Connecticut WIC Program
Prenatal Women Nutrition Assessment Guidance

Question	Suggested Action
Lab and Anthropometrics Tab **For this pregnancy, how many months pregnant were you when you first visited the doctor?** When is your next doctor's appointment?	Affirm that she has visited the doctor and is receiving prenatal care (no matter what month she first sought medical care.) CT-WIC will auto-assign the appropriate risk (FNS Nutrition Risk Criterion #334 Prenatal care > 1st trimester) if it applies. The nutritionist may want to combine these questions with the other medical related questions that follow in a manner that facilitates conversational flow. If no MD—refer to as appropriate
What has your doctor told you about your pregnancy?	Use this question to assess baseline knowledge. It also provides an opportunity to reinforce messages received from the physician
Before you became pregnant what was your usual weight?	If the pre-pregnancy weight is on the medical referral form or certification form the participant brings to her appointment, verify and document the appropriate anthropometric CT-WIC FNS Nutrition Risk Criteria: #101 (Underweight) Pre-pregnancy or current postpartum Body Mass Index (BMI) <18.5 #111 (Overweight/Obese) Pre-pregnancy or current post-partum Body Mass Index (BMI) of ≥25. If pre-pregnancy weight is unknown, you can estimate pre-pregnancy weight: ▪ *Visually assess woman's weight status category. Use professional judgment to decide if she was most likely underweight, normal weight, overweight or obese prior to conception.* ▪ *Determine exact number of weeks gestation. Using the prenatal weight grid, determine the expected weight gain (**mid-point**) for that number of weeks gestation for a woman in her weight category.* ▪ *Subtract the expected weight gain from the woman's current weight. This is an estimate of pre-pregnancy weight.* Update prenatal weight at each prenatal clinic visit (at OB/GYN or WIC clinic), along with weeks' gestation and total of pounds gained during pregnancy

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	CT-WIC will auto-calculate weight gain or loss. To calculate pounds/month gained, use the following formula: *Today's weight – prenatal weight / weeks gestation = pounds gained/week X 4.3 = lbs gained/mo.* Assess if weight gain is within normal limits (WNL). Weight gain will be within normal limits if her weight gain plots between the lines on the prenatal weight gain grid, which correspond to her prenatal weight category (based on pre-pregnancy BMI). Weight gain will not be WNL for the following: **Low maternal weight gain: CT-WIC will auto-assign FNS Nutrition Risk Criterion #131, if weight gain is:** 1. A low rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: -Underweight women gain less than 1 pound per week; -Normal weight women gain less than .8 pounds per week; -Overweight women gain less than .5 pounds per week and; -Obese women gain less than .4 pounds per week. 2. Low weight gain at any point in pregnancy, such that using an IOM 2009 based weight gain grid, a pregnant woman's weight status plots at any point beneath the bottom line of the appropriate weight range for her respective pre-pregnancy weight category: Pre-pregnancy BMI — Total Wt Gain Range (lbs) Underweight <18.5 — 28-40 Normal Weight 18.5 to 24.9 — 25-35 Overweight 25.0 to 29.9 — 15-25 Obese 30.0 — 11-20 *Note: As appropriate, have the WIC participant sign an authorization of release to send a nutrition assessment to the Health Care Provider communicating concerns for abnormal weight gain during pregnancy and requesting feedback on the stated plan.* **High maternal weight gain: CT-WIC will auto-assign FNS Nutrition Risk Criterion #133, if weight gain is:** 1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: * Underweight women gain more than 1.3 pounds per week; * Normal weight women gain more than 1 pound per week; * Overweight women gain more than .7 pounds per week and; * Obese women gain more than .6 pounds per week. 2. High weight gain at any point in pregnancy, such that using an

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	IOM 2009 based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight range for her respective pre-pregnancy weight category: Pre-pregnancy BMI — Cut-off value (lbs) Underweight <18.5 — > 40 Normal Weight 18.5 to 24.9 — > 35 Overweight 25.0 to 29.9 — > 25 Obese 30.0 — > 20 Note: *As appropriate, have the WIC participant sign an authorization of release to send a nutrition assessment to the Health Care Provider communicating concerns for abnormal weight gain during pregnancy and requesting feedback on the stated plan.* Breastfeeding or Non-Breastfeeding Women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on Body Mass Index (BMI) for singleton pregnancies (see above). ***Maternal weight loss:*** **CT-WIC will auto-assign FNS Nutrition Risk Criterion #131, if woman has any weight loss below prenatal weight during the first trimester OR if there is weight loss of ≥2 lbs. in the 2nd or 3rd trimesters.** Use these questions to gauge the woman's knowledge about recommended weight gain specific to her pre-pregnancy weight and her feelings about gaining weight. If she was pregnant before, find out what her weight gain was for previous pregnancy(ies). If she desires to *limit weight gain*, reinforce the need for adequate weight gain during pregnancy for the health of the baby, and refer her to MD to talk about the need for adequate weight gain for baby's growth. If pre-pregnancy BMI is high and/or she has a high rate of weight gain for weeks gestation, or if she gained more than the recommended weight in a previous pregnancy, discuss the implications: 1. Weight gained during pregnancy may become weight she will have difficulty losing after her pregnancy, increasing the risk of later overweight/obesity. 2. High rate of weight gain increases the risk for having a high birth weight infant. This can lead to delivery complications.

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	Discuss strategies for increasing nutrient-rich foods while limiting empty calorie foods in her diet. ***Examples include*:** • Substitute soda with 1% or skim milk; • Replace empty calorie snacks such as chips or candy bars with fresh fruit or vegetables; • Replace fried food items with baked or broiled foods; • Increase vegetable intake at meals with salads, stir fry, or cut up vegetables.
Health Tab (Pregnancy Information Pg. 1) **Tell Me About You and Your Pregnancy…** Do you have any questions or concerns about your pregnancy? Weight Gain/Loss Appetite Breastfeeding Infant Feeding Choices Depression No Concerns Other	Use this question to assess what concerns the participant has regarding her pregnancy. This allows you to focus in the counseling portion of the visit on her concerns. Briefly address the issues raised by the participant, and then explain gathering additional information helps you to better understand her situation and allows you to address her questions better and provide possible solutions/referrals. It is also a good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often times, participant situations can be complicated requiring more time than originally planned. If this happens, you may want to check in to reassure her that the information gathered is important and determine how much longer she can stay at the office.
Breastfeeding Tab (Breastfeeding Information) **Have you ever breastfed/pumped?** **Are your currently breastfeeding?** **How long did you breastfeed?** **Why did you stop?** **What have you heard about breastfeeding?** **How are you thinking about feeding your baby?** -I want to nurse my baby at from the breast -I want to pump and nurse from the breast -I want to pump (breastmilk) only	**Bolded questions are required for CT-WIC, USDA and CDC data collection.** Questions on this screen will become enabled based on the response to the previous question. For example, if yes is selected, for Question 1, Question 2 will become enabled. Type in the text box the length of time the woman breastfed. Type in the reason why she ended breastfeeding. Frequently, knowledge and perception are very different. It is perceptions that are important and will guide a woman in the decision-making process. ▪ Find out if she has family members or friend(s) with any positive BF experiences. Emphasize that anyone within her family circle or circle of friends can be a good support person if they have had a positive experience. Check as appropriate.

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-I want to provide both breastmilk and formula -I don't want to breastfeed -Other	
Other questions to spark conversation: What was that like for you? (Previous breastfeeding) What do you know about breastfeeding? What is your personal breastfeeding experience?	The additional questions provide an opportunity to approach the topic of breastfeeding in a more neutral manner. Asking about the participant's knowledge level and personal experience with breastfeeding allows the nutritionists to assess where to begin the conversation about infant feeding.
(Breastfeeding Support and Notes)	Ask if she wants to learn more about BF so that she may make an informed decision about infant feeding. This will help you to understand her readiness to change, especially if she is closed to the idea of breastfeeding her baby—**pre-contemplating** (doesn't want any information), **contemplating** (will think about it and will be willing to take information) or **preparation** (wants information, ready to read whatever you will give her). You can document any additional information provided about breastfeeding in the Breastfeeding Support and Notes tab.
Is this your first pregnancy? **If no, how many times have you been pregnant?** *Depending on age- FNS Nutrition Risk Criteria: #331 and/or #333* Did you have any problems during *any* pregnancy or delivery? **Have you had any miscarriages _____?** *FNS Nutrition Risk Criterion #321* **Were any of your babies' stillborn _____?** *FNS Nutrition Risk Criterion #321* Were any of your babies born premature (less than 37 weeks)? *FNS Nutrition Risk Criterion #311* Did any of your babies weigh less than 5 ½ pounds at birth? *FNS Nutrition Risk Criterion #312* Did any of your babies weigh 9 or more pounds at birth? *FNS Nutrition Risk Criterion #337* **When did your last pregnancy end?** Month___ Day____ Year ____ *FNS Nutrition Risk Criteria: #332*	**The bold questions are required for CT-WIC** but also give valuable information to the nutritionist on several objective obstetrical risk factors including history of miscarriage, stillbirths, prematurity, low birth weight and high birth weight. Often times, this information is on the medical referral form or certification form the participant brings to her appointment, verify and document health/clinical/medical and obstetrical risk factors. See CT-WIC Nutritional Risk Codes listing for more details. Keep in mind, these questions can be sensitive to ask/answer and therefore you may want to preface these questions with the reason for why they are being asked. Other ways to approach these questions are to ask a general question: "Tell me about yourself, is this your first pregnancy?" or "I need some information on your previous medical history, do you mind if I ask you a few questions?" If the mom has a history of miscarriage and/or pregnancy complications, be sensitive to this. Take cues from the client on how much to probe. *FNS Nutrition Risk Criterion #336 (Fetal Growth Restriction) and/or #339 (History of congenital/ birth defects) may be selected and documented based on conversation or information on certification form.*

Question	Suggested Action
Health Screen, Pregnancy Information Tab Pg. 2 **Lifestyle Behaviors** **3 months prior to pregnancy, did you?** Smoke cigarettes Smoke vapor pens and e-cigarettes Smoke marijuana Use other drugs **Do you currently…** Smoke cigarettes Smoke vapor pens and e-cigarettes **If yes, have you changed the amount you smoke?** **Do you currently…** Smoke marijuana Use other drugs CT-WIC will auto-assign FNS Nutrition Risk Criterion #371 *(Maternal Smoking)* and/or #372 *(Alcohol and Illegal Drug Use)* for any current behaviors. **Does anyone smoke inside the home?** CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 *(Environmental Tobacco Smoke)* if checked.	**These questions are required for CT-WIC, USDA and CDC data collection.** Federal regulations require WIC staff to provide pregnant women and parents of children information on the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be aware and use cues from the participant when using probing questions. Approach smoking issues using the 3 A's: *--**Ask** about tobacco use. If woman is smoking, ask if smoking has changed since she found out about being pregnant.* *--**Advise** all pregnant women who smoke to stop smoking. One way to begin the discussion is to say, **"The recommendation for you and your baby is for you to quit smoking."** Focus on her barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for both her <u>and</u> her baby:* • *more energy;* • *able to breathe more easily;* • *more money to spend on other things;* • *clothes, hair, home will smell better; food will taste better;* • *less risk for low birth weight/preterm baby (specify dangers of babies being born too early and/or too small—undeveloped lungs, potentially lengthy hospitalization after delivery);* • *less risk for her baby of SIDS and asthma; she will feel good that she has done this for herself and her baby.* *--**Assist** her with a cessation plan—provide support, self-help materials and* refer to the Connecticut **QUIT**LINE- 1-866- END-HABIT (1-866-363-4224). ***Follow up at each visit.*** If exposed to second hand smoke, discuss need to have all smoke to stay outside the home. Also advise woman that all smokers must wash hands and change clothes prior to holding baby to avoid exposing infant to second hand smoke. Ask about use of street drugs. If any drugs are being used, ask about plans/thoughts to D/C. Remember Stage of Change concepts- **pre-contemplating** (doesn't want any information), **contemplating** (will think about it and will be willing to take information) or **preparation** (wants information, ready to read whatever you will give her). If appropriate, refer to behavioral health/ recovery program. **Follow up on referrals made.** In keeping with providing information on behaviors that can impact a positive health outcome for the infant, inquire about

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Did you drink alcohol 3 months before you became pregnant? If yes, how many drinks per week? **What is your current alcohol intake? If yes, how many drinks per week?**	alcohol use and if woman is around others who drink, since being around others who drink can make it difficult for the woman to abstain. If there is *any* alcohol use, discuss risk of Fetal Alcohol Spectrum Disorders (FASD). Emphasize that no amount of alcohol is *safe*. ▪ FASD includes an entire spectrum of potential disorders, including: prenatal and postnatal growth retardation; characteristic facial features; central nervous system (CNS) dysfunction; learning disabilities; problems with memory, attention and judgment; hyperactivity and behavioral problems. Prenatal alcohol use does not always result in FASD, but there is no way of knowing which babies will be born with problems. Some babies will exhibit no symptoms; others may have mild symptoms, while others will have many problems. **A baby will never outgrow FASD—it will be with the child for a lifetime. This disorder is 100% preventable**. **Provide referrals as appropriate.** Record on Referrals Tab in CT-WIC and follow-up at next appointment.
Health Screen, Health Information Tab Pg. 1 **Do you have any health or medical issues (conditions)?** **Do you have any of these allergies?** Milk, Egg, Peanut, Soy, Other Do you go to the dentist? **Do you have any oral health conditions (dental problems)?** CT-WIC auto-assigns FNS Nutrition Risk Criterion #381if "Yes" is checked. Who is your dentist?	If **yes** /responded or selected— Find out more information and assign risk as appropriate. Ask for medical documentation when appropriate. See DETAILS list in CT-WIC for options/risk codes. This question will assist you in nutrition education and tailoring the food package. Poor oral health has been linked to preterm birth risk. This question allows the nutritionist to assess access to dental care and provide general information on appropriate oral hygiene. If currently has no dentist, provide appropriate referral. Ask about date of last dental visit, and if woman has problems with decay or bleeding gums. Review things she can do to improve the condition of her gums and overall oral health, including: brush at least twice a day with a fluoride toothpaste, being sure to reach all tooth surfaces as well as her tongue; floss at least once each day. It is normal for gums to become more sensitive during pregnancy.

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	This is a result of the hormone changes and the resulting reaction to plaque in her mouth. If she has never flossed before or flossed infrequently, her gums may be sore and bleed—that's normal. If she has brushed infrequently in the past, her gums may be sore and bleed when she begins to brush more frequently—that's normal. Things will improve over time. Mouthwashes and rinses are **not** a substitute for brushing and/or flossing. Encourage her to change to a new toothbrush every 3-4 months or sooner if bristles begin to fray.
The following are common issues during pregnancy. Are you experiencing? Check all that apply.	Ask about these common issues but be aware of the woman's trimester as you provide guidance. For all issues a referral back to the physician may be required based on severity.
Constipation, Diarrhea, Nausea, Vomiting/Upset Stomach, Difficulty Chewing or Swallowing, Heartburn, Cravings, No issues now or Other	▪ Constipation: recommend woman increase water intake (10-12 cups/day) as well as fresh fruit, vegetable and whole grain intake. Ask about physical activity and encourage that she increase after discussing with MD. Avoid laxative use unless recommended by MD. ▪ Diarrhea: Less common than constipation, diarrhea during pregnancy generally doesn't last as long. Emphasize to client the importance of keeping hydrated by drinking plenty of water or hydrating fluids. Bland foods that can help bind and resolve mild cases of diarrhea include rice, toast or bananas. Other foods to try to include i.e. starchy foods like potatoes, unsweetened cereals, crackers, and toast; vegetables, such as cooked carrots, and non-milk-based soups with noodles, rice, and/or vegetables; lean meats and yogurt, especially with live, active cultures of lactobacillus acidophilus. Advise to avoid "simple" high-sugar drinks (apple and grape juice, gelatin, regular colas, and other soft drinks), which can draw water into the stomach, making diarrhea last even longer. Sports drinks (like the electrolyte-replacement favorite, Gatorade) and water are much better options. Avoid fatty and fried foods. If diarrhea is accompanied by pain or fever or stools contains mucous or blood refer to MD. ▪ Nausea/vomiting: Reassure that this is very common during the first trimester. Assess severity and refer to physician if the woman is unable to eat sufficiently to gain weight or is losing weight, or vomiting more than 3-4 times/day. Offer specific strategies that may help: *-Get out of bed slowly in the morning;* *-Keep crackers or dry cereal at the bedside to eat before getting up;* *-Eat small amounts frequently, even every 2-3 hours;* *-Drink a lot of fluids, especially if solid food will not stay down;* *-Avoid cooking smells, foods with strong odors or highly spiced foods, or any other odors that lead to nausea;* *-Avoid brushing teeth immediately after eating, as this may lead*

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	to vomiting. ▪ Heartburn: refer woman to discuss antacid use with physician. Suggest the following: *5-6 small frequent meals throughout the day; eat slowly; avoid eating close to bedtime or lying down shortly after eating, avoid spicy, rich or greasy foods; when sleeping, use pillows under the shoulders to keep the upper body propped up; wear loose clothing.* ▪ Cravings: Emphasize that cravings are **normal** and that they are **different** for every woman. Give reassurance that **some day's food intake will be better than others**, and that she should strive to eat to the best of her ability on most days. For other problems like headaches or dizziness: Refer to physician. Headaches: Emphasize the need for adequate rest, plenty of liquids as well as frequent well-balanced meals. Headaches in the third trimester may be indicative of high blood pressure, so emphasize need for woman to notify MD. Dizziness: Emphasize need for *adequate food and liquids, and to eat frequently, avoiding long periods of time between meals. Avoid hot baths or showers; do not stand in one place for long periods of time; if standing is required, make sure to keep feet moving to increase circulation; get up slowly when lying down; do not lie down on back after middle of 2nd trimester; wear loose comfortable clothing that will not constrict circulation.*
Health Screen (Health Information Tab, Pg. 2) **Do you take the following?** **Prenatal Vitamin, Vitamin/Mineral Supplement** **If yes, # per week?** **Excessive?** CT-WIC FNS Nutrition Risk Criterion #427.1(Excessive Intake of Dietary Supplements) or 427.4 (Inadequate vitamin/Mineral Supplementation per Public Health Policy) **Do you take the following? Check all that apply.** Herbs, Herbal Supplements, Prescription medications (including birth control), Over-	This question provides an opportunity to learn about various supplements, vitamins and medications the participant is taking. Ask about prenatal vitamin intake. If taking prenatal vitamin, affirm the behavior. If yes is checked, CT-WIC will enable the other questions confirming daily intake or excessive intake. Folic acid: Discuss sources of adequate folic acid, which can come from supplements or foods. Point out the WIC cereals that contain 100% DV folic acid. Discuss folic acid's role in possibly preventing birth defects, and the need to consume adequate folic acid to protect future pregnancies. If not using a prenatal vitamin, ask about brand of vitamin used/prescribed. Discuss need for adequate vitamin/mineral intake during pregnancy and the need to use a prenatal supplement. If woman cannot tolerate prenatal because of nausea, suggest taking the supplement before bedtime, or ½ in the morning and ½ in the evening at bedtime. If she reports taking children's vitamins, it is necessary to find out the specific one she is using in order to assess adequacy (*specifically iron and folic acid levels*). **Refer woman to discuss prenatal vitamin usage with her physician.**

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the-counter medications, None	Ask about use of any other supplements, including herbal preparations and teas. If necessary, refer to the NIH website http://nccam.nih.gov/health/supplements.htm to get information on specific herbal supplements and their safety for use in pregnancy. Ask about any prescribed medications—record name of medication and dosage. Ask what the medication(s) have been prescribed for, and fill in the medical condition. Refer to Medications and Mother's Milk or the University of Rochester hotline (585-275-0088—call and leave message if necessary; someone will call you back) to find out if medication is contraindicated in pregnancy and/or breastfeeding. Contact MotherToBaby- Toll-free 866-626-6847. In CT only 800-325-5391 or Local 860-679-6199 e-mail: MotherToBaby@uchc.edu www.MotherToBabyCT.org They are also on Facebook! Provides up to date information on exposures in pregnancy and breastfeeding. *Women receiving methadone therapy can breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether or not she is stable in her recovery program, will need to be considered when recommending breastfeeding.*
Are you eating any non-food items? Yes/ No CT-WIC FNS Nutrition Risk Criterion #427.3 (*Compulsively ingesting non-food items (pica)*)	*Refer physicians to the AAP paper "The Transfer of Drugs and Other Chemicals Into Human Milk* (PEDIATRICS Vol. 108 No. 3 September 2001, pp. 776-789) *for more information.* If yes is selected, CT-WIC will enable the grayed out selections. Select all that apply. Risk #427.3 will also be auto-assigned. You can ask, ***"Often pregnant women have cravings for non-food items. Have you experienced anything like that?"*** If pica (ingestion of non-food items such as ice, dirt, clay, cornstarch, laundry soap or starch, ashes, paint chips, baking soda, paper), reassure her that this is not unusual and that it may be a sign of dietary deficiencies. Encourage replacement behaviors, including: ***when craving a non-food item, try chewing sugarless gum, take a short walk or read to a child; or try freezing fruit juice cubes to chew instead of ice.*** Refer woman to physician if needed.
Nutrition Screen, Pg. 1 Foods, Drinks and Mealtimes **How do you feel about your appetite?**	This series of questions replaces a traditional food frequency/24 recall. The goal is to use these questions to engage the participant in a conversation about her eating habits and mealtimes and find out how eating has changed or not changed since the woman has become pregnant.

Question	Suggested Action
Do you drink any of these beverages? (Variety of drinks)	Pay attention to high calorie drinks and/or those that contain caffeine.
Are you eating enough of these foods? (Food groups)	If needed, offer strategies that may assist her in improving dietary quality. Some examples include:
What changes have you made in what you eat, now that you are pregnant?	▪ If she has difficulty getting 3 glasses of milk per day, encourage dairy products intake in different forms, including flavored milk, low-fat cheese, smoothies, yogurt, with cereal, or as a bedtime snack with graham crackers.
Are there any foods you avoid or can't eat? If yes, what are they?	▪ If vegetables are not a favorite, talk about eating a variety of colors. Include salads with several colored veggies; shred vegetables into casseroles; try homemade vegetable soups or snack on cut up vegetables. --include fresh fruits for snacks. --look for whole grain items, including cereals with whole grains, whole wheat bread and brown rice.
Are you on a special diet or meal plan? Are you on a kosher diet?	Based on the response, document in text box provided, assign appropriate risks and tailor food package accordingly.
Nutrition Tab, Pg. 2	
Are you eating any of these? Check all that apply. ▪ Uncooked hot dogs or deli meats, ▪ Soft cheeses: feta, Brie, blue-veined or Mexican style- queso blanco ▪ Raw fish or shellfish (oysters, clams, mussels or scallops	If any of these items are checked assess frequency and CT_WIC will auto-assign, when checked, FNS Nutrition Risk Criterion #427.5. Provide current recommendations for consumption of these foods during pregnancy.
How often are you eating meals/snacks away from home?	Based on the information gathered, you may provide information/resources to address the participant's concerns, questions or identified barriers to positive health outcomes.
Tell me about your daily physical activity.	Record response in the text box provided. Provide recommendations based on pre-pregnancy weight gain, current activity level and refer back to MD if needed re: starting a new activity routine.
Does your family have enough food? Do you have access to refrigerator and stove/hot plate? Do you have adequate food storage?	These series of questions allows the nutritionist to gauge household food security, ability to prepare foods safely and provide appropriate referrals. If referrals are made, document as a Family or Individual Referral on the Referrals Tab that can be accessed by the Guided Script in CT-WIC (Left navigation bar)
Have you or your significant other travelled to South/Central America or the Caribbean within 6 months prior to becoming pregnant?	Educate the participant that the Zika virus can be contracted either by a mosquito bite or sexual contact with an infected partner. Strongly recommend an assessment by the HCP. Additional information may be found on WIC Works at

Question	Suggested Action
The Zika virus is reportedly wide spread in those countries and has been linked to birth defects in babies.	https://wicworks.fns.usda.gov/topics-z/zika-virus