

PARTICIPANT TYPE.....	ALL
HIGH RISK.....	YES

RISK DESCRIPTION:

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to:

- Cleft lip or palate
- Down syndrome
- Thalassemia major
- Sickle cell anemia (not sickle cell trait)
- Muscular dystrophy

Presence of a genetic and congenital disorder diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician’s orders

ASK ABOUT:

- Attitude and knowledge about condition and treatment plans including diet and medications
- Barriers to following treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health care)
- Growth pattern and weight goal
- Food-medication interactions
- Supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Feeding difficulties and strategies for dealing with them

NUTRITION COUNSELING/EDUCATION TOPICS:

- All Participants:
 - Determine and discuss an eating pattern appropriate for the participant’s weight goal (i.e., maintain, gain or lose weight).
 - Monitor growth pattern.
 - Provide counseling messages that support any medical nutrition therapy initiated by a clinical dietitian.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Cleft Lip and Palate Anomalies:
 - Severe anomalies commonly cause difficulty with chewing, sucking and swallowing, even after extensive repair efforts.
- Gastrointestinal Congenital Anomalies:
 - Surgery is required for many of these anomalies. Examples include trachea-esophageal fistula, esophageal atresia, gastroschisis, omphalocele, diaphragmatic hernia, intestinal atresia, and Hirschsprung's Disease.
 - The metabolic consequences of impaired absorption in short bowel syndrome may require total parenteral feedings initially followed by gradual and individualized transition to oral feedings. Close follow-up is needed for infants with repaired gastrointestinal congenital anomalies.
- Down Syndrome:
 - Down syndrome is associated with some impairment of cognitive ability (ranging from mild to moderate developmental disabilities) and physical growth.
 - Typical physical characteristics that affect nutrition and growth include a small chin, a protruding or overlarge tongue, and poor muscle tone.
 - Health concerns include a higher risk for congenital heart defects, gastroesophageal reflux disease, recurrent ear infections, obstructive sleep apnea, and thyroid dysfunction.
- Thalassemia Major:
 - This is an inherited form of hemolytic anemia. It is the most severe form of anemia. Oxygen depletion in the body becomes apparent within the first 6 months of life.
 - Treatment involves regular blood transfusions and folate supplementation. These transfusions then result in excess iron in the body. This requires periodic chelation therapy to remove the iron. The frequent transfusions and chelation therapy help improve outcomes.
- Sickle-cell Anemia:
 - Good nutritional status is important to individuals with sickle-cell anemia to foster adequate growth and minimize complications of the disease since virtually every organ of the body can be affected.
 - Special attention should be given to assuring adequate caloric, iron, folate, vitamin E and vitamin C intakes as well as adequate hydration.
- Muscular Dystrophy:
 - This disease is characterized by progressive atrophy and wasting of muscles. Changes in functionality and mobility can occur rapidly. As a result, children may gain weight quickly (up to 20 pounds in a 6-month period).
 - Focus on a balanced diet that limits foods high in simple sugars and fat.
 - Increasing fiber intake can be effective in minimizing the deleterious effects of the disease.

POSSIBLE REFERRALS:

- If the participant requires in-depth nutritional intervention beyond the scope of WIC services, refer to primary care provider or a dietitian with expertise in this area of practice.
- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant does not have an ongoing source of health care, refer to local to primary care providers in the community or local public health department.
- Refer infants and children to Children's Special Health Services program (<http://www.ndhealth.gov/cshs/>).
- Refer infants and children to the Right Track Program for early intervention services (<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>).