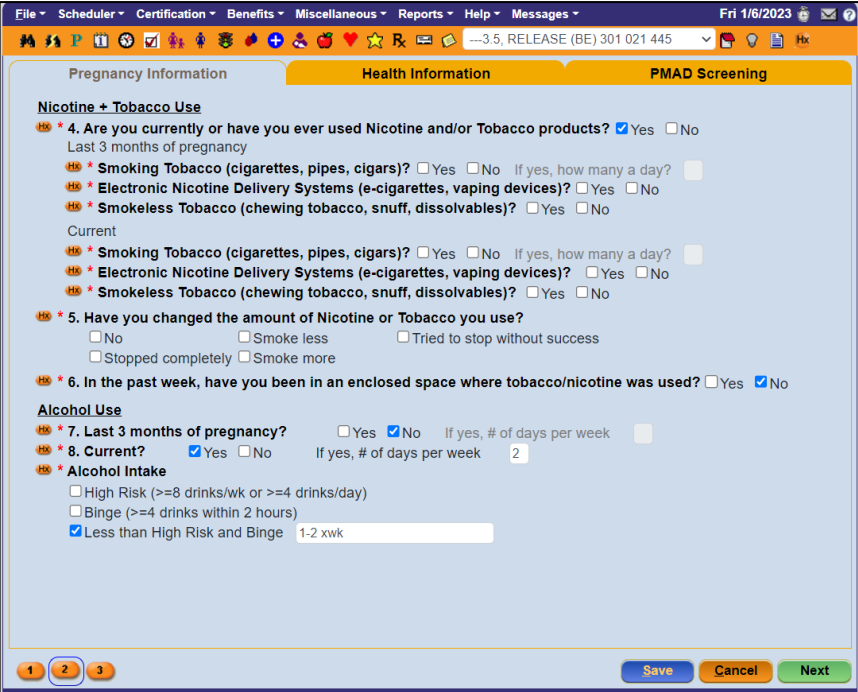


Connecticut WIC Program

Breastfeeding/Postpartum Nutrition Assessment Guidance

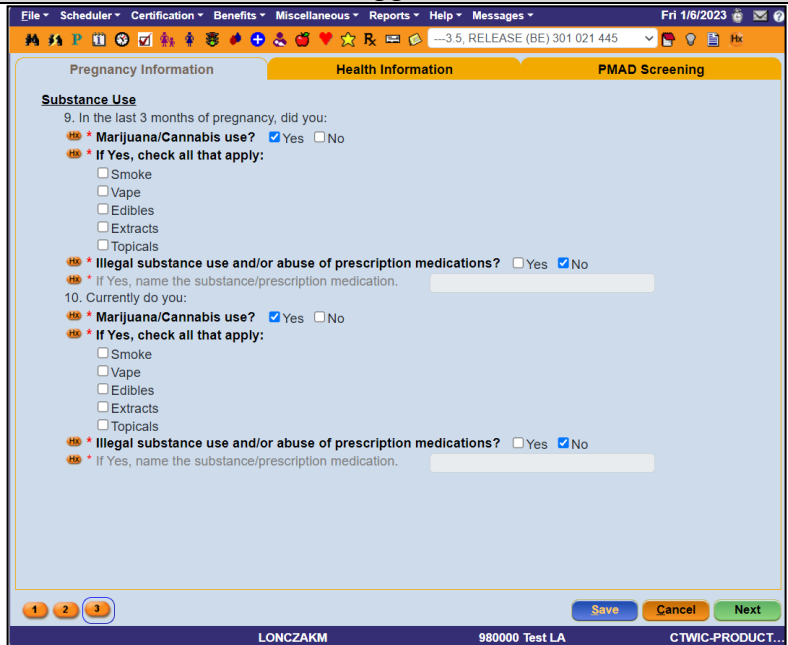
Question	Suggested Action												
<p>Cert Action Screen Actual Delivery Date (ADD)</p> <p>Health Screen, pregnancy Information Tab asks about the ADD. When did this pregnancy end?</p>	<p>It is good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often, participants' situations can be complicated, requiring more time than originally planned. If this happens, you may want to check in with the participant to reassure them that the information gathered is important and determine how much longer the visit will take.</p> <p>Enter or Verify the Actual Delivery (ADD). If the infant(s) was/were certified prior to the mom, the ADD should be auto populated.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: right;">Present for Cert: <input type="checkbox"/> Is Transfer: <input checked="" type="checkbox"/></p> <p>* Expected Delivery Date(EDD): 09/01/2022 Reason not Present: Out of State Transfer</p> <p>* Actual Delivery Date(ADD): 08/31/2022 Over Income: No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>* Category</th> <th>* Cert Start</th> <th>* Cert End</th> <th>* Cert Reason</th> <th>Term Reason</th> <th>Term Date</th> </tr> </thead> <tbody> <tr> <td>BE Woman BF Exclusively</td> <td>10/23/2022</td> <td>08/30/2023</td> <td>Certification</td> <td></td> <td>OST from A</td> </tr> </tbody> </table> </div> <p>CT-WIC: Cert Action Screen</p>	* Category	* Cert Start	* Cert End	* Cert Reason	Term Reason	Term Date	BE Woman BF Exclusively	10/23/2022	08/30/2023	Certification		OST from A
* Category	* Cert Start	* Cert End	* Cert Reason	Term Reason	Term Date								
BE Woman BF Exclusively	10/23/2022	08/30/2023	Certification		OST from A								
<p>Health Screen, Pregnancy Information Tab Pg. 1</p> <p>How are You and Your Baby Doing...? How have you been feeling since your pregnancy ended?</p> <p>When did this pregnancy end? Month ___ Day ___ Year ___</p> <p>Check all that apply for the pregnancy that just ended. #311 Premature delivery (< 37 weeks) #312 Infant weighing 5 lbs. 8 oz. or less #337 Infant weighing 9 pounds or more #335 Multifetal gestation #339 Infant with congenital/other birth defect No code Cesarean Section #321 Stillborn/Miscarriage/Abortion #321 Infant born alive but died within 28 days Other (Specify) None</p>	<p>Use this question to inquire how they feel now that they have delivered. It is not within the scope of WIC or the WIC CPA to diagnose or treat/counsel on postpartum depression or mental health related issues, however this question allows you to identify someone who should be referred to their medical provider and applicable community resources if they indicate feeling of sadness, depression or being overwhelmed. Only assign CT-WIC FNS Nutritional Risk Criterion #361 Depression, if a <i>medical provider or psychologist has documented clinical depression</i>. See Health Screen, PMAD Screening section below for more information on Edinburgh screening documentation.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Pregnancy Information Health Information PMAD Screening</p> <p>How are you and your baby doing?</p> <p>1. How have you been feeling since your pregnancy ended?</p> <p><input type="checkbox"/> Great <input checked="" type="checkbox"/> Good <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Sad/ Depressed <input type="checkbox"/> Other</p> <p>2. When did this pregnancy end? 8/31/2022</p> <p>3. Check all that apply for the pregnancy that just ended:</p> <p><input checked="" type="checkbox"/> Premature delivery (37 weeks or less) <input checked="" type="checkbox"/> Infant weighing 5 lb 8 oz or less <input checked="" type="checkbox"/> Infant weighing 9 pounds or more <input checked="" type="checkbox"/> Infant with congenital or other birth defect <input type="checkbox"/> Cesarean section <input type="checkbox"/> Other (specify) <input type="checkbox"/> None apply <input checked="" type="checkbox"/> Early Term Delivery (between >=37 0/7 and <=38 6/7 weeks)</p> <p style="text-align: right;">Save Cancel Next</p> </div> <p>CT-WIC: Health Screen, Pregnancy Information Tab pg. 1 (for breastfeeding women)</p>												

Question	Suggested Action
<p>Did you have any problems during this pregnancy or delivery? How did your birth or delivery go?</p> <p>Did you have one baby, twins, triplets or more? #335 Multifetal gestation</p> <p>How is (are) your baby(ies) doing?</p>	<p>Acknowledge the participant's concerns and, if warranted, discuss a possible referral before moving on to the rest of the questions. When you resume the interview, explain that gathering additional information helps you to better understand her situation and allows you to address her questions better and provide possible solutions/referrals.</p> <p>Something must be checked off for this question, even if it is "None". CT-WIC auto-assigns the FNS Nutritional Risk Criteria as appropriate. Cesarean Section is not a risk factor but provides some insight into the mom's labor experience. If woman had a C-section this delivery, ask if there are any problems with healing of the incision. Refer to MD as necessary. "Other" may require additional documentation or manually assigned risk codes.</p> <p>If this information is on the certification form or other medical referral form that the participant brings to the appointment, verify and document health/clinical/medical and obstetrical risk factors.</p> <p>If there were delivery complications, keep in mind that these questions can be sensitive to ask/answer and therefore you may want to preface these questions with the reason why they are being asked. Take cues from the participant on how much to probe.</p> <p>Other ways to approach these questions are to ask a general question, "I need some information on your previous medical history. Do you mind if I ask you a few questions?"</p>

Question	Suggested Action
<p>Health Screen, Pregnancy Information Tab Pg. 2 and 3.</p> <p>Lifestyle Behaviors Are you currently or have you ever used Nicotine/Tobacco products? Last 3 months of pregnancy/Current</p> <p>Have you changed the amount of Nicotine or Tobacco you use? CT-WIC auto-assigns FNS Nutrition Risk Criterion #371 (Nicotine/Tobacco) and/or</p> <p>In the past week, have you been in an enclosed space where tobacco/nicotine was used? CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 (Environmental Tobacco Smoke) if checked.</p>	<p>These questions are required for CT-WIC and CDC data collection. It is also in the Federal regulations to provide breastfeeding and postpartum 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.</p> <ul style="list-style-type: none"> Ask about nicotine/tobacco use and desire and/or plans to reduce or quit. Ask about methods to quit that have been used. Refer to available resources. If participant discusses any Substance Use, (street drugs or abuse of prescription medications), refer as appropriate.  <p>CT-WIC: Health Screen, Pregnancy Information Tab pg. 2 (breastfeeding women)</p> <ul style="list-style-type: none"> Ask about secondhand smoke exposure. If the participant uses nicotine or tobacco products, emphasize that it will be more difficult to quit if they are around others who use. Discuss need for smoke-free environment for baby. Stress that secondhand smoke will stay on clothing and hands, and that all smokers should change clothes and wash hands prior to holding baby. Ask about alcohol use. If BF, remind mom that alcohol passes into breast milk and will impact baby. If they are around others who drink, ask how being around others who drink makes them feel. If interested, you may want to discuss risks of Fetal Alcohol Spectrum Disorder (FASD) for future pregnancies and the need to avoid alcohol use. You can offer suggestions for harm reduction, for example, limiting time begin around others who are using alcohol. <p>For more professional resources on how to address nicotine/tobacco, substance, and alcohol use, you can visit, https://beyondlabels.marchofdimes.org/substance-use/ there is a good self-directed training/toolkit on reducing stigma associated with the above behaviors.</p>

Question	Suggested Action
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Alcohol Use
Last 3 months of pregnancy?
Current?
 #372 (*Alcohol and Substance Use*) for any current behaviors.



CT-WIC: Health Screen, Pregnancy Information Tab pg. 3 (Post-Partum Women)

- Ask about cannabis and substance use.
- If BF and using cannabis, probe about frequency and type of use. Discuss harm reduction, reduction of use and provide referrals. Recommendation it to abstain from using cannabis while breastfeeding due to impact on baby. If BF or not, and using cannabis, remind participant to store cannabis, and/or prescription medications safely. If using illegal substances and/or misusing prescription medications provide referrals as appropriate.
- For participants in Medication Assisted Treatment (MAT), affirm and encourage continued adherence to treatment plan. Make referrals as needed.

Lab Screen, Anthropometric Data

What was your weight at delivery?
 How much did you weigh just before you delivered your baby?

More details about prenatal weight status and weight gain are captured in the Health Screen, Health Information Tab Pg. 1

The bold question is required for CT-WIC processing and CDC data collection. It also provides information on weight and obstetrical related risk factors. CT-WIC will auto-populate the gained during pregnancy field based on answers to questions on screen.

Anthropometric Data English(SAE) Metric

* Anthro Date	* By Whom	Weight			Height			Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BMI	Current BMI	? Rea
		* lbs	* oz	?	* in	* 1/8	?							
12/27/2021	MD/PA	145	0	<input type="checkbox"/>	67	0	<input type="checkbox"/>			0.5	BP	19.58	22.71	
11/02/2021	MD/PA	144	8	<input type="checkbox"/>	67	0	<input type="checkbox"/>		20	-0.5	BP	19.58	22.63	

Month/Year of First Prenatal Visit: Actual Delivery Date:

* Pre-pregnancy Weight: Unknown * Total Infants:

* Weight at Delivery: * Live at Birth:

* Weight gained during pregnancy: * Pregnancy Outcome

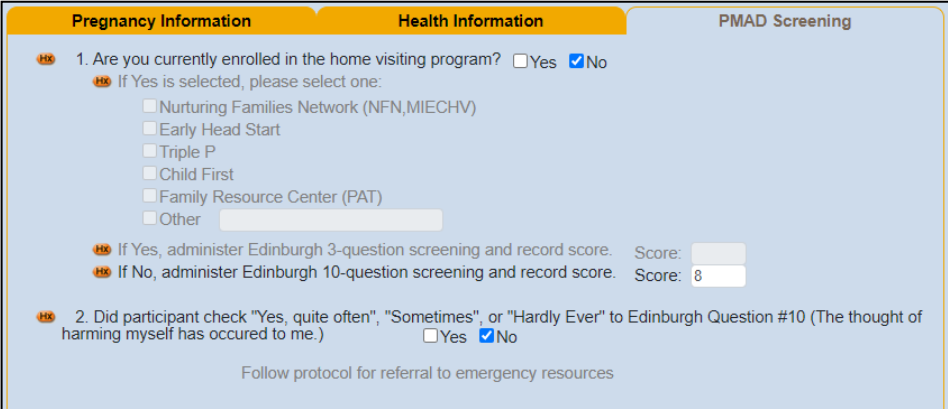
Live Miscarriage/Stillborn/Abortion
 Multiples Born alive but died within 28 days

* Date of Bloodwork	How Verified?	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created	Created By

Question	Suggested Action
	<p>CT-WIC: Lab Screen (Post-Partum Women)</p> <p>CT-WIC auto-assigns FNS Nutritional Risk Criteria based on delivery weight entered. Delivery Weight MUST be entered to complete screen.</p> <p>#101 Underweight Pre-pregnancy BMI <18.5</p> <p>#111 Overweight/Obese Pre-pregnancy BMI ≥25</p> <p>Breastfeeding Women 6 Months Postpartum or more CT-WIC uses Current BMI ≥25</p> <p>#133 High maternal weight gain March of Dimes has some important talking points regarding the importance of the postpartum visit. https://www.marchofdimes.org/pregnancy/your-postpartum-checkups.aspx</p> <p>Key points are:</p> <ul style="list-style-type: none"> • A postpartum checkup is a medical checkup you get after having a baby to make sure you're recovering well from labor and birth. • Postpartum care is important because new moms are at risk of serious and sometimes life-threatening health complications. • Make a postpartum care plan with your provider during pregnancy and talk to your provider about your postpartum care team. • Get a complete postpartum checkup no later than 12 weeks after giving birth. • If you had pregnancy complications or have a chronic health condition, you may need extra postpartum checkups.
<p>Health Screen, Health Information Tab Pg. 1</p> <p>What concerns if any do you have about your weight?</p> <p>Do you have any of these allergies? Milk Egg Peanut Soy Other If checked CT-WIC auto-assigns FNS Nutrition Risk Criterion #353 Food Allergy</p>	<p>To enrich your assessment of weight status, ask about feelings about the current weight. One way to approach the topic is, <i>“After delivery, it is comment for participants to be concerned about their weight. How do you feel about your current weight?”</i></p> <p>If change is desired, ask, <i>“What change with your weight would you like to see happen?”</i> Then, ask how they hope to achieve it. Ask if they need ideas or suggestions to achieve goals and provide appropriate resources.</p> <p>If the current BMI is high and they do not desire a change, this indicates the pre-contemplation stage. Encourage them to contact you should they want to discuss this subject in the future. Note, CT-WIC will not assign a weight related risk for women until 6 months postpartum to allow for return to normal weight. The only risk factor will be related to the weight gain for the pregnancy, not current weight, or BMI.</p> <p>This question will assist you in tailoring nutrition education and the food package.</p> <p>If yes /responded or selected— Find out more information and assign risk(s) as appropriate. Ask for medical documentation when appropriate.</p>

Question	Suggested Action
<p>Do you have any health or medical issues?</p> <p>Do you have any medical conditions/ health concerns?</p> <p><i>Returning participants:</i> Have you changed your doctor or had any changes in your health or medical conditions?</p> <p>Do you go for regular dental check-ups?</p> <p>Do you have any dental/oral health problems? Please describe.</p> <p>Have you been experiencing? Constipation Diarrhea Nausea Vomiting/Upset Stomach Difficulty Chewing or Swallowing</p> <p>Do you take the following? Prenatal Vitamin, Vitamin/Mineral Supplement</p> <p>If yes, # per week? ____ Excessive? Yes/No</p> <p>CT-WIC FNS Nutrition Risk Criterion #427.1 Excessive Intake of Dietary Supplements</p> <p>#427.4 Inadequate vitamin/Mineral Supplementation per Public Health Policy</p>	<p>This question provides an opportunity to update information received previously.</p> <p>If no MD—make referral as appropriate.</p> <p>Ask about date of last dental visit, and if they have any problems with decay and/or bleeding gums when she brushes. Discuss need for good oral health of mother to help prevent transmission of decay-causing bacteria to baby. Emphasize the need to avoid practices that will lead to transfer of bacteria to baby’s mouth, including cleaning pacifiers in the mouth; testing baby’s food temperature before feeding; sharing spoons, cups, and other utensils; kissing baby’s hands and mouth. Refer to dental provider as needed.</p> <p>Refer to the Prenatal Nutrition Assessment Guidance for more details and tips on mitigating these symptoms. A referral to the health care provider may be appropriate. Additional information regarding postpartum care can be found at March of Dimes webpage. Your body after baby- first 6 weeks. https://www.marchofdimes.org/pregnancy/your-body-after-baby-the-first-6-weeks.aspx Warning signs of Health Problems After Birth https://www.marchofdimes.org/pregnancy/warning-signs-of-health-problems-after-birth.aspx</p> <p>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.</p> <p>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.</p> <p>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.</p>

Question	Suggested Action
<p>Do you take the following? Check all that apply.</p> <p>Herbs Herbal Supplements Prescription medications ((including birth control) Over-the-counter medications None</p>	<p>This question must have an answer, even if “None.”</p> <p>For Vitamin or supplement intake, including herbal supplements you can also refer to the NIH website http://nccam.nih.gov/health/, <u>Medications and Mothers’ Milk</u> or <u>University of Rochester</u> hotline (585-275-0088—leave message if necessary and someone will call you back) for information of specific supplements and their compatibility with breastfeeding.</p> <p>Prescribed medication: If BF, consult <u>Medications and Mothers’ Milk</u> or medical professionals <u>University of Rochester</u> hotline (585-275-0088 business hours 10:00am- 3:30pm EST—leave message if necessary) to identify any meds that are contraindicated for BF women. See above re: MotherToBaby service.</p> <p>Ask about birth control method; advise breastfeeding participants to talk to their doctor about progesterone-only birth control pills if that is the birth control method chosen.</p> <p><i>Participants receiving methadone therapy <u>can</u> breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether she is stable in her recovery program, will need to be considered when recommending breastfeeding. 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.</i></p> <div data-bbox="597 877 1539 1539" style="border: 1px solid black; padding: 5px;"> <p>The screenshot shows a digital form with the following content:</p> <ul style="list-style-type: none"> Pregnancy Information (highlighted tab) Health Information (highlighted tab) PMAD Screening (highlighted tab) 1. What concerns, if any, do you have about your weight? [Text input] 2. Do you have any health or medical issues? <input type="checkbox"/> Yes <input type="checkbox"/> No [Details] 3. Do you have any of these allergies? <ul style="list-style-type: none"> <input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> None <input type="checkbox"/> Egg <input type="checkbox"/> Soy 4. Do you go for regular dental checkups? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Visit [Text input] 5. Do you (does your child) have any dental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe [Text input] 6. Have you been experiencing: <ul style="list-style-type: none"> <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting/upset stomach <input type="checkbox"/> Difficulty chewing or swallowing 7. Do you take the following? <ul style="list-style-type: none"> <input type="checkbox"/> Prenatal Vitamins <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) #/week [Text input] <input type="checkbox"/> Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vitamins/ Minerals <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) #/week [Text input] <input type="checkbox"/> Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Do you take the following? Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Herbs <input type="checkbox"/> Herbal Supplements/Teas <input type="checkbox"/> Prescription medications (including birth control) [Text input] <input type="checkbox"/> Over-the-counter medications [Text input] <input type="checkbox"/> None </div> <p>CT-WIC: Health Screen, Health Information Tab</p>
<p>Health Screen, PMAD Screening</p> <p>1. Are you currently enrolled in the home visiting program? Yes/No</p> <p>If yes is selected, please select one: Nurturing Families Network (NFN, MIECHV) Early Head Start Triple P Child First</p>	<p>This screen is used to document results from administering the 10 question or 3 question Edinburgh Postnatal Depression Scale (EPDS). While it is not within the scope of WIC or the WIC CPA to diagnose or treat/counsel on postpartum depression or mental health related issues, administering the EPDS will assist staff in determining if a referral to a provider and/or applicable community resources is needed.</p> <p>Reference CT Protocol – Addressing Maternal Mental Health in the Connecticut WIC Programs: Guidance for WIC Nutritionists</p>

Question	Suggested Action
<p>Family Resource Center (PAT) Other</p> <p>If yes, administer Edinburgh 3-question screening and record score. Score ____</p> <p>If no, administer Edinburgh 10-question screening and record score. Score ____</p> <p>2. Did participant check “Yes, quite often”, “Sometimes”, or “Hardly Ever” to Edinburgh Question #10 (The thought of harming myself has occurred to me.) Yes/No</p> <p>The words “Follow protocol for referral to emergency resources” will become bolded if Question 2 is answered Yes.</p>	<p>While the total score is used to determine if a referral is needed, it is equally important to focus on the responses to questions. For example, if there is a negative EPDS score (<11 on 10 question or <3 on 3 question), support by offering information on the common experience of emotional and psychological changes during pregnancy and postpartum as it relates to the responses.</p> <p>Only assign CT-WIC FNS Nutritional Risk Criterion #361 Depression, if a <i>medical provider or psychologist has documented clinical depression.</i></p> <p>WIC Perinatal Mental Health Initiative Goals</p> <ul style="list-style-type: none"> • Meet the anticipatory guidance mandate for WIC Nutrition Risk Criterion #361. • Conduct maternal depression screening using the Edinburgh Postnatal Depression Scale (EPDS) within WIC visits. • Increase collaboration efforts with Connecticut early childhood home visitation services. • Fill gaps in perinatal mental health services for mothers in Connecticut.  <p>CT-WIC: Health Screen, PMAD Screening</p>
<p>Breastfeeding Screen, Breastfeeding Information Tab Pg. 1</p> <p>Have you ever breastfed? Yes/No If yes, appropriate questions will be enabled. If no, you will be prompted to ask about formula on Infant’s Nutrition Screen.</p> <p>Are you currently breastfeeding? Yes/No If yes, complete the Frequency field-drop down menu. Exclusively Fully Mostly Limited</p> <p>If no, the Date BF Ceased and Reason(s) BF Ceased Field will be enabled. Enter the date and reason(s) Bf ceased based on feedback from mom.</p>	<p>Bolded questions are required for CT-WIC processing and CDC data collection on initiation, duration, and type of breastfeeding behaviors.</p> <p>Refer to the https://wicbreastfeeding.fns.usda.gov/start or https://wicbreastfeeding.fns.usda.gov/overcome for common topics related to breastfeeding and new mothers.</p>

Question	Suggested Action
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BF Information
BF Support & Notes
BF Pumps & Aids

BF Status History

Date Assigned	Category	Frequency
1/12/2022	BE Woman BF Exclusively	Exclusively
11/17/2021	BP Woman BF Partially	Mostly

Hx * Have you ever breastfed? Yes No **Hx** Date BF Ceased:

Hx * Are you currently breastfeeding? Yes No Reason BF Ceased: Reason

* Frequency: Exclusively BF Amount Guide

Hx * Are you currently giving your baby any supplemental formula? Yes No Reason Formula Added: Reason

Hx * Is the child receiving any complimentary foods? Yes No Insufficient Weight Gain

Hx * First formula at weeks New Category:

Hx * Verified:

Hx How is breastfeeding going?

Hx How many times is the baby breastfeeding or given breast milk in a day (24 hours)?

Hx Are there any concerns about breastfeeding?

New

CT-WIC: Breastfeeding Information Screen

Exclusive = The infant has never to the parent’s knowledge, had any water, formula or other liquid or solid food. Only breast milk, from the breast or expressed, and prescribed medicines have been given from birth. This is more descriptive than “fully”. Exclusive could be used interchangeably with the revised definition of “fully” below based on age of infant and if all milk feeds are breastmilk. However, we would reserve this definition for *infants up to 6 months* because past that point, it is assumed that solid food has been introduced.

Fully = All milk feeds are breastmilk. (From the breast or expressed). Infant can have received 1 can of supplemental formula from 0-1 month. From 6-12 months, all **milk feeds** are breastmilk. Solids are provided as appropriate. Nutritionists should also consider how solid foods are provided and what mom is using to mix first foods. For example, if an infant is getting cereal 2 times per day and that cereal is mixed with infant formula, this practice should be considered in the assessment of breastfeeding status/intensity. This accounts for the fact that the WIC food packages provide fully breastfed infants with fruits, veggies, and meats at 6 months. Additionally, since there is some range of acceptable introduction of solid foods, we would want to inquire about complimentary food introduction as early as 4 months.

Mostly = The infant has taken mostly breast milk and some infant formula or other solid food in the past 48 hours. Half or more of the **milk feeds** are breastmilk. Example, an infant is getting 8 milk feeds per day, 4 or more milk feeds should be breastmilk. An infant can receive up to half of the full formula package. Any supplemental formula provided is based on an individual assessment.

Limited = Less than half of the **milk feeds** are breastmilk. The infant has had limited breast milk but has had alternative liquid such as infant formula, with or without solid food, in the past 48 hours. An infant can receive from half up to the full amount of formula. Any supplemental formula is based on an individual assessment. Mom must be breastfeeding at least one time per day to be issued a Limited food package.

Provide guidance on proper preparation and storage of infant formula. Refer to Infant Nutrition Assessment Guidance for more details.

Note that supplemental formula question pertains to mostly or limited breastfed infants only.

Are you currently giving your baby any supplemental formula? Yes/No

If yes, the First formula at ___ weeks and Reason formula added fields will be enabled. The date the information verified will be added to this screen.

How is feeding your baby going? How many times is the baby breastfeeding or given breastmilk in 24 hours? Are there any concerns about breastfeeding?

Some examples of other open-ended questions are in the Suggested Actions.

Tell me more about your concerns about breastfeeding or breastfeeding support system.

Question	Suggested Action
	<p>The additional questions below provide an opportunity to find out more information to assess a mother’s perception of breastfeeding. These questions can be combined with infant assessment questions. Use the checked boxes to tailor counseling and support.</p> <ul style="list-style-type: none"> ▪ Ask mom what her breastfeeding duration plans are and who she has for support. ▪ Ask mom about her perception of how breastfeeding is going. If she indicates that she needs help, probe more to determine the specific problems she is having. If necessary, refer her to a local agency CLC or IBCLC in the area. ▪ Ask mom about her perceptions of milk supply (subjective). Ask specific questions about breastfeeding (objective) that will help validate milk supply. <ol style="list-style-type: none"> 1. How often is baby breastfeeding in 24 hours? 2. How long does baby stay at breast for each feeding? 3. Is there active suck/swallowing (milk transfer) at feedings if baby stays at the breast for extended periods of time? 4. Ask about the number of wet/dirty diapers per day and assess for adequacy. 5. If pumping, ask about what type of they are using, how often they are pumping and what results are. If exclusively pumping, ask about plans to get baby to breast. Refer to CLC or IBCLC as needed. 6. Ask if baby has been weighed since hospital discharge. Find out what the weight was and MD/ health professional’s assessment of weight. ▪ Ask about any plans to return to work or school. Ask about plans to feed the baby upon return to work/school. Discuss pumping if needed, including the type of pump to meet needs. ▪ If there are specific breastfeeding concerns assessed/detected, assign appropriate FNS Nutrition Risk Criterion #602 (Breastfeeding Complications or Potential Complications). If referred for lactation assistance, follow-up. <p>Refer to the Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support for more information on breastfeeding policies and appropriate clinic environments.</p> <p>Use these questions together with infant assessment questions to determine parent’s ability/confidence of formula preparation, infant feeding, and formula storage.</p>
<p>Nutrition Screen, Foods, Drinks and Mealtimes</p> <p>How do you feel about your appetite?</p> <p>Do you drink any of these beverages? (Variety of drinks)</p> <p>Are you eating enough of these foods on most days? Check all that apply. (Food groups)</p>	<p>The goal is to use these questions to engage the participant in conversation about their eating habits and mealtimes and find out how eating has changed or not changed since delivery. Questions do not need to be asked in order on screen. You can refer participants to https://connecticut.wicresources.org/women.html for the Nutrition Guides related to their category. Tips for New Moms. As an FYI breastfeeding resources can be found at the bottom of the webpage under Resources.</p> <ul style="list-style-type: none"> ▪ Ask what changes have been made in eating habits since delivery. Many common things that happen to after delivery including grazing, skipping meals, preparing unbalanced meals due to lack of time to cook and “forgetting” to eat. <i>Provide participant with appropriate tips for improved nutrition, including smoothies; cereal with milk and fruit; cheese and crackers;</i>

Question	Suggested Action															
<p>Have you made any changes to what you are eating since having your baby? Tell me more.</p> <p>Are there any foods you avoid or can't eat? If yes, what are they?</p> <p>Are you on a special diet or meal plan? Yes/No If yes, what kind?</p> <p>Are you on a Kosher diet? (Kosher Flag is RED in Food Prescription Screen) How often are you eating meals/snacks away from home?</p> <p>Tell me about your daily physical activity.</p> <p>Have you made any changes to your activity level since having your baby? Tell me more.</p> <p>Does your family have enough food?</p> <p>Do you have access to refrigerator and stove/hot plate?</p> <p>Do you have adequate food storage?</p> <p>If no, Inadequate storage is in RED on Food Prescription Screen</p>	<p><i>raw vegetables; toast with peanut butter; hummus with crackers. Remind participant their body needs a balanced diet to recover and heal from pregnancy/delivery.</i></p> <ul style="list-style-type: none"> ▪ Query about special diet Rx or foods that are being avoided. If appropriate tailor food package. ▪ Ask about <u>habits that will lead to healthy feeding relationships with child/children.</u> ▪ Query about <u>variety of foods</u>—Ask a question such as “What are the vegetables you usually eat during a typical week?” Discuss need for including a variety of colors with fruits and vegetables. ▪ Ask about <u>family meals.</u> Discuss importance they play in good eating habits for children. ▪ Ask how they <u>plans for meals and snacks.</u> Discuss how important planning is in ensuring healthy habits and food budgeting. <p>Provide current recommendations for consumption of these foods during breastfeeding and postpartum.</p> <p>Ask about physical activity—type and frequency. Remind them to discuss any physical activity plans with her MD if she is <6 weeks PP.</p> <p>Based on the information gathered, you may provide information/resources to address the participant’s concerns, questions or identified barriers to positive health outcomes.</p> <p>These questions allow the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made, document in Referral Screen in CT-WIC.</p> <div data-bbox="597 1247 1555 1898" style="border: 1px solid black; padding: 5px;"> <p>HB * 1. How do you feel about your appetite? <input type="text"/></p> <p>HB * 2. Do you drink any of these beverages?</p> <table border="0"> <tr> <td><input type="checkbox"/> Whole milk</td> <td><input type="checkbox"/> 2% milk</td> <td><input type="checkbox"/> 1% milk</td> <td><input type="checkbox"/> Skim milk</td> <td><input type="checkbox"/> Evaporated milk</td> </tr> <tr> <td><input type="checkbox"/> Lactaid</td> <td><input type="checkbox"/> Other milk</td> <td><input type="checkbox"/> Soy beverage</td> <td><input type="checkbox"/> 100% juice</td> <td><input type="checkbox"/> Fruit drinks</td> </tr> <tr> <td><input type="checkbox"/> Soda</td> <td><input type="checkbox"/> Water</td> <td><input type="checkbox"/> Malta</td> <td><input type="checkbox"/> Coffee/ tea (hot or iced)</td> <td></td> </tr> </table> <p>HB * 3. Are you are eating enough of these types of foods on most days?</p> <p>HB * Milk/ Yogurt/ Cheese <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB * Meat/ Fish/ Eggs/ Beans/ Peanut Butter <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB * Fruits/ Vegetables/ Salads <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB * Bread/ Cereal/ Pasta/ Rice <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB 4. Have you made any changes to what you are eating since having your baby? <input type="text"/></p> <p>HB 5. Are there foods you avoid or can't eat? <input type="text"/></p> <p>HB 6. Are you on any special diet or meal plan? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, what kind? <input type="text"/></p> <p>HB 7. How often are you eating meals/ snacks away from home? <input type="text"/></p> <p>HB 8. Tell me about your daily physical activity: <input type="text"/></p> <p>HB * 9. Does your family have enough food? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB * 10. Do you have access to a refrigerator and stove/ hot plate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB 11. Do you have adequate storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB 12. Are you on a kosher diet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div>	<input type="checkbox"/> Whole milk	<input type="checkbox"/> 2% milk	<input type="checkbox"/> 1% milk	<input type="checkbox"/> Skim milk	<input type="checkbox"/> Evaporated milk	<input type="checkbox"/> Lactaid	<input type="checkbox"/> Other milk	<input type="checkbox"/> Soy beverage	<input type="checkbox"/> 100% juice	<input type="checkbox"/> Fruit drinks	<input type="checkbox"/> Soda	<input type="checkbox"/> Water	<input type="checkbox"/> Malta	<input type="checkbox"/> Coffee/ tea (hot or iced)	
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CT-WIC: Nutrition Screen (Post-Partum Women)