

## Connecticut WIC Program Prenatal Women Nutrition Assessment Guidance

Question	Suggested Action												
<p><b>CT WIC Cert Action Screen</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Last Menstrual Period(LMP): 08/26/2021 <span style="float: right;">Present for Cert: <input checked="" type="checkbox"/> Is Transfer: <input type="checkbox"/></span></p> <p>* Expected Delivery Date(EDD): 06/01/2022 <span style="float: right;">Reason not Present: <input type="text"/></span></p> <p>* Actual Delivery Date(ADD): <input type="text"/> <span style="float: right;">Over Income: No</span></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">* Category</th> <th style="width: 10%;">* Cert Start</th> <th style="width: 10%;">* Cert End</th> <th style="width: 15%;">* Cert Reason</th> <th style="width: 15%;">Term Reason</th> <th style="width: 15%;">Term Date</th> </tr> </thead> <tbody> <tr> <td>PG Woman Pregnant</td> <td>10/31/2021</td> <td>07/13/2022</td> <td>Certification</td> <td></td> <td></td> </tr> </tbody> </table> </div>	* Category	* Cert Start	* Cert End	* Cert Reason	Term Reason	Term Date	PG Woman Pregnant	10/31/2021	07/13/2022	Certification			<p>For a prenatal participant, documentation of the pregnancy begins in the CT-WIC Cert Action screen.</p> <p>The Certification/Medical Referral Form for Women contains a Pregnancy checkbox, a field to document the weeks' gestation, and the EDD (Expected Delivery Date). *Enter the EDD if it is documented. The Last Menstrual Period (LMP) date will be system generated when the EDD is entered.</p> <p>If the MD did not document the EDD and only checked off the Pregnant box to indicate the participant is pregnant, the nutritionist will need to determine the EDD. Ask questions such as:</p> <ul style="list-style-type: none"> <li>Do you know how many weeks pregnant you are? Staff can use a simple pregnancy wheel (gestation calendar) to determine the EDD going by the current weeks pregnant.</li> <li>When was your last menstrual period (LMP)? Enter the LMP in CT-WIC. By entering an LMP date, the system will automatically calculate the EDD.</li> </ul> <p>*The EDD can be changed in the CT-WIC Helpdesk Module by the Program Coordinator and/or the Program/Site Nutritionist.</p>
* Category	* Cert Start	* Cert End	* Cert Reason	Term Reason	Term Date								
PG Woman Pregnant	10/31/2021	07/13/2022	Certification										

## Question

## Suggested Action

### Lab 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	? Reas
		* lbs	* oz	?	* in	* 1/8	?							
11/10/2021	MD/PA	180	0	<input type="checkbox"/>	65	0	<input type="checkbox"/>	10	0	1	PG	29.95	29.95	
10/31/2021	Other	179	0	<input type="checkbox"/>	65	0	<input type="checkbox"/>	9	-1	-1	PG	29.95	29.79	

\* Month/Year of First Prenatal Visit: 9 / 2021

\* Pre-pregnancy Weight: 180 lbs  Unknown

\* Multifetal Gestation:  Yes  No

\* Previous Pregnancies?  Yes  No

\* Previous Live Births: 3

\* Last Pregnancy Ended: 07/30/2020

\* Miscarriages:  Yes  No 2

\* Stillbirth:  Yes  No

\* Other:  Yes  No

**Bloodwork**

* Date of Bloodwork	How Verified?	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created	Created By
12/27/2021					<input checked="" type="checkbox"/>	Delayed Bloodwork - Postpartum Wom...	12/27/2021	BEAULIEUP
10/31/2021	Phone	10.1			<input type="checkbox"/>		10/31/2021	FELLERS

**For this pregnancy, how many months pregnant were you when you first visited the doctor?**

When is your next doctor's appointment?

CT-WIC will auto-assign the appropriate risk (FNS Nutrition Risk Criterion #334

Prenatal care > 1<sup>st</sup> trimester) if it applies.

What has your doctor told you about your pregnancy?

**Before you became pregnant what, was your usual weight?**

#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  $\geq 25$ .

The Prenatal Lab screen contains the following:

- Anthropometric grid: Document weight and height measurements and displays prenatal weight gain (PG Wt Gain), Weight Gain/Loss (from visit to visit), category at the time of the measurement (Cat), pre-pregnancy BMI (Pre-PG BMI), and Current BMI.
- Bloodwork grid: Document hemoglobin, hematocrit, and lead values
- Current pregnancy information (middle of screen, left side)
- Birth outcomes from previous pregnancies (middle of screen, right side)

*\*For the birth outcomes section, considering incorporating the Health Screen Pregnancy Information, Tab, Page 1 questions here as well.*

Affirm participant has visited the doctor and is receiving prenatal care (no matter what month they first sought medical care.) Determine if the participant is receiving care from a healthcare provider. Discuss importance of scheduling a first appointment and future appointments with a healthcare provider.

The nutritionist may want to combine these questions with other medical related questions that follow in a manner that facilitates conversational flow.

If no health care provider —refer to as appropriate.

Use this question to assess baseline knowledge. It also provides an opportunity to reinforce messages received from the health care provider.

If the pre-pregnancy weight is on the medical referral form or certification form the participant brings to the appointment, verify, and document the appropriate anthropometric CT-WIC FNS Nutrition Risk Criteria.

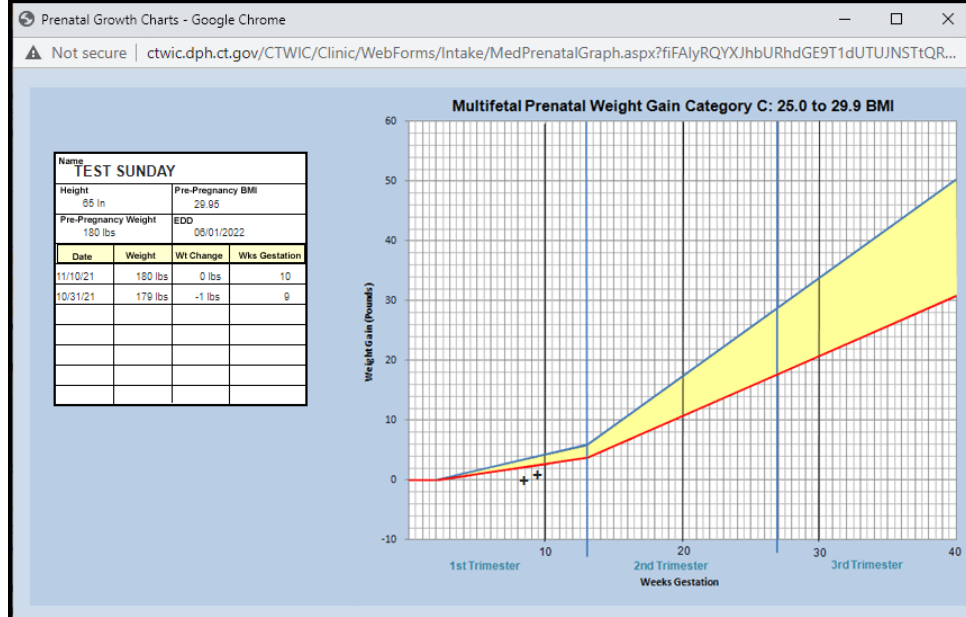
If pre-pregnancy weight is unknown, you can estimate pre-pregnancy weight:

Question	Suggested Action								
<p><b>Multi-fetal Gestation?</b></p>	<ul style="list-style-type: none"> <li>▪ Determine exact number of weeks gestation. Using the prenatal weight grid, determine the expected weight gain (<b>mid-point</b>) for that number of weeks gestation for a woman in her weight category.</li> <li>▪ Subtract the expected weight gain from the woman's current weight. This is an estimate of pre-pregnancy weight.</li> </ul> <p>Ask about multifetal gestation.</p> <p>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.</p> <p>CT-WIC will auto-calculate weight gain or loss. To manually calculate pounds/month gained, use the following formula: <i>Today's weight – prenatal weight / weeks gestation = pounds gained/week</i> <i>X 4.3 = lbs gained/mo.</i></p> <p>Assess if weight gain is within normal limits (WNL). Weight gain will be within normal limits if weight gain plots between the lines on the prenatal weight gain grid, which correspond to her prenatal weight category (based on pre-pregnancy BMI).</p> <p>Pre-pregnancy BMI: Total Wt. Gain Range (lbs.)</p> <table border="0"> <tr> <td>Underweight &lt;18.5:</td> <td>28-40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9:</td> <td>25-35</td> </tr> <tr> <td>Overweight 25.0 to 29.9:</td> <td>15-25</td> </tr> <tr> <td>Obese 30.0:</td> <td>11-20</td> </tr> </table> <p>Weight gain will not be WNL for the following:</p> <p><b>Low maternal weight gain: CT-WIC will auto-assign FNS Nutrition Risk Criterion #131, if weight gain is:</b></p> <ol style="list-style-type: none"> <li>1. A low rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: <ul style="list-style-type: none"> <li>-Underweight women gain less than 1 pound per week.</li> <li>-Normal weight women gain less than .8 pounds per week.</li> <li>-Overweight women gain less than .5 pounds per week.</li> <li>-Obese women gain less than .4 pounds per week.</li> </ul> </li> </ol>	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
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Question	Suggested Action										
	<p>2. Low weight gain at any point in pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category.</p> <p><i>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.</i></p> <p><b>High maternal weight gain: CT-WIC will auto-assign FNS Nutrition Risk Criterion #133, if weight gain is:</b></p> <p>1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:</p> <ul style="list-style-type: none"> <li>* Underweight women gain more than 1.3 pounds per week.</li> <li>* Normal weight women gain more than 1 pound per week.</li> <li>* Overweight women gain more than .7 pounds per week.</li> <li>* Obese women gain more than .6 pounds per week.</li> </ul> <p>2. High weight gain at any point in pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine) 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:</p> <table data-bbox="1129 1019 1984 1214"> <thead> <tr> <th>Pre-pregnancy BMI</th> <th>Cut-off value (lbs.)</th> </tr> </thead> <tbody> <tr> <td>Underweight &lt;18.5</td> <td>&gt; 40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>&gt; 35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>&gt; 25</td> </tr> <tr> <td>Obese 30.0</td> <td>&gt; 20</td> </tr> </tbody> </table> <p><i>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.</i></p>	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
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## Question

## Suggested Action



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 the weight gain for previous pregnancy(ies).

If it is desired to *limit weight gain*, reinforce the need for adequate weight gain during pregnancy for the health of the baby, and refer to MD to talk about the need for adequate weight gain for baby's growth.

If pre-pregnancy BMI is high and/or a high rate of weight gain for weeks gestation, or if participant gained more than the recommended weight in a previous pregnancy, discuss the implications:

1. Weight gained during pregnancy may become weight that may be difficult to lose after the 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.

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.

Question	Suggested Action
<div data-bbox="134 136 623 410" style="border: 1px solid black; padding: 5px;"> <p>* Previous Pregnancies? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Previous Live Births: <input type="text" value="3"/></p> <p>* Last Pregnancy Ended: <input type="text" value="07/30/2020"/></p> <p>* Miscarriages: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="2"/></p> <p>* Stillbirth: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/></p> <p>* Other: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/></p> </div> <p><b><u>The section documents previous birth outcomes. The questions below also answer questions on the Health Screen – Pregnancy Information Tab, Page 1.</u></b></p> <p><b>Is this your first pregnancy?</b></p> <p><b>If no, how many times have you been pregnant? Or before this pregnancy, how many times have you been pregnant?</b>  <i>Depending on age- FNS Nutrition Risk Criteria: #331 and/or #333</i></p> <p>Did you have any problems during any pregnancy or delivery?  <b>Have you had any miscarriages _____?</b>  <i>FNS Nutrition Risk Criterion #321</i></p> <p><b>Were any of your babies' stillborn _____?</b>  <i>FNS Nutrition Risk Criterion #321</i></p> <p><b>Were there any other outcomes from your previous pregnancies?</b>  Were any of your babies born premature (less than 37 weeks)?  <i>FNS Nutrition Risk Criterion #311</i>  Did any of your babies weigh less than 5 ½ pounds at birth?  <i>FNS Nutrition Risk Criterion #312</i>  Did any of your babies weigh 9 or more pounds at birth?  <i>FNS Nutrition Risk Criterion #337</i>  Were any of your babies born between ≥ 37 0/7 and ≤ 38 6/7 weeks (Early Term)?  <i>FNS Nutrition Risk Criterion #142</i></p> <p><b>When did your last pregnancy end?</b>  Month___ Day___ Year___  <i>FNS Nutrition Risk Criterion: #332 (Short Interpregnancy Interval) is specific to live births and will not be generated for other circumstances. For participants whose</i></p>	<p><b>The bold questions are required for CT-WIC</b> 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.</p> <p>Often, this information is on the Certification/Medical Referral Form the participant brings to the appointment, verify and document health/clinical/medical and obstetrical risk factors. See CT-WIC Nutritional Risk Codes listing for more details.</p> <p>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. If there is a history of miscarriage and/or pregnancy complications, be sensitive to this. Take cues from the client on how much to probe.</p> <p>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?"</p> <p><i>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.</i></p>

### Question

pregnancies did not result in a live birth, the assignment of *FNS Nutrition Risk Criterion: #321 (History of Spontaneous Abortion, Fetal or Neonatal Loss.)*

Bloodwork									
Date of Bloodwork	How Verified?	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created	Created By	
12/27/2021					<input checked="" type="checkbox"/>	Delayed Bloodwork - Postpartum Wom...	12/27/2021	BEAULIEUP	
10/31/2021	Phone	10.1			<input type="checkbox"/>		10/31/2021	FELLERS	

CT-WIC will auto-assign *FNS Risk Criterion 201 Anemia* when bloodwork data entered indicates anemia.

### Suggested Action

At the certification appointment, ask the participant for any bloodwork documentation from the healthcare provider. Typically, bloodwork is taken during a pregnancy multiple times and usually at the first visit or right after. If the participant has not had any bloodwork completed, but has seen a provider, refer the participant back to the doctor and explain why it is important to determine if anemia is present during the pregnancy.

Anemia during pregnancy may:

- Increase risk of prematurity
- Poor maternal weight gain
- Low birth weight
- Infant mortality

Symptoms of anemia:

- Body temperature regulation
- Low energy
- Immune function

*If the participant is anemic, ask if they are taking any iron supplements and if they have changed anything with their diet. If not, refer to the provider for iron supplements and discuss foods high in iron and Vitamin C.*

### Breastfeeding Information Screen

BF Information
BF Support & Notes
BF Pumps & Aids

**Hx** \* 1. Have you ever breastfed/pumped?  Yes  No

**Hx** \* 2. Are you currently breastfeeding?  Yes  No

**Hx** 3. How long did you breastfeed?

**Hx** 4. Why did you stop?

**Hx** \* 5. What have you heard about breastfeeding?

**Hx** \* 6. How are you thinking about feeding your baby?  
 I want to nurse my baby from the breast  
 I want to pump and nurse from the breast  
 I want to pump only  
 I want to provide both formula and breastmilk  
 I don't want to breastfeed  
 Other

**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 participant breastfed.

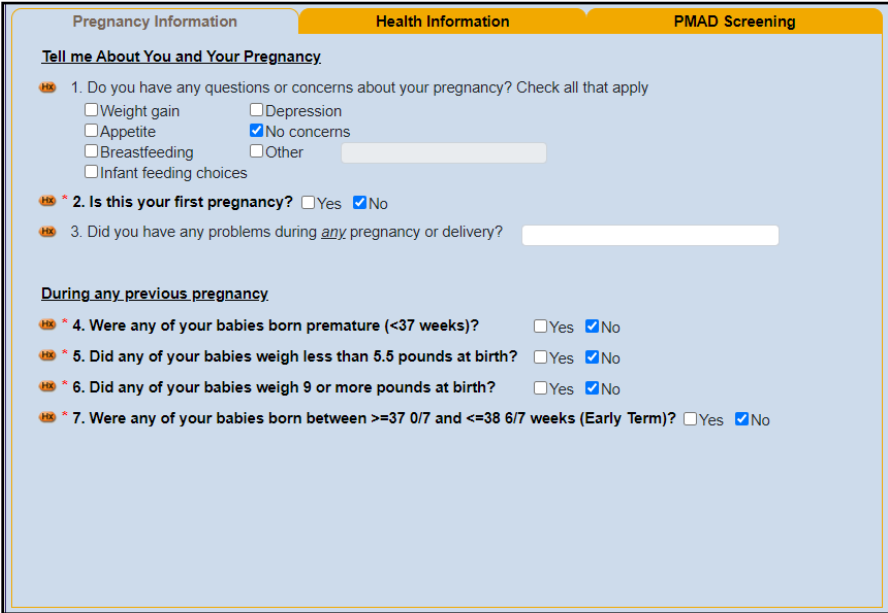
Type in the reason why breastfeeding ended.

Frequently, knowledge and perception are very different. It is perceptions that are important and will guide in the decision-making process.

- Find out about family members or friend(s) with any positive BF experiences. Emphasize that anyone within the family circle or circle of friends can be a good support person if they have had a positive experience.

Question	Suggested Action
<p>Have you ever breastfed/pumped? Are you currently breastfeeding?</p> <p>How long did you breastfeed?</p> <p>Why did you stop?</p> <p>What have you heard about breastfeeding?</p> <p><b>How are you thinking about feeding your baby?</b></p> <ul style="list-style-type: none"> <li>-I want to nurse my baby at from the breast</li> <li>-I want to pump and nurse from the breast</li> <li>-I want to pump (breastmilk) only</li> <li>-I want to provide both breastmilk and formula</li> <li>-I don't want to breastfeed</li> <li>-Other</li> </ul> <p>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?</p>	<p>Available resources to enhance counseling include: <a href="#">Make a Plan checklist</a>- This checklist can be used as a planning tool for mom to learn about the actions to take for successful breastfeeding. It addresses hospital preparation as well as the first few weeks at home. Checklists are available in English, Spanish and <a href="#">Arabic</a>.</p> <p><a href="https://www.readysetbabyonline.com/">Ready, Set, Baby, online</a> <a href="https://www.readysetbabyonline.com/">https://www.readysetbabyonline.com/</a> Also available in English, Spanish and Arabic, this interactive website provides critical information for planning for breastfeeding.</p> <p><a href="https://wicbreastfeeding.fns.usda.gov/">WIC Breastfeeding Support</a> <a href="https://wicbreastfeeding.fns.usda.gov/">https://wicbreastfeeding.fns.usda.gov/</a> This webpage is sponsored by USDA/FNS and focuses on WIC participants. The areas of the site are listed as Learn, Start, Overcome, and Thrive which represent the breastfeeding journey of participants. Specific topics are found under each of the sections that relate to common questions that occur during each phase/stage of breastfeeding.</p> <p>Check as appropriate.</p> <p>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.</p> <p>Ask if they want to learn more about BF to make an informed decision about infant feeding. This will help you to understand their readiness to change, especially if the participant seems closed to the idea of breastfeeding her baby—<b>pre-contemplating</b> (doesn't want any information), <b>contemplating</b> (will think about it and will be willing to take information) or <b>preparation</b> (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.</p>



Question	Suggested Action
<p><b>Health Screen, Pregnancy Information Tab, Page 1</b></p>  <p><b>Tell me About You and Your Pregnancy:</b>  Do you have any questions or concerns about your pregnancy? Check all that apply  <input type="checkbox"/> Weight gain    <input type="checkbox"/> Depression  <input type="checkbox"/> Appetite        <input checked="" type="checkbox"/> No concerns  <input type="checkbox"/> Breastfeeding    <input type="checkbox"/> Other  <input type="checkbox"/> Infant feeding choices</p> <p>* 2. Is this your first pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Did you have any problems during <u>any</u> pregnancy or delivery?</p> <p><b>During any previous pregnancy.</b></p> <p>* 4. Were any of your babies born premature (&lt;37 weeks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* 5. Did any of your babies weigh less than 5.5 pounds at birth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* 6. Did any of your babies weigh 9 or more pounds at birth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* 7. Were any of your babies born between &gt;=37 0/7 and &lt;=38 6/7 weeks (Early Term)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Tell me About You and Your Pregnancy:</b>  Do you have any questions or concerns about your pregnancy?  Weight Gain  Appetite  Breastfeeding  Infant feeding choices  Depression  No concerns  Other</p>	<p>Use this question to assess what concerns the participant has regarding the pregnancy. This allows you to focus the counseling portion of the visit on concerns. Briefly address the issues raised by the participant, and then explain gathering additional information helps you to better understand the situation and allows you to address her questions better and provide possible solutions/referrals.</p> <p>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, participant situations can be complicated requiring more time than originally planned. If this happens, you may want to check in to reassure the participant that the information gathered is important and determine how much longer they can stay at the office.</p> <p>The Pregnancy Information tab asks previous birth outcome questions like the Lab screen. To avoid asking participants similar questions twice, consider asking these questions as you are asking the Lab screen questions. This approach can avoid a disruption in the conversation with the participant.</p> <p><b>*See the left side suggested questions from the Lab Screen section.</b></p> <ul style="list-style-type: none"> <li>• <i>How are you feeling about this pregnancy?</i></li> <li>• <i>What has the healthcare provider told you about this pregnancy?</i></li> <li>• <i>What concerns do you have about this pregnancy?</i></li> </ul>
<p><b>Health Screen, Pregnancy Information Tab Pg. 2</b></p> <p>CT-WIC will auto-assign FNS Nutrition Risk Criterion #371 <i>Nicotine and Tobacco Use</i> and/or #372 <i>(Alcohol or Substance Use)</i> for any current behaviors.</p>	<p><b>These questions are required for CT-WIC, USDA, and CDC data collection.</b> Federal regulations require WIC staff to provide pregnant participants 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>

Question	Suggested Action
	<p>Approach nicotine and tobacco issues using the 3 A's:  <b>Ask</b> about nicotine and tobacco use. If participant is using products containing nicotine and/or tobacco, ask if they have made changes since learning about the pregnancy.  <b>Advise</b> all pregnant people who smoke to reduce or stop using nicotine or tobacco products. One way to begin the discussion is to say, "We know how difficult it is to reduce or stop nicotine or tobacco, we are here to support you, we have resources if you are interested. The recommendation for you and your baby is for you to quit smoking".  Focus on the available support system and interest in reducing or quitting. You can also explore barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for themselves and their baby.  <b>Assist</b> with a cessation plan—provide support, self-help materials and refer to the Connecticut <b>QUITLINE</b>-1-866- END-HABIT (1-866-363-4224).  <b>Follow up at each visit.</b></p> <p>If exposed to secondhand smoke, discuss need to have all smoke to stay outside the home. Also advise to ask that all smokers wash hands and change clothes prior to holding baby to avoid exposing infant to secondhand smoke.</p> <p>Ask about substance use. (Prescription or street drugs). If any drugs are being used, ask about plans/thoughts to reduce, or stop. Remember Stage of Change concepts- <b>pre-contemplating</b> (doesn't want any information), <b>contemplating</b> (will think about it and will be willing to take information) or <b>preparation</b> (wants information, ready to read whatever you will give her). If appropriate, refer to behavioral health/ recovery program.  <b>Follow up on referrals made.</b></p> <p>In keeping with providing information on behaviors that can impact a positive health outcome for the infant, inquire about alcohol use and they are around others who drink, since being around others who drink can make it difficult for abstinence or recovery.</p> <p>If there is any alcohol use, discuss risk of Fetal Alcohol Spectrum Disorders (FASD). Emphasize that no amount of alcohol is safe.</p> <ul style="list-style-type: none"> <li>▪ FASD includes an entire spectrum of potential disorders, including prenatal and postnatal growth retardation; characteristic facial</li> </ul>

**Question**

**Suggested Action**

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 Page. 1**

If **yes** /responded or selected—  
Find out more information and assign risk as appropriate. Ask for medical documentation when appropriate.  
Click Details button and select the medical issue on the pop-up.

Medical Condition	Diagnosed
AIDS	<input type="checkbox"/>
Anorexia Nervosa	<input type="checkbox"/>
Arthritis, Juvenile Rheumatoid	<input type="checkbox"/>
Asthma, Moderate or Severe Persistent	<input type="checkbox"/>
Bronchiolitis(3 episodes in last 6 months)	<input type="checkbox"/>
Bulimia	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Cardiorespiratory Diseases	<input type="checkbox"/>
Celiac Disease	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>
Cleft Lip or Palate	<input type="checkbox"/>
Crohn's Disease	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>
Drows Syndrome	<input type="checkbox"/>

**Do you have any health or medical issues (conditions)?**

The majority of the *FNS Nutrition Risk Criterion 300 series Clinical/Health/Medical* will be flagged when a medical condition is selected.

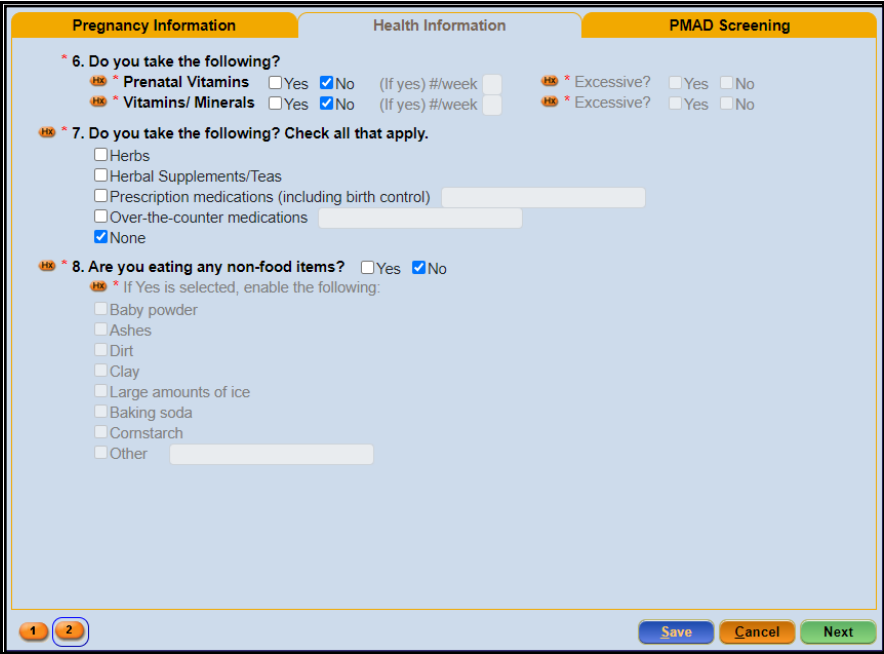
**Do you have any of these allergies?**

Milk, Egg, Peanut, Soy, Other  
*FNS Nutrition Risk Criterion #353 Food Allergies* will be flagged if any of these foods are selected.

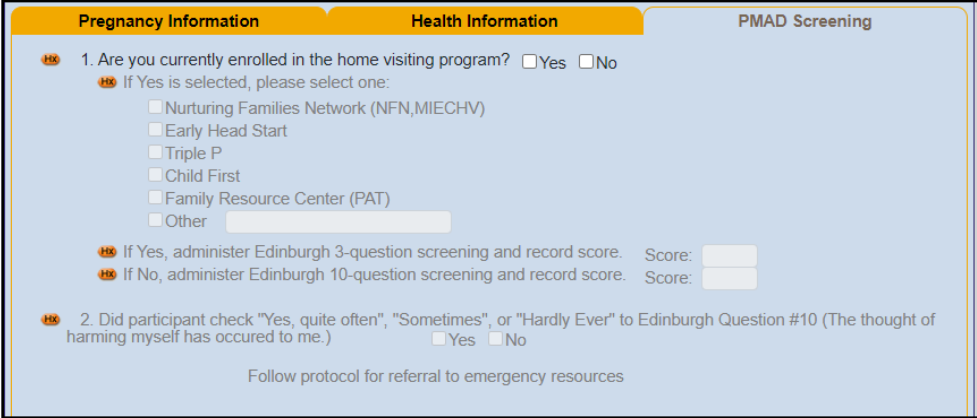
This question will assist you in nutrition education and tailoring the food package.

Question	Suggested Action
<p>Do you go to the dentist?  <b>Do you have any oral health conditions (dental problems)?</b></p> <p>CT-WIC auto-assigns <i>FNS Nutrition Risk Criterion #381 Oral health Conditions</i> if “Yes” is checked.</p> <p>Who is your dentist?</p> <p>The following are common issues during pregnancy. Are you experiencing?  Check all that apply.</p> <p>Constipation, Diarrhea, Nausea, Vomiting/Upset Stomach, Difficulty Chewing or Swallowing, Heartburn, Cravings,  No issues now or Other</p>	<p>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.</p> <p>Ask about date of last dental visit, and if woman has problems with decay or bleeding gums.</p> <p>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.</p> <p>It is normal for gums to become more sensitive during pregnancy. 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 <b>not</b> 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.</p> <p>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.</p> <ul style="list-style-type: none"> <li>▪ <b>Constipation:</b> recommend increased water intake (10-12 cups/day) as well as fresh fruit, vegetable, and whole grain intake. Ask about physical activity and encourage increases in activity after discussing with MD. Avoid laxative use unless recommended by MD.</li> <li>▪ <b>Diarrhea:</b> Less common than constipation, diarrhea during pregnancy generally doesn’t last as long. Emphasize 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; vegetables, such as cooked carrots, and non-milk-based soups with noodles, rice, and/or</li> </ul>

Question	Suggested Action
	<p>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.</p> <ul style="list-style-type: none"> <li>▪ <b>Nausea/vomiting:</b> Reassure them that this is very common during the first trimester. Assess severity and refer to physician they unable to eat sufficiently to gain weight, experience weight loss, or are vomiting more than 3-4 times/day. Offer specific strategies that may help: <ul style="list-style-type: none"> <li>-Get out of bed slowly in the morning.</li> <li>-Keep crackers or dry cereal at the bedside to eat before getting up.</li> <li>-Eat small amounts frequently, even every 2-3 hours.</li> <li>-Drink a lot of fluids, especially if solid food will not stay down.</li> <li>-Avoid cooking smells, foods with strong odors or highly spiced foods, or any other odors that lead to nausea.</li> <li>-Avoid brushing teeth immediately after eating, as this may lead to vomiting.</li> </ul> </li> <li>▪ <b>Heartburn:</b> Refer to physician to discuss antacid use. 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.</li> <li>▪ <b>Cravings:</b> Emphasize that cravings are <b>normal</b> and that they are <b>different</b> for everyone. Give reassurance that <b>some day's food intake will be better than others</b>, and that they should strive to eat to the best of their ability on most days.</li> </ul> <p><b>For other problems like headaches or dizziness:</b> Refer to physician.</p> <p><u>Headaches:</u> 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 consulting with MD.</p> <p><u>Dizziness:</u> 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 2<sup>nd</sup> trimester; wear loose comfortable clothing that will not constrict circulation. Refer to MD.</p>

Question	Suggested Action
<p><b>Health Screen (Health Information Tab, Pg. 2)</b></p>  <p><b>Do you take the following?</b></p> <p><b>Prenatal Vitamin, Vitamin/Mineral Supplement</b></p> <p><b>If yes, # per week?</b></p> <p><b>Excessive?</b></p> <p>CT-WIC will auto-select <i>FNS Nutrition Risk Criterion #427.1 Excessive Intake of Dietary Supplements</i> or <i>427.4 Inadequate vitamin/Mineral Supplementation per Public Health Policy</i></p> <p><b>Do you take the following? Check all that apply.</b>  Herbs, Herbal Supplements, Prescription medications (including birth control), Over-the-counter medications, None</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><b>Folic acid:</b>  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>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 prenatal vitamin is not tolerated because of nausea, suggest taking the supplement before bedtime, or 1/2 in the morning and 1/2 in the evening at bedtime. If they report taking children's vitamins, it is necessary to find out the specific one they are using to assess adequacy (<i>specifically iron and folic acid levels</i>). <b>Refer woman to discuss prenatal vitamin usage with her physician.</b></p> <p>Ask about use of any other supplements, including herbal preparations and teas. If necessary, refer to the NIH website <a href="http://nccam.nih.gov/health/supplements.htm">http://nccam.nih.gov/health/supplements.htm</a> to get information on specific herbal supplements and their safety for use in pregnancy.</p> <p>Ask about any prescribed medications—record name of medication and dosage. Ask what the medication(s) have been prescribed for and fill in</p>

Question	Suggested Action
<p><b>Are you eating any non-food items?</b>  <b>Yes/ No</b>            CT-WIC FNS Nutrition Risk Criterion #427.3            (Compulsively ingesting non-food items (pica))</p>	<p>the medical condition. Refer to <u>Medications and Mother's Milk</u> or the <u>University of Rochester hotline</u> (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.</p> <p>Contact MotherToBaby- Toll-free 866-626-6847.            In CT only 800-325-5391 or Local 860-679-6199            e-mail: <a href="mailto:MotherToBaby@uchc.edu">MotherToBaby@uchc.edu</a>  <a href="http://www.MotherToBabyCT.org">www.MotherToBabyCT.org</a>            They are also on Facebook!            Provides up to date information on exposures in pregnancy and breastfeeding.</p> <p><i>Participants receiving methadone or also referred to MAT (Medication Assisted Treatment for Opioid Use Disorder) therapy <u>can</u> breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether they are stable in their recovery program, will need to be considered when recommending breastfeeding.</i></p> <p><i>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> <p>If yes is selected, CT-WIC will enable the grayed-out selections. Select all that apply. Risk #427.3 (<b>Compulsively ingesting non-food items (pica).</b>) will also be auto assigned.</p> <p>You can ask, <b>“Often pregnant women have cravings for non-food items. Have you experienced anything like that?”</b> 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 <b>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.</b> Refer woman to physician if needed.</p>

Question	Suggested Action
<p><b>PMAD Screening</b></p> 	<p><b>Suggested Action</b></p> <p>This screen is used to document results from administering the 10 question or 3 question Edinburgh Postnatal Depression Scale (EPDS). As a reference, consult the <b><u>Assessing Maternal Mental Health in the Connecticut WIC Program.</u></b></p> <p>EPDS is provided at the following time points:</p> <ul style="list-style-type: none"> <li>• Pregnancy (third trimester ~pregnancy week 28)</li> <li>• Postpartum 6-8 weeks</li> <li>• Postpartum 4-6 months</li> <li>• Additional pregnancies, restart screening at pregnancy week 28</li> </ul> <p><b>Which screen does the participant need to fill out?</b></p> <p>Ask the participant if they are participating in an early childhood home visiting program.</p> <ul style="list-style-type: none"> <li>➤ If YES, provide the 3-question (Short Screen) EPDS to the participant.</li> <li>➤ If NO, provide the 10-question EPDS screen to the participant.</li> </ul> <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 (&lt;11 on 10 question or &lt;3 on 3 question), support the mother by offering information on the common experience of emotional and psychological changes during pregnancy and postpartum as it relates to the responses.</p> <p>Document <i>FNS Nutrition Risk Criterion 361 Other nutrition related medical conditions, Depression</i> on the Health screen Medical Conditions pop-up. Only assign CT-WIC FNS Nutritional Risk Criterion #361 Depression, if a <i>medical provider or psychologist has documented clinical depression.</i></p>
<p><b>Nutrition Screen, Page. 1</b> Foods, Drinks and Mealtimes</p>	<p>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 eating habits and mealtimes and find out how eating has changed or not changed since pregnancy. Use the Tips for a Healthy Pregnancy hardcopy or digital handouts to review meal planning suggestions.</p> <p><a href="http://wicresources.org">Connecticut WIC   NUTRITION IS JUST the BEGINNING (wicresources.org)</a></p> <p>Pay attention to high calorie drinks and/or those that contain caffeine.</p> <p>If needed, offer strategies that may assist her in improving dietary quality. Some examples include:</p>



Question	Suggested Action
<p><b>1. How do you feel about your appetite?</b>   I am not as hungry at lunch and dinner</p> <p><b>2. Do you drink any of these beverages?</b>  <input type="checkbox"/> Whole milk   <input checked="" 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 checked="" type="checkbox"/> 100% juice   <input checked="" type="checkbox"/> Fruit drinks  <input checked="" type="checkbox"/> Soda   <input checked="" type="checkbox"/> Water   <input type="checkbox"/> Malta   <input checked="" type="checkbox"/> Coffee/ tea (hot or iced)</p> <p><b>3. Are you eating enough of these types of foods on most days? Check all that apply.</b>  <input checked="" type="checkbox"/> Milk/ Yogurt/ Cheese   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No  <input checked="" type="checkbox"/> Meat/ Fish/ Eggs/ Beans/ Peanut Butter   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No  <input checked="" type="checkbox"/> Fruits/ Vegetables/ Salads   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Bread/ Cereal/ Pasta/ Rice   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>4. What changes have you made in what you eat, now that you are pregnant?</b> eat smaller meals</p> <p><b>5. Are there foods you avoid or can't eat?</b> nuts</p> <p><b>6. Are you on any special diet or meal plan?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, what kind?</p> <p><b>7. Are you on a kosher diet?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>▪ If they have 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.</li> <li>▪ 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. <ul style="list-style-type: none"> <li>--include fresh fruits for snacks.</li> <li>--look for whole grain items, including cereals with whole grains, whole wheat bread and brown rice.</li> </ul> </li> </ul> <p>Based on the response, document in text box provided, assign appropriate risks and tailor food package accordingly.</p>
<p><b>How do you feel about your appetite?</b></p> <p><b>Do you drink any of these beverages?</b> (Variety of drinks)</p> <p><b>Are you eating enough of these foods?</b> (Food groups)</p> <p><b>What changes have you made in what you eat now that you are pregnant?</b></p> <p>Are there any foods you avoid or can't eat? If yes, what are they?  Are you on a special diet or meal plan?  Are you on a kosher diet?</p>	

**Question**

**Suggested Action**

**Nutrition Screen, Page. 2**

8. Are you eating any of these? Check all that apply.

- Uncooked hotdogs or deli meats
- Soft cheeses: feta, Brie, blue-veined or Mexican style- queso blanco
- Raw fish or shellfish (oysters, clams, mussels or scallops)
- None

9. How often are you eating meals/ snacks away from home? 2-3x week

10. Tell me about your daily physical activity:  
I walk everyday - about 1/2-1 hr

11. Does your family have enough food?  Yes  No

12. Do you have access to a refrigerator and stove/ hot plate?  Yes  No

13. Do you have adequate storage?  Yes  No

1 2 Save Cancel Next

If any of these items are checked assess frequency. Provide current recommendations for consumption of these foods during pregnancy.

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)

CT-WIC will auto-assign *FNS Risk Criterion 427.5 Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms* if any of these are selected.

How often are you eating meals/snacks away from home?

Tell me about your daily physical activity.

**Does your family have enough food?**

**Do you have access to refrigerator and stove/hot plate?**

Do you have adequate food storage?

Based on the information gathered, you may provide information/resources to address the participant's concerns, questions or identified barriers to positive health outcomes.

Record response in the text box provided. Provide recommendations based on pre-pregnancy weight gain, current activity level and refer to MD if needed re: starting a new activity routine.

These series of questions allow 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)

Question	Suggested Action
<p data-bbox="134 138 1056 196"><b>Have you or your significant other travelled to South/Central America or the Caribbean within 6 months prior to becoming pregnant?</b></p> <p data-bbox="134 203 1073 256">The Zika virus is reportedly widespread in those countries and has been linked to birth defects in babies.</p>	<p data-bbox="1136 138 1976 196">Educate the participant that the Zika virus can be contracted either by a mosquito bite or sexual contact with an infected partner.</p> <p data-bbox="1136 203 1692 228">Strongly recommend an assessment by the HCP.</p> <p data-bbox="1136 235 1780 261">Additional information may be found on WIC Works at</p> <p data-bbox="1136 267 1709 293"><a href="https://wicworks.fns.usda.gov/topics-z/zika-virus">https://wicworks.fns.usda.gov/topics-z/zika-virus</a></p>