

Connecticut WIC Program Breastfeeding/Postpartum Nutrition Assessment Guidance

Question	Suggested Action
<p>Cert Action Screen Actual Delivery Date (ADD)</p> <p>Health Screen, pregnancy Information Tab asks about the ADD. When did this pregnancy end?</p>	<p>Enter or Verify the Actual Delivery (ADD). If the infant(s) was/were certified prior to the mom, the ADD should be auto-populated.</p>
<p>Health Screen, Pregnancy Information Tab Pg. 1 How are You and Your Baby Doing...? How have you been feeling since your pregnancy ended?</p> <p>When did this pregnancy end? Month ___ Day ___ Year ___</p> <p>Check all that apply for the pregnancy that just ended. #311 Premature delivery (< 37 weeks) #312 Infant weighing 5 lbs. 8 oz. or less #337 Infant weighing 9 pounds or more #335 Multifetal gestation #339 Infant with congenital/other birth defect No code Cesarean Section #321 Stillborn/Miscarriage/Abortion #321 Infant born alive but died within 28 days Other (Specify) None</p>	<p>Use this question to inquire how woman feels now that she has delivered. It is not within the scope of WIC or the WIC CPA to diagnose or treat/counsel on postpartum depression or mental health related issues, however this question allows you to identify a woman who should be referred back to her medical provider and applicable community resources if she indicates feeling of sadness, depression or being overwhelmed. Only assign CT-WIC FNS Nutritional Risk Criterion #361 Depression, if a medical provider or psychologist has documented clinical depression.</p> <p>Acknowledge the participant's concerns and, if warranted, discuss a possible referral before moving on to the rest of the questions. When you resume the interview, explain that gathering additional information helps you to better understand her situation and allows you to address her questions better and provide possible solutions/referrals.</p> <p>It is also a good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often times, participants' situations can be complicated, requiring more time than originally planned. If this happens, you may want to check in with the client to reassure her that the information gathered is important and determine how much longer she can stay at the office.</p> <p>Something must be checked off for this question, even if it is "None". CT-WIC auto-assigns the FNS Nutritional Risk Criteria as appropriate. Cesarean Section is not a risk factor, but provides some insight into the mom's labor experience. If woman had a C-section this delivery, ask if there are any problems with healing of the incision. Refer to MD as necessary. "Other" may require additional documentation or manually assigned risk codes.</p> <p>If this information is on the certification form or other medical referral form that the participant brings to her appointment, verify and document health/clinical/medical and obstetrical risk factors.</p>

Question	Suggested Action
<p>Did you have any problems during this pregnancy or delivery? How did your birth or delivery go?</p> <p>Did you have one baby, twins, triplets or more? #335 Multifetal gestation</p> <p>How is (are) your baby(ies) doing?</p> <p>Health Screen, Pregnancy Information Tab Pg. 2.</p> <p>Lifestyle Behaviors</p> <p>In your last 3 months of pregnancy Smoke cigarettes Smoke vapor pens and e-cigarettes Smoke marijuana Use other drugs</p> <p>Do you currently... Smoke cigarettes Smoke vapor pens and e-cigarettes Smoke marijuana Use other drugs</p> <p>Have you changed the amount you smoke? CT-WIC auto-assigns FNS Nutrition Risk Criterion #371 (<i>Maternal Smoking</i>) and/or #372 (<i>Alcohol and Illegal Drug Use</i>) for any current behaviors.</p> <p>Does anyone smoke inside the home? CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 (<i>Environmental Tobacco Smoke</i>) if checked.</p> <p>Did you drink alcohol 3 months before you became pregnant? If yes, how many drinks per week?</p> <p>What is your current alcohol intake? If Yes, how many drinks per week?</p>	<p>If there were delivery complications, keep in mind that these questions can be sensitive to ask/answer and therefore you may want to preface these questions with the reason why they are being asked. Take cues from the participant on how much to probe.</p> <p>Other ways to approach these questions are to ask a general question, "I need some information on your previous medical history. Do you mind if I ask you a few questions?"</p> <p>These questions are required for CT-WIC and CDC data collection. It is also in the Federal regulations to provide breastfeeding and postpartum women and parents of children information on the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be aware and use cues from the participant when using probing questions.</p> <ul style="list-style-type: none"> ▪ Ask about tobacco use and desire and/or plans to quit. Ask about methods to quit that have been used. Refer to available resources. ▪ Ask about second hand smoke exposure. If woman is a smoker, emphasize that it will be more difficult to quit with other smokers around. Discuss need for smoke-free environment for baby. Stress that second hand smoke will stay on clothing and hands, and that all smokers should change clothes and wash hands prior to holding baby. ▪ Ask about alcohol use. If BF, remind mom that alcohol passes into breast milk and will have an effect on baby. If woman is around others who drink, ask how being around others who drink makes her feel. If she has other questions, discuss risk of Fetal Alcohol Spectrum Disorder (FASD) for future pregnancies and the need to avoid alcohol use, and the fact that it may be difficult to stay sober if she is around others who drink. <p>If any street drugs are being used, refer as appropriate.</p>

Question	Suggested Action
<p>Lab Screen, Anthropometric Data</p> <p>What was your weight at delivery? How much did you weigh just before you delivered your baby?</p> <p>More details about prenatal weight status and weight gain will be captured in the Health Screen, Health Information Tab Pg. 1</p>	<p>The bold question is required for CT-WIC processing and CDC data collection. It also provides information on weight and obstetrical related risk factors. CT-WIC will auto-populate the gained during pregnancy field based on answers to questions on screen.</p> <p>CT-WIC auto-assigns FNS Nutritional Risk Criteria based on weight entered.</p> <p>#101 Underweight Pre-pregnancy BMI <18.5</p> <p>#111 Overweight/Obese Pre-pregnancy BMI ≥25</p> <p>Breastfeeding Women 6 Months Postpartum or more CT-WIC uses Current BMI ≥25</p> <p>#133 High maternal weight gain</p>
<p>Health Screen, Health Information Tab Pg. 1</p> <p>What concerns, if any do you have about your weight?</p> <p>Do you have any of these allergies? Milk Egg Peanut Soy Other If checked, CT-WIC auto-assigns FNS Nutrition Risk Criterion #353 Food Allergy</p> <p>Do you have any health or medical issues?</p>	<p>To enrich your assessment of weight status, ask mom her thoughts about her current weight. One way to approach the topic is, <i>“After delivery, women are frequently concerned about their weight. How do you feel about your current weight?”</i> If she desires a change ask, <i>“What change with your weight would you like to see happen?”</i> Then, ask her how she hopes to achieve it. Ask if she needs ideas or suggestions to achieve her goal, and provide appropriate resources.</p> <p>If her current BMI is high and she does not desire a change, she is the pre-contemplation stage. Encourage her to contact you should she want to discuss this subject in the future.</p> <p>This question will assist you in tailoring nutrition education and the food package.</p> <p>If yes /responded or selected— Find out more information and assign risk(s) as appropriate. Ask for medical documentation when appropriate.</p>

Question	Suggested Action
<p>Do you have any medical conditions/ health concerns?</p> <p><i>Returning participants:</i> Have you changed your doctor or had any changes in your health or medical conditions?</p> <p>Do you go for regular dental check-ups?</p> <p>Do you have any dental/oral health problems? Please describe.</p> <p>Have you been experiencing? Constipation Diarrhea Nausea Vomiting/Upset Stomach Difficulty Chewing or Swallowing</p>	<p>This question provides an opportunity to update information received previously.</p> <p>If no MD—make referral as appropriate</p> <p>Ask about date of last dental visit, and if she has any problems with decay and/or bleeding gums when she brushes. Discuss need for good oral health of mother to help prevent transmission of decay-causing bacteria to baby. Emphasize the need to avoid practices that will lead to transfer of bacteria to baby’s mouth, including: cleaning pacifiers in the mouth; testing baby’s food temperature before feeding; sharing spoons, cups and other utensils; kissing baby’s hands and mouth. Refer to dental provider as needed.</p> <p>Refer to the Prenatal Nutrition Assessment Guidance for more details and tips on mitigating these symptoms. A referral to the health care provider may be appropriate.</p>
<p>Do you take the following? Prenatal Vitamin, Vitamin/Mineral Supplement</p> <p>If yes, # per week? ____ Excessive? Yes/No</p> <p>CT-WIC FNS Nutrition Risk Criterion</p> <p>#427.1 Excessive Intake of Dietary Supplements</p> <p>#427.4 Inadequate vitamin/Mineral Supplementation per Public Health Policy</p>	<p>This question provides an opportunity to learn about various supplements, vitamins and medications the participant is taking. Ask about prenatal vitamin intake. If taking prenatal vitamin, affirm the behavior. If yes is checked, CT-WIC will enable the other questions confirming daily intake or excessive intake.</p> <p>Folic acid: Discuss sources of adequate folic acid, which can come from supplements or foods. Point out the WIC cereals that contain 100% DV folic acid. Discuss folic acid’s role in possibly preventing birth defects, and the need to consume adequate folic acid to protect future pregnancies.</p> <p>Contact MotherToBaby- Toll-free 866-626-6847. In CT only 800-325-5391 or Local 860-679-6199 e-mail: MotherToBaby@uchc.edu www.MotherToBabyCT.org They are also on Facebook! Provides up to date information on exposures in pregnancy and breastfeeding.</p>

Question	Suggested Action
<p>Do you take the following? Check all that apply. Herbs Herbal Supplements Prescription medications ((including birth control) Over-the-counter medications None</p>	<p>This question must have an answer, even if “None.” For Vitamin or supplement intake, including herbal supplements you can also refer to the NIH website http://nccam.nih.gov/health/, <u>Medications and Mothers’ Milk</u> or <u>University of Rochester</u> hotline (585-275-0088—leave message if necessary and someone will call you back) for information of specific supplements and their compatibility with breastfeeding.</p> <p>Prescribed medication: If BF, consult <u>Medications and Mothers’ Milk</u> or medical professionals <u>University of Rochester</u> hotline (585-275-0088 business hours 10:00am- 3:30pm EST—leave message if necessary) to identify any meds that are contraindicated for BF women. See above re: MotherToBaby service.</p> <p>Ask about birth control method; advise breastfeeding women to talk to their doctor about progesterone-only birth control pills if that is the birth control method chosen.</p> <p><i>Women receiving methadone therapy <u>can</u> breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether or not she is stable in her recovery program, will need to be considered when recommending breastfeeding. Refer physicians to the AAP paper “The Transfer of Drugs and Other Chemicals Into Human Milk (PEDIATRICS Vol. 108 No. 3 September 2001, pp. 776-789) for more information.</i></p>
<p>Breastfeeding Screen, Breastfeeding Information Tab Pg. 1</p> <p>Have you ever breastfed? Yes/No If Yes, appropriate questions will be enabled. If No, you will be prompted to ask about formula on Infant’s Nutrition Screen.</p> <p>Are you currently breastfeeding? Yes/No If Yes, complete the Frequency field-drop down menu. Exclusively Fully Mostly Limited</p>	<p>Bolded questions are required for CT-WIC processing and CDC data collection on initiation, duration and type of breastfeeding behaviors.</p> <p>Exclusive = The infant has never to the mother’s knowledge, had any water, formula or other liquid or solid food. Only breast milk, from the breast or expressed, and prescribed medicines have been given from birth. This is more descriptive than “fully”. Exclusive could be used interchangeably with the revised definition of “fully” below based on age of infant and if <u>all milk feeds are breastmilk</u>. However, we would reserve this definition for <i>infants up to 6 months</i> because past that point, it is assumed that solid food has been introduced.</p> <p>Fully = All milk feeds are breastmilk. (From the breast or expressed). Infant can have received 1 can of supplemental formula from 0-1 month. From 6-12 months, all milk feeds are breastmilk. Solids are provided as appropriate. Nutritionists should also consider how solid foods are provided and what mom</p>

Question	Suggested Action
<p>If No, the Date BF Ceased and Reason(s) BF Ceased Field will be enabled. Enter the date and reason(s) Bf ceased based on feedback from mom.</p> <p>Are you currently giving your baby any supplemental formula? Yes/No</p> <p>If Yes, the First formula at ___ weeks and Reason formula added fields will be enabled. The date the information verified will be added to this screen.</p> <p>How is feeding your baby going? How many times is the baby breastfeeding or given breastmilk in 24 hours? Are there any concerns about breastfeeding?</p> <p>You could ask in a more open ended way: Tell me more about your concerns about breastfeeding or breastfeeding support system.</p>	<p>is using to mix first foods. For example, if an infant is getting cereal 2 times per day and that cereal is mixed with infant formula, this practice should be considered in the assessment of breastfeeding status/intensity. <u>This accounts for the fact that the WIC food packages provide fully breastfed infants with fruits, veggies and meats at 6 months.</u> Additionally, due to the fact that there is some range of acceptable introduction of solid foods, we would want to inquire about complimentary food introduction as early as 4 months.</p> <p>Mostly = The infant has taken mostly breast milk and some infant formula or other solid food in the past 48 hours. Half or more of the milk feeds are breastmilk. Example, an infant is getting 8 milk feeds per day, 4 or more milk feeds should be breastmilk. An infant can receive up to half of the full formula package. Any supplemental formula provided is based on an individual assessment.</p> <p>Limited = Less than half of the milk feeds are breastmilk. The infant has had limited breast milk but has had alternative liquid such as infant formula, with or without solid food, in the past 48 hours. An infant can receive from half up to the full amount of formula. Any supplemental formula is based on an individual assessment. Mom must be breastfeeding at least one time per day to be issued a Limited food package.</p> <p>Provide guidance on proper preparation and storage of infant formula. Refer to Infant Nutrition Assessment Guidance for more details.</p> <p>Note that supplemental formula question pertains to mostly or limited breastfed infants only.</p> <p>The additional questions provide an opportunity to find out more information to assess a mother's perception of breastfeeding. These questions can be combined with infant assessment questions. Use the checked boxes to tailor counseling and support.</p> <ul style="list-style-type: none"> ▪ Ask mom what her breastfeeding duration plans are and who she has for support. ▪ Ask mom about her perception of how breastfeeding is going. If she indicates that she needs help, probe more to determine the specific problems she is having. If necessary, refer her to a local agency CLC or IBCLC in the area. ▪ Ask mom about her perceptions of milk supply (subjective).

Question	Suggested Action
	<p>Ask specific questions about breastfeeding (objective) that will help validate milk supply.</p> <ol style="list-style-type: none"> 1. How often is baby breastfeeding in 24 hours? 2. How long does baby stay at breast for each feeding? 3. Is there active suck/swallowing (milk transfer) at feedings if baby stays at the breast for extended periods of time? 4. Ask about the number of wet/dirty diapers per day and assess for adequacy. 5. If mom pumps, ask about what type of pump she is using, how often she is pumping and what her results are. If she is exclusively pumping, ask about plans to get baby to breast. Refer to CLC or IBCLC as needed. 6. Ask if baby has been weighed since hospital discharge. Find out what the weight was and MD/health professional's assessment of weight. <ul style="list-style-type: none"> ▪ Ask her about any plans to return to work or school. Ask how she plans to feed her baby when she returns to work/school. Discuss pumping if needed, including the type of pump to meet her needs. ▪ If there are specific breastfeeding concerns assessed/detected, assign appropriate FNS Nutrition Risk Criterion #602 (Breastfeeding Complications or Potential Complications). If referred for lactation assistance, follow-up. <p>Refer to the Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support for more information on breastfeeding policies and appropriate clinic environments.</p> <p>Use these questions together with infant assessment questions to determine parent's ability/confidence of formula preparation, infant feeding and formula storage.</p>
<p>Nutrition Screen, Foods, Drinks and Mealtimes</p> <p>How do you feel about your appetite?</p> <p>Do you drink any of these beverages? (Variety of drinks)</p> <p>Are you eating enough of these foods on most days? Check all that apply. (Food groups)</p> <p>Have you made any changes to what you are eating since having your baby? Tell me more.</p> <p>Are there any foods you avoid or can't eat? If yes, what are they?</p>	<p>The goal is to use these questions to engage the client in conversation about her eating habits and mealtimes and find out how eating has changed or not changed since the woman has delivered. Questions do not need to be asked in order on form.</p> <ul style="list-style-type: none"> ▪ Ask what changes have been made in her eating habits since delivery. Many common things that happen to moms after delivery including grazing, skipping meals, preparing unbalanced meals due to lack of time to cook and "forgetting" to eat. <i>Provide her with appropriate tips for improved nutrition, including smoothies; cereal with milk and fruit; cheese and crackers; raw vegetables; toast with peanut butter; hummus with crackers. Remind her that her body needs a balanced diet to recover and heal from pregnancy/delivery.</i> ▪ Query about special diet Rx or foods that are being avoided. If appropriate tailor food package. ▪ Ask about <u>habits that will lead to healthy feeding relationships with child/children</u>

Question	Suggested Action
<p>Are you on a special diet or meal plan? Yes/No If Yes, what kind?</p> <p>Are you on a Kosher diet? (Kosher Flag is RED in Food Prescription Screen) How often are you eating meals/snacks away from home?</p> <p>Tell me about your daily physical activity.</p> <p>Have you made any changes to your activity level since having your baby? Tell me more.</p> <p>Does your family have enough food?</p> <p>Do you have access to refrigerator and stove/hot plate?</p> <p>Do you have adequate food storage?</p> <p>If No, Inadequate storage is in RED on Food Prescription Screen</p>	<ul style="list-style-type: none"> ▪ Query about <i>variety of foods</i>—Ask a question such as “What are the vegetables you usually eat during a typical week?” Discuss need for including a variety of colors with fruits and vegetables. ▪ Ask about <i>family meals</i>. Discuss importance they play in good eating habits for children. ▪ Ask how she <i>plans for meals and snacks</i>. Discuss how important planning is in ensuring healthy habits and food budgeting. <p>Provide current recommendations for consumption of these foods during breastfeeding and postpartum.</p> <p>Ask about physical activity—type and frequency. Remind her to discuss any physical activity plans with her MD if she is <6 weeks PP.</p> <p>Based on the information gathered, you may provide information/resources to address the participant’s concerns, questions or identified barriers to positive health outcomes.</p> <p>These questions allow the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made, document in Referral Screen in CT-WIC.</p>