

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Pregravid Weight Status	Pregravid weight and height. If pregravid weight and/or height are unknown, use first trimester weight and height to assess BMI.	101 Underweight 111 Overweight	
Maternal Weight Gain Pattern	Current height for BMI calculation. Current weight for BMI calculation. Current weeks gestation. Past weights and dates of measurement, if available. Number of fetuses. If unable to get an accurate weight or height, consider using alternative measurement techniques. (See Appendix E.)	131 Low maternal weight gain 132 Maternal weight loss during pregnancy 133 High maternal weight gain	Assess possible contributors to weight gain (e.g., knowledge and attitudes regarding weight gain, prenatal care health care, provider's weight gain recommendations, physical activity level, appetite, energy intake and frequency of meals and snacks, pica, medical condition or recent illness, stress, depression, history of disordered eating or chronic dieting, severe dental caries, smoking or other substance use or abuse, and domestic abuse).

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### BIOCHEMICAL

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Hemoglobin or Hematocrit	Blood hemoglobin or hematocrit level. Weeks gestation or trimester. Smoking status (if State policy is to adjust for smoking practices).	201 Low hematocrit/ low hemoglobin	Assess factors that may affect hemoglobin/hematocrit levels (e.g., medical condition or recent illnesses/ infections, appetite, pica, diet, factors that might inhibit dietary iron absorption, and lead poisoning).  Assess whether it is likely to be a nutritional or physiological anemia.
Blood Lead Levels	Lead testing in past 12 months. Blood lead level.	211 Elevated blood lead levels	Ask about potential sources of lead exposure (e.g., age of housing, recent renovation, pica, occupational exposure, lead-glazed containers used for food preparation or storage).  Assess food sources of calcium and iron and regular meals and snacks.

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### CLINICAL

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Current Pregnancy-Related Conditions	Severe nausea and vomiting resulting in dehydration and acidosis.	301 Hyperemesis gravidarum	Assess coping strategies (dietary and other practices) that have been helpful or effective.  Assess attitude towards dietary supplementation.
	Gestational diabetes.	302 Gestational diabetes	Assess special diet and medications prescribed to manage or treat condition.  Assess understanding of and compliance with treatment plan.  Assess level of access to follow-up medical care.
	Interval between pregnancies: • Delivery date of last pregnancy. • Date of conception OR last menstrual period for this pregnancy.	332 Closely spaced pregnancies	Assess support system at home (e.g. assistance with obtaining adequate intake, help with children).
	High parity and young age: • Maternal age. • Date of conception OR last menstrual period for this pregnancy. • Number of previous pregnancies of at least 20 weeks duration regardless of birth outcome.	333 High parity at young age	Assess support system at home (e.g., assistance with obtaining adequate intake).
	Number of fetuses.	335 Multifetal gestation	
	Fetal growth restriction.	336 Fetal growth restriction	Ask about possible contributors to fetal growth (e.g., pre-pregnancy weight, birth interval, smoking, energy intake).  Assess health care provider's instructions about diet and weight gain.
	Breastfeeding woman.	338 Pregnant women currently breastfeeding	Assess health care provider's awareness of her continued breastfeeding.

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

## CLINICAL (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Past Pregnancy-Related Conditions	History of gestational diabetes.	303 History of gestational diabetes	Assess potential risk factors for this pregnancy (e.g., weight gain pattern, access to prenatal care, BMI, maternal age, birth weight over 9 pounds/unexplained death/congenital malformation in a previous infant, recurrent infections).
	Baby born $\geq 3$ weeks early.	311 History of preterm delivery	Assess potential risk factors for this pregnancy (e.g., weight gain pattern, smoking status, and other substance use patterns, access to prenatal care, poor nutrition, and recent untreated illnesses/infections such as periodontal disease).
	Birth weights: • $\leq 5\frac{1}{2}$ pounds.  • $\geq 9$ pounds.	312 History of low birth weight	Assess potential risk factors for this pregnancy (e.g., weight gain pattern, smoking status, other substance use patterns, access to prenatal care, prior preterm delivery or SGA, medical conditions, maternal age <20).
		337 History of birth of large for gestational age infant	Assess potential risk factors for this pregnancy (e.g., advanced maternal age, medical conditions such as diabetes/gestational diabetes, previous macrosomic infant/pregnancy loss).
	Pregnancy losses: Number of spontaneous abortions before 20 weeks gestation. Any history of fetal death. Any history of neonatal death.	321 History of spontaneous abortion, fetal or neonatal loss	Assess potential risk factors for this pregnancy (e.g., smoking status, other substance use patterns, parity, risk of preterm delivery and low birth weight, obesity-related pregnancy disorders).
	Baby born with neural tube defect, cleft lip, or cleft palate.	339 History of birth with nutrition-related congenital or birth defects	Ask about health care provider's recommendations for folic acid supplementation and preformed Vitamin A supplement use for this pregnancy.

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### CLINICAL (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Age at Conception	Maternal age. Date of conception OR date of last menstrual period (LMP).	331 Pregnancy at young age	Assess age of menarche OR gynecological age to assess whether she is likely to still be growing.  Assess attitude towards weight gain.  Assess support system at home (e.g., assistance with obtaining adequate intake).
Use of Alcohol	Any alcohol consumption.	372 Alcohol and illegal drug use	Assess her understanding of the potential dangers to herself and her fetus.  Assess awareness of available help and readiness to access /accept it.
Use of Illegal Drugs	Any illegal drug use.	372 Alcohol and illegal drug use	Assess her understanding of the potential dangers to herself and her fetus.  Assess client's attitude toward drug treatment.
Use of Tobacco	Any daily smoking of tobacco products (cigarettes, pipes, or cigars).	371 Maternal smoking	Assess her understanding of the potential dangers to herself and her fetus.  Assess client's attitude towards smoke cessation.  Assess oral health practices.

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### CLINICAL (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Medical Conditions	Nutrition-related medical condition or illness.	341-349 351-356 358 360-362 Nutrition-related risk conditions	Ask about special diet, nutritional supplements, and medications prescribed to manage or treat condition.  Assess current and potential impact on nutritional intake and nutritional needs (increased need for specific nutrients, special diet low in essential nutrients).  Assess understanding of and compliance with treatment plan.  Assess level of access to follow-up medical care.
	Prescription medications with nutrition implications.	357 Drug-nutrient interactions	Assess ability to meet increased/altered nutrient needs or cope with other nutrition implications of medications.
	Over-the-counter medications with nutrition implications.	357 Drug-nutrient interactions	Assess understanding of nutrient and drug interactions and strategize to minimize them.
	Major surgery, trauma, or burns in past 2 months.	359 Recent major surgery, trauma, burns	Ask about special diet and prescribed medications.  Assess understanding of and compliance with treatment plan.  Assess level of access to follow-up medical care.
	Major surgery, trauma, or burns >2 months ago with continued need for nutritional support.	359 Recent major surgery, trauma, burns	Obtain documentation of need for continued nutritional support.  Ask about special diet and prescribed medications, assess and document impact on nutritional needs and diet intake.  Assess level of access to follow-up medical care.

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### DIETARY

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Ability to Meet Dietary Guidelines for Americans	<b>Absence of any risk</b> Note: A complete assessment including risk 427 must be completed prior to assigning risk 401.	401 Failure to meet Dietary Guidelines for Americans	Assess need for anticipatory guidance.
Nutrition Practices	Use of dietary supplements: • Excessive or inappropriate. • Iron supplement.  • Prenatal Multivitamin with adequate folic acid.	427.1 Consuming dietary supplements with potentially harmful consequences  427.4 Inadequate vitamin/mineral supplementation  N/A	Assess potential for toxicity or harm to mother or fetus.  Assess factors that might inhibit iron absorption.  Assess acceptability and tolerance of iron supplement (e.g., constipation, nausea, vertigo, gastric discomfort).  Assess barriers to obtaining appropriate supplementation (e.g., health belief, religious or cultural practices, finances).  Assess attitude towards dietary supplementation.
	Usual meal pattern. Consumption of a diet very low in calories and/or essential nutrients.	427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery	Assess factors that might affect meal pattern (e.g., appetite, pregnancy discomforts, medical conditions and illnesses, culture, religion, knowledge and attitudes about eating practices consistent with good health outcomes, knowledge and skills about meal planning and food preparation).
	Craving for or eating nonfood substances (pica).  Intake of potentially contaminated foods.	427.3 Compulsively ingesting non-food items  427.5 Inappropriate nutrition practices for women	Assess potential for toxicity or harm to mother or fetus.  Assess impact on nutrient and calorie intake.  Assess knowledge of safe food handling.  Assess access to safe water and refrigeration.

\*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### DIETARY (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Breastfeeding Knowledge, Support, and Potential Contra-indications	Beliefs and knowledge about breastfeeding. Support network for breastfeeding. Potential contraindications to breastfeeding	N/A	Assess interest for more information/ participation in breastfeeding peer counseling and other breastfeeding support resources. Assess for contraindications to breastfeeding (e.g., HIV infection).

\*Further assessment and referral is based on agency protocol.

### ENVIRONMENTAL AND FAMILY FACTORS

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Environmental and Family Factors	Primary nighttime residence (homelessness).	801 Homelessness	Assess food preparation and food storage equipment. Assess level of access to safe and adequate water.
	Migrant status.	802 Migrancy	Assess food preparation and food storage equipment.
	Physical assault in past 6 months.	901 Recipient of abuse	Assess primary residence (shelter for victims of domestic violence) and food preparation and food storage equipment.
	Ability to make appropriate feeding decisions and/or prepare food.	902 Woman, or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food	Assess her support system for feeding decisions and food preparation.
	Foster care status.	903 Foster care	Ask about teenager's adaptation to current foster care.

\*Further assessment and referral is based on agency protocol.



## Relevant WIC Nutrition Assessment Information for a Pregnant Woman

### OTHER ADJUNCT HEALTH ISSUES AND TECHNICAL REQUIREMENTS

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Prenatal Care	Medical home. Weeks of gestation when prenatal care began. Scheduling of prenatal visits.	334 Lack of adequate prenatal care	Assess barriers to obtaining care (e.g., beliefs, finances, alien status, lack of insurance, childcare, transportation, unwanted pregnancy, lack of social support).
Oral Health	Dental problems that impair ability to eat food in adequate quantity or quality. Pregnancy gingivitis.	381 Dental problems	Ask about dental status and treatment already in progress. Assess access to dental care.  Ask about oral health practices.
Oral Health Care	Dental home. Last visit.	N/A	Assess barriers to obtaining care (e.g., beliefs, finances, alien status, lack of insurance, childcare, and transportation).
Food Security	Availability of safe and nutritious foods.	N/A	Assess community availability, participation in food assistance programs, and equipment for food preparation and storage.  Assess availability of adequate and safe water.
Physical Activity	Perceived physical activity level or abilities.	N/A	Ask about physical activity recommendations from health care provider. Ask about knowledge/attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills).

\*Further assessment and referral is based on agency protocol.

