (describes how things are)	Standard (describes how things should be)
Few breastfed children	Only breastfed children
Cutoffs at 5% and 95%	Cutoffs at 2% and 98%
No specific conditions (age of introduction to solids, immunizations, smoking in the household, etc. were not considered)	Based on optimal conditions (optimal nutrition, environment and care)

Using your own words, how would you describe the most important differences between the CDC charts and the WHO charts and why WIC is changing to these new charts? Discuss with a partner or in a small group.

*Remember – the WHO charts will be used ONLY for children from birth to 24 months!*



## Summary of WIC Risk Changes as of October 2012

New World Health Organization (WHO) growth standards will be added to ISIS as of October 1, 2012 for use with infants and children from birth to 24 months of age. Risks that use data from growth charts have been updated in ISIS.

### A10: Underweight

Age	Currently	Starting Oct 1, 2012
0<24 months	High Risk ≤ 5 <sup>th</sup> percentile weight for length	<i>Remains High Risk</i> ≤ 2 <sup>nd</sup> percentile weight for length
2-5 years <b>NO CHANGE</b>	High Risk ≤ 5 <sup>th</sup> percentile BMI for age	<i>Remains High Risk</i> <i>Remains ≤ 5<sup>th</sup> percentile BMI for age</i>

### A11: At Risk of Underweight

Age	Currently	Starting Oct 1, 2012
0<24 months	Low Risk >5 <sup>th</sup> percentile and ≤10 <sup>th</sup> percentile weight for length	<i>Remains Low Risk</i> <i>&gt; 2<sup>nd</sup> percentile and ≤ 5<sup>th</sup> percentile weight for length</i>
2-5 years <b>NO CHANGE</b>	Low Risk > 5 <sup>th</sup> and ≤ 10 <sup>th</sup> percentile BMI for age	<i>Remains Low Risk</i> <i>Remains &gt; 5<sup>th</sup> percentile and ≤ 10<sup>th</sup> percentile BMI for age</i>

### A30: High Weight for Length

Age	Currently	Starting Oct 1, 2012
0<24 months	Not a risk now	<b>New Risk Code!</b> / Low Risk ≥98 <sup>th</sup> percentile weight for length
2-5 years	Not a risk now	<b>NOT APPLICABLE: 0 – 24mos ONLY</b>

### A31: Short Stature

Age	Currently	Starting Oct 1, 2012
0<24 months	Low Risk <10 <sup>th</sup> percentile length for age	≤ 2 <sup>nd</sup> percentile length for age <b>Now High Risk</b>
2-5 years	Low Risk <10 <sup>th</sup> percentile height for age	≤ 5 <sup>th</sup> percentile height for age <b>Now High Risk</b>

### A32: At Risk of Short Stature

Age	Currently	Starting Oct 1, 2012
0<24 months	Not a risk now	<b>New Risk Code!</b> / Low Risk >2 <sup>nd</sup> percentile and ≤ 5 <sup>th</sup> percentile length for age
2-5 years	Not a risk now	<b>New Risk Code!</b> / Low Risk > 5 <sup>th</sup> percentile and ≤ 10 <sup>th</sup> percentile height for age



### **ACTIVITY 3: Focus on the Positive**

***The goal is for the child to grow into their weight***

- **Appropriate portion sizes for child's age**
- **Fresh fruits or vegetables instead of high fat or sugar snacks**
- **Water or low fat milk instead of sweet drinks**
- **Physical play or other activities instead of screen time**

***NOTE: Focus on what the entire FAMILY can do***

<b><i>Have water flavored with lemon or cucumber available for everyone</i></b>	<b><i>Have fresh fruits or vegetables ready for everyone to eat</i></b>
<b><i>Have family meals</i></b>	<b><i>Start a garden</i></b>
<b><i>Make homemade toys</i></b>	<b><i>Play outside as a family</i></b>

***WHICH of these can you see using with participants?***

**NOTES:**



How to say this?

## Activity 4: Choose Your Words

<b>Words to AVOID When Talking about Weight</b>	<b>Better Choices</b>
<b>Obese, Heavy, Overweight, Fat Or "Too Much Weight Gain"</b>	<b>Unhealthy weight Weight growing faster than length</b>
<b>Ideal Weight</b>	<b>Healthy Weight</b>
<b>Diet, Bad Food</b>	<b>Healthier food choices</b>
<b>Exercise</b>	<b>Activity or Play</b>
<b><i>What would you add to this list?</i></b>	

### NOTES:

## **A Participant Centered Approach to Discussing Weight (Explore – Offer –Explore and Reflection)**

### **Explore: Ask Open-Ended Questions to Start the Conversation**

- What do you think about your child's growth and weight?
- What has your doctor told you about how your child is growing?
- What have you heard about health problems children can have if they gain weight quickly?
- What are some of the healthy things your family already does?
- What do you think we as parents can do to help our children grow and gain weight at a healthy rate?
- If your child keeps gaining weight as she has been, what do you think might happen to him in a few years?
- Since your last appointment your child has gained X amount of pounds. That is a little more rapid than we would expect. What changes have you noticed in your child that may have led to this increased weight gain?

### **Reflect: After the participant answers, state what you understood them to think or feel**

- Sounds like you're surprised to hear that your child is over the 98<sup>th</sup> percentile weight for his length.
- It seems like you've been noticing how she's gotten a lot larger very quickly.
- So you're wondering if this really can be a problem for a child this young.

### **Offer: Ask Permission and Offer Brief, Essential Information**

- Would it be OK with you if I shared some of my concerns?...
- Can I tell you a few things that might help?...
- Could I share some things that other parents have found helpful?...

### **Explore: What the parent/guardian thinks about this information or how they can use it.**

- What are your thoughts about this information?
- What makes sense to you about what we just talked about?
- What, if anything, that we've talked about might work for your family?

## Role Play:

### BACKGROUND:

Mom comes in for her son at the 18<sup>th</sup> month SM. Grandma is primary caretaker while both parents work. Child is on the bottle, 5 bottles/day (6oz of milk) and is a picky eater. Mom worries about child not wanting to eat everything. Child watches more than 2 hrs of TV a day. Child is active, when no TV. The neighborhood is not very child friendly, no parks, no playground. Grandma feels like she has to feed her grandson constantly, gives him cookies and milk, because child doesn't want to eat anything else. As the counselor, imagine you are now at the ISIS screen and begin the conversation:

### CONVERSATION:

Counselor: Your son is over the 98<sup>th</sup> percentile for weight for length. (*NOTE: demonstrate using the Growth Guide*) This means that he is at the top of the growth chart for his weight. What are your thoughts about this information? (EXPLORE)

Ppt: Oh, his weight is higher than most kids.

Counselor: That is a great observation. Would it be ok to take some time to talk about his weight a bit more?

Ppt: OK. He is so picky, I don't know why his weight is high. His grandmother has a hard time feeding him. When he is stubborn, he only likes his bottle. So, she will give that to him with milk. Grandma wants to make sure he has enough to eat. When he is with me he will sometimes eat a meal.

Counselor: You care and seem worried about him and it seems like his grandmother is trying her best also. (REFLECT)

I have some information I can share with you, would that be ok? (OFFER)

Ppt: Yes, I am not sure what to do, I feel like we tried everything.

Counselor: Today we can talk about 1)picky eaters, 2) eating together as a family meals, or 3)possible problems of continued use of the bottle and high intake of milk.

*...then the counselor would offer some information about the topic the ppt chooses...*

Counselor: So what do you think about this information? (EXPLORE)

## **ACTIVITY 5: Scenarios**

### **1) A30 High weight for length (0-24 months)**

Maria has a mid certification appointment for her 18 month old son, Edgar. Maria tried breastfeeding but said Edgar was always crying and hungry so she switched to formula at 2 weeks. His diet lacks fruits and vegetables. He has at least four 8 oz bottles of whole milk per day. He also gets about 12 oz of juice per day.

#### **QUESTIONS:**

1. How would you start the conversation with this family? (including finding out what the parents already think or know)
2. What questions would you ask to learn more about the child? (Examples might be about solids, other liquids, illnesses)
3. How would you use the growth guide (if your agency does this)?
4. How would you explain the changes in the child's growth?
5. What follow-up questions would you ask to see what Maria thinks about this information?



ICC55M01 CALIFORNIA WIC INFORMATION SYSTEM 06/05/13

380VMART GROWTH CHART 10:48 AM

NAME: EDGAR SALAZAR ID: 393215314ES

DOB: 12 13 11 WEEKS EARLY: \_\_

GEST AGE % WT/HT

DATE	LGTH/HT IN	WT-LBS	SOURCE	AGE-YR/MO	% HT/AGE	% WT/AGE	% WT/HT
01 11 12	<u>20</u> <u>2</u> /4	008 <u>/4</u>	M	/ 00			25
06 08 12	<u>26</u> <u>/4</u>	<u>018</u> <u>2</u> /4	<u>W</u>	/ 05			75
12 15 12	<u>29</u> <u>2</u> /4	<u>024</u> <u>2</u> /4	<u>R</u>	/ 12			92
06 05 13	<u>30</u> <u>1</u> /4	<u>031</u> <u>_</u> /4	<u>W</u>	/ 17			99

Command ==>

F: 1=Help 4=Options 7=Lab 9=Comments 10=Show Chg 11=Done 12=Prev

ICE54M01 CALIFORNIA WIC INFORMATION SYSTEM 06/05/13

380VMART CHILD SUMMARY 01:27 PM

NAME: EDGAR SALAZAR ID: 393215314ES

PRIORITY: 3A AGE: 00 YRS 17 MO GENDER: M STATUS: A (A=ACTIVE F=FUTURE)

LANGUAGE: EN PARENT HIGHEST GRADE: 12 OTHER PROGRAMS: \_\_\_\_\_

IS THIS CHILD BREASTFEEDING: B WEEKS BREASTFED: 02

INDICATORS OF NUTRITIONAL NEED:

ANTHROPOMETRIC: HIGH WEIGHT FOR LENGTH

BIOCHEMICAL

CLINICAL:

SOCIAL/OTHER: BF/MOM RSK

DIETARY:

OTHER CONDITIONS: A30

INTERVENTION LEVEL: FOLLOW UP EDUCATION: N

Command ==>

F: 1=Help 3=Exit 4=Opt 6=Wt 7=Lab 9=Comm 10=Show Chg 11=Done 12=Prev

## **2) A10 Underweight (0-24 months – High Risk)**

Melissa has a re-certification appointment for her 1 year old daughter, Jasmine. Melissa exclusively breastfed Jasmine for 6 months and then introduced solids. She still breastfeeds but only at night. Her family pressured her to start weaning last week because they think Jasmine isn't gaining enough weight. She was breastfeeding 5 to 6 times/day. Jasmine drinks milk from a cup and eats solids without problem. Jasmine is active and acts appropriate for one year old.

### **QUESTIONS:**

1. How would you start the conversation with this family? (including finding out what the parents already think or know)
2. What questions would you ask to learn more about the child? (Examples might be about solids, other liquids, illnesses)
3. How would you use the growth guide (if your agency does this)?
4. How would you explain the changes in the child's growth?
5. What follow-up questions would you ask to see what Melissa thinks about this information?

ICC45M01 CALIFORNIA WIC INFORMATION SYSTEM 10/18/12

380VMART GROWTH CHART 10:48 AM

NAME: JASMINE LEE ID: 461215610JL

DOB: 10 21 11 WEEKS EARLY: \_\_

BIRTHLENGTH: 19 3/4 IN BIRTHWEIGHT: 06 LBS 11 OZ SOURCE: C

GEST AGE

DATE	LGTH/HT IN	WT-LBS	SOURCE	AGE-YR/MO	% HT/AGE	% WT/AGE	% WT/HT
10 21 11	19 3/4	06 3/4	C	/ 00			25
04 11 12	26 3/4	15 2/4	M	/ 06			10
10 17 12	29 1/4	17 1/4	M	/ 12			2

Command ==>

F: 1=Help 4=Options 7=Lab 9=Comments 10=Show Chg 11=Done 12=Prev

ICE44M01 CALIFORNIA WIC INFORMATION SYSTEM 10/18/12

380VMART INFANT SUMMARY 01:27 PM

NAME: JASMINE LEE ID: 461215610JL

PRIORITY: 1 AGE: 12 MOS 03 WKS GENDER: F STATUS: A (A=ACTIVE F=FUTURE)

INFANT FEEDING CHOICE: B WEEKS BREASTFED:

LANGUAGE: EN PARENT HIGHEST GRADE: 12 OTHER PROGRAMS: \_\_\_\_\_

INDICATORS OF NUTRITIONAL NEED:

ANTHROPOMETRIC: UNDER WT

BIOCHEMICAL

CLINICAL:

SOCIAL/OTHER: BF/MOM RSK

DIETARY:

OTHER CONDITIONS: A10 N32

INTERVENTION LEVEL: N FOLLOW UP EDUCATION: G

Would you like to see a nutritionist?

Command ==>

F: 1=Help 3=Exit 4=Opt 6=Wt 7=Lab 9=Comm 10=Show Chg 11=Done 12=Prev

### **3) A11 Risk of Underweight (0-24 months)**

Lisa has a mid-certification appointment for her 6 month old daughter, Samantha. Lisa is currently breastfeeding (no formula) and just started giving Samantha solids. Her doctor told her to breastfeed before giving solids because breastmilk has more calories. She usually breastfeeds five times a day and once at night. Samantha eats rice cereal mixed with breastmilk, sweet potatoes and green beans. Lisa is introducing solids slowly because there is a history of food allergies in her family. She gives solids once a day. According to Lisa, Samantha is a very active baby.

#### **QUESTIONS:**

1. How would you start the conversation with this family? (including finding out what the parents already think or know)
2. What questions would you ask to learn more about the child? (Examples might be about solids, other liquids, illnesses)
3. How would you use the growth guide (if your agency does this)?
4. How would you explain the changes in the child's growth?
5. What follow-up questions would you ask to see what Lisa thinks about this information?

380VMART GROWTH CHART 10:48 AM

NAME: SAMANTHA MORAN ID: 941215314SM

DOB: 05 05 12 WEEKS EARLY: \_\_

BIRTHLENGTH: 19 2 /4 IN BIRTHWEIGHT: 06 LBS \_\_ OZ SOURCE: C

GEST AGE

DATE	LGTH/HT IN	WT-LBS	SOURCE	AGE-YR/MO	% HT/AGE	% WT/AGE	% WT/HT
05 05 12	19 2 /4	06 /4	C	/ 00	60	15	25
08 07 12	23 /4	10 3 /4	M	/ 03	28	8	10
11 01 12	25 2 /4	13 1 /4	M	/ 05	30	6	5

Command ==>

F: 1=Help 4=Options 7=Lab 9=Comments 10=Show Chg 11=Done 12=Prev

380VMART INFANT SUMMARY 01:27 PM

NAME: SAMANTHA MORAN ID: 941215314SM

PRIORITY: 1 AGE: 05 MOS 04 WKS GENDER: F STATUS: A (A=ACTIVE F=FUTURE)

INFANT FEEDING CHOICE: B WEEKS BREASTFED:

LANGUAGE: EN PARENT HIGHEST GRADE: 12 OTHER PROGRAMS: \_\_\_\_\_

INDICATORS OF NUTRITIONAL NEED:

ANTHROPOMETRIC: RISK OF UNDER WT UNDER WT

BIOCHEMICAL

CLINICAL:

SOCIAL/OTHER: BF/MOM RSK

DIETARY:

OTHER CONDITIONS: A11 N32 A10

Command ==>

F: 1=Help 3=Exit 4=Opt 6=Wt 7=Lab 9=Comm 10=Show Chg 11=Done 12=Prev

#### **4) A31 Short Stature (0-24 months – High Risk)**

Mario and Ana are here today with their 23 month old son, Carlos. Carlos was exclusively breastfed for six months with the introduction of solids at that point. Mario smokes. Ana is 5' tall and weighs 130 lbs, and Mario is 5' 6" and weighs 160lbs.

Family profile:

- BF 1-2x/night
- Child asks for food
- Child drinks juice, water, milk, punch (in cup)
- Eating good, a variety of foods (table foods)
- On nutrition questionnaire "circled" processed foods
- Eats 3 meals/day
- No meds

#### **QUESTIONS:**

1. How would you start the conversation with this family? (including finding out what the parents already think or know)
2. What questions would you ask to learn more about the child? (Examples might be about solids, other liquids, illnesses)
3. How would you use the growth guide (if your agency does this)?
4. How would you explain the changes in the child's growth?
5. What follow-up questions would you ask to see what Mario and Ana think about this information?

380VMART GROWTH CHART 01:27 PM

NAME: CARLOS MURILLO ID: 622215610CU

DOB: 01 06 12 WEEKS EARLY: \_\_

GEST AGE % WT/HT

DATE	LGTH/HT IN	WT-LBS	SOURCE	AGE-YR/MO	% HT/AGE	% WT/AGE	% BMI/AGE
01 06 12	18 2 /4	006 /4	R	/ 00	10		
07 08 12	25 /4	014 1 /4	W	/ 06	5		
12 31 12	28 /4	017 2 /4	R	/ 12	3		
06 24 13	29 3 /4	019 3 /4	W	/ 18	1		
12 10 13	31 3 /4	022 2 /4	W	/ 23	1		

Command ==>

F: 1=Help 4=Options 7=Lab 9=Comments 10=Show Chg 11=Done 12=Prev

ICE54M01 CALIFORNIA WIC INFORMATION SYSTEM 12/10/13

380VMART CHILD SUMMARY 01:27 PM

NAME: CARLOS MURILLO ID: 622215610CU

PRIORITY: 3A AGE: 00 YRS 23 MO GENDER: M STATUS: A (A=ACTIVE F=FUTURE)

LANGUAGE: SP PARENT HIGHEST GRADE: 9 OTHER PROGRAMS: \_\_\_\_\_

IS THIS CHILD BREASTFEEDING: Y WEEKS BREASTFED: 52

INDICATORS OF NUTRITIONAL NEED:

ANTHROPOMETRIC: SHORT STATURE

BIOCHEMICAL

CLINICAL:

SOCIAL/OTHER:

DIETARY:

OTHER CONDITIONS: A31

INTERVENTION LEVEL: FOLLOW UP EDUCATION: G

Would you like to see a nutritionist?

Command ==>

F: 1=Help 3=Exit 4=Opt 6=Wt 7=Lab 9=Comm 10=Show Chg 11=Done 12=Prev

## **ACTIVITY 6:**

### **Ways to talk to participants when the information from the provider differs from WIC**

1. Listen (with your ears, your eyes and your heart) to what the participant says...
2. Affirm the participant's comments or concerns:
  - "What a great mom you are for being so involved in your child's health"
  - "I can understand how hearing one thing from the doctor and another from us might be confusing"
  - "It's great that you respect what you heard from your doctor"
  - "A lot of mothers share your feelings, it's tough to receive all these different messages about your child's growth"
  - "I can see why you'd be concerned about that"
3. Educate the participant by explaining the measurement procedures used at WIC:
  - Here at WIC we strive to use correct measuring techniques with every WIC participant. Some things we do at WIC may not be done by other providers and this could be a reason for difference in the pounds or inches measured. Things we do at WIC to be as accurate as possible include:
    - Removing shoes, hats, belts and heavy outer clothes (such as coats, jackets, sweaters), or soiled diapers
    - For children 2-4 years old , measuring him/her standing up, using a measuring board
    - For children 0-24 months old, measuring him/her lying down using an infant measuring board, not with a tape
    - For children 0-24 months old, using an infant scale (laying down for small infants and sitting up for older infants and young children)
4. Explain that for children 0-24 months of age it is possible that we are using a different growth chart than the doctor's office used. We just started using a new growth chart that will especially help make sure children have healthy growth. The doctor's office will probably also start using these new charts soon.
5. Offer to retake length/height and weight measurements.
6. Say that working with other health professionals in the community to make the messages for their children more consistent is a continued work in progress.



## **NOTES:**