

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 1: Receives ongoing preventive health care including early postpartum care.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>1. <u>Tell me where you go for medical and dental care. (381)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How long has it been since your last doctor's visit? How often do you see a doctor? What reasons keep you from seeing a doctor? ▪ When did you have your postpartum doctor's visit? What family planning options have you considered? ▪ Tell me about any healthy changes you made during your pregnancy? Tell me how you plan to maintain these healthy changes since delivering your baby? ▪ Tell me how you care for your teeth and gums. (381) ▪ How long has it been since your last dental visit? What reasons keep you from seeing a dentist? (381) ▪ Tell me about any dental problems you are currently being treated for or have been treated for in the past? (381) 	<p>Everyone needs ready access to coordinated and comprehensive medical care for promotion of healthy behaviors and the early identification, treatment and prevention of illness and disease. Pregnancy depletes nutrient stores due to the demands of the developing fetus. A sufficient time interval of at least 16 months between conceptions is necessary to allow nutrient stores to be replenished. Women with closely spaced pregnancies have reduced ability to recover from nutrient deprivations created by the previous pregnancies.</p> <p>Oral health can be defined as a functionally sound mouth and jaw that are free of disease and supported by healthy behaviors. Nutrition is important in the development of healthy oral tissues and plays a crucial role in the 2 oral infections that account for most tooth loss: dental caries and periodontal disease.</p>	<p>If the participant has no insurance, refer to Medicaid to assess eligibility. Women need to receive ongoing preventative health/dental care including postpartum, family planning or regular care. . Elicit where they get care and what kind of care they receive as well as barriers to obtaining care (for example beliefs, finances, alien status, lack of insurance and or transportation). If the woman has no medical home, refer to ConnectCare to determine if they are eligible for enrollment in Medicaid. Give them the following telephone number for ConnectCare: 1-800-275-1131 or 1-800-285-1131 for TDD. If they prefer to make a PCP selection on the internet, give this website address: www.seeyourdoc.org.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 2: Achieves desirable postpartum weight or BMI.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>2. Tell me any concerns you have about your current weight. (101, 111, 133,358, 359, 361)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What are your feelings about the amount of weight you gained during pregnancy? (133, 361) ▪ How do you feel about your ability to deal with your weight concerns? (358, 361) ▪ What methods have you used in the past to manage your weight? (358, 359)) ▪ What are your thoughts about dieting to lose weight? What are your thoughts about exercise to lose weight? (358, 359) 	<p>Some women may be dissatisfied with their weight and use unhealthy means to alter it. Chronic food restriction and inadequate energy intake may cause poor growth, menstrual irregularities, poor concentration, irritability, sleep difficulties, and constipation. Frequent dieting may be associated with binge eating. Purging (e.g., self-induced vomiting), laxative use and inappropriate/excessive exercise may be associated with risk behaviors (e.g., substance use, suicide attempts). Self-induced vomiting and/or the use of laxatives, diuretics, or diet pills are warning signs of eating disorders. (85% of all adult cases of eating disorders begin during adolescence.) Participants who engage in these behaviors need further assessment and immediate referral for help.</p> <p>Women consuming highly restrictive diets to control weight are at risk for primary nutrient deficiencies. Other strategies for weight loss include surgery. Some GI surgeries are termed as "restrictive operations" and promote weight loss by restricting food intake (adjustable gastric banding and vertical banded gastroplasty). Other procedures are called "malabsorptive operations" and weight loss occurs by interrupting the digestive process [Roux-en-y gastric bypass (RGB), Biliopancreatic diversion (BPD)]. These malabsorptive procedures carry the greater risk for nutritional deficiencies.</p>	<p>If a participant expresses a concern about weight, follow up with questions like "How do you feel about your weight?" Discuss the importance of slow healthy weight loss to achieve long-term weight loss goals. Suggest <i>MyPyramid.com</i> for further ideas. Refer to the Nutritionist for weight management information. If the participant is engaging in any of these unhealthy behaviors refer to their PCP or a Mental Health Professional and the Nutritionist.</p> <p>Women who have had gastric bypass, stomach stapling, or banding surgery should be referred to the Nutritionist for nutrition counseling.</p> <p>Ask questions about the type of dieting methods used, reasons for, type, length, balanced, healthy? Discuss the importance of slow healthy weight gain to achieve long-term weight loss goals. Suggest http://www.mypyramid.gov/mypyramidmoms/index.html website for further ideas. If diet is very low in calories and/or essential nutrients, assign appropriate risk codes and refer to the Nutritionist for weight management information.</p> <p>Encourage participant to begin or increase levels of moderate physical activity on most days of the week. Also encourage them to consult their PCP before beginning an exercise program. Refer to Nutritionist if appropriate.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 2: Achieves desirable postpartum weight or BMI.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>3. How do you stay physically active? (no associated risk codes)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What has your doctor told you about exercise after pregnancy? ▪ How often do you get exercise/physical activity (like walking 20-30 minutes without stopping)? ▪ How much time do you spend watching TV, videos or using the computer? ▪ What keeps you from getting exercise/physical activity on most days? 	<p>Lack of physical activity is associated with overweight, fatigue, and poor muscle tone in the short term, and a greater risk of cardiovascular disease in the long term. The 2005 Dietary Guidelines for Americans encourages moderate physical activity, such as walking, on most days of the week. After delivery, some women may be at risk for using unhealthy weight loss strategies in an attempt to attain a desired weight. Rapid weight loss and unhealthy weight loss practices do not result in long-term maintenance of healthy weight. Individuals who spend too much time watching TV and videotapes or playing computer games are likely to have a sedentary lifestyle, which can lead to becoming overweight. Sedentary activities should be limited during the day. Adults are encouraged to be physically active 30-90 minutes on most days.</p>	<p>Encourage participant to begin or increase levels of moderate physical activity on most days of the week. Also encourage them to consult their PCP before beginning an exercise program. Suggest http://www.mypyramid.gov/mypyramidmoms/index.html website for further ideas.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. . Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 3: Remains free from nutrition- or food-related illness, complications, or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>4. <u>Tell me about any health or medical problems you had that were related to this most recent pregnancy. (201,303, 311, 312, 321, 332, 333, 335, 337, 339)</u></p> <p>5. <u>Tell me about any health or medical problems (not related to your most recent pregnancy) you are currently being treated for or have been treated for in the past. (201, 341-349, 351-362, 427.1, 427.2, 427.4)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about any medications, vitamins, minerals (prescription or over-the-counter) or herbal supplements or teas you are taking and why. How much and how often? (201, 341-349, 351-362, 427.1, 427.2, 427.4) 	<p>Asking questions about recent pregnancy history will provide information that will help the CPA assess if the participant is at risk for developing any future medical problems. For example, having gestational diabetes mellitus places a woman at risk for developing Type 2 diabetes later in life. Type 2 diabetes can be delayed and/or prevented by modest weight loss (5-7% of current body weight) through improved diet and daily exercise.</p> <p>This question can assess if the participant possesses any of the medical conditions that can impact nutrition status (beginning with risk code 341). For example, the body's response to recent major surgery, trauma or burns may affect nutrient requirements needed for recovery and lead to malnutrition. There is a catabolic response to surgery; severe trauma or burns cause a hypermetabolic state. Injury causes alterations in glucose, protein and fat metabolism. Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens.</p> <p>This question assesses intake of folic acid, iron and any other supplements. The most common nutrition-related anemia is iron deficiency anemia. It may be caused by a diet low in iron, insufficient absorption of iron from the diet, increased iron requirements due to growth or pregnancy, or blood loss. CDC recommends that all women of childbearing age consume 400 mcg of folic acid daily to reduce the risk of having a neural tube defect (NTD) affected pregnancy. Herbal teas and herbal supplements are un-regulated; therefore the composition/safety of most of them is unknown. As a result, herbal teas and herbal supplements are not recommended or appropriate for consumption during pregnancy and lactation. For more information on the use of herbal supplements during lactation, refer to a current edition of <i>Medications and Mother's Milk</i> by Dr. Thomas Hale.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. . Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if needed.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if needed.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 3: Remains free from nutrition- or food-related illness, complications, or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>6. <u>Tell me about things you eat or crave that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil). (427.3)</u></p> <p>7. <u>Tell me about a time when you have felt unsafe or threatened. (901)</u></p>	<p>Pica is the craving for, and eating of, non-food substances. Pica is linked to lead poisoning, anemia, excess calories, displacement of calories, gastric and small bowel obstruction, and parasitic infection. It may also contribute to nutrient deficiencies by either inhibiting absorption or by displacing intake of nutrient dense foods.</p> <p>This question will assist in determining if the participant is at risk for domestic violence/abuse and in need of referral and/or services.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to PCP and/or Nutritionist if appropriate.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 4: Avoids alcohol, tobacco and illegal drugs.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>8. <u>Tell me what you think about the use of alcohol, tobacco or drugs during breastfeeding. (371, 372)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about your history of use alcohol, tobacco or illegal drugs before and during pregnancy and currently. (371, 372) ▪ Tell me what you know about the effects of using alcohol, tobacco or illegal drugs during breastfeeding. (371, 372) 	<p>Use of illegal drugs and/or excessive alcohol use can negatively impact the participant’s ability to care for herself and her family. Some drugs can also appear in human milk.</p> <p>Women who smoke are at risk for chronic and degenerative disease. Smokers have lower levels of vitamin C and E, impaired folate status and lower intakes of vitamin A, vitamin C, fiber, folate and iron. Chemical dependency represents a social risk factor for Failure to Thrive (FTT) and is strongly associated with abuse and neglect. These conditions may contribute to a lack of mother/infant bonding during feeding and therefore interfere with the infant’s growth process. Nutrition depends on this bonding between mother and infant and their behaviors involved in feeding interactions.</p> <p>Women who are chemically dependent and actively abusing drugs should not breastfeed. Recovering drug users who remain drug-free can breastfeed. Close follow-up is important for both the mother and her baby.</p> <p>Cigarette smoking kills an estimated 178,000 women in the United States annually. The three leading smoking–related causes of death in women are lung cancer (45,000), heart disease (40,000), and chronic lung disease (42,000). Ninety percent of all lung cancer deaths in women smokers are attributable to smoking. Since 1950, lung cancer deaths among women have increased by more than 600 percent. By 1987, lung cancer had surpassed breast cancer as the leading cause of cancer–related deaths in women. Women who smoke have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and uterine cervix. Women who smoke double their risk for developing coronary heart disease and increase by more than tenfold their likelihood of dying from chronic obstructive pulmonary disease. Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). Postmenopausal women who smoke have lower bone density than women who never smoked. Women who smoke have an increased risk for hip fracture than never smokers.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to PCP and/or Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant for counseling and/or treatment of drug/alcohol use and tobacco cessation program as appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 4: Avoids alcohol, tobacco and illegal drugs.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>9. <u>How often are you exposed to secondhand tobacco (environmental tobacco smoke-ETS) smoke? (371, 904)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me what you know about the effects of second hand tobacco smoke. (904) 	<p>Environmental tobacco smoke (ETS) exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. Exposure to ETS (also called second-hand smoke) has been well studied and there is compelling evidence that it results in very harmful health consequences. Women who are exposed to Environmental Tobacco Smoke (ETS) are at risk for lung cancer and cardiovascular diseases. ETS increases inflammation which is associated with asthma, cardiovascular diseases, cancer, chronic obstructive pulmonary disease and metabolic syndrome.</p> <p>This is what we now know about secondhand smoke:</p> <ul style="list-style-type: none"> • There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. • Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke. • Secondhand smoke causes heart disease and lung cancer. • Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air or opening a window. • Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke-free. But millions of children and adults still breathe secondhand smoke in their homes, cars, workplaces, and in public places. 	<p>Go to the following link to learn more about the effects of secondhand smoke (environmental tobacco smoke- ETS) and use in counseling: http://www.surgeongeneral.gov/library/secondhandsmoke/</p> <p>Go to the following link to print out the brochure “Secondhand Smoke-What it Means to You”: http://www.surgeongeneral.gov/library/secondhandsmoke/secondhand smoke.pdf</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to PCP and/or Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant for counseling and tobacco cessation program as appropriate</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>10. <u>Tell me about any questions or concerns you have about your diet/eating habits. (427.2)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me how you would describe your appetite. (427.2) ▪ Tell me what a typical day's eating routine or schedule is like for you. What do you think about the amount and variety of foods you eat? (427.2) ▪ Tell me who plans the meals and does the grocery shopping for your family. (427.2) ▪ How often do you eat a meal from a fast food or other restaurant? (427.2) 	<p>Decreased or excessive appetite can be caused by many things. Some possible reasons include: psychological disorders (anorexia nervosa and bulimia), certain medications, poorly fitting dentures or pain in the teeth or mouth, some medical conditions, alcohol abuse, and emotional stress.</p> <p>Balanced eating and regular meal times are important. Set times for meals and snacks help family members eat the right amounts. Most individuals should plan 3 meals and 2 snacks daily. When an individual knows they are going to eat, they can learn to wait to eat, they can leave the table without stuffing themselves, and they can forget about eating between times or grazing. Meals and snacks should be at whatever planned times work for the household.</p> <p>Consumption of convenience and fast foods is common among Americans. Frequent consumption increases fat, calorie, and sodium intake and reduces intake of important vitamins and minerals. Those who consume more than two fast food meals per week may be at increased risk for obesity. Women should be encouraged to reduce their consumption of these foods and should be offered suggestions for making quick and healthy meals. Consumption of convenience and fast foods is common among Americans. Frequent consumption increases fat, calorie, and sodium intake and reduces intake of</p>	<p>If fair or poor appetite, ask what changes have occurred to affect appetite. If appetite is fair or poor, assess food intake, weight gain status, and other reasons for poor or fair intake. Refer to physician or other medical provider to investigate further.</p> <p>If meals are frequently skipped, (>3 times per week), ask for further information. Explain the importance of balanced eating and regular meal times to make sure the diet is adequate in nutrients and energy.</p> <p>If a participant answers two or more times per week eating out, question why.</p> <p>If reasons include lack of food preparation knowledge or experience, make referral to EFNEP (if available) or local Cooperative Extension Service office.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant as appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ How often does your family eat together? (427.2) ▪ How often does your family watch TV during family mealtime? (427.2) 	<p>important vitamins and minerals. Those who consume more than two fast food meals per week may be at increased risk for obesity. When families eat together at home, children are more likely to eat at least 5 servings of fruits and vegetables and less likely to consume fried foods and soft drinks. See Fit Kids = Happy Kids information on "Family Food Routines."</p> <p>Having scheduled family meals and snacks provides a learning opportunity for the family. Seeing the parent/care giver enjoy a wide variety of nutritious foods can have a powerful influence on the child(ren)'s food acceptance as well as providing a time for the family to connect. Pleasant conversation and turning off the TV during mealtimes should be encouraged. Family meals are emphasized because they help build on family strengths and promote unity, social bonds, and good communication.</p> <p>Reducing distractions at meal times can help the participant eat better. Commercials promoting the intake of high-fat/high-sugar products are commonly viewed and are linked with increased consumption of those foods. Pleasant conversation and turning off the TV during mealtimes should be encouraged. See Fit Kids = Happy Kids information on "Wise TV-Time Choices".</p>	<p>If family meals are infrequently eaten together (<4 days per week) discuss the advantages of eating meals together without distractions as discussed in the Rationale. Eating together helps promote healthy eating behaviors. This allows the parents/caregivers to be positive role models and practice healthy eating behaviors. Discuss the importance of family meal times. Use Fit Kids = Happy Kids information on "Family Food Routines".</p> <p>Distractions can make a child as well as adults lose interest in eating. Use Fit Kids = Happy Kids information on "Wise TV-Time Choices" to talk with the parent/caregiver and to make a commitment to more TV-free time.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant as appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>11. Tell me what makes it difficult to prepare and provide meals/food for your family? (427.2, 801, 802)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How often are you unable to provide enough food to feed your family? What community food resources (other than WIC) have you used to provide for your family? (427.2, 801, 802) ▪ What appliances for food/meal preparation and storage do you have? Tell me which ones do not work properly. (426.2, 801, 802) ▪ What type of water supply do you have for drinking and cooking (fluoridated or non-fluoridated, bottled, private well)? (427.2, 801, 802) 	<p>These questions provide information about the participant's living situation and can help determine whether the participant has adequate resources to purchase foods, prepare meals and store food properly.</p>	<p>If homeless (or migrant) may need to tailor the food package to accommodate limited food preparation and/or storage resources and/or refer to social services for help with housing. Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk code(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant for services as appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>No questions listed for Risk Code 401:</p> <p><u>Failure to meet Dietary Guidelines for Americans</u></p>	<p>Absence of any other risk –<u>select only if no other risk factors have been identified.</u></p> <p>Children two years of age and older and women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p>This risk factor may only be assigned after a complete assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and no other risk is identified.</p>	<p><u>SELECT THIS RISK FACTOR ONLY IF NO OTHER NUTRITION RISKS HAVE BEEN IDENTIFIED.</u></p> <p>Refer to Prenatal and Postpartum Nutrition Module Level II. Use Nutrition Education Plan Breastfeeding/Postpartum information to individualize counseling. See websites:</p> <p>http://www.health.gov/dietaryguidelines/ and http://www.mypyramid.gov/mypyramidmoms/</p> <p>for downloadable brochures.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Breastfeeding Woman

Health Goal 6: Breastfeeds her infant(s) successfully.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>12. Tell me about any questions or concerns you have about breastfeeding. (601, 602)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me how breastfeeding is going for you and your baby. (601, 602) ▪ Where have you received information and support about breastfeeding? How do you feel about the information and support you have received about breastfeeding? ▪ What health concerns/problems do you or your baby have that you feel affects your breastfeeding? (602) 	<p>For optimal breastfeeding success, it is important to ask the participant about any breastfeeding problems or concerns as soon as possible after delivery so lactation referrals can be made.</p> <p>By asking these questions, the CPA can determine what breastfeeding information the participant has received and their attitude toward the information received.</p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. If the participant relates concerns, you may refer to the breastfeeding peer counselor if available or local health unit breastfeeding coordinator for additional breastfeeding information/support.. Use Amy Spangler’s Breastfeeding A Parent’s Guide 8th edition for resource on breastfeeding questions/concerns. See pages 4-5 “Common Concerns” section and pages 156-169 “Common Questions” section common concerns/questions and answers. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant for services as appropriate.</p>

Breastfeeding Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduce the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 1: Receives ongoing preventive health care including early postpartum care.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>1. <u>Tell me where you go for medical and dental care. (381)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How long has it been since your last doctor's visit? How often do you see a doctor? What reasons keep you from seeing a doctor? ▪ When did you have your postpartum doctor's visit? What family planning options have you considered? ▪ Tell me about any healthy changes you made during your pregnancy? Tell me how you plan to maintain these healthy changes since delivering your baby? ▪ Tell me how you care for your teeth and gums. (381) ▪ How long has it been since your last dental visit? What reasons keep you from seeing a dentist? (381) ▪ Tell me about any dental problems you are currently being treated for or have been treated for in the past? (381) 	<p>Everyone needs ready access to coordinated and comprehensive medical care for promotion of healthy behaviors and the early identification, treatment and prevention of illness and disease. Pregnancy depletes nutrient stores due to the demands of the developing fetus. A sufficient time interval of at least 16 months between conceptions is necessary to allow nutrient stores to be replenished. Women with closely spaced pregnancies have reduced ability to recover from nutrient deprivations created by the previous pregnancies.</p> <p>Oral health can be defined as a functionally sound mouth and jaw that are free of disease and supported by healthy behaviors. Nutrition is important in the development of healthy oral tissues and plays a crucial role in the 2 oral infections that account for most tooth loss: dental caries and periodontal disease.</p>	<p>If the participant has no insurance, refer to Medicaid to assess eligibility. Women need to receive ongoing preventative health/dental care including postpartum, family planning or regular care. . Elicit where they get care and what kind of care they receive as well as barriers to obtaining care (for example beliefs, finances, alien status, lack of insurance and or transportation). If the woman has no medical home, refer to ConnectCare to determine if they are eligible for enrollment in Medicaid. Give them the following telephone number for ConnectCare: 1-800-275-1131 or 1-800-285-1131 for TDD. If they prefer to make a PCP selection on the internet, give this website address: www.seeyourdoc.org.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 2: Achieves desirable postpartum weight or BMI.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>2. Tell me any concerns you have about your current weight. (101, 111, 133,358, 359, 361)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What are your feelings about the amount of weight you gained during pregnancy? (133, 361) ▪ How do you feel about your ability to deal with your weight concerns? (358, 361) ▪ What methods have you used in the past to manage your weight? (358, 359) ▪ What are your thoughts about dieting to lose weight? What are your thoughts about exercise to lose weight? (358, 359) 	<p>Some women may be dissatisfied with their weight and use unhealthy means to alter it. Chronic food restriction and inadequate energy intake may cause poor growth, menstrual irregularities, poor concentration, irritability, sleep difficulties, and constipation. Frequent dieting may be associated with binge eating. Purging (e.g., self-induced vomiting), laxative use and inappropriate/excessive exercise may be associated with risk behaviors (e.g., substance use, suicide attempts). Self-induced vomiting and/or the use of laxatives, diuretics, or diet pills are warning signs of eating disorders. (85% of all adult cases of eating disorders begin during adolescence.) Participants who engage in these behaviors need further assessment and immediate referral for help.</p> <p>Women consuming highly restrictive diets to control weight are at risk for primary nutrient deficiencies. Other strategies for weight loss include surgery. Some GI surgeries are termed as "restrictive operations" and promote weight loss by restricting food intake (adjustable gastric banding and vertical banded gastroplasty). Other procedures are called "malabsorptive operations" and weight loss occurs by interrupting the digestive process [Roux-en-y gastric bypass (RGB), Biliopancreatic diversion (BPD)]. These malabsorptive procedures carry the greater risk for nutritional deficiencies.</p>	<p>If a participant expresses a concern about weight, follow up with questions like "How do you feel about your weight?" Discuss the importance of slow healthy weight loss to achieve long-term weight loss goals. Suggest <i>MyPyramid.com</i> for further ideas. Refer to the Nutritionist for weight management information.</p> <p>If the participant is engaging in any of these unhealthy behaviors refer to their PCP or a Mental Health Professional and the Nutritionist.</p> <p>Women who have had gastric bypass, stomach stapling, or banding surgery should be referred to the Nutritionist for nutrition counseling.</p> <p>Ask questions about the type of dieting methods used, reasons for, type, length, balanced, healthy? Discuss the importance of slow healthy weight gain to achieve long-term weight loss goals. Suggest http://www.mypyramid.gov/mypyramidmoms/index.html website for further ideas. If diet is very low in calories and/or essential nutrients, assign appropriate risk factors and refer to the Nutritionist for weight management information.</p> <p>Encourage participant to begin or increase levels of moderate physical activity on most days of the week. Also encourage them to consult their PCP before beginning an exercise program. Refer to Nutritionist if appropriate.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

**Health Outcome-Based WIC Nutrition Assessment
Non-Breastfeeding Postpartum Woman**

Health Goal 2: Achieves desirable postpartum weight or BMI.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>3. How do you stay physically active? (no associated risk factors)</p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ What has your doctor told you about exercise after pregnancy? ▪ How often do you get exercise/physical activity (like walking 20-30 minutes without stopping)? ▪ How much time do you spend watching TV, videos or using the computer? ▪ What keeps you from getting exercise/physical activity on most days? 	<p>Lack of physical activity is associated with overweight, fatigue, and poor muscle tone in the short term, and a greater risk of cardiovascular disease in the long term. The 2005 Dietary Guidelines for Americans encourages moderate physical activity, such as walking, on most days of the week. After delivery, some women may be at risk for using unhealthy weight loss strategies in an attempt to attain a desired weight. Rapid weight loss and unhealthy weight loss practices do not result in long-term maintenance of healthy weight. Individuals who spend too much time watching TV and videotapes or playing computer games are likely to have a sedentary lifestyle, which can lead to becoming overweight. Sedentary activities should be limited during the day. Adults are encouraged to be physically active 30-90 minutes on most days.</p>	<p>Encourage participant to begin or increase levels of moderate physical activity on most days of the week. Also encourage them to consult their PCP before beginning an exercise program. Suggest http://www.mypyramid.gov/mypyramidmoms/index.html website for further ideas.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. . Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 3: Remains free from nutrition- or food-related illness, complications, or injury.

Questions with Risk Factors	Rationale	Talking Points
<p>4. <u>Tell me about any health or medical problems you had that were related to this most recent pregnancy. (201,303, 311, 312, 321, 332, 333, 335, 337, 339)</u></p> <p>5. <u>Tell me about any health or medical problems (not related to your most recent pregnancy) you are currently being treated for or have been treated for in the past. (201, 341-349, 351-362, 427.1, 427.2, 427.4)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ Tell me about any medications, vitamins, minerals (prescription or over-the-counter) or herbal supplements or teas you are taking and why. How much and how often? (201, 341-349, 351-362, 427.1, 427.2, 427.4) 	<p>Asking questions about recent pregnancy history will provide information that will help the CPA assess if the participant is at risk for developing any future medical problems. For example, having gestational diabetes mellitus places a woman at risk for developing Type 2 diabetes later in life. Type 2 diabetes can be delayed and/or prevented by modest weight loss (5-7% of current body weight) through improved diet and daily exercise.</p> <p>This question can assesses if the participant possesses any of the medical conditions that can impact nutrition status (beginning with risk factor 341).For example, the body's response to recent major surgery, trauma or burns may affect nutrient requirements needed for recovery and lead to malnutrition. There is a catabolic response to surgery; severe trauma or burns cause a hypermetabolic state. Injury causes alterations in glucose, protein and fat metabolism. Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens.</p> <p>This question assesses intake of folic acid, iron and any other supplements. The most common nutrition-related anemia is iron deficiency anemia. It may be caused by a diet low in iron, insufficient absorption of iron from the diet, increased iron requirements due to growth or pregnancy, or blood loss. CDC recommends that all women of childbearing age consume 400 mcg of folic acid daily to reduce the risk of having a neural tube defect (NTD) affected pregnancy. Herbal teas and herbal supplements are un-regulated; therefore the composition/safety of most of them is unknown.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. . Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if needed.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factors(s). Refer to Nutritionist if needed.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 3: Remains free from nutrition- or food-related illness, complications, or injury.

Questions with Risk Factors	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ Tell me about any special foods, formula or special diet you are currently on or have been on in the past and why. (201, 341-349, 351-362, 427.1, 427.2) ▪ Tell me about any food or food groups you intentionally leave out from your diet and why (reasons could include personal preference, religious, financial and/or medical reasons, etc.) (341 – 349, 351-362, 427.2) ▪ Tell me how you've been feeling since having your baby. What has been going well for you? (361) 	<p>Lactose intolerance is an example of why a participant may be consuming any “special foods” or “special diet.” Lactose intolerance results from insufficient production of the enzyme lactase. Lactose that is not digested ferments in the small intestine and produces any or all of the following: nausea, diarrhea, abdominal bloating, cramps. Nutrition education counseling can provide guidance on incorporating small amounts of lactose-containing foods or other dietary sources of calcium, protein, and vitamin D into the diet. Significant amounts of lactose are lost during the production of cheese. This is especially true for aged cheese, like cheddar.</p> <p>Asking this question will help the CPA to assess whether the participant is a practicing vegetarian, may have any food allergies or food intolerances. A vegetarian diet that includes dairy foods and eggs usually provides adequate nutrients. Sometimes an iron supplement is recommended. Vegans are strict vegetarians who don't eat any animal products including dairy foods, eggs, or fish. Additional calcium, vitamin B-12 and vitamin D may be necessary. A sudden severe allergic reaction to food can involve difficulty in breathing, a drop in blood pressure, etc. Symptoms may include hives, swelling in the tongue and throat, eczema, tingling in the mouth, diarrhea, difficulty breathing, vomiting, abdominal cramps and in rare cases death in a matter of minutes. Avoidance is the only way to prevent an allergic reaction. The client's food package may need to be adjusted accordingly. If concern is noted, refer to health care provider.</p> <p>This question will assist the CPA in determining if the participant is at risk for signs of depression and need for referral to PCP.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p> <p>Because the term “vegetarian” is often used loosely, ask participant who claims to follow a vegetarian diet which foods they eat. If participant says they eat animal products (fish, chicken or milk and eggs) determine if they are consuming adequate protein based on the 2005 Dietary Guidelines. If they claim no intake of animal products ask further questions about total intake. Further assessment by the Nutritionist is recommended for healthy meal planning. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p> <p>Use information from the following website: http://www.4woman.gov/FAQ/postpartum.htm in talking with the participant about their feelings since delivery. Refer to PCP. Refer to Nutritionist if needed. Use probing questions to elicit more specific information.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

**Health Outcome-Based WIC Nutrition Assessment
Non-Breastfeeding Postpartum Woman**

Health Goal 3: Remains free from nutrition- or food-related illness, complications, or injury.

Questions with Risk Factors	Rationale	Talking Points
<p>6. <u>Tell me about things you eat or crave that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil). (427.3)</u></p> <p>7. <u>Tell me about a time when you have felt unsafe or threatened. (901)</u></p>	<p>Pica is the craving for, and eating of, non-food substances. Pica is linked to lead poisoning, anemia, excess calories, displacement of calories, gastric and small bowel obstruction, and parasitic infection. It may also contribute to nutrient deficiencies by either inhibiting absorption or by displacing intake of nutrient dense foods.</p> <p>This question will assist in determining if the participant is at risk for domestic violence/abuse and in need of referral and/or services.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to PCP and/or Nutritionist if appropriate.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 4: Avoids alcohol, tobacco and illegal drugs.

Questions with Risk Factors	Rationale	Talking Points
<p>8. <u>Tell me what you think about the use of alcohol, tobacco or drugs.(371, 372)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ Tell me about your history of use alcohol, tobacco or illegal drugs before and during pregnancy and currently. (371, 372) ▪ Tell me what you know about the effects of using alcohol, tobacco or illegal drugs. (371, 372) 	<p>Use of illegal drugs and/or excessive alcohol use can negatively impact the participant’s ability to care for herself and her family. Women who smoke are at risk for chronic and degenerative disease. Smokers have lower levels of vitamin C and E, impaired folate status and lower intakes of vitamin A, vitamin C, fiber, folate and iron. Chemical dependency represents a social risk factor for Failure to Thrive (FTT) and is strongly associated with abuse and neglect. These conditions may contribute to a lack of mother/infant bonding during feeding and therefore interfere with the infant’s growth process. Nutrition depends on this bonding between mother and infant and their behaviors involved in feeding interactions. Women who are chemically dependent and actively abusing drugs should not breastfeed. Recovering drug users who remain drug-free can breastfeed. Close follow-up is important for both the mother and her baby.</p> <p>Cigarette smoking kills an estimated 178,000 women in the United States annually. The three leading smoking–related causes of death in women are lung cancer (45,000), heart disease (40,000), and chronic lung disease (42,000). Ninety percent of all lung cancer deaths in women smokers are attributable to smoking. Since 1950, lung cancer deaths among women have increased by more than 600 percent. By 1987, lung cancer had surpassed breast cancer as the leading cause of cancer–related deaths in women. Women who smoke have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and uterine cervix. Women who smoke double their risk for developing coronary heart disease and increase by more than tenfold their likelihood of dying from chronic obstructive pulmonary disease. Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). Postmenopausal women who smoke have lower bone density than women who never smoked. Women who smoke have an increased risk for hip fracture than never smokers.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to PCP and/or Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral system to refer participant for counseling and/or treatment of drug/alcohol use and tobacco cessation program as appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 4: Avoids alcohol, tobacco and illegal drugs.

Questions with Risk Factors	Rationale	Talking Points
<p>9. <u>How often are you exposed to secondhand tobacco (environmental tobacco smoke-ETS) smoke? (371, 904)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me what you know about the effects of second hand tobacco smoke. (904) 	<p>Environmental tobacco smoke (ETS) exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. Exposure to ETS (also called second-hand smoke) has been well studied and there is compelling evidence that it results in very harmful health consequences. Women who are exposed to Environmental Tobacco Smoke (ETS) are at risk for lung cancer and cardiovascular diseases. ETS increases inflammation which is associated with asthma, cardiovascular diseases, cancer, chronic obstructive pulmonary disease and metabolic syndrome.</p> <p>This is what we now know about secondhand smoke:</p> <ul style="list-style-type: none"> • There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. • Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke. • Secondhand smoke causes heart disease and lung cancer. • Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air or opening a window. • Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke-free. But millions of children and adults still breathe secondhand smoke in their homes, cars, workplaces, and in public places. 	<p>Go to the following link to learn more about the effects of secondhand smoke (environmental tobacco smoke- ETS) and use in counseling: http://www.surgeongeneral.gov/library/secondhandsmoke/</p> <p>Go to the following link to print out the brochure “Secondhand Smoke-What it Means to You”: http://www.surgeongeneral.gov/library/secondhandsmoke/secondhandsmoke.pdf</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to PCP and/or Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral system to refer participant for counseling and tobacco cessation program as appropriate</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions with Risk Factors	Rationale	Talking Points
<p>10. <u>Tell me about any questions or concerns you have about your diet/eating habits. (427.2)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me how you would describe your appetite. (427.2) ▪ Tell me what a typical day's eating routine or schedule is like for you. What do you think about the amount and variety of foods you eat? (427.2) ▪ Tell me who plans the meals and does the grocery shopping for your family. (427.2) ▪ How often do you eat a meal from a fast food or other restaurant? (427.2) 	<p>Decreased or excessive appetite can be caused by many things. Some possible reasons include: psychological disorders (anorexia nervosa and bulimia), certain medications, poorly fitting dentures or pain in the teeth or mouth, some medical conditions, alcohol abuse, and emotional stress.</p> <p>Balanced eating and regular meal times are important. Set times for meals and snacks help family members eat the right amounts. Most individuals should plan 3 meals and 2 snacks daily. When an individual knows they are going to eat, they can learn to wait to eat, they can leave the table without stuffing themselves, and they can forget about eating between times or grazing. Meals and snacks should be at whatever planned times work for the household.</p> <p>Consumption of convenience and fast foods is common among Americans. Frequent consumption increases fat, calorie, and sodium intake and reduces intake of important vitamins and minerals. Those who consume more than 2 fast food meals per week may be at increased risk for obesity. Women should be encouraged to reduce their consumption of these foods and should be offered suggestions for making quick and healthy meals. Consumption of convenience and fast foods is common among Americans. Frequent consumption increases fat, calorie, and sodium intake and reduces intake of</p>	<p>If fair or poor appetite, ask what changes have occurred to affect appetite. If appetite is fair or poor, assess food intake, weight gain status, and other reasons for poor or fair intake. Refer to physician or other medical provider to investigate further.</p> <p>If meals are frequently skipped, (>3 times per week), ask for further information. Explain the importance of balanced eating and regular meal times to make sure the diet is adequate in nutrients and energy.</p> <p>If a participant answers 2 or more times per week eating out, question why. If reasons include lack of food preparation knowledge or experience, make referral to EFNEP (if available) or local Cooperative Extension Service office.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral system to refer participant as appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

Health Outcome-Based WIC Nutrition Assessment Non-Breastfeeding Postpartum Woman

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions with Risk Factors	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ How often does your family eat together? (427.2) ▪ How often does your family watch TV during family mealtime? (427.2) 	<p>important vitamins and minerals. Those who consume more than two fast food meals per week may be at increased risk for obesity. When families eat together at home, children are more likely to eat at least 5 servings of fruits and vegetables and less likely to consume fried foods and soft drinks. See Fit Kids = Happy Kids information on "Family Food Routines."</p> <p>Having scheduled family meals and snacks provides a learning opportunity for the family. Seeing the parent/care giver enjoy a wide variety of nutritious foods can have a powerful influence on the child(ren)'s food acceptance as well as providing a time for the family to connect. Pleasant conversation and turning off the TV during mealtimes should be encouraged. Family meals are emphasized because they help build on family strengths and promote unity, social bonds, and good communication.</p> <p>Reducing distractions at meal times can help the participant eat better. Commercials promoting the intake of high-fat/high-sugar products are commonly viewed and are linked with increased consumption of those foods. Pleasant conversation and turning off the TV during mealtimes should be encouraged. See Fit Kids = Happy Kids information on "Wise TV-Time Choices".</p>	<p>If family meals are infrequently eaten together (<4 days per week) discuss the advantages of eating meals together without distractions as discussed in the Rationale.</p> <p>Eating together helps promote healthy eating behaviors. This allows the parents/caregivers to be positive role models and practice healthy eating behaviors. Discuss the importance of family meal times. Use Fit Kids = Happy Kids information on "Family Food Routines".</p> <p>Distractions can make a child as well as adults lose interest in eating. Use Fit Kids = Happy Kids information on "Wise TV-Time Choices" to talk with the parent/caregiver and to make a commitment to more TV-free time.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral system to refer participant as appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

**Health Outcome-Based WIC Nutrition Assessment
Non-Breastfeeding Postpartum Woman**

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions with Risk Factors	Rationale	Talking Points
<p>11. Tell me what makes it difficult to prepare and provide meals/food for your family? (427.2, 801, 802, 902)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How often are you unable to provide enough food to feed your family? What community food resources (other than WIC) have you used to provide for your family? (427.2, 801, 802) ▪ What appliances for food/meal preparation and storage do you have? Tell me which ones do not work properly. (426.2, 801, 802) ▪ What type of water supply do you have for drinking and cooking (fluoridated or non-fluoridated, bottled, private well)? (427.2, 801, 802) 	<p>These questions provide information about the participant's living situation and can help determine whether the participant has adequate resources to purchase foods, prepare meals and store food properly.</p>	<p>If homeless (or migrant) may need to tailor the food package to accommodate limited food preparation and/or storage resources and/or refer to social services for help with housing.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral system to refer participant for services as appropriate.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

**Health Outcome-Based WIC Nutrition Assessment
Non-Breastfeeding Postpartum Woman**

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions with Risk Factors	Rationale	Talking Points
<p>No questions listed for Risk Factor 401:</p> <p><u>Failure to meet Dietary Guidelines for Americans</u></p>	<p>Absence of any other risk –<u>select only if no other risk factors have been identified.</u></p> <p>Children two years of age and older and women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p>This risk factor may only be assigned after a complete assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and no other risk is identified.</p>	<p><u>SELECT THIS RISK FACTOR ONLY IF NO OTHER NUTRITION RISKS HAVE BEEN IDENTIFIED.</u></p> <p>Refer to Prenatal and Postpartum Nutrition Module Level II. Use Nutrition Education Plan Breastfeeding/Postpartum Nutrition information to individualize counseling. See websites:</p> <p>http://www.health.gov/dietaryguidelines/ and http://www.mypyramid.gov/mypyramidmoms/</p> <p>for downloadable brochures.</p>

Non-Breastfeeding Postpartum Woman Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic disease.

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 1: Receives ongoing preventive health care including prenatal care.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>1. <u>Tell me where you go for medical and dental care. (334, 381)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How long has it been since your last doctor's visit? ▪ How often do you see a doctor? What reasons keep you from seeing a doctor? ▪ How far along in your pregnancy were you when you first saw a doctor?(334) ▪ Tell me about any healthy changes you have made or plan to make during your pregnancy. Tell me how you plan to maintain these healthy changes after pregnancy. ▪ Tell me how you care for your teeth and gums. (381) ▪ How long has it been since your last dental visit? What are some reasons that keep you from seeing a dentist?(381) ▪ Tell me about any dental problems you are currently being treated for or have been treated for in the past? (381) 	<p>This question is to determine if the participant has a "medical and dental home". Early prenatal care is associated with positive birth outcomes.</p> <p>Everyone needs ready access to coordinated and comprehensive medical care for promotion of healthy behaviors and the early identification, treatment and prevention of illness and disease. Pregnancy depletes nutrient stores due to the demands of the developing fetus. A sufficient time interval of at least 16 months between conceptions is necessary to allow nutrient stores to be replenished. Women with closely spaced pregnancies have reduced ability to recover from nutrient deprivations created by the previous pregnancies.</p> <p>Oral health can be defined as a functionally sound mouth and jaw that are free of disease and supported by healthy behaviors. Nutrition is important in the development of healthy oral tissues and plays a crucial role in the 2 oral infections that account for most tooth loss: dental caries and periodontal disease.</p>	<p>If the participant has no insurance, refer to Medicaid to assess eligibility. Pregnant women need to receive ongoing preventative health/dental care including prenatal care. Elicit where they get care and what kind of care is received as well as barriers to obtaining care (for example beliefs, finances, alien status, lack of insurance and or transportation). If the woman has no medical home, refer to ConnectCare for a prenatal care provider and/or PCP assignment or change if they are already enrolled in Medicaid. Give them the following telephone number for ConnectCare: 1-800-275-1131 or 1-800-285-1131 for TDD. If they prefer to make a PCP selection on the internet, give this website address: www.seeyourdoc.org.</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p> <p>See Prenatal and Postpartum Nutrition Module re importance of nutrition (page 3), prenatal care (page 4) and oral health (page 50) and Nutrition Education Plan Prenatal for additional information and client-centered counseling suggestions.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 2: Achieves a recommended maternal weight gain.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>2. <u>Tell me how you feel about weight gain in pregnancy? (101, 111, 131, 132, 133, 358, 361)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ How did you feel about your weight before getting pregnant? (101, 111, 131, 132, 133, 358, 361) ▪ How much weight do you think you should gain with this pregnancy? (101, 111, 131, 132, 133, 358, 361) ▪ How much weight do you feel you have gained or lost with this pregnancy? (101, 111, 131, 132, 133) ▪ How do you feel about your weight so far in this pregnancy? (101, 111, 131, 132, 133, 358, 361) ▪ What is the most weight you have gained or lost between doctor visits with this pregnancy? What was the length of time between these visits?(101, 111, 131, 132, 133) 	<p>Weight gain during pregnancy has a tremendous effect on the outcome of the pregnancy. Adequate weight gain is necessary for normal growth and development of the fetus.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p> <p>See Prenatal and Postpartum Nutrition Module, beginning page 9, for additional information. See pages 78-79 of Module for Normal Pregnancy Protocol. Also see Nutrition Education Plan Prenatal for client-centered counseling suggestions.</p> <p>Examples of talking points:</p> <ul style="list-style-type: none"> ▪ Gaining too much or too little can be harmful to you and your baby. How many pounds you need to add depends on how much you weigh when you become pregnant. ▪ Gaining the right amount of weight helps protect the health of your baby. Women who gain too little are at increased risk of having a small baby (less than 5 1/2 pounds). Women who gain too much are at increased risk of having an early baby or a large baby. They may also have health problems themselves such as diabetes, high blood pressure and varicose veins. ▪ Putting on weight slowly and steadily is best. But don't worry if you gain less than four pounds in the first trimester, and make up for it later, or vice versa. Also, many women have one or two "growth spurts" during which they gain several pounds in a short time period, and then level off. This is not troublesome unless it becomes a pattern. The important thing is to keep an eye on your overall gain.

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 2: Achieves a recommended maternal weight gain.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>3. <u>How do you stay physically active? (no associated risk factor)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What has your doctor told you about exercise in pregnancy? ▪ How often do you get exercise/physical activity (like walking 20-30 minutes without stopping)? ▪ How much time do you spend watching TV, videos or using the computer? ▪ What keeps you from getting exercise/physical activity on most days? 	<p>For the pregnant woman, exercise can ease many common discomforts of pregnancy, such as constipation, backache, fatigue, sleep disturbances and varicose veins. Regular exercise also may help prevent pregnancy-related forms of diabetes and high blood pressure. Fit women may be able to cope better with labor and have a faster recovery after delivery</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information and the ACOG guidelines as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p> <p>The American College of Obstetrics and Gynecology (ACOG) has issued guidelines for exercising safely during pregnancy. According to ACOG, participation in a range of recreational programs appears safe for most pregnant women. However, a pregnant woman should always check with her health care provider to make sure she can safely continue her exercise program. These precautions can help assure that an exercise program is safe for mother and baby:</p> <ul style="list-style-type: none"> • Avoid contact sports and any activities that can cause even mild trauma to the abdomen, such as ice hockey, kickboxing, soccer and basketball. • Avoid activities with a high risk for falling, such as gymnastics, horseback riding, downhill skiing and vigorous racquet sports. • Avoid scuba diving throughout pregnancy. This activity puts the baby at increased risk for decompression sickness and may contribute to miscarriage, birth defects, poor fetal growth and preterm labor. • Avoid exercising on the back after the first trimester. Also avoid prolonged periods of motionless standing. Both can reduce blood flow to the uterus. • Avoid jerky, bouncing or high-impact movements that may strain joints and cause injuries.

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 2: Achieves a recommended maternal weight gain.

Questions/Risk Factor Numbers	Rationale	Talking Points
		<ul style="list-style-type: none"> • Avoid exercising at high altitudes (more than 6,000 feet) because it can lead to reduced amounts of oxygen reaching the baby. • Eat an adequate diet to gain 25 to 35 pounds (or the amount of weight recommended by her health care provider) over the nine months. Most pregnant women require approximately 300 additional calories a day. Those who exercise regularly may require more. • Avoid overheating, especially in the first trimester. Drink plenty of fluids before, during and after exercise. Wear layers of "breathable" clothing and do not exercise on hot, humid days. Avoid hot tubs, saunas and Jacuzzis. <p>See the March of Dimes website at the following link for additional information on exercise in pregnancy : http://www.marchofdimes.com/printableArticles/14332_1150.asp</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 3: Remains free from nutrition- or food-related illness, complications.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>4. <u>Tell me about any health or medical problems (not related to your pregnancy) you are currently being treated for or have been treated for in the past. (201, 341-349, 351-362, 427.1, 427.2, 427.4)</u></p> <p>5. <u>Tell me about any health or medical problems you are having with this pregnancy or with past pregnancies. (201, 301, 302, 303, 311, 312, 321, 335, 339, 341-349, 351-362, 427.1, 427.2, 427.4)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about any medications, vitamins, minerals (prescription or over-the-counter) or herbal supplements or teas you are taking and why. How much and how often? (201, 341-349, 351-362, 427.1, 427.2, 427.4) 	<p>Many chronic health problems have nutritional as well as medical implications. Some medical issues may require specific medical nutrition therapies. The CPA can assess if the participant possesses any of the medical conditions that can impact nutrition status (beginning with risk factor 341). For example, the body's response to recent major surgery, trauma or burns may affect nutrient requirements needed for recovery and lead to malnutrition. There is a catabolic response to surgery; severe trauma or burns cause a hypermetabolic state. Injury causes alterations in glucose, protein and fat metabolism. Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens.</p> <p>Asking questions about recent and past pregnancy history will provide information that will help the CPA assess if the participant is at risk for developing any future medical problems. For example, having gestational diabetes places a woman at risk for developing Type 2 diabetes later in life.</p> <p>This question assesses intake of folic acid, iron and any other supplements. The most common nutrition-related deficiency is iron deficiency anemia. Consumption of less than 30 mg of iron as a supplement daily by a pregnancy woman is important to maintain iron stores and prevent anemia. CDC recommends that all women of childbearing age consume 400 mcg of folic acid daily to reduce the risk of having a baby with a neural tube defect (NTD). Herbal teas and herbal supplements are unregulated; therefore the composition/safety of most of them is unknown. As a result, herbal teas and herbal supplements are not recommended or appropriate for consumption during pregnancy and lactation.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist for High Risk nutrition contact if applicable.</p> <p>Discuss Rationale and counsel accordingly. See Part III- Dietary Indicators of Nutritional Need- beginning page 25 in Prenatal and Postpartum Nutrition Module and Nutrition Education Plan Prenatal for additional information and client-centered counseling suggestions.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 3: Remains free from nutrition- or food-related illness, complications.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ Tell me about any special foods, formula or special diet you are currently on or have been on in the past and why. (Risk Factor 201,341-349, 351-362, 427.2) ▪ Tell me about any food or food groups you intentionally leave out from your diet and why (reasons could include personal preference, religious, financial, and/or medical reasons, etc.). (201,341-349, 351-362, 427.2) 	<p>Asking this question will help the CPA assess any current or past medical problems that may have nutritional implications. Also, information from this question may help determine any medical problems not revealed in the health history. It will also help determine dietary practices.</p> <p>Asking this question will help the CPA assess whether the participant is practicing any restrictive dietary habits for any reasons listed in the question.</p> <p>Some participants may be dissatisfied with their weight and use unhealthy means like intentionally omitting certain foods or food groups from their diet to alter it. Chronic food restriction and inadequate energy intake may cause poor growth, menstrual irregularities, poor concentration, irritability, sleep difficulties, and constipation. Frequent dieting may be associated with binge eating. Purging (e.g., self-induced vomiting laxative use) or inappropriate/excessive exercise may be associated with risk behaviors (e.g., substance use, suicide attempts). Self-induced vomiting and/or the use of laxatives, diuretics, or diet pills are warning signs of eating disorders. (85% of all adult cases of eating disorders begin during adolescence.) Participants who engage in these behaviors need further assessment and immediate referral for help.</p> <p>Women consuming highly restrictive diets are at risk for primary nutrient deficiencies. Examples of restrictive diets include: vegetarian, macrobiotic, food allergies; lactose intolerance.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if applicable. See Prenatal and Postpartum Nutrition Module and Nutrition Education Plan Prenatal for additional information and client-centered counseling suggestions.</p> <p>Because the term “vegetarian” is often used loosely, ask participant who claims to follow a vegetarian diet which foods they eat. If participant says they eat animal products (fish, chicken or milk and eggs) determine if they are consuming adequate protein based on the 2005 Dietary Guidelines. If they claim no intake of animal products ask further questions about total intake. Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Further assessment by the Nutritionist is recommended for healthy meal planning. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 3: Remains free from nutrition- or food-related illness, complications.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>6. <u>Tell me about things you eat or crave that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil).</u> (427.3)</p>	<p>Some GI surgeries are termed as “restrictive operations” and promote weight loss by restricting food intake (adjustable gastric banding and vertical banded gastroplasty). Other procedures are called “malabsorptive operations” and weight loss occurs by interrupting the digestive process [Rous-en-y gastric bypass (RGB), Biliopancreatic diversion (BPD)]. The malabsorptive procedures carry the greater risk for nutritional deficiencies.</p> <p>Pica is the craving for, and eating of, non-food substances. Pica is linked to lead poisoning, anemia, caloric displacement, gastric and small bowel obstruction, and parasitic infection. It may also contribute to nutrient deficiencies by either inhibiting absorption or by displacing intake of nutrient dense foods. Pica has been associated with a variety of poor pregnancy outcomes in women.</p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if applicable.</p> <p>If the participant is practicing pica, discuss the information in Rationale and encourage avoiding any nonfood substances mentioned. See Part IV (beginning page 46) of Prenatal and Postpartum Nutrition Module and Nutrition Education Plan Prenatal for additional information and client-center counseling suggestions.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 3: Remains free from nutrition- or food-related illness, complications.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>7. <u>Tell me what you know about the dangers of food borne illness in pregnancy.(427.5)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How often do you eat any of these foods: raw or undercooked meat, fish, poultry or eggs; unpasteurized milk or soft cheeses such as brie, feta, Camembert, Roquefort, queso blanco, queso fresco or Panela; unheated lunch meat, hot dogs, or other processed meats; raw sprouts; unpasteurized juice; raw or undercooked tofu? (427.5) <p>8. <u>Tell me about a time when you have felt unsafe or threatened. (901)</u></p>	<p>Ingesting these foods is risky because they could be contaminated with pathogenic microorganisms. Potentially harmful foods include: raw fish or shellfish; smoked seafood not cooked; raw or undercooked meat or poultry; unheated hot dogs, lunch meats, or meat spreads; unpasteurized milk or foods containing it; soft cheeses like feta or Brie; raw or undercooked eggs or foods containing them like salad dressings, cake or cookie batters; raw sprouts; unpasteurized fruit or vegetable juices. Food borne illnesses may product flu-like symptoms such as muscle aches, chills, diarrhea or stomachache.</p> <p>This question will assist in determining if the participant is at risk for domestic violence/abuse and in need of referral and/or services.</p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if applicable.</p> <p>Access information on food safety for pregnant women through the “Food Safety for Moms-to-Be”, a new food safety education program from FDA. www.cfsan.fda.gov/pregnancy.html. Print out food safety handout to give to patients.</p> <p>Also access these websites: http://www.fightbac.org/ http://www.cdc.gov/ncidod/dbmd/diseaseinfo/foodborneinfections_g.htm http://www.cdc.gov/foodsafety http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm http://www.cfsan.fda.gov http://www.foodsafety.gov http://www.fightbac.org http://www.ific.org for additional information.</p> <p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factor(s). Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 4: Avoids alcohol, tobacco, and illegal drugs.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>9. <u>Tell me what you think about the use of alcohol, tobacco or illegal drugs in pregnancy. (371, 372)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about your history of use of alcohol, tobacco or illegal drugs before pregnancy and currently. (371, 372) ▪ Tell me what you know about the effects of using alcohol, tobacco and/or illegal drugs in pregnancy. (371, 372) 	<p>Pregnant addicts often forget their own health care, adding to their unborn babies' risk. Since nutritional deficiencies can be expected among drug users, diet counseling and other efforts to improve food intake are recommended. Infants born to women who use illegal drugs frequently go through withdrawal soon after birth and may have increased rate of congenital defects, growth retardation, and preterm delivery. Some prescription drugs and over-the-counter drugs are not safe to take in pregnancy. No drugs/medicines should be taken during pregnancy without first checking with their medical provider.</p> <p>Use of illegal drugs and/or excessive alcohol use can negatively impact the participant's ability to care for herself and her family. Women who smoke are at risk for chronic and degenerative disease. Smokers have lower levels of vitamin C and E, impaired folate status and lower intakes of vitamin A, vitamin C, fiber, folate and iron. Chemical dependency represents a social risk factor for Failure to Thrive (FTT) and is strongly associated with abuse and neglect. These conditions may contribute to a lack of mother/infant bonding during feeding and therefore interfere with the infant's growth process. Nutrition depends on this bonding between mother and infant and their behaviors involved in feeding interactions. Cigarette smoking kills an estimated 178,000 women in the United States annually. The three leading smoking-related causes of death in women are lung cancer (45,000), heart disease (40,000), and chronic lung disease (42,000). Ninety percent of all lung cancer deaths in women smokers are attributable to smoking. Since 1950, lung cancer deaths among women have increased by more than 600 percent. By 1987, lung cancer had surpassed breast cancer as the leading cause of cancer-related deaths in women. Women who smoke have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and uterine cervix. Women who smoke double their risk for developing coronary heart disease and increase by more than tenfold their likelihood of dying from chronic obstructive pulmonary disease. Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). Postmenopausal women who smoke have lower bone density than women who never smoked. Women who smoke have an increased risk for hip fracture than never smokers.</p>	<p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factor(s). Discuss the need for avoidance of illegal drug use, the effects of drug use on the developing fetus and, how drug use may cause nutritional deficiencies. Refer to medical provider and drug alcohol abuse program as appropriate. Use SPIRIT Referral resources and ADH Common Customer Referral Directory to make appropriate referrals for counseling and tobacco cessation programs. See Prenatal and Postpartum Nutrition Module, beginning page 54 for additional information on alcohol, tobacco and drug use in pregnancy. Also see Nutrition Education Plan Prenatal for client-centered counseling suggestions.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 4: Avoids alcohol, tobacco, and illegal drugs.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>10. <u>How often are you exposed to second hand tobacco smoke (environmental tobacco smoke) inside your home? (371, 904)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ Tell me what you know about the effects of second hand smoke. (904) 	<p>Environmental tobacco smoke (ETS) exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. Exposure to ETS (also called second-hand smoke) has been well studied and there is compelling evidence that it results in very harmful health consequences. Women who are exposed to Environmental Tobacco Smoke (ETS) are at risk for lung cancer and cardiovascular diseases. ETS increases inflammation which is associated with asthma, cardiovascular diseases, cancer, chronic obstructive pulmonary disease and metabolic syndrome.</p> <p>This is what we now know about secondhand smoke:</p> <ul style="list-style-type: none"> • There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. • Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke. • Secondhand smoke causes heart disease and lung cancer. • Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air or opening a window. • Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke-free. But millions of children and adults still breathe secondhand smoke in their homes, cars, workplaces, and in public places. <p>Prenatal women who are non smokers but are exposed to tobacco smoke and those who are smokers are at risk of lung damage from oxidative changes. Antioxidants may modulate oxidative stress-induced lung damage among both smokers and non-smokers. Research indicates that consuming fruits and vegetables is more beneficial than taking antioxidant supplements. This suggests that other components of fruits and vegetables may be more relevant in protecting the lung from oxidative stress. Dietary fiber is also thought to contribute to the beneficial health effects of fruits and vegetables.</p>	<p>See Prenatal and Postpartum Nutrition Module for information on tobacco use in pregnancy. Also see Nutrition Education Plan Prenatal for client-centered counseling suggestions. Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factor(s). Refer to PCP and/or Nutritionist is appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System for appropriate referrals.</p> <p>Go to the following link to learn more about the effects of secondhand smoke (environmental tobacco smoke- ETS) and use in counseling: http://www.surgeongeneral.gov/library/secondhandsmoke/</p> <p>Go to the following link to print out the brochure “Secondhand Smoke- What it Means to You”: http://www.surgeongeneral.gov/library/secondhandsmoke/secondhandsmoke.pdf</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>11. <u>Tell me about any questions or concerns you have about your diet/eating habits during pregnancy. (427.2)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ Tell me how you would describe your appetite. (427.2) ▪ Tell me what a typical day's eating routine/schedule is like for you. What do you think about the amount and variety of foods you eat? (427.2) ▪ Tell me who plans the meals and does the grocery shopping for your family. (427.2) ▪ How often do you eat a meal from a fast food or other restaurant? (427.2) ▪ How often does your family eat together? (427.2) ▪ How often does your family watch TV during family mealtime? (427.2) 	<p>Many things can cause decreased or excessive appetite. Some possible reasons include: hormone changes, psychological disorders (anorexia nervosa and bulimia), certain medications, poorly fitting dentures or pain in the teeth or mouth, some medical conditions, alcohol abuse and emotional stress.</p> <p>Meal skipping is associated with a low intake of energy and essential nutrients. Repeatedly skipping meals decreases the nutritional adequacy of the diet. Consumption of convenience and fast foods is common among Americans. Frequent consumption increases fat, calorie, and sodium intake and reduces intake of important vitamins and minerals. Those who consume more than two fast food meals per week may be at increased risk for obesity. Women should be encouraged to reduce their consumption of these foods and should be offered suggestions for making quick and healthy food choices. Having scheduled family meals and snacks provides a learning opportunity for the family. Seeing the parent/care giver enjoy a wide variety of nutritious foods can have a powerful influence on the child (ren)'s food acceptance as well as providing a time for the family to connect. Pleasant conversation and turning off the TV during mealtimes should be encouraged. This is a good habit to begin even before the baby is born.</p>	<p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factor(s). Refer to PCP and/or Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System for appropriate referrals.</p> <p>If fair or poor appetite, ask about any changes that have occurred to affect appetite and assess food intake, weight gain status or other reasons. (Refer to physician or other medical provider if depression or other concern is found to be the cause.) Find out why she is skipping meals and help her find a solution to the meal skipping. Explain the importance of balanced eating and regular meal times to make sure the diet is adequate in nutrients and energy. During pregnancy regular meals and snacks may help a woman gain an adequate amount of weight. If a participant answers 2 or more time per week eating out, question why. If reasons include lack of food preparation knowledge or experience, make referral to EFNEP (if available) or local cooperative Extension Service office. If family does not eat together, explore why meals are not eaten together and how this may be accomplished more often. "Tell me about your family meals." If family often watches TV during mealtimes find out how often and ask things like "What do you think meal time would be like if you didn't have the TV on?" "Do you see any advantages to not having the TV on at mealtimes?" Refer to <u>Fit Kids= Happy Kids</u> information on "<u>Family Food Routines</u>" and "<u>Wise TV-Time Choices.</u>"</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>12. <u>What makes it difficult to prepare and provide meals/food for your family? (427.2, 427.5, 801, 802)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How often are you unable to provide enough food to feed your family? (427.2, 801, 802). ▪ What community food resources (other than WIC) have you used to provide for your family? (427.2, 801, 802) ▪ What appliances for food/meal preparation and storage do you have? Tell me which ones do not work properly. (427.2, 427.5, 801, 802) ▪ What type of water supply do you have for drinking and cooking? (fluoridated or non-fluoridated, bottled, private well) (427.2, 427.5, 801, 802) 	<p>These questions provide information about the participant's living situation and can help determine whether the participant has adequate resources to prepare meals and store food properly.</p>	<p>If homeless (or migrant) may need to tailor the food package to accommodate limited food preparation and/or storage resources and/or refer to social services for help with housing. Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factors. Refer to Nutritionist if appropriate. Use ADH common Customer Referral Directory and SPIRIT Referral System for services as appropriate.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>No questions listed for Risk Factor 401:</p> <p><u>Failure to meet Dietary Guidelines for Americans</u></p>	<p>Absence of any other risk –<u>select only if no other risk factors have been identified.</u></p> <p>Children two years of age and older and women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p>This risk factor may only be assigned after a complete assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and no other risk is identified.</p>	<p><u>SELECT THIS RISK FACTOR ONLY IF NO OTHER NUTRITION RISKS HAVE BEEN IDENTIFIED.</u></p> <p>Refer to Prenatal and Postpartum Nutrition Module Level II. Use Nutrition Education Plan Breastfeeding/Postpartum information to individualize counseling. See websites:</p> <p>http://www.health.gov/dietaryguidelines/ and http://www.mypyramid.gov/mypyramidmoms/</p> <p>for downloadable brochures.</p>

**Health Outcome-Based WIC Nutrition Assessment
PREGNANT**

Desired Health Outcome: Delivers a healthy, full-term infant while maintaining optimal health status.

Health Goal 6: Makes an informed decision to breastfeed her infant.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>13. <u>Tell me about any questions or concerns you have about feeding your baby. (338)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me what you know about infant feeding. ▪ Tell me what you have heard about breastfeeding. Tell me what you have heard about formula feeding. How do you feel about what you have heard? ▪ Where have you received information about breastfeeding? What have you heard about community support groups or breastfeeding peer counselors? ▪ What questions do you have about getting ready to breastfeed? What concerns would keep you from breastfeeding your new baby? ▪ Tell me about any current or past experiences you have had with breastfeeding. (338) 	<p>These questions will assist you in assessing the woman's stage of change and helps you find out if she plans to breastfeed. They open the conversation about her knowledge, experience, and plans about breastfeeding. These questions also will give you the opportunity to describe WIC breastfeeding education and support services.</p> <p>A pregnant woman currently breastfeeding can have difficulty meeting the nutrient needs of her growing fetus and nursing baby.</p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factors. Refer to Nutritionist if appropriate. Use ADH common Customer Referral Directory and SPIRIT Referral System for services as appropriate.</p> <p>Use the Nutrition Education Plan Breastfeeding Promotion to address breastfeeding promotion. Also see pages 10-12 of Infant Nutrition Module for additional information on breastfeeding promotion and support.</p> <p>Use the WIC Breastfeeding Peer Counselor Program Policy to describe the Breastfeeding Peer Counselor Program and its services.</p> <p>For pregnant women who are currently breastfeeding, discuss the increased calorie and nutrient needs as well as the need for close medical monitoring. See Prenatal and Postpartum Nutrition Module, page 68-69 for additional information and counseling strategies.</p>

Infant
Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 1: Receives ongoing preventative health care including screenings and immunizations.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>1. <u>Tell me where you take your baby for regular well baby checkups.</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How long has it been since your baby's last well baby checkup? ▪ How often do you take your baby to see a doctor for well baby checkups? Where does your baby get their immunizations? What reasons keep your baby from seeing a doctor? ▪ Tell me how you care for your baby's teeth/gums/mouth. (381) ▪ When do you plan to take your baby to the dentist for the first time? (381) ▪ Tell me about any dental/mouth problems your baby has and if they are receiving treatment. (381) 	<p>These questions should be used to verify/determine the infant's medical/dental home and scheduling of visits. Also, let's the CPA help parent overcome barriers to getting care, understand importance of medical/dental care and make referrals as needed.</p> <p>Tooth decay, even in the earliest stages of life, can have serious implications for a child's long-term health and well-being. A recent report from CDC comparing the dental health of Americans in 1988- 1994 and 1999-2002 found a 15.2 percent increase in cavities among two- to five-year olds. The American Academy of Pediatric Dentistry (AAPD) recommends that dental visits begin with the appearance of a child' first tooth, typically around six months but no later than one year.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p> <p>If the infant has no insurance, refer to Medicaid to assess eligibility. Infants need to receive ongoing preventative health/dental care including well child care and immunizations. Elicit where they get care and what kind of care the baby receives as well as barriers to obtaining care (for example beliefs, finances, alien status, lack of insurance and or transportation). If the baby has no medical home, refer to ConnectCare for a PCP assignment or change if they are already enrolled in Medicaid or ARKids. Give them the following telephone number for ConnectCare: 1-800-275-1131 or 1-800-285-1131 for TDD. If they prefer to make a PCP selection on the internet, give this website address: www.seeyourdoc.org.</p> <p>See Section, Care of the Gums and Teeth – Preventing Early Childhood Caries in the Infant Nutrition Module.</p> <p>An infant should have the first dental visit by the first birthday. A child should visit the dentist within six months of the eruption of the first tooth or by age one. Early examination and preventive care will protect a child's dental health now and in the future. See http://www.aapd.org/foundation/pdfs/DentalHomeFinal.pdf and http://www.ada.org/prof/resources/pubs/jada/patient/patient_11.pdf for additional information.</p>

Infant
Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 1: Receives ongoing preventative health care including screenings and immunizations.

Questions/Risk Factor Numbers	Rationale	Talking Points
		<p>In addition to regular dental visits, the AAPD recommends that parents take the following precautions to help prevent tooth decay in children:</p> <ul style="list-style-type: none"> ▪ Brush your child's gums twice a day with a soft cloth or baby toothbrush and water even before the first tooth appears. ▪ Talk to your pediatric dentist about your child's fluoride needs. Infants require fluoride to help developing teeth grow strong, and children who primarily drink bottles water may not be getting the fluoride they need. ▪ If you must put your child to sleep with a bottle, use nothing but water – other beverages can damage teeth, leading to cavities. ▪ Never dip a pacifier into honey or anything sweet before giving it to a baby. ▪ The best times for your child to brush are after breakfast and before bed. ▪ Limit frequency of snacking, which can increase a child's risk of developing cavities. ▪ Take good care of your own teeth. Studies show that babies and small children can "catch" cavity-causing bacteria from their parents (or other caregivers). <p>Discuss with parent/caregiver ways to overcome barriers to dental care.</p>

Infant
Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 2: Achieves a normal growth pattern.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>2. <u>Tell me how you feel about the way your baby is growing?</u> (103,114,121, 134, 135, 141, 142, 151, 153)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What has your doctor told you about how your baby is growing? How do you feel about this? (103,114,121, 134, 135, 141, 142, 151, 153) ▪ What do you think is normal growth for your baby? (103,114,121, 134, 135, 141, 142, 151, 153) 	<p>These questions give the parent/caregiver an opportunity to express concerns about their baby's growth patterns, health and eating habits/behaviors. The response is the parent's/caregiver's viewpoint and may influence the direction of counseling. Growth depends on nutritional status, genetics and rate of growth over an extended period of time. However, length $\leq 10^{\text{th}}$ percentile is often closely related to total dietary energy intake and quality of the diet. Growth patterns of children of racial groups whose length or height for age $\leq 10^{\text{th}}$ percentile has traditionally been attributed to genetics usually increase in rate and final height under conditions of improved nutrition. The primary care provider is the best advisor on whether or not a growth problem exists. . Between 2 and 6 months of age, body fat increases twice as much as muscle; therefore, many infants seem chubby at 6 months. Girls deposit a greater percentage of fat than boys. Between 6 and 12 months, however, infants gain more muscle and less fat, and the chubby appearance often disappears. Infants need fat for growth and energy; therefore, their fat intake should not be restricted.</p>	<p>See Infant Nutrition Education Plan for client-centered counseling suggestions. Encourage the parent/caregiver to focus on the main goals of infant feeding: 1) providing enough food energy (or calories) and nutrients to support a baby's optimal growth and development, and 2) nourishing the emotional bonds between parent and child. Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factors(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT referral sources to refer participant as appropriate.</p>

Infant Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 2: Achieves a normal growth pattern.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ <u>Tell me what a typical day is like for your baby. (no associated risk factor)</u> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me where your baby spends most of his/her time. Examples can include: <ul style="list-style-type: none"> ❖ carrier ❖ crib ❖ bassinet ❖ being held ❖ playpen, etc. ▪ What are some physical activities you do with your baby? 	<p>This question is designed to assess parents'/caregivers' knowledge and attitude about infants' need for activity. Physical activity guidelines for children birth to five years have been developed by the National Association for Sport and Physical Education. Their position statement is as follows:</p> <p><i>All children birth to age five should engage in daily physical activity that promotes health-related fitness and movement skills.</i></p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factors(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT referral sources to refer participant as appropriate.</p> <p>Use the following guidelines and suggestions to talk with parent/caregiver on promoting physical activity for their baby. Access additional information at this website: http://www.aahperd.org/NASPE/template.cfm?template=ns_active.html</p> <p>Physical activity guidelines for infants:</p> <ol style="list-style-type: none"> 1. Infants should interact with parents and/or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment. Examples: Hold, rock and carry the baby to new environments so they can kick, reach, and roll in various settings. <ul style="list-style-type: none"> ▪ Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time. Examples: Create a safe place that is designated for physical activity; decrease time spent in swings, walkers, car seats, and cribs (unless sleeping). ▪ Encourage gross motor skills by placing toys just out of the baby's reach so they have to attempt to roll over, reach or crawl to grab it; place a stuffed toy near the baby's feet and encourage them to kick the toy by lightly tickling their feet with the toy. ▪ Infants should have an environment that meets or exceeds recommended safety standards for performing large muscle activities. Examples: access website: http://www.kidsource.com/kidsource/pages/safety.html ▪ Individuals responsible for the well-being of infants should be aware of the importance of physical activity and facilitate the child's movement skills. Examples: parents/caregivers can: initiate active play; plan and schedule time for active play; decrease or eliminate screen time.

Infant
Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 3: Remains free from nutrition-or food-related illness, complications, or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>4. <u>Tell me about any health or medical problems your baby is currently being treated for or has been treated for in the past. (134, 201, 341-357, 359-360, 362,382, 411.8, 411.10, 411.11, 701.703).</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about any medications, vitamins, minerals (prescription or over-the-counter) or herbal supplements or teas you give your baby and why. How much and how often? (201, 341-357,359-360, 362, 382,, 411.10, 411.11) ▪ Tell me about any special foods, formula or special diet you currently feed or have fed your baby in the past and why (reasons could include personal preference, religious and/or medical, etc.). (134, 201,341-357,359-360,362,382) 	<p>Medical issues may require specific medical nutrition therapies. Individuals with certain medical problems can benefit from WIC foods and nutrition education provided. Failure to Thrive is a serious growth problem with an often-complex etiology. It must be diagnosed by a physician as self-reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders. The body's response to recent major surgery, trauma or burns, for example, may affect nutrient requirements needed for recovery and lead to malnutrition. There is a catabolic response to surgery; severe trauma or burns cause a hypermetabolic state. Injury causes alterations in glucose, protein and fat metabolism. Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens.</p> <p>Some medications may pose food drug interaction. Knowing about medications is important in assuring that the diet is not interfering with them. Feeding dietary supplements with potentially harmful consequences or routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements is a nutrition risk factor. Examples of public health policy include: infant older than 6 months getting less than 0.25 mg of fluoride daily – water source <0.3 ppm OR breastfed (or non-breastfed infant taking less than 16.9 oz. of iron fortified formula daily) without also taking 200 IU vitamin D daily. Children older than 36 months require .5mg of fluoride daily. Some vitamin and herbal supplements can be toxic to children. A physician should monitor any supplementation.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p> <p>Fluoridated water is beneficial in reducing tooth decay. However, excessive amounts of fluoride can cause staining or "mottling" of the tooth enamel. See Infant Nutrition Module (page 18) for additional information and Nutrition Education Plan Infant for client-centered counseling suggestions. Breastmilk provides nearly all the vitamins, minerals, (iron, fluoride) for healthy, full-term babies for the first six months of life. There are two exceptions, Vitamins K and D. See Amy Spangler's Breastfeeding: A Guide for Parents 8th edition (page 160) for additional information.</p> <p>Assign Risk Factor 411.11 if not meeting fluoride requirements and discuss need for fluoride in dental health.</p> <p>Assign Risk Factor 411.10 if feeding dietary supplements with potentially harmful consequences and encourage discussing supplementation with their child's physician.</p>

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Health Goal 3: Remains free from nutrition-or food-related illness, complications, or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ Tell me about any food or food groups you intentionally leave out of your baby’s diet and shy (reasons could include personal preference, religious and/or medical, etc.).(201, 341-357, 359-360, 362, 382) 	<p>If the parent or caregiver answers that certain foods/food groups are omitted from their child’s diet, more investigation as to what type of diet being followed and reasons will be needed.</p> <p>Medical issues may require specific medical nutrition therapies. Make appropriate medical or nutritionist referrals.</p>	<p>Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other harmful effects. The more limited the diet, the greater the health risk. Assist the parent or caregiver in assuring the infant receives an adequate diet to optimize health during critical periods of growth as well as for the long term. Use Nutrition Education Plan Infant for client-centered counseling suggestions and refer to Infant Nutrition Module for additional information.</p> <p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p>

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Questions/Risk Factor Numbers	Rationale	Talking Points
<p><u>5. Tell me what you know about food borne illnesses in infants. (411.5)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me how often your baby eats any of these foods (411.5) <ul style="list-style-type: none"> ❖ Raw or undercooked meat, fish, poultry or eggs ❖ Unpasteurized milk/soft chesses ❖ Unheated lunch meats, hot dogs, or other processed foods ❖ Raw sprouts ❖ Unpasteurized juice ❖ Raw or undercooked tofu 	<p>Ingesting these foods is risky because they could be contaminated with pathogenic microorganisms. Potentially harmful foods include: raw fish or shellfish; smoked seafood not cooked; raw or undercooked meat or poultry; unheated hot dogs, lunch meats, or meat spreads; unpasteurized milk or foods containing it; soft cheeses like feta or Brie; raw or undercooked eggs or foods containing them like salad dressings, cake or cookie batters; raw spouts; unpasteurized fruit or vegetable juices. Food borne illnesses may product flu-like symptoms such as muscle aches, chills, diarrhea or stomachache.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals. Use Nutrition Education Plan Infant for client-centered counseling suggestions and refer to Infant Nutrition Module for additional information.</p> <p>If Yes is answered to any of the food choices listed, assign Risk Factor 411.5. Discuss the risks of children consuming potentially harmful foods. See websites: http://www.fightbac.org/ and CDC at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/foodborneinfections_q.htm http://www.cdc.gov/foodsafety http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm http://www.cfsan.fda.gov http://www.foodsafety.gov http://www.fightbac.org http://www.ific.org</p>
<p><u>6. Tell me about any medical or health problems you had during your pregnancy? (701, 703)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about your history of use (either in pregnancy or currently) of alcohol, tobacco or illegal drugs. (701, 703) ▪ Tell me how you feel about the use of alcohol, tobacco or illegal drugs since having your baby.(701, 703) 	<p>This question is used to assess whether the mother was at nutritional risk during pregnancy in order to assign Risk Factor 701 (Infant, up to 6 months old, of mother on WIC/not on WIC but nutritionally eligible).</p> <p>Chemical dependency represents a social risk factor for Failure to Thrive (FTT) and is strongly associated with abuse and neglect. These conditions may contribute to a lack of mother/infant bonding during feeding and therefore interfere with the infant's growth process. Nutrition depends on this bonding between mother and infant and their behaviors involved in feeding interactions.</p>	<p>The CPA should document how mom was at medical/nutritional risk during pregnancy. Counsel appropriately based upon maternal medical/health problems.</p>

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Questions/Risk Factor Numbers	Rationale	Talking Points
<p>7. <u>What makes it difficult to prepare and provide meals/food for your family?</u> (801, 802, 902)</p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ How often are you unable to provide enough food to feed your family? What community food resources (other than WIC) have you used to provide for your family? (801, 802) ▪ What appliances for food/meal preparation and storage do you have? Tell me which ones do not work properly. (801,802) ▪ What type of water supply do you have for drinking and cooking (fluoridated or non-fluoridated, bottled, private well)? (801, 802) <p>8. <u>Tell me about a time when you felt your baby was unsafe or threatened.</u> (904)</p>	<p>These questions and ensuing discussion will help determine the immediate needs of the participant. And can help determine whether the parent or caregiver has adequate resources to prepare meals for the baby. This also provides information as to the participant's living situation.</p> <p>Not only will these questions identify general living conditions of the family but may identify the need for fluoride supplementation.</p> <p>This question will assist in determining if the participant is at risk for domestic violence/abuse and in need of referral and/or services.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals. Use Nutrition Education Plan Infant for client-centered counseling suggestions and refer to Infant Nutrition Module for additional information.</p> <p>Determine immediate needs of the participant/family. If participant lacks resources for food/meal preparation and storage, they should be asked open-ended follow-up questions regarding access to food, and sanitation techniques for formula preparation (if not previously asked). If the family is in need of shelter or food, make referrals to community resources as appropriate. See Chapter 4, page 99 in the online version of <u>Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs</u> http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf for information on limited access to common kitchen appliances.</p> <p>Fluoridated water is beneficial in reducing tooth decay. See Infant Nutrition Module (page 18) for additional information and Nutrition Education Plan Infant for client-centered counseling suggestions. Refer as needed using SPIRIT referral sources and the ADH Common Customer Referral Directory.</p> <p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Assign applicable risk factor(s). Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate and/or mandatory referrals.</p>

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Questions/Risk Factor Numbers	Rationale	Talking Points
<p>9. <u>How often is your baby exposed to second hand smoke inside their home?</u> (904)</p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ Tell me what you know about the effects of second hand smoke? (904) 	<p>Environmental tobacco smoke (ETS) exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. Exposure to ETS (also called second-hand smoke) has been well studied and there is compelling evidence that it results in very harmful health consequences. Women who are exposed to Environmental Tobacco Smoke (ETS) are at risk for lung cancer and cardiovascular diseases. ETS increases inflammation which is associated with asthma, cardiovascular diseases, cancer, chronic obstructive pulmonary disease and metabolic syndrome.</p> <p>This is what we now know about secondhand smoke:</p> <ul style="list-style-type: none"> • There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. • Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke. • Secondhand smoke causes heart disease and lung cancer. • Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air or opening a window. • Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke-free. But millions of children and adults still breathe secondhand smoke in their homes, cars, workplaces, and in public places. 	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p> <p>Emphasize to the caregiver the importance of their infant not being exposed to any tobacco smoke. Explain that children exposed to second hand smoke are more likely to have upper respiratory infections and increased sensitivity to asthma and wheezing among other conditions. In addition, explain that effects from exposure to tobacco smoke at a young age are more likely to last into adulthood. Go to the following link to learn more about the effects of secondhand smoke (environmental tobacco smoke- ETS) and use in counseling: http://www.surgeongeneral.gov/library/secondhandsmoke/</p> <p>Go to the following link to print out the brochure “Secondhand Smoke- What it Means to You”: http://www.surgeongeneral.gov/library/secondhandsmoke/secondhandsmoke.pdf</p>

Infant Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 4: Consumes breastmilk and/or iron-fortified infant formula and other foods as developmentally appropriate to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>10. <u>Tell me what milk source you feed your baby: breastmilk, iron-fortified formula, both breastmilk and iron-fortified formula, neither? (411.1)</u></p> <p>11. <u>Describe a usual breastfeeding session with your baby. (411.2, 411.7, 411.8, 411.9, 603, 702)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me what things about your breastfeeding do you think could be improved. (603, 702) ▪ Tell me how you breastfeed your baby (nurse directly from the breast, feed your baby pumped/expressed breastmilk in bottle or cup, or both direct nursing and bottle feeding) (411.7, 411.9) ▪ Describe how it feels and looks when your baby latches on and nurses. Describe how your breasts look and feel before and after breastfeeding your baby. (411.7, 411.8, 603, 702) ▪ Describe how your baby looks and acts after nursing. (603,702) ▪ Tell me how often and how long you breastfeed your baby? How many dirty and wet diapers does your baby have each day? (411.7, 411.8, 603) 	<p>This question will help assess if the appropriate primary nutrient source is breastmilk, iron-fortified formula or neither and the parent's/caregiver's reasons (cultural, economic medical, etc.) for not using.</p> <p>Responses to this question (and probing questions that follow) should indicate a baby-led approach. Young infants will generally feed more often than older infants. Frequency could increase during growth spurts that occur typically at 7-14 days, 1 month, 2 months and 6 months. Signs of hunger include hand-to-mouth activity, rooting, pre-cry, facial grimaces, fussing sounds and crying. Infants 0-3 months awaken every 3-4 hours on average.</p> <p>Generally infants take 2-4 ounces (if from bottle) every 2-3 hours for the first month. As the infant gets older, the ounces increase, but the times between feedings lengthen.</p> <p>The number of wet diapers per day can be used to assess the adequacy of breastmilk intakes. This may not be a good indicator when disposable diapers are used. Six to eight wet diapers per day for young, exclusively breastfeeding infants, not receiving additional water, can be used to help assessment, but should not be used as the only indicator. Soiled diapers are often a better indicator of adequate intake than wet diapers. Most young babies will have at least two to five bowel movements every 24 hours for the first several months. If bowel movements are small, there should be several each day. If the baby has one bowel movement every few days, it should be substantial. The later is more common with older babies. Fewer than two bowel movements per day in the poorly gaining young baby may indicate that the baby is not receiving enough milk.</p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. See Nutrition Education Plan Beginning Breastfeeding and Nutrition Education Plan Infant for client-centered counseling suggestions.</p> <p>Assess age appropriate solid food intake if nursing more than expected for age. See Breastfeeding Problem Tips Sheet #603, BF Help-5, BF Help-6 and Breastfeeding Assessment Guide (green sheet) for assessment guidance and counseling suggestions.</p> <p>During the early weeks of breastfeeding, while mom and her baby are learning the basics, encourage the mom to give special attention to how she positions herself and her baby and how the baby latches onto the breast. Aside from normal breast tenderness, i.e., mild discomfort or sensitivity, when latching-on and the first few sucks, breastfeeding is not supposed to hurt. If mom reports latch-on problems, have mom demonstrate (if willing) latch on to determine if proper positioning is occurring. Counsel on proper techniques. After initial let down, breasts will feel full. If the baby is nursing properly, the breast/s will feel softer and less full by the end of a feeding. Use this information along with weight gain, # of wets/stools and other signs to determine the adequacy of feedings. See Breastfeeding Problem Tips Sheet #603, BF Help-5, BF Help-6 and Breastfeeding Assessment Guide (green sheet) for assessment guidance and counseling suggestions. Explain to the parent or caregiver that an infant's stomach is about the size of his/her fist. If the number of ounces is too high or too low determine possible reasons for the amount reported. Is the extra breastmilk (from the bottle) being wasted? Is the amount underreported because the parent or caregiver is not counting what is fed at daycare or at nighttime? Is the baby throwing up the breastmilk? Ask, "Tell me about a typical day and how you feed your baby, how much she or he eats in 24 hours?" See Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions.</p>

Infant
Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 4: Consumes breastmilk and/or iron-fortified infant formula and other foods as developmentally appropriate to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ What do you do with leftover breastmilk (in bottle) from a feeding (411.9) ▪ Tell me how you store pumped/expressed breastmilk. How do you warm pumped/expressed breastmilk? (411.9) 	<p>These questions will help assess if a bottle is used for feeding and the need for discussing sanitation in pumping, bottle and nipple sanitation and storing of breastmilk.</p> <p>Lack of sanitation in preparing and storing bottles may cause gastrointestinal problems. Routinely using inappropriate sanitation in preparation, handling and storage of pumped/expressed breastmilk is an example of inappropriate sanitation.</p>	<p>See Infant Nutrition Module (beginning page 16) and Nutrition Education Plan for client-centered counseling suggestions. See chapter 20 in <u>Amy Spangler's book: Breastfeeding: A Parent's Guide 8th edition</u>. Review with parent/caregiver correct procedures for cleaning bottles and nipples.</p> <p>Preparing and Storing Bottles:</p> <ul style="list-style-type: none"> ▪ Ensure that bottles and accessories are clean and sanitary. ▪ Do not allow bottles (of breastmilk or) infant formula to stand at room temperature to prevent spoilage. Refrigerate prepared bottles until ready to use. ▪ For those infants who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding. ▪ Shake a bottle of breastmilk before feeding because breastmilk separates when it is stored. ▪ <u>Never use a microwave oven to heat bottles of (breastmilk or) infant formula.</u> They may explode or the milk may get too hot (Since the liquid heats unevenly, it can be much hotter than it feels). (Microwave heating can destroy special substances in breastmilk.) ▪ <u>DO NOT PUT CEREAL OR OTHER FOODS IN BOTTLE.</u> This practice replaces (breastmilk or) infant formula with food that may not be needed by the infant, teaches the infant to eat complementary foods (solids) incorrectly, and increases the infants' risk of choking.

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Health Goal 4: Consumes breastmilk and/or iron-fortified infant formula and other foods as developmentally appropriate to meet energy and nutrient requirements.

<i>Questions/Risk Factor Numbers</i>	<i>Rationale</i>	<i>Talking Points</i>
<ul style="list-style-type: none"> ▪ Tell me how you feed your baby breastmilk from a bottle or cup (held in arms, propped, held by themselves, other)? Where is your baby when he/she drinks their bottle or cup (held in arms, bed or carrier, crawls/walks around with, other)? (411.2) ▪ Tell me what age your baby started holding their bottle or cup during feeding? (411.2) <p>12. <u>What formula do you feed your baby?</u> (411.1, 411.2, 411.6, 411.8, 411.9)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me how much formula you <u>offer</u> per feeding and how much your baby drinks per feeding. Tell me many feedings of formula and how much your baby drank in the past 24 hours? (411.1, 411.8) 	<p>Feeding is crucial for the development of a healthy relationship between parents and infants. Healthy social and emotional development of an infant is facilitated by a parent's responsiveness to cues of hunger and satiation, and close physical contact during feeding.</p> <p>Babies permitted to suck on a bottle or drink from a cup any fluid containing carbohydrates (including juice, formula) for prolonged periods of time are at risk of developing early childhood caries.</p> <p>This question will help assess if the type of formula being fed is an appropriate primary nutrient source (iron-fortified formula versus low-iron) and the parent's/caregiver's reasons for their choice (cultural, economic, and medical). The amount of infant formula needed by an infant over a 24-hour period will vary depending on the infant's age, size, level of activity, metabolic rate, medical conditions, and other source(s) of nutrition (breastmilk and/or complementary food). Infants have the ability to regulate their food intake relative to their nutritional needs. In doing so, they express signs of hunger and satiety and expect their caregiver to respond to these cues. Thus, unless medically indicated otherwise, infants should be fed on demand, i.e., fed when they indicate their hunger, and not forced to follow a strict feeding schedule, nor to finish a bottle when no longer hungry. Infants placed on strict feeding schedules in the early months of life stand a greater chance of being either overfed or underfed.</p>	<ul style="list-style-type: none"> ▪ Throw out unused (breastmilk or) infant formula left in a bottle after a feeding and wash the bottle with soap and hot water immediately. Clean and sterilize bottles and accessories before reusing them. <p>Propping a bottle does not allow a baby to learn fullness; is a potential choking hazard; may cause ear infections; and provides no opportunity for bonding between parent and infant. Babies should not be put to bed at night or naptime with a bottle or cup or allowed unlimited access to either (i.e., permitting baby to carry a bottle or cup around whenever he/she wants). See Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. See Nutrition Education Plan Infant for client-centered counseling suggestions.</p> <p>Infants, especially newborns, may not be consistent or follow a timed schedule as to when and how often they want to eat. A healthy infant eventually establishes an individual pattern according to his or her growth requirements. It is normal for infants to have fussy times; an infant may cry and just want to be held, to suck, or need to be changed; or may not be hungry. Encourage caregivers to watch for and respond appropriately to the infant's cues of hunger and satiety or fullness. An infant who is hungry may: wake and toss; suck on a fist; cry or fuss; or appear like he or she is going to cry. Parents/Caregivers should respond to the early signs of hunger and not wait until the infant is upset and crying from hunger. Encourage the parent/caregiver to feed the infant until he or she indicates fullness. Signs of fullness include: sealing the lips together; a decrease in sucking; spitting out the nipple; and turning away from the breast or bottle. Newborn formula-fed infants are generally fed infant formula as often as exclusively breastfed infants are fed for a total of 8 to 12 feedings within 24 hours.</p>

Infant
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Health Goal 4: Consumes breastmilk and/or iron-fortified infant formula and other foods as developmentally appropriate to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ Tell me what you do with leftover formula from a feeding. (411.9) ▪ Explain to me how you mix your baby's formula. What type of water do you use to mix the formula? Tell me how you store your baby's formula once it has been mixed (411.6, 411.9) ▪ Tell me how you warm formula before feeding. (411.6, 411.9) ▪ Tell me how you clean your baby's bottles. (411.9) 	<p>Lack of sanitation in preparing, handling and storing bottles may cause gastrointestinal problems. Routinely using inappropriate sanitation in preparation, handling and storage of formula is an example of inappropriate sanitation.</p>	<p>These young infants need to be fed small amounts of infant formula often throughout the day and night because their stomachs cannot hold a large quantity. If a newborn infant sleeps longer than 4 hours at a time, the infant should be awakened and offered a bottle. From birth to 6 months of age, infants grow rapidly and will gradually increase the amounts of infant formula they can consume at each feeding, the time between each feeding, and the total amount of infant formula consumed in 24 hours. Encourage parents or caregivers to prepare 2 ounces of infant formula every 2 to 3 hours at first. More should be prepared if the infant seems hungry, especially as the infant grows. The partially breastfed infant will consume less infant formula than given in these examples, depending on the frequency of breastfeeding. At 6 months old, infants begin to shift from dependence on breastmilk or infant formula as the primary nutrient source to dependence on a mixed diet including complementary foods. Thus, the consumption of breastmilk or infant formula tends to decrease as the consumption of complementary foods increases.</p> <p>See Infant Nutrition Module beginning page 16 for information on formula preparation: cleaning and sterilizing bottles, preparing water, preparing the formula, what to do with leftover formula, proper feeding temperature and counseling tips.</p> <p>Preparing and Storing Bottles:</p> <ul style="list-style-type: none"> ▪ Ensure that bottles and accessories are clean and sanitary. ▪ Do not allow bottles (of breastmilk or) infant formula to stand at room temperature to prevent spoilage. Refrigerate prepared bottles until ready to use. ▪ For those infants who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding. ▪ Shake a bottle of breastmilk before feeding because breastmilk separates when it is stored. ▪ <u>Never use a microwave oven to heat bottles of (breastmilk or) infant formula.</u> They may explode or the milk may get too hot (Since the liquid heats unevenly, it can be much hotter than it feels). (Microwave heating can destroy special substances in breastmilk.)

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Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 4: Consumes breastmilk and/or iron-fortified infant formula and other foods as developmentally appropriate to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ Tell me how you feed your baby their bottle or cup (held in arms, propped, held by themselves, other). Where is your baby when he/she drinks their bottle or cup (held in arms, bed or carrier, crawls/walks around with, other)? (411.2) ▪ Tell me what age your baby started holding their own bottle or cup during a feeding. (411.2) <p>13. <u>Tell me what foods and other fluids (other than breastmilk or iron-fortified formula) you are feeding or have fed your baby. (411.3)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ What age did you start feeding your baby any solid foods? What age did you start feeding your baby liquids other than breastmilk or formula?(411.3) 	<p>Babies permitted to suck on a bottle or drink from a cup any fluid containing carbohydrates (including juice, formula) for prolonged periods of time are at risk of developing early childhood caries.</p> <p>Feeding is crucial for the development of a healthy relationship between parents and infants. Healthy social and emotional development of an infant is facilitated by a parent's responsiveness to cues of hunger and satiation, and close physical contact during feeding.</p> <p>The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months with no introduction of complementary foods.</p> <p><u>Baby Cereal:</u> Iron-fortified infant cereal is an appropriate first solid for infants because it is easy to digest and contributes iron to the diet. Iron-fortified infant cereal can be introduced when the infant is 5 to 6 months old.</p>	<ul style="list-style-type: none"> ▪ <u>DO NOT PUT CEREAL OR OTHER FOODS IN BOTTLE.</u> This practice replaces (breastmilk or) infant formula with food that may not be needed by the infant, teaches the infant to eat complementary foods (solids) incorrectly, and increases the infants' risk of choking. ▪ Throw out unused (breastmilk or) infant formula left in a bottle after a feeding and wash the bottle with soap and hot water immediately. Clean and sterilize bottles and accessories before reusing them. <p>Propping a bottle does not allow a baby to learn fullness; is a potential choking hazard; may cause ear infections; and provides no opportunity for bonding between parent and infant. Babies should not be put to bed at night or naptime with a bottle or cup or allowed unlimited access to either (i.e., permitting baby to carry a bottle or cup around whenever he/she wants). See Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions.</p> <p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. See Nutrition Education Plan Infant for client-centered counseling suggestions. See Rationale. If a food is being fed and it is not age-appropriate for the infant ask follow-up questions. Find out how the food is being fed and the frequency. Counsel regarding age-appropriate food introduction. See Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions.</p>

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Questions/Risk Factor Numbers	Rationale	Talking Points
	<p>Iron fortified infant <u>rice</u> cereal is a good choice as an infant's first solid food because it is easily digested and unlikely to cause an allergic reaction. After introducing rice cereal, oat, barley and mixed grains can be added at 1-week intervals. Infant cereal should be mixed with breastmilk or formula, not water.</p> <p><u>Fruits/Vegetables</u> are generally introduced. Education should be given on choking foods. Adding any solid foods or liquids other than formula, breastmilk or plain water to bottles can result in: overfeeding, changes in energy and nutrient composition of the formula or breastmilk; deprives the infant of experiences important for the development of feeding skills; could cause the baby to choke. Using a bottle to feed fruit juice or any sugar-containing fluids increases risk of dental caries. Feeding is crucial for the development of a healthy relationship between parents and infants. Healthy social and emotional development of an infant is facilitated by a parent's responsiveness to cues of hunger and satiation, and close physical contact during feeding.</p> <p>Babies permitted to suck on a bottle or drink from a cup any fluid containing carbohydrates (including juice and formula) for prolonged periods of time are at risk of developing early childhood caries. Feeding is a crucial part of the development of a healthy relationship between parents and their babies. A parent's responsiveness to their baby's cues for hunger, satiation and close physical contact during feeding facilitates healthy social and emotional development. These questions also assist in assessing if the baby is developing appropriately with feeding skills.</p>	<p>See Chapter 5 "Complementary Foods" in <u>Infant Nutrition and Feeding: A Guide for Use in WIC and CSF Programs</u>: http://www.nal.usda.gov/wicworks/Topics/FG/Chapter5_ComplementaryFoods.pdf</p> <p>Counsel regarding the risks associated with bottle feeding solids and liquids other than formula, breastmilk or plain water. Refer to Nutrition Education Plan Infant for client-centered counseling suggestions and Infant Nutrition Module for additional information.</p> <p>Prior to starting an infant on solid foods he/she should be fed in a quiet setting. The baby should not be fed with a propped bottle. Propping a bottle does not allow a baby to learn fullness; is a potential choking hazard; and provides no opportunity for bonding between parent and infant. When a baby starts showing interest in solid foods, he/she should be brought to the family table –even if he/she does not eat. This supports the concept of family meals and the infant will learn about family meals and eating activities. An example of other questions to ask: "Tell me more about how you position your baby for feeding."</p> <p>Refer to Infant Nutrition Module and Nutrition Education Plan Infant for client-centered counseling suggestions and additional information. Babies should not be put to bed at night or naptime with a bottle or cup or allowed unlimited access to either (i.e., permitting baby to carry a bottle or cup around whenever he/she wants). See Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions.</p>

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Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ Tell me how often your baby uses a pacifier. How often is the pacifier dipped in honey, syrup or other sweeteners? (411.3) 	<p>Sweetening agents added to the bottle or pacifier promotes the development of early childhood caries. Honey should not be added to an infant's food, water, or pacifier because it can be a source of spores that cause botulism poisoning in infants. Processed foods containing honey should also not be given. Parents/caregivers <u>should not</u> "clean" their babies' pacifiers by putting them into their mouths first as bacteria that cause early childhood caries and other bacteria can be introduced this way.</p>	<p>Infant formula can be offered from a cup as an infant gets older. Infants should be weaned off the bottle and onto a cup by about 12 months of age. Review the following feeding tips with parent or caregiver:</p> <p>Always hold an infant while feeding with a bottle. Never prop a bottle for an infant at any age. Do no leave a bottle in infant's crib or playpen. (Older infants can hold the bottle while feeding but they should be sitting in an adult's arms or in a high-chair or similar chair and the bottle or cup should be taken away when the feeding is finished). Prior to starting an infant on solid foods he/she should be fed in a quiet setting. The baby should not be fed with a propped bottle. Propping a bottle does not allow a baby to learn fullness; is a potential choking hazard; and provides no opportunity for bonding between parent and infant. When a baby starts showing interest in solid foods, he/she should be brought to the family table – even if he/she does not eat. This supports the concept of family meals and the infant will learn about family meals and eating activities. An example of other questions to ask: "Tell me more about how you position your baby for feeding."</p> <p>Refer to Infant Nutrition Module and Nutrition Education Plan Infant for client-centered counseling suggestions and additional information. Teaching an infant to drink from a cup is part of the process of acquiring independent eating skills. A delay in the initiation of cup drinking prolongs the use of the nursing bottle that can lead to excess milk and juice intake and possible Early Childhood Caries (ECC). Weaning from a bottle to a cup should occur by 12 to 14 months of age.</p> <p>Babies should not be put to bed at night or naptime with a bottle or cup or allowed unlimited access to either (i.e., permitting baby to carry a bottle or cup around whenever he/she wants). See Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions.</p>

Infant
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Questions/Risk Factor Numbers	Rationale	Talking Points
<p>No questions listed for Risk Factor 428: <u>Ability to transition to complementary feeding (infant 4- 12 months of age only)</u></p>	<p>Absence of any other risk - select only if no other risk factors have been identified (for infant 4-12 months of age only). An infant who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p> <p>The WIC Program plays a key role not only in the <u>prevention</u> of nutrition-related health problems, but also in the <u>promotion</u> of lifelong healthy eating behaviors. The process of introducing complementary foods provides a unique opportunity for WIC staff to assist caregivers in making appropriate feeding decisions for young children that may have life-long implications.</p> <p>This risk factor may only be assigned after a complete assessment (to include an assessment for risk #411, Inappropriate Nutrition Practices for Infants, has been performed and no other risk is identified <u>AND</u> only assigned for infants 4- 12 months of age.</p>	<p><u>SELECT THIS RISK FACTOR ONLY IF NO OTHER NUTRITION RISKS HAVE BEEN IDENTIFIED.</u> Caregivers can be guided and supported in managing common infant/toddler feeding problems. Feeding practices that caregivers can use to facilitate a successful transition to a food group-based diet include :</p> <ul style="list-style-type: none"> ● Offering a variety of developmentally appropriate nutritious foods; ● Reducing exposure to foods and beverages containing high levels of salt and sugar; ● Preparing meals that are pleasing to the eye and include a variety of colors and textures; Setting a good example by eating a variety of foods; ● Continue iron-fortified formula until age 1; continue breastfeeding as long as mom and baby want. ● Offering only whole milk from age 1-2; (Lower fat milk can be introduced after that age.) ● Providing structure by scheduling regular meal and snack times; ● Allowing the child to decide how much or whether to eat; ● Allowing the child to develop eating/self-feeding skills; and ● Eating with the child in a pleasant mealtime environment without coercion.

Infant Health Outcome-Based WIC Nutrition Assessment Guidance

Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 5: Establishes a trusting relationship with parent(s) that contributes to positive feeding experiences.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>14. <u>Tell me about how you think feeding is going. What questions or concerns do you have about feeding your baby? (411.4)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ Describe feeding time with your baby. How does your baby let you know when they are hungry? How do you know when you baby has had enough to eat or drink? (411.4) ▪ How do you feel about the amount your baby eats or drinks? What changes have you noticed in the way your baby eats? (411.4) ▪ Tell me what you know about foods that cause choking in babies. Tell me how often your baby eats (411.4): <ul style="list-style-type: none"> ❖ Nuts/peanuts/seeds ❖ Peanut butter ❖ Hard candy ❖ Grapes ❖ Raisins ❖ Corn ❖ Raw fruits/vegetables ❖ String cheese ❖ Jelly beans ❖ Gum drops ❖ popcorn ▪ What age did your baby start using their fingers to feed them self? What age did your baby start using a spoon to feed them self? (411.4) 	<p>The questions in this section serve to assess if any of the following feeding practices are present:</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues). ▪ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ▪ Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▪ Feeding infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). (By the time infants are eight months old, they can begin to feed themselves with their hands and can try some finger foods. These foods should be small enough for them to pick up and soft enough for them to chew on.) 	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. See Nutrition Education Plan Infant for client-centered counseling suggestions. Use Rationale as discussion guidance.</p> <p>Is the parent/caregiver trying to put the infant on a schedule or are the feedings baby led? A parent or caregiver should look for signs of hunger: sucking on hand/fist, rooting, fussing, and /or crying (a late hunger cue). It is important to understand a baby's cues for hunger, fatigue, and over stimulation. Parents or caregivers who are not sure whether their infant is hungry can first attempt to soothe the baby by holding, rocking, swaddling or playing before feeding. Signs of fullness include: turning the head away from the bottle, showing interest in things other than eating, and closing the mouth. By recognizing these signs the parent or caregiver can prevent overfeeding. By asking the parent or caregiver about feeding time, an opportunity is given to them to express concerns about the baby's eating habits or health. This response is the parent or caregiver's viewpoint and may influence the direction of the counseling. Counsel on age appropriate foods with emphasis on avoiding foods that cause choking. Refer to Infant Nutrition Module and Nutrition Education Plan Infant for additional information and client-centered counseling suggestions. Also refer to the online version of <u>Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs</u> at: http://www.nal.usda.gov/wicworks/Topics/Infant_Feeding_Guide.html See specifically Chapters 2, 3, 5 and 6.</p>

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Desired Health Outcome for Infants: Achieves optimal growth and development in a nurturing environment and develops a foundations for healthy eating practices.

Health Goal 5: Establishes a trusting relationship with parent(s) that contributes to positive feeding experiences.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>15. <u>Tell me how breastfeeding is going? What questions or concerns do you have? (603, 702)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What things about your breastfeeding do you think could be improved? (603, 702) ▪ Describe any medical or nutritional problems you may have that would affect your being able to breastfeed your baby. (603, 702) 	<p>This question allows the parent to express any questions or concerns that may not have been elicited from previous questions about breastfeeding.</p> <p>This question is used to asses if the mother has any medical contraindications to breastfeeding (e.g., HIV, illegal drug use, etc.)</p>	<p>Use probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. See Nutrition Education Plan Infant for client-centered counseling suggestions. Address parent's questions and/or concerns. Refer to Breastfeeding Peer Counselor (if available) or LHU Breastfeeding Resource person for follow-up and/or assistance. See <u>Amy Spangler's Breastfeeding A Parent's Guide 8th edition</u> and Chapter 21-Health Problems – Mother of <u>La Leche League International The Breastfeeding Answer Book</u> for additional information.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 1: Receives ongoing preventive health care including screenings and immunizations.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>1. <u>Tell me where you take your child for well child checkups and dental care? (211, 381)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How long has it been since your child's last well child checkup? ▪ How often do you take your child to see a doctor for well child checkups? Where does your child get their immunizations? What reasons keep your child from seeing a doctor? ▪ Tell me what you know about lead poisoning. When was the last time your child was screened/tested for exposure to lead? Tell me if you know if your child has been exposed to any of these sources of lead: old paint chips, lead on clothing from working with lead (welding, handling batteries), soil where old vehicles with leaded gasoline were parked, etc. (See <u>Memorandum# 03-19</u> for additional lead screening requirements).(211) ▪ Tell me how you care for your child's teeth/gums. (381) ▪ How long has it been since your child's last dental visit? What reasons keep your child from seeing a dentist? (381) ▪ Tell me about any dental/mouth problems your child has and if they are receiving treatment. (381) 	<p>Everyone needs ready access to coordinated and comprehensive medical care for promotion of healthy behaviors and the early identification, treatment and prevention of illness and disease. This question is to determine if the child has a "medical home". Well child care and immunizations are important routine medical care needed by all children. Lead poisoning is a persistent, but entirely preventable public health problem in the US. It is most common in children. Children absorb lead more readily than adults and children's developing nervous systems are particularly vulnerable to lead's effects. Nutritional interventions can decrease the absorption of lead, but they cannot remove lead that is already present within the body.</p> <p>Oral health can be defined as a functionally sound mouth and jaw that are free of disease and supported by healthy behaviors. Nutrition is important in the development of healthy oral tissues and plays a crucial role in the 2 oral infections that account for most tooth loss: dental caries and periodontal disease.</p> <p>Regular dental care is important for children even though they will lose their primary "baby" teeth. It is recommended children seek dental care early.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p> <p>If the child has no insurance, refer to Medicaid to assess eligibility. Children need to receive ongoing preventative health/dental care including well child care and immunizations. Elicit where they get care and what kind of care the child receives as well as barriers to obtaining care (for example beliefs, finances, alien status, lack of insurance and or transportation). If the child has no medical home, refer to ConnectCare for a PCP assignment or change if they are already enrolled in Medicaid or ARKids. Give them the following telephone number for ConnectCare: 1-800-275-1131 or 1-800-285-1131 for TDD. If they prefer to make a PCP selection on the internet, give this website address: www.seeyourdoc.org.</p> <p>Follow ADH policy re lead screening and referral (Memorandum# 03-19). See Nutrition Education Plan - Lead for nutrition education. Optimal intake of the specific nutrients may decrease the effect of lead upon a body. Adequate intake of calories, calcium, magnesium, iron, zinc, and decrease the effect of lead upon a body. Adequate intake of calories, calcium, magnesium, iron, zinc, and various vitamins (e.g. thiamin, vitamin C and vitamin E) decreases absorption of lead in adults and the susceptibility of children to the toxic effects of lead.</p> <p>A child should visit the dentist within six months of the eruption of the first tooth or by age one. Early examination and preventive care will protect a child's dental health now and in the future. See http://www.aapd.org/foundation/pdfs/DentalHomeFinal.pdf and http://www.ada.org/prof/resources/pubs/jada/patient/patient_11.pdf for additional information. Instruct parents with children 1 to 2 years to clean their child's teeth twice daily using a small soft toothbrush and water. For parents with children older than 2 inform them that fluoridated toothpaste can be used in small amounts. If no dental care, refer to Medicaid or other dental sources available in the community. Use Referral System in SPIRIT and the ADH Common Customer Referral Directory for resources.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 2: Achieves a normal growth pattern.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>2. <u>Tell me how you feel about the way your child is growing. (103, 114, 121, 135, 113 [greater than 24 months of age], 141 [less than 24 months of age], 142 [less than 24 months of age], 151[<24 months of age])</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ What has your doctor told you about how your child is growing? How do you feel about this? (103, 114, 121, 135, 113 [greater than 24 months of age], 141 [less than 24 months of age], 142 [less than 24 months of age], 151[<24 months of age]) ▪ What do you think is normal growth for your child? (103, 114, 121, 135, 113 [greater than 24 months of age], 141 [less than 24 months of age], 142 [less than 24 months of age], 151[<24 months of age]) <p>3. <u>Tell me what a typical day is like for your child. (no associated risk factors)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about the kinds of active play your child does. What are some physical activities you do with your child? ▪ Tell me how much time your child spends watching TV and/or videos, playing video games and/or using the computer each day. ▪ Tell me what you think keeps your child from being active on most days. 	<p>See <u>Fit Kids = Happy Kids</u> information on “<u>Healthy Habits for Healthy Weight</u>”.</p> <p>Weight gain and growth of a child may be a parental concern. Sometimes this concern is founded and other times it is not. A problem may also exist but the parent is not concerned. Use the growth grid to assess weight gain and growth.</p> <p>See <u>Fit Kids = Happy Kids</u> information on “<u>Fun Family Fitness</u>”. Physical activity helps build strong muscles, healthy bones, and smart brains. It also helps reduce anxiety and increase self-esteem. Adopting an active lifestyle early in life improves health now and in the future.</p> <p>See <u>Fit Kids = Happy Kids</u> information on “<u>Wise TV Choices</u>”. Television, DVDs, video games and computers all have a serious impact on children’s weight, health, behavior and school performance.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p> <p>If your child is growing, eats healthy foods, and is physically active, you do not need to worry about whether he is overweight. Never place a child on a diet to lose weight. Use <u>Fit Kids = Happy Kids</u> information on “<u>Healthy Habits for Healthy Weight</u>”.</p> <p>Use <u>Fit Kids = Happy Kids</u> information on “<u>Fun Family Fitness</u>”. Play with your kids every day – fun for them, fun for you, too! Playing with your children can help you manage your eight, too. It’s a fun, easy way to be more active. Daily activities makes parenting easier – active kids behave better and sleep better at naptime and at night. Get the whole family off on the right foot – take time to walk (and talk) together every day.</p> <p>Use <u>Fit Kids = Happy Kids</u> information on “<u>Wise TV Choices</u>”. Turning off the TV and limiting videos/video games and computer time gives parents more special family time – to talk, play, read, or just snuggle up together. Wise parents know that TV/video/computer-free/ time is good for children’s bodies, brains, and behavior. Make more TV/video/computer-free time for your child’s sake.</p> <ul style="list-style-type: none"> *Take the TV out of your child’s bedroom. *Turn off the TV during meals. *Aim for spending less than 2 hours per day watching TV/videos and/or using the computer.

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 3: Remains free from nutrition or food-related illness, complications or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>4. <u>Tell me about any health or medical problems your child is currently being treated for or has been treated for in the past. (134, 201, 211, 341-349, 351-357, 359-362, 382, 425.5, 425.6, 425.7, 425.8, 425.9)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me about any medications, vitamins, minerals (prescription or over-the-counter) or herbal supplements or teas your child is taking and why. How much and how often? (201, 211, 341-349, 351-357, 359-362, 382, 425.7, 425.8) ▪ Tell me about any special foods, formula or special diet you currently feed or have fed your child and why. (201, 211, 341-349, 351-357, 359-362, 382, 425.6) ▪ Tell me about any food or food groups you intentionally leave out of your child's diet and why (reasons could include personal preference, religious, and/or medical reasons, etc.). (201, 211, 341-349, 351-357, 359-362, 382, 425.6) 	<p>Medical issues may require specific medical nutrition therapies. Individuals with certain medical problems can benefit from WIC foods and nutrition education provided. Failure to Thrive is a serious growth problem with an often-complex etiology. It must be diagnosed by a physician as self-reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders. The body's response to recent major surgery, trauma or burns, for example, may affect nutrient requirements needed for recovery and lead to malnutrition. There is a catabolic response to surgery; severe trauma or burns cause a hypermetabolic state. Injury causes alterations in glucose, protein and fat metabolism. Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens. <u>Failure to Thrive</u> is a serious growth problem with an often-complex etiology. It must be diagnosed by a physician as self-reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders. Some medications may pose food drug interaction. Knowing about medications is important in assuring that the diet is not interfering with them. Children under 36 months need 0.25mg of fluoride daily when their water supply contains less than 0.3 ppm fluoride. Children older than 36 months require .5mg of fluoride daily. Some vitamin and herbal supplements can be toxic to children. A physician should monitor any supplementation.</p> <p>If the caregiver answers that certain foods/food groups are omitted from their child's diet, more investigation as to what type of diet is being followed will be needed. Vegetarian diets are an example of intentionally omitting certain foods. However, they can be healthy diets; Some vegetarians eat some animal proteins like eggs, milk or cheese. Strict Vegan diets include no animal proteins. These diets may be highly restrictive and result in nutrient deficiencies. Strict vegan diets may be inadequate in calories, vitamin B12, vitamin D, calcium, iron, protein and essential amino acids needed for growth and development. A Macrobiotic diet would be another example of a highly restrictive diet.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals. Refer to Nutritionist for High Risk Counseling as appropriate. Assign <u>Risk Factor 425.8</u> if not meeting fluoride requirements and discuss need for fluoride in dental health. Assign <u>Risk Factor 425.7</u> if feeding dietary supplements with potentially harmful consequences and encourage discussing supplementation with their child's physician.</p> <p>If the diet being followed by the child is highly restrictive (like a Vegan or Macrobiotic diet), select <u>Risk Factor 425.6</u>. CAN REFER TO NUTRITIONIST BUT IS NOT HIGH RISK.</p> <p>Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other harmful effects. Well-balanced vegetarian diets with dairy products and eggs are generally associated with good health. The more limited the diet, the greater the health risk. Given the health and nutrition risks associated with highly restrictive diets, WIC can help the parent to assure that the child consumes an adequate diet to optimize health during critical periods of growth as well as for the long term. Use Child Nutrition Education Plan for client-centered counseling. Refer to Child Nutrition Module Level II for additional information. Recommend to parent to keep the child away from the non-food substance and refer for lead testing. Assign Risk Factor 425.9.</p>

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Questions/Risk Factor Numbers	Rationale	Talking Points
<p>5. <u>Tell me about things that your child eats or craves that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, corn starch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil, (425.9)</u></p> <p>6. <u>Tell me what you know about food borne illnesses in children.(425.5)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me how often your child eats any of these foods(425.5): <ul style="list-style-type: none"> ❖ raw or undercooked meat, fish, poultry, eggs ❖ unpasteurized milk or soft cheeses such as brie, feta, camembert, Roquefort, queso blanco, queso fresco or Panela ❖ unheated lunch meats, hot dogs, or other processed meats ❖ raw sprouts; ❖ unpasteurized juice ❖ raw or undercooked tofu. 	<p>Pica is the craving for, and eating of, non-food substances. Pica is linked to lead poisoning, anemia, caloric displacement, gastric and small bowel obstruction, and parasitic infection. It may also contribute to nutrient deficiencies by either inhibiting absorption or by displacing intake of nutrient dense foods.</p> <p>Ingesting foods listed is risky because they could be contaminated with pathogenic microorganisms. Potentially harmful foods include: raw fish or shellfish; smoked seafood not cooked; raw or undercooked meat or poultry; unheated hot dogs, lunch meats, or meat spreads; unpasteurized milk or foods containing it; soft cheeses like feta or Brie; raw or undercooked eggs or foods containing them like salad dressings, cake or cookie batters; raw sprouts; unpasteurized fruit or vegetable juices. Food borne illnesses may product flu-like symptoms such as muscle aches, chills, diarrhea or stomachache.</p>	<p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if applicable.</p> <p>If the participant is practicing pica, discuss the information in Rationale and encourage to avoid any nonfood substances mentioned.</p> <p>If Yes is answered to any of the choices listed, assign Risk Factor 425.5 Discuss the risks of children consuming potentially harmful foods. See websites: http://www.fightbac.org/ and CDC at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/foodborneinfections_g.htm http://www.cdc.gov/foodsafety http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm http://www.cfsan.fda.gov http://www.foodsafety.gov http://www.fightbac.org http://www.ific.org</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 3: Remains free from nutrition or food-related illness, complications or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>7. <u>Tell me what makes it difficult to prepare and provide meals/food for your family. (425.5, 425.6, 425.8, 801, 802, 902)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ How often are you unable to provide enough food to feed your family? What community food resources (other than WIC have you used to provide for your family)? (425.6, 801, 802) ▪ What appliances for food/meal preparation and storage do you have? Tell me which ones do not work properly. (425.5, 425.6, 801, 802) ▪ What type of water supply do you have for drinking and cooking (fluoridated or non-fluoridated, bottled, private well)? (425.5, 425.8, 801, 802) <p>8. <u>Tell me about a time when you felt your child was unsafe or threatened. (901)</u></p>	<p>These questions provide information about the participant's living situation and can help determine whether the participant has adequate resources to purchase foods, prepare meals and store food properly.</p> <p>This question will assist in determining if the participant is at risk for domestic violence/abuse and in need of referral and/or services.</p>	<p>If homeless (or migrant) may need to tailor the food package to accommodate limited food preparation and/or storage resources and/or refer to social services for help with housing.</p> <p>Use probing questions to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Use ADH Common Customer Referral Directory and SPIRIT Referral System to refer participant for services as appropriate</p> <p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use SPIRIT referral sources and the ADH Common Customer Referral Directory for appropriate referrals.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

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Health Goal 3: Remains free from nutrition or food-related illness, complications or injury.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>9. How often is your child exposed to second hand smoke <u>inside their home</u>? (904)</p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me what you know about the effects of second hand tobacco smoke on children. (904) 	<p>Environmental tobacco smoke (ETS) exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. Exposure to ETS (also called second-hand smoke) has been well studied and there is compelling evidence that it results in very harmful health consequences. Women who are exposed to Environmental Tobacco Smoke (ETS) are at risk for lung cancer and cardiovascular diseases. ETS increases inflammation which is associated with asthma, cardiovascular diseases, cancer, chronic obstructive pulmonary disease and metabolic syndrome.</p> <p>This is what we now know about secondhand smoke:</p> <ul style="list-style-type: none"> • There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. • Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke. • Secondhand smoke causes heart disease and lung cancer. • Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air or opening a window. • Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke-free. But millions of children and adults still breathe secondhand smoke in their homes, cars, workplaces, and in public places. 	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p> <p>Emphasize to the caregiver the importance of their infant not being exposed to any tobacco smoke. Explain that children exposed to second hand smoke are more likely to have upper respiratory infections and increased sensitivity to asthma and wheezing among other conditions. In addition, explain that effects from exposure to tobacco smoke at a young age are more likely to last into adulthood. Go to the following link to learn more about the effects of secondhand smoke (environmental tobacco smoke- ETS) and use in counseling: http://www.surgeongeneral.gov/library/secondhandsmoke/</p> <p>Go to the following link to print out the brochure “Secondhand Smoke- What it Means to You”: http://www.surgeongeneral.gov/library/secondhandsmoke/secondhandsmoke.pdf</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 4: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>10. <u>Tell me about any questions or concerns you have about your child's eating habits. (425.1, 425.2, 425.3, 425.4, 425.6)</u></p> <p>PROBING QUESTIONS:</p> <ul style="list-style-type: none"> ▪ How would you describe a typical day's eating routine or schedule for your child? What are mealtimes and snack times like you're your child? (425.4, 425.6) ▪ How do you know when your child is hungry? How do you know when your child has had enough to eat or drink? What do you do when your child refuses to eat/drink certain foods/beverages/meals? (425.4, 425.6) ▪ How do you feel about what and how much your child eats on most days? (425.1, 425.2, 425.6) How do you feel about what and how much your child drinks on most days? (425.1, 425.2, 425.3) ▪ Tell me who plans the meals and does the grocery shopping for your family. (425.7) ▪ How often does your child eat a meal from a fast food or other restaurant? (425.6) 	<p>Children's appetites change a lot from day to day, even meal to meal. The parent's perception of a child's appetite may give you clues to his or her expectations for the child's eating and if those expectations are realistic for the child. If the child is described as picky look at the eating over time rather than at one meal.</p> <p>Eating regular meals and snacks is important for a growing child. Routine in eating helps the child know the next meal is coming and helps prevent problems with food security. See <u>Fit Kids = Happy Kids</u> information on "<u>Healthy Habits for Healthy Weight</u>", "<u>Family Food Routines</u>", "<u>Smart Servings Sizes</u>", "<u>Fruits and Vegetables</u>", and "<u>Getting Past Pickiness</u>".</p> <p>Meal times can become a battleground. Your child may struggle with you over food in an attempt to make his own decisions and become independent. Struggling over food may make him even more determined. Keep in mind the division of responsibility. The parent decides what and when and where the child eats and the child decides whether to eat and how much. Do not force a child to eat or become a short order cook. Eating regular meals and snacks is important for a growing child. Routine in eating helps the child know the next meal is coming and helps prevent problems with food security. See <u>Fit Kids = Happy Kids</u> information on "<u>Getting Past Pickiness</u>".</p> <p>See <u>Fit Kids = Happy Kids</u> information on "<u>Healthy Beverage Choices</u>". Milk is an essential food for normal growth and healthy weight. 16 ounces of milk is generally the recommended amount per day for a child. Children should consume water daily. Water transports nutrients and oxygen to body cells, carries away waste, regulates temperature, cushions joints, protects organs and tissues, and prevents dehydration. Excessive thirst may be a sign of a medical condition and should be a physician referral. The American Association of Pediatrics recommends no more than 4 to 6 ounces of juice daily for children.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p> <p>If the child is energetic and growing, he is probably eating enough. Emphasize to the parent/caregiver to offer their child food choices and let them decide. Emphasize to the caregiver the importance of a meal/snack/ beverage pattern. Routines are important to children. Try to serve scheduled meals and snacks. See <u>Fit Kids = Happy Kids</u> information on "<u>Healthy Habits for Healthy Weight</u>", "<u>Family Food Routines</u>", "<u>Smart Servings Sizes</u>", "<u>Fruits and Vegetables</u>", and "<u>Getting Past Pickiness</u>". Make mealtimes enjoyable by being patient and understanding when your child makes a mess while she learns to feed herself. Create a relaxed setting. (Turn off TV.) Stress the importance of meal/snack/beverage pattern. Routines are important to children. Serve scheduled meals and snacks. Use <u>Fit Kids = Happy Kids</u> information on "<u>Getting Past Pickiness</u>". Use <u>Fit Kids = Happy Kids</u> information on "<u>Healthy Beverage Choices</u>". Discuss the benefits of being well hydrated. Offer juice in small amounts, 4 to 6 ounces, per day. Drinking more than this can reduce your child's appetite for other health foods. Discuss the risks of frequent eating out. Find out the reasons why the family eats out.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 4: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<ul style="list-style-type: none"> ▪ How often does your family eat meals together? (425.4, 425.6) ▪ How often does your family watch TV during family mealtime? (425.4, 425.6) 	<p>Consumption of convenience and fast foods is common among Americans. Frequent consumption increases fat, calorie, and sodium intake and reduces intake of important vitamins and minerals. Those who consume more than two fast food meals per week may be at increased risk for obesity. When families eat together at home, children are more likely to eat at least 5 servings of fruits and vegetables and less likely to consume fried foods and soft drinks. See Fit Kids = Happy Kids information on "Family Food Routines." Reducing distractions at meal times can help a child eat better. Commercials promoting the intake of high-fat/high-sugar products are commonly viewed and are linked with increased consumption of those foods. Pleasant conversation and turning off the TV during mealtimes should be encouraged. See Fit Kids = Happy Kids information on "Wise TV-Time Choices".</p>	<p>Eating together helps teach the child healthy eating behaviors. This allows the caregivers to be positive role models and practice healthy eating behaviors. Discuss the importance of family meal times. Use Fit Kids = Happy Kids information on "Family Food Routines".</p> <p>Distractions can make a child lose interest in eating. Use Fit Kids = Happy Kids information on "Wise TV-Time Choices" to talk with the caregiver and to make a commitment to more TV-free time.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 4: Consumes a variety of foods to meet energy and nutrient requirements.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>No questions listed for Risk Factor 401:</p> <p><u>Failure to meet Dietary Guidelines for Americans (for child 24 months of age and older)</u></p>	<p>Absence of any other risk –<u>select only if no other risk factors have been identified (for child 24 months of age and older).</u></p> <p>Children two years of age and older who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on <i>failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>Failure to meet Dietary Guidelines</i> is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual’s estimated energy needs.</p> <p>This criterion may only be assigned after a complete assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children) has been performed AND only assigned for children 24 months of age and older.</p>	<p><u>SELECT THIS RISK FACTOR ONLY IF NO OTHER NUTRITION RISKS HAVE BEEN IDENTIFIED.</u></p> <p>Refer to Child Nutrition Module Level II. Use Child Nutrition Education Plan information to individualize counseling to caregiver. See website: http://www.health.gov/dietaryguidelines/ for downloadable brochures and guidelines.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 5: Achieves developmental milestones including self-feeding.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>11. <u>Tell me about any concerns you have about your child's development. (425.3, 425.4)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me what age your child started feeding himself. What utensils does your child use in feeding? (425.3, 425.4) ▪ Tell me what age your child stopped drinking from a bottle; started to drink from a cup. Where is your child when he/she drinks from a cup? (425.3) ▪ Tell me how often your child uses a pacifier. How often is the pacifier dipped in honey, syrup or other sweeteners? (425.3) 	<p>See <u>Fit Kids = Happy Kids</u> information on "<u>What cup is best for my child?</u>" Toddlers should be weaned from the bottle before 14 months of age, preferably closer to the first birthday. Bottle use beyond 14 months can lead to tooth decay, lower appetite from calorie displacement and other potential nutrient deficiencies.</p> <p>See <u>Fit Kids = Happy Kids</u> information on "<u>What cup is best for my child?</u>" These questions target developmental-appropriate feeding. Developmental readiness is important to assess as to how independent an eater a child is. At 1 year to 18 months, children will grasp and release food with finger, be able to hold a spoon but not use it very well, be able to use a cup and want foods others are eating. 18 month to 2 year olds eat less than babies and children over 2, like to eat with hands, have favorite foods and are easily distracted. Age 2 to 3 can hold a cup, chew more foods, and have definite likes and dislikes. Age 3 and 4 can use a fork, hold a cup handle, pour liquids, request favorite foods, have increased interest in food, imitate the cook and can be influenced by TV. 4 to 5 can use a knife, fork and cup well, feed himself, be more interested in talking than eating, likes to help prepare foods and are more influenced by peers.</p> <p>Routine bottle use at night or having milk or juice in a cup throughout the day can lead to nursing bottle mouth, dental caries and other dental problems. If inappropriate bottle use persists, the child risks not only tooth problems, but developmental lags on eating and chewing and even risk of decay in the permanent teeth. Sugar, honey and syrup are not only low in essential nutrients and could displace other calories, and when given on a pacifier they increase the risk of dental caries.</p> <p>Self-feeding is important even though physically toddlers/preschoolers may not be able to handle feeding utensils or have good eye-hand coordination. Children should be able to manage the feeding process independently, without either unnecessary dawdling or hurried eating.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p> <p>Assess if child's self-feeding is age-appropriate and relate to the caregiver what is expected at the child's age. If the caregiver is routinely using feeding practices that disregard the developmental needs or stages of the child assign Risk Factor 425.4 Use information from <u>Fit Kids = Happy Kids</u>, "<u>What cup is best for my child?</u>"</p> <p>Assign Risk Factor 425.3 for routinely using bottles, cups or pacifiers improperly and counsel caregiver accordingly. Use <u>Fit Kids = Happy Kids</u> information on "<u>What cup is best for my child?</u>"</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 5: Achieves developmental milestones including self-feeding.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>12. <u>Tell me what you know about foods that can cause choking in children. (425.4)</u></p> <p><u>PROBING QUESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Tell me if your child eats any of these foods (425.4) <ul style="list-style-type: none"> ❖ round or hard candy ❖ pretzels and chips ❖ raw carrots or celery ❖ peanut butter ❖ nuts and seeds ❖ popcorn ❖ whole grapes ❖ raisins ❖ marshmallows 	<p>Self-feeding milestones include (1): During infancy, older infants progress from semisolid foods to thicker and lumpier foods to soft pieces to finger-feeding table food. By 15 months, children can manage a cup, although not without some spilling. At 16 to 17 months of age, well-defined wrist rotation develops, permitting the transfer of food from the bowl to the child's mouth with less spilling. The ability to lift the elbow as the spoon is raised and to flex the wrist as the spoon reaches the mouth follows. At 18 to 24 months, they learn to tilt a cup by manipulation with the fingers. Despite these new skills, 2-year-old children often prefer using their fingers to using the spoon. Preschool children learn to eat a wider variety of textures and kinds of food. However, the foods offered should be modified so that the child can chew and swallow the food without difficulty.</p> <p>Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. The following foods are frequent choking hazard foods for young children: round or hard candy, pretzels and chips, raw carrots or celery, peanut butter, nuts and seeds, popcorn, whole grapes, raisins, hot dogs, marshmallows.</p> <p>If being eaten advise the caregiver of the choking risk and ways these foods can be made safer and always encourage the caregiver be with the child while eating.</p>	<p>Use the probing questions as guides to elicit more specific information. Ask open-ended questions and document answers in the VENA section of SPIRIT. Use Rationale information as guidance for counseling and assign applicable risk factor(s). Refer to Nutritionist if appropriate. Refer to medical provider if appropriate. Use SPIRIT referral resources and ADH Common Customer Referral Directory to make appropriate referrals.</p> <p>If any of the choking hazard foods listed are being eaten, advise the parent/caregiver of the choking risks and ways these foods can be made safer. Always encourage the parent/caregiver to be present with their child while eating.</p>

**Health Outcome-Based WIC Nutrition Assessment
CHILD**

Desired Health Outcome: Achieves optimal growth and development in a nurturing home and begins to make dietary and lifestyle habits for a lifetime of good health.

Health Goal 5: Achieves developmental milestones including self-feeding.

Questions/Risk Factor Numbers	Rationale	Talking Points
<p>No questions listed for Risk Factor 428: <u>Ability to transition to complementary feeding (child 12-23 months of age only)</u></p>	<p>Absence of any other risk - select only if no other risk factors have been identified (for child 12-23 months of age only). A child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p> <p>The WIC Program plays a key role not only in the <u>prevention</u> of nutrition-related health problems, but also in the <u>promotion</u> of lifelong healthy eating behaviors. The process of introducing complementary foods provides a unique opportunity for WIC staff to assist caregivers in making appropriate feeding decisions for young children that may have life-long implications.</p> <p>This risk factor may only be assigned after a complete assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children has been performed and no other risk is identified AND only assigned for children 12-23 months of age.</p>	<p><u>SELECT THIS RISK FACTOR ONLY IF NO OTHER NUTRITION RISKS HAVE BEEN IDENTIFIED.</u> Caregivers can be guided and supported in managing common toddler feeding problems. Feeding practices that caregivers can use to facilitate a successful transition to a food group-based diet include :</p> <ul style="list-style-type: none"> ● Offering a variety of developmentally appropriate nutritious foods; ● Reducing exposure to foods and beverages containing high levels of salt and sugar; ● Preparing meals that are pleasing to the eye and include a variety of colors and textures; Setting a good example by eating a variety of foods; ● Offering only whole milk from age 1-2; (Lower fat milk can be introduced after that age.) ● Providing structure by scheduling regular meal and snack times; ● Allowing the child to decide how much or whether to eat; ● Allowing the child to develop eating/self-feeding skills; and ● Eating with the child in a pleasant mealtime environment without coercion.