

Oregon WIC Training **Dietary Risk Module**



Oregon WIC Training Dietary Risk Module

October 2007

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Thank you to the staff at the Oregon Department of Human Services and the staff at the local WIC agencies who helped in the completion and review of this module.



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Starting the Module

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- S-2 Instruction Levels
- S-3 Steps for Completing the Module
- S-4 Items Needed

S-1 Introduction

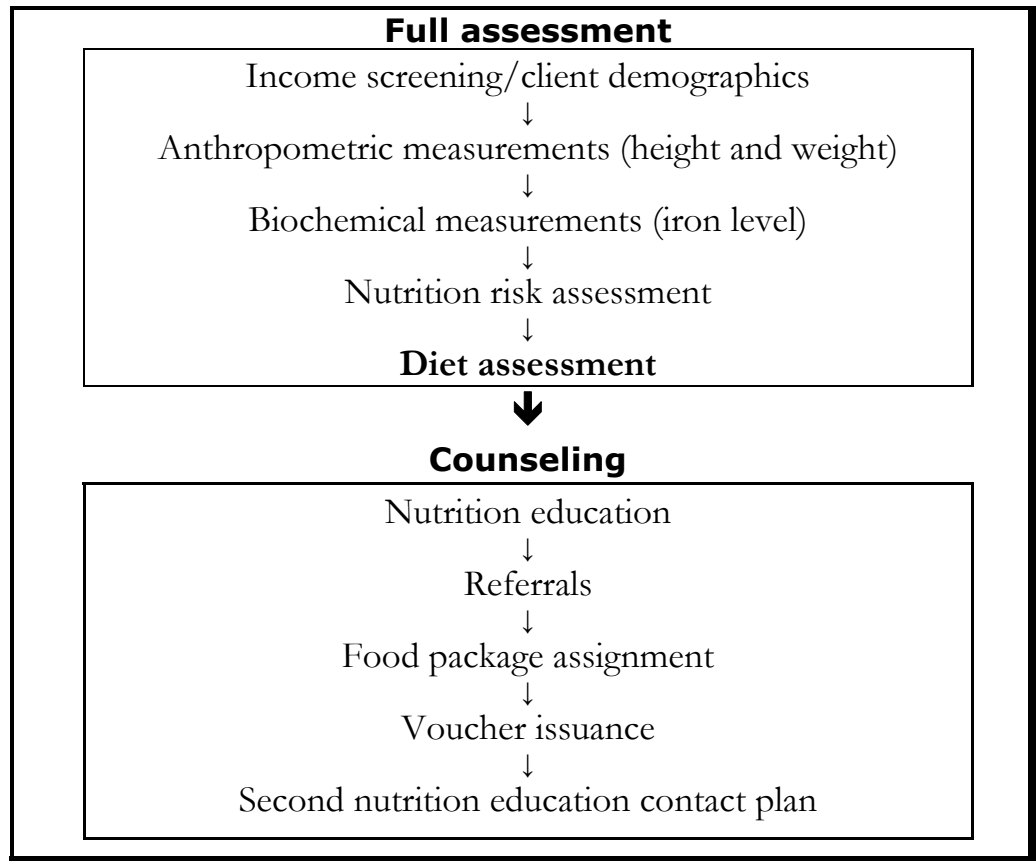
What will you learn?

The *Dietary Risk Module* is designed to help you get ready to certify clients. After completing this module, you will be able to:

- ◆ Assess and assign dietary risks.
- ◆ Document dietary risks.

Where does dietary risk fit in?

Assessing and assigning dietary risks is just one step in the process of certifying a client.



WIC has other training modules that cover the other steps in the certification process. Your Training Supervisor will help you plan when to complete the other modules.

Before completing this module, you should have already completed the:

- ◆ Introduction to WIC Module,
- ◆ Anthropometric Module,
- ◆ Biochemical Module, and
- ◆ Nutrition Risk Module, Workbooks #1 and #2

You will learn about assessing and assigning nutrition risks in the Nutrition Risk Module.

S-2 Instruction Levels

All staff who will certify WIC clients - including paraprofessional CPAs, professional CPAs and WIC nutritionists - are required to complete this module.

S-2 ■ Instruction Levels

S-3 Steps for Completing the Module

- ◆ The module and workbooks are yours to keep.
- ◆ Feel free to take notes, highlight or write in them.
- ◆ Use the module as a reference when you are done with it.
- ◆ Complete the module by doing one lesson or chapter at a time, depending on your work schedule.
- ◆ Ask your Training Supervisor if you need help or have more questions about a risk.
- ◆ Work together with your Training Supervisor to plan your training time.

Training Supervisor's name and phone number:



The *Dietary Risk Module* contains:

- ◆ *Risk Info Sheets* – Contain specific information about each dietary risk. Use the *Risk Info Sheets* now to learn about each risk and use them later as a reference. The *Risk Info Sheets* are organized by category and are located in the appropriate category chapter. For example, you will find the *Risk Info Sheets* describing Women's Dietary Risks in Chapter 2.
- ◆ *Job Aids* – “Cheat Sheets” to help on-the-job. After you are done with the module, put the *Job Aids* in your WIC Notebook to refer to during certification.

S-3 ■ Steps for Completing the Module

Steps:	Date Completed:
1. Work with your Training Supervisor to develop a training plan and to plan your training time. Use these time estimates to help plan the time it will take to complete the module. Chapter 1: 3 hrs Chapter 2: 1.5 hrs Chapter 3: 1.25 hrs Chapter 4: 1.5 hrs Chapter 5: 1 hr * You may need more time to complete your observations.	
2. Use the Items Needed checklist in Section S-4 to gather the materials necessary to complete the module. <i>Risk Info Sheets</i> are located in the chapters for each participant category.	
3. Complete the required lessons and activities for each chapter. Write down any questions you have about the lessons and discuss them with your Training Supervisor.	
4. Complete the <i>Case Studies</i> for each chapter.	
5. Meet with your Training Supervisor to complete each chapter's <i>Review Activities</i> and to discuss your questions.	
6. Complete the <i>Posttest</i> .	
7. Make sure your Job Aids have been placed in your WIC Notebook.	
8. Discuss the <i>Posttest</i> with your Training Supervisor.	
9. Complete the Training Module Evaluation and give it to your Training Supervisor.	
10. Your Training Supervisor will complete the <i>Competency Achievement Checklist</i> and print your Module Completion Certificate.	

S-4 Items Needed

Items Needed to Complete the Module

- ◆ Pen or pencil and highlighter
- ◆ Job Aids – located at the back of this module

To complete this lesson:	You will need:
1-1 Introduction to Dietary Risk	<i>Job Aid: 5 Steps to a Complete Diet Assessment</i> <i>Job Aid: Dietary Risks and Sub-Risks – 400s</i>
1-2 The CPA's Role	<i>Job Aid: Dietary Risks and Sub-Risks – 400s</i> Local agency procedure on documentation
1-3 Gathering Information from the Participant	<i>Job Aid: Probing Questions</i> <i>Job Aid: Completing a Diet Assessment for Pregnant Women</i> <i>Job Aid (Spanish): Your Personalized Diet Assessment for Pregnant Women</i>
1-5 A "Complete" Diet Assessment	<i>Job Aid: Completing a Diet Assessment for Pregnant Women</i>
2-1 Women's Dietary Risks	<i>Risk Info Sheets</i> listed in the contents of the chapter Access to TWIST Practice database for <i>Case Study</i> <i>Job Aid: Dietary Risks and Sub-</i>

S-4 ■ Items Needed

To complete this lesson:	You will need:
	<p><i>Risks – 400s</i></p> <p><i>Job Aid: Completing a Diet Assessment for Pregnant Women</i></p> <p><i>Job Aid: Your Personalized Diet Assessment for Pregnant Women</i></p> <p><i>Observation Tool: Diet Assessment of a Woman</i></p> <p><i>Job Aid: Completing a Diet Assessment for Postpartum Women</i></p> <p><i>Job Aid: Your Personalized Diet Assessment for Postpartum Women</i></p>
3-1 Children’s Dietary Risks	<p><i>Risk Info Sheets</i> listed in the contents of the chapter</p> <p>Access to TWIST Practice database for <i>Case Study</i></p> <p><i>Job Aid: Dietary Risks and Sub-Risks – 400s</i></p> <p><i>Job Aid: Completing a Diet Assessment for Children</i></p> <p><i>Job Aid: Your Personalized Diet Assessment for Children</i></p> <p><i>Observation Tool: Diet Assessment of a Child</i></p>
4-1 Infant’s Dietary Risk	<p><i>Risk Info Sheets</i> listed in the contents of the chapter</p> <p>Access to TWIST Practice database for <i>Case Studies</i></p> <p><i>Job Aid: Dietary Risks and Sub-Risks – 400s</i></p> <p><i>Job Aid: Completing a Diet Assessment for Exclusively Breastfed Infants</i></p>

Starting the Module

To complete this lesson:	You will need:
	<p><i>Job Aid: Completing a Diet Assessment for Infants Receiving Formula</i></p> <p><i>Job Aid: Your Personalized Diet Assessment for Exclusively Breastfed Infants</i></p> <p><i>Job Aid: Your Personalized Diet Assessment for Infants Receiving Formula</i></p> <p><i>Observation Tool: Diet Assessment of an Infant</i></p>
5-1 Presumed Dietary Eligibility Risks	<p><i>Risk Info Sheets</i> listed in the contents of the chapter</p> <p>Access to TWIST Practice database for <i>Case Studies</i></p> <p><i>Job Aid: Completing a Diet Assessment for Pregnant Women</i></p>

List of items needed that are NOT included in the module

- ◆ Policy 675 – Risk Criteria Codes and Descriptions
- ◆ Access to TWIST Practice database
- ◆ Local agency procedure on documentation

S-4 ■ Items Needed



Dietary Risk Overview

Chapter

1

Contents

- 1-1 Introduction to Dietary Risk
- 1-2 The CPA's Role
- 1-3 Gathering Information from the Participant
- 1-4 Variations in Diet
- 1-5 A "Complete" Diet Assessment

1-1 Introduction to Dietary Risk

Items Needed

- ◆ *Job Aid: 5 Steps to a Complete Diet Assessment*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*

Objectives

After completing this lesson, you will be able to:

- ◆ State the main purposes of a diet assessment.
- ◆ Define dietary risks.
- ◆ Describe dietary risks as they relate to all nutrition risks.

Overview

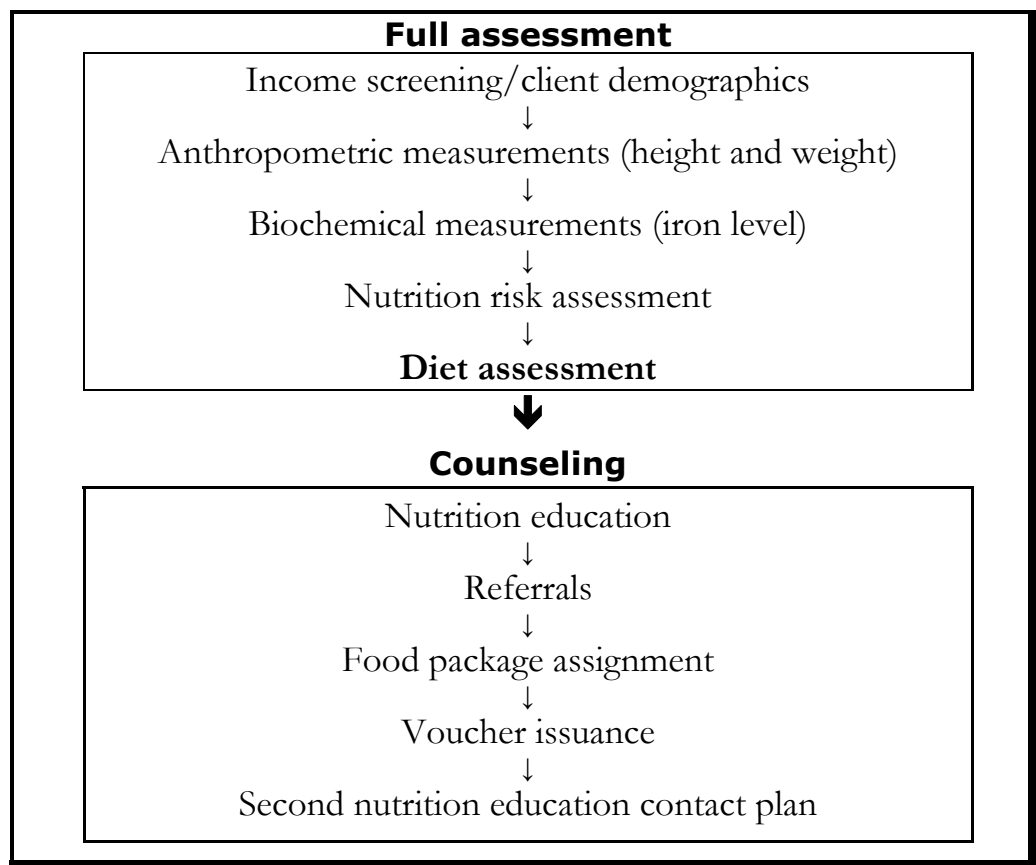
As a CPA, one of your certification tasks will be to determine if a participant has a dietary risk. This process is a diet assessment. Doing a diet assessment requires the CPA to understand what the different dietary risks are and to be able to talk to the participant, in order to figure out if any of these dietary risks apply to them.

What is a diet assessment?

A diet assessment is when the CPA gathers information from the participant about their feeding behaviors and uses that information to determine any dietary risks. The term “feeding behaviors” is used to describe everything about a person’s relationship with food. Feeding behaviors are more than just what or how much a person eats on any

given day. Feeding behaviors include how a person feels about foods, their normal eating pattern, foods they prefer or avoid, dietary supplements they take, and foods or food habits that are specific to their culture.

The diet assessment is just one part of a full assessment, the first phase of certification. While the diet assessment can be done at different points during the assessment, the box below shows when you might do the diet assessment during a typical certification.



While there is a step-by-step process that guides us through a participant centered certification process, it is important to note that **all** of the assessment steps are used to determine eligibility. Once all of the information gathering steps have been completed (full assessment), it is then time for counseling and nutrition education (participant centered counseling). Let's take a moment to quickly go over the five steps of the diet assessment process.

Diet assessment steps

Doing a diet assessment can be divided into 5 steps.	
Step ①	Ask the participant about their feeding behaviors.
Step ②	Use probing questions to find out more information.
Step ③	Assign and document dietary risks in TWIST (if appropriate).
Step ④	Use critical thinking to review all information to ensure risks are appropriately assigned and correct.
Step ⑤	Answer the mandatory diet assessment question(s) in TWIST.

The job aid entitled *5 Steps to a Complete Diet Assessment* clearly shows this step-by-step process. These steps will be explained in more detail later in this chapter of the module.

What is the purpose of the diet assessment?

A diet assessment has three main purposes:

1. **To collect data.** The information and data gathered during a diet assessment is entered into TWIST. This information allows others to review the participant's record in order to see the reason the participant is on WIC. This data, along with data from many other WIC participants, can be used to show what is going on with WIC families overall and can illustrate how the WIC program is working.
2. **To identify risks.** During a diet assessment, you will have the opportunity to discuss feeding behaviors with the participant. Through this conversation, you will be able to identify the participant's dietary risks. Each dietary risk is explained in detail on the *Risk Info Sheets* provided in this module. Identifying dietary risks will involve the use of probing questions and critical thinking skills. There are five job aids in this module that will help you develop and

enhance these skills. These job aids are entitled *Completing a Diet Assessment*. You will notice that there is one of these job aids for each category of participants you will work with, for example pregnant women, postpartum women, breastfed infants, infants receiving formula, and children.

3. **To guide nutrition education.** By identifying participants' risks and concerns, you will be able to provide targeted nutrition education specific to their interests and concerns. You will then be able to refer them appropriately (if needed), and to plan for the second nutrition education contact that best suits their situation.

What are dietary risks?

As you learned in the *Nutrition Risk Module*, WIC's nutrition risk factors can be classified into four groups:

- ◆ Anthropometric risks;
- ◆ Biochemical risks;
- ◆ Clinical/health/medical risks; and,
- ◆ Dietary risks.

Dietary risks reflect a participant's feeding behaviors and are based on food intake. Dietary risks are only a small portion of all of the nutrition risks. Dietary risks are based on the actions and behaviors of the participants, rather than any physical or medical factors.

This training module explains in detail the **dietary risks** only. Anthropometric, biochemical, and clinical/health/medical risks are explained in the *Nutrition Risk Module. WIC Policy 675 – Risk Criteria Codes and Descriptions* also gives a complete list of each nutrition risk factor and the criteria for using the risk.

In the *Nutrition Risk Module*, you may have noticed that the tab for the "Risks: 400" did not contain any *Risk Info Sheets*. That is because they are covered in **this** module. All of the dietary risks are in the 400s, so let's take a moment to explore the numbering of the dietary risks.

Dietary Risk Numbers

There are five main dietary risk numbers:

- ◆ 411 – Inappropriate Nutrition Practices for Infants;
- ◆ 425 – Inappropriate Nutrition Practices for Children;
- ◆ 427 – Inappropriate Nutrition Practices for Women;
- ◆ 401 – Presumed Eligibility for Women and Children (ages 2-5 years);
- ◆ 428 – Presumed Eligibility for Infants and Children (ages 4-23 months).

Even though there are only 5 dietary risks, you will see that the dietary risks 411, 425, and 427 have numerous sub-risks, or examples of inappropriate nutrition practices. Each sub-risk has its own *Risk Info Sheet*. For example, *Risk 411 – Inappropriate Nutrition Practices for Infants*, is broken down into 11 sub-risks. Each sub-risk is indicated after a decimal point. So, *Risk 411.3 – Early Introduction of Beverages or Solid Foods* is one type of an inappropriate nutrition practice for infants and is defined and explained on its own *Risk Info Sheet*. In TWIST, you will select the appropriate sub-risk for each participant.

Each dietary risk, along with the associated sub-risks is presented on specific *Risk Info Sheets*. The dietary *Risk Info Sheets* are organized by category of participant and are located in separate chapters of this module. For example, all 11 sub-risks of inappropriate nutrition practices for infants are presented in chapter 4.



Practice Activity

1. Observe another CPA doing a diet assessment.



- ◆ Where in the certification process did they do the diet assessment?
- ◆ How did they get the information they needed to assign dietary risks?

1-1 ■ Introduction to Dietary Risk

- ◆ How did the dietary risk relate to the nutrition education provided to the participant?
2. Take out the *Job Aid: Dietary Risks and Sub-Risks – 400s*.
- ◆ How many sub-risks are there for 411? _____
 - ◆ How many sub-risks are there for 425? _____
 - ◆ How many sub-risks are there for 427? _____
 - ◆ How many sub-risks are there for 401? _____
 - ◆ How many sub-risks are there for 428? _____

**Skill Check**

1. What are the 5 steps of a diet assessment?



2. What are the 4 groups of nutrition risks?



3. What are the 3 reasons to do a diet assessment?



4. How is a dietary risk different than other nutrition risks?



1-2 The CPA's Role

Items Needed

- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s.*
- ◆ Local agency procedure on documentation.

Objectives

After completing this lesson, you will be able to:

- ◆ Correctly assign risks using both objective and subjective information from the participant.
- ◆ Correctly document dietary risk.
- ◆ Identify situations that necessitate making referrals as appropriate.

Overview

It is the CPA's role to do a complete diet assessment of participants to determine WIC eligibility. To do this, the CPA must listen to the participant and then, using critical thinking skills, decide what dietary risk, if any, should be assigned to the participant. The CPA is also responsible for entering any additional documentation needed and making referrals as appropriate.

How are dietary risks selected?

Unlike other nutrition risks, **all** dietary risks are CPA-selected. The CPA must manually select dietary risks. There are three ways to manually select the dietary risks.

1. By answering certain optional questions in TWIST on the “Diet Assessment-Questionnaire” tab;

Client Processes - [CP310S - Infant/Child Certification State ID:2352296 Name: Hanley, Lucy An DOB:07/01/2004]

File Edit Window Help

Selection

WIC ID: 00754001-01 Name: Hanley, Lucy An DOB: 07/01/2004 WIC Cat.: CHILD, 24-60 MONTHS OLD Tr. Type: N

Medical Data Health History **Diet Assessment** NE Plan Progress Notes BF Tracking Food Pkg. Assignment

CPA Verification

Questionnaire: Child Diet Assessment (24-60 months)

Visit Date: 09/17/2007 Entered By: Kim McGee Show: All

Questionnaire

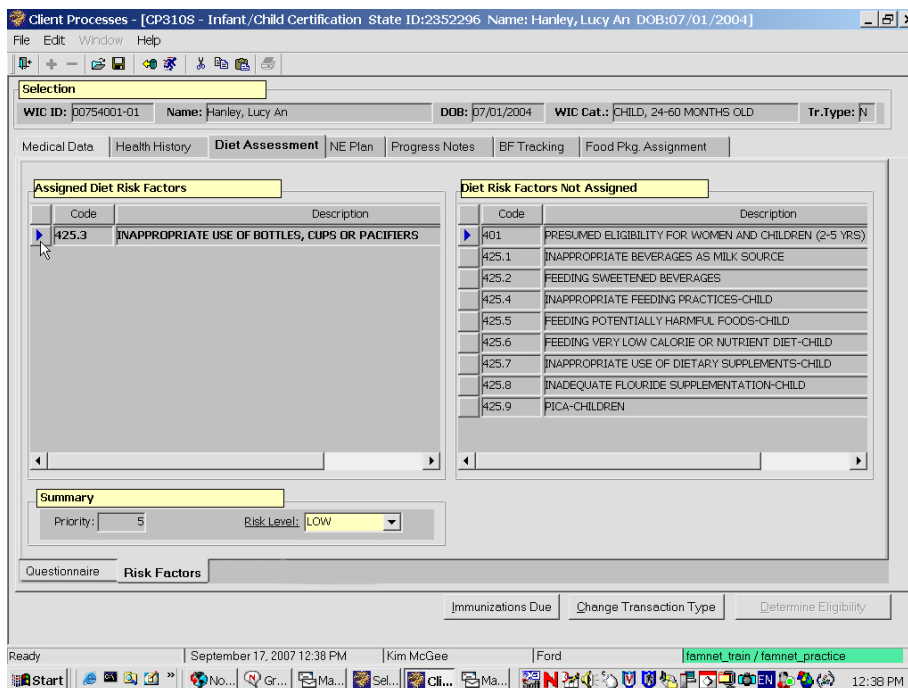
No.	Question	Answer	Notes
D1	Tell me about feeding your child.		
D2	What do you like about the way your child eats?		
D3	What concerns do you have about the way your child eats?		
D4	How well does your child eat a variety of foods with different textures?		
D5	How can you tell when your child is hungry or full?		
D6	How well does your child feed himself/herself?		
D7	What does your child use when drinking?	Bottle	
D8	What beverages does your child usually drink?	Bottle	
D9	Is your child receiving fluoride?	Cup	
D10	Diet assessment complete: dietary risk(s) assigned?	Cup and Bottle	

Questionnaire Risk Factors

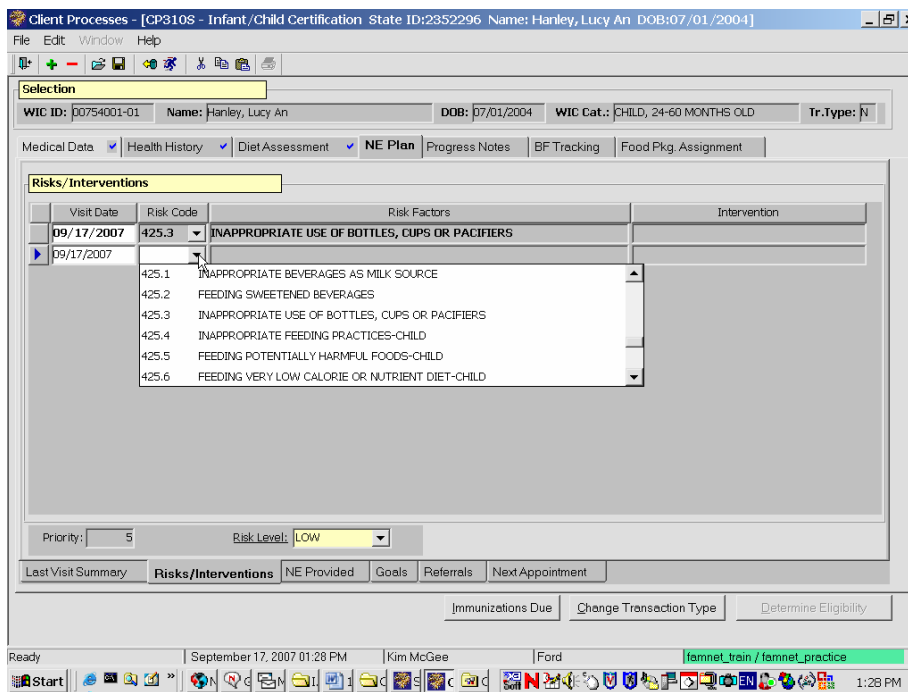
Immunizations Due Change Transaction Type Determine Eligibility

Ready September 17, 2007 12:18 PM Kim McGee Ford famnet_train / famnet_practice

- By selecting the risk from the list provided on the “Diet Assessment-Risk Factors” tab;



- By selecting the risk from the list provided on the “NE Plan – Risk/Interventions” tab.



Risk level and referrals

All dietary risks have a risk level of **low**.

Even though they are assigned a “low” risk level in TWIST, it is important for you to use your critical thinking skills when assigning a dietary risk, as certain behaviors could indicate that a participant needs additional support and a referral. Let’s take a moment to consider some examples that would show us a situation when

the CPA would need to refer a client to their health care provider, a community health nurse, or to a WIC nutritionist.

What is Critical Thinking?



There are four basic components to critical thinking. As the CPA you will need to:

1. Collect all pertinent information from the participant.
2. Clarify or gather additional details.
3. Analyze and evaluate all the information you have collected.
4. Determine the best course of action.



Critical Thinking

Example 1: A pregnant women tells you that she is taking special vitamins that her neighbor has recommended she take during her pregnancy. She explains that she has not stopped taking her pre-natal vitamins, but instead is taking both vitamins. The appropriate action would be to refer this participant to her health care provider to discuss supplementation and perhaps to the WIC nutritionist for follow-up.

Example 2: The mother of a 2-year-old says she is a strict vegan and is making sure her child is following the same strict diet. After asking the mom some probing questions, you find that she is not giving her child any animal products. You would want to refer her to the WIC nutritionist for follow-up.

Considerations for assigning risks

To help you with the critical thinking, as it relates to dietary risk, on each *Risk Info Sheet*, you will notice a section called *Considerations for Assigning Risks*. Here you are provided with questions for you to keep in mind (but not to necessarily say aloud) while deciding if the participant is at risk and if a referral is needed. There may be extreme cases when an issue would become a mandatory reporting issue and you will need to contact children services. For example, perhaps children services would be needed for an infant on a highly restrictive diet, if they were diagnosed with failure to thrive and the parent was unwilling to change the child's diet.

Examples of Considerations for Assigning Risks

Is the woman currently taking the recommended supplements for her category on a regular basis? Is there a situation that will prevent her from taking the supplements on a regular basis? (*Risk 427.4 – Inadequate Iron or Folic Acid Supplementation*)

How old is the infant? What type of food is being offered? How often is the food offered? Why is the food being offered? (*Risk 411.3 – Early Introduction of Beverages or Solid Foods*)

Comparing what is observed with what is heard

During a certification, you will collect all kinds of information to help you in assigning risks. Some information will come from the conversation with the participant and may include their answers to both open-ended and closed-ended questions. Other information will come from things you observe, like the participants' weight, height, and blood test.

Things you hear the participant say are considered "subjective". Although you assume the participant is telling you the truth, sometimes they tell you what they think you want to hear. Things you observe are considered to be "objective" and would be considered to be true or accurate.



Subjective information

- Information from the participant
- what they tell you

Objective information

- Information you gather or observe
- Weight, height, blood work

Both objective and subjective information should be considered when deciding what risk to assign to a participant. You will want to compare what the participant is telling you to what you observe and see if it matches and if there is a logical connection. For example, if a pregnant woman says she feels great and is eating well, but she has lost a lot of weight, you would need to dig deeper to figure out what is going on. Remember, this comparison of the objective information to the subjective data requires critical thinking.



Critical Thinking: Before assigning a risk, referring a participant or moving on to the next step in the certification, take a minute to consider all the information you have gathered and make sure that what you hear matches what you observed.

What documentation is needed for dietary risks?

In addition to selecting the risk in TWIST, some dietary risks require additional documentation. Additional documentation is required when more information is needed to clarify why the risk was selected. You will also need to document any special concerns you had or why you referred a participant to the WIC nutritionist.

Each local agency has a procedure that states where a CPA should document additional information. Be sure to check with your local agency coordinator to determine where you need to be documenting additional information about dietary risks.




Dietary Risk – Additional Documentation	
When?	<ul style="list-style-type: none"> ▪ More information is needed to clarify why the dietary risk was selected <p>-OR-</p> <ul style="list-style-type: none"> ▪ You made a referral to the WIC nutritionist
What?	<ul style="list-style-type: none"> ▪ The specific feeding behavior that caused the selection of the risk code
Where?	<ul style="list-style-type: none"> ▪ Follow your local agency procedure. Dietary risk information can be documented in: <ul style="list-style-type: none"> ▶ The “Notes” of the diet questionnaire. ▶ The “Progress Notes” in the <i>Subjective</i> section. <p>Document referrals or questions for follow-up care in the <i>Plan</i> of “Progress Notes.”</p>

Examples of Additional Documentation for Dietary Risk




During the diet assessment, Janey tells the CPA that she can't help eating tissue paper to keep from getting sick during the day. The CPA selects *Risk 427.3 – Pica*. In the “Notes” the CPA enters “eating tissue paper to reduce nausea.”

During the diet assessment, Samuel's mom tells the CPA that she gives Samuel diluted, sweetened, condensed milk because he thinks it tastes better than regular milk. The CPA selects *Risk 425.1 – Inappropriate Beverage as Milk Source*. In the “Notes” the CPA enters “Mom giving diluted, sweetened, condensed milk instead of regular milk.”

**Practice Activity**

-  1. Ask your Training Supervisor what your agency's procedure is on the location of documentation for dietary risks and write it here.
-  2. Ask your Training Supervisor who you would consult with if you had a question about a dietary risk or a referral for a dietary risk. Write the answer here.
-  3. Take out the *Job Aid: Dietary Risks and Sub-Risks – 400s*. Highlight the risks that need additional documentation (see the column “Additional Documentation”). File the Job Aid in your WIC notebook.

**Skill Check**

-  1. What are the four basic components to critical thinking?
-  2. What risk level are dietary risks?
-  3. In the *Nutrition Risk Module* you learned that risks are either TWIST-selected or CPA-selected. How are dietary risks assigned?

4. Where are all the places in TWIST that dietary risks can be assigned?



5. For the following examples, refer to the “Additional Documentation” section of the referenced *Risk Info Sheets*. Use the space after each scenario to write what documentation you might enter.



- ◆ Rambo’s mom tells you that he really enjoys Gatorade and that she gives it to him instead of water because he is such an “athletic boy”. You assign *Risk 425.2 – Feeding Sweetened Beverages*. What might you document?



- ◆ Unique’s grandmother says she is giving Unique homemade formula made from canned milk because “It worked just fine for Unique’s mom.” You assign *Risk 411.1 – Use of Substitutes for Breast Milk or Formula*. What might you document?

1-2 ■ The CPA's Role

1-3 Gathering Information from the Participant

Items Needed

- ◆ *Job Aid: Probing Questions*
- ◆ *Job Aid: Completing a Diet Assessment for Pregnant Women*
- ◆ *Job Aid (Spanish): Your Personalized Diet Assessment for Pregnant Women*

Objectives

After completing this lesson, you will be able to:

- ◆ Use open-ended questions and probing questions to gather information from the participant.
- ◆ Use the appropriate diet assessment tools.

Overview

Gathering information from the participant in order to complete the diet assessment is as much art as it is science. It is the art of conversation. It is up to the CPA to engage the participant in a conversation about her attitudes and actions relating to food, and to do it in such a way that the participant feels comfortable *and* the CPA gets the information they need.

What information do you need?

After you have completed this module, you will know what types of feeding behaviors are considered to be dietary risks. Combine that information with the nutrition knowledge you will gain when you complete the other modules, and you will have a good understanding about what kinds of feeding behaviors and potential dietary risks you are looking for when you do a diet assessment.

TWIST will help you remember what kinds of information you are looking for. The “Diet Assessment Questionnaire” tab in TWIST has a series of questions that will remind you of what to talk to the participant about. The TWIST questions cover three broad topic areas related to feeding behaviors: **attitudes** about food or feeding, **actions** related to food or feeding, and **supplementation**.

You may find that asking the question a different way feels more comfortable to you. You may also find that you ask questions in a different order. Personalizing the diet assessment questionnaire is great, as long as you gather the necessary information by covering the three topic areas related to feeding behaviors (attitudes, actions and supplementation.)

Here are some examples that demonstrate how you could reword the TWIST questions.

TWIST question

What concerns, if any, do you have about weight gain with pregnancy?

Your question

“What have you heard about how much weight you should gain?”

TWIST question

How can you tell when your baby is hungry or full?

Your question

“What are some ways that she lets you know she’s ready to eat? How does she act when her tummy is full?”

How often does your baby breastfeed in 24 hours?

“How many times a day is she letting you know she’s ready to breastfeed?”

Remember, even if you reword the questions, you can still click on the TWIST answers for that given question, in order to assign a risk in TWIST.

A few of the diet assessment questions in TWIST are mandatory. That means that you **must** answer them in the data system. However, you may still reword the question to make it more comfortable for you to ask.


**Practice Activity**

1. Ask your training supervisor to help you use the TWIST practice database to review the diet assessment questionnaires for women, children and infants.



Which questions are mandatory? (The answer field will be yellow.)

- ◆ Women –
- ◆ Children –
- ◆ Infants –

-  2. Examples of diet assessment questions in TWIST are listed below. Practice re-writing them in your own words.

Examples

- ◆ What foods, if any, do you avoid for health or other reasons?

- ◆ What do you like about the way your baby eats?

- ◆ What is your plan for introducing finger foods to your baby?

- ◆ How well does your child feed himself/herself?

Asking open-ended questions

TWIST provides prompts that will assist the CPA in asking questions that pertain to specific risks, but these are **only** prompts. These are not intended to act as a script that must be read or followed word-for-word. If you reword the questions in TWIST, you will want to use open-ended questions to gather more information from participants. This will feel like more of a conversation than an assessment. The conversation will move from open-ended questions to more specific probing questions, as you discuss the participant's feeding attitudes and actions.

Open-ended questions encourage the participant to explore their feelings and thoughts about a subject and will provide more detailed information than close-ended questions.

Characteristics of open-ended questions

- ◆ Often starts with what, how or tell me
- ◆ Elicit a wide range of correct answers
- ◆ Encourage the participant to give specific details
- ◆ Rarely elicit a yes/no or very short answer
- ◆ There are no right or wrong answers

“What have you heard about what you should or shouldn’t eat while breastfeeding?”

“How has being pregnant changed the way you eat?”

“What have you found to be the easiest way to feed her cereal?”



Practice Activity

1. Change these close-ended questions into open-ended questions.



- ◆ Are you giving solid foods yet?
- ◆ Do you want to breastfeed?
- ◆ Is your child’s appetite good?
- ◆ Do you give your child fruits and vegetables?

Probing Questions

To make sure you have a clear understanding of what was said to you, you will sometimes need to follow up with additional questions to get more information from the participant. Depending on what the participant's answer is to your initial question, you use probing questions to get more information. Probing questions will seem less threatening if you soften them or personalize them. You can do this by using the participant's own words, using their name, using pauses, and adding extra words.

Extending probes – Ask the participant to tell you more about what she just said.

“So, Jamie, what are your plans for introducing Tyson to solid foods?”

“Sara, could you tell me more about the special diet you are on?”

“What else have you heard about weaning from the bottle, Margie?”

Clarifying probes – Ask the participant to clarify what she said.

“Minnie, tell me why you are pretty sure Mickey is allergic to milk?”

“Johnny, what are your reasons for avoiding those foods?”

Reflecting probes – Restate what the participant said so she knows that you've heard her, and it encourages her to say more.

“So, Simone, you don't think Patrick will eat any vegetables?”

Redirecting probes – Direct the participant to explore a different but related concern.

“Other than your concern about Tyler’s allergies, is there anything else that worries you about what he is eating?”

A time for close-ended questions

Sometimes you need specific information in order to correctly assign a risk. In those situations, you may occasionally need to ask a close-ended question to get a specific answer.

“Is your child receiving fluoride?”



Practice Activity

For each of the following scenarios, develop a probing question that will allow you to gather more information from the participant. You can use the *Job Aid: Probing Questions* for ideas.

1. **CPA:** “What do you like about the way you eat?”



Participant: “I eat a lot.”

CPA probe:

2. **CPA:** “What concerns do you have about they way your baby eats?”



Participant: “I worry that she is not eating enough.”

CPA probe:

Pulling it all together

This module contains several job aids that will facilitate your becoming familiar with the diet assessment process. The job aids entitled *Completing a Diet Assessment for ___* show the step-by-step process for completing a diet

assessment. The job aid lists the questions from TWIST

(organized by topic area) and provides some examples of probing questions you could ask. Remember, the probing questions will allow you to gather more information, which will help in identifying the dietary risks for each category of participant. The probing questions you come up with will depend on what information the participant has given; what you follow-up with will depend on what they have told you.

While completing this module, you will have the opportunity to explore the questions used during the diet assessment. For each category of participant, you will review the questions that appear in TWIST. You will also have the opportunity to develop probing questions of your own. In time, you will be able to personalize the TWIST questions, so that the process feels more natural for both you and the participant. You may be thinking, “How do I know when I need to ask more probing questions?” The answer is quite simple - once you get the information you need, move on! Let’s look at a scenario that demonstrates how it might all look.

There are five job aids entitled *Completing a Diet Assessment for ___*; one for each category of participant, i.e., Breastfed Infants, Infants receiving formula, Children, Pregnant women, and Postpartum women.

CPA: *So Tai, now that you are pregnant, how is eating going for you? (Open-ended question)*

Tai: *Not so good.*

CPA: *I'm sorry to hear that. Can you tell me a bit about your concerns? (Probing question)*

Tai: *Well, I can't seem to keep anything down...I get sick all the time.*

CPA: *That's too bad. How are you dealing with being sick all the time? (Probing question)*

Tai: *I try to nibble on some saltines. That's seems to be the only food I can stomach.*

CPA: *So it sounds like you are not able to eat very much.*

[CPA mentally compares what Tai is saying to Tai's reported weight gain and notes that her weight gain is a little lower than ideal.] (Critical thinking)

What does your doctor say about your nausea and weight gain? (Probing question)

Tai: *The doctor was the one that suggested the crackers. He said that this is pretty normal for the first part of a pregnancy and not to worry if I don't gain much at first. He thinks I will make up for it later.*

CPA: *I bet you were glad to hear that! So Tai, given how you are feeling, are you taking any vitamins to supplement your diet? (Close-ended question)*

Tai: *I have tried, but unfortunately I usually end up throwing them up too.*



Practice Activity

Use the *Job Aid: Completing a Dietary Assessment for Pregnant Women* for this activity.

1. Review the job aid and think about how you might ask the questions in TWIST.
2. Ask a co-worker to role-play as a pregnant woman and practice asking open-ended questions and probing questions.

Other languages or interpreters

Any conversation can be more challenging when you are using an interpreter or are translating questions into another language. If you are using a language other than English to talk with participants, take the time to write out your questions in that language **before** you talk to the participant. For our Spanish speakers, in the Job Aid section of this module, you will find a translated version of *Job Aid Spanish: Your Personalized Diet Assessment for Pregnant Women*.

If you use an interpreter when doing a diet assessment, you will need to plan on spending more time on probing questions to make sure you have all the information needed from the participant.

Tips for using an interpreter

- ◆ Spend a few minutes with the interpreter at the beginning of the certification to let them know how you plan to proceed.
- ◆ Ask the interpreter to give you as much of the participant's answer word-for-word as possible.
- ◆ Address your questions to the participant, not the interpreter.
- ◆ Give the interpreter plenty of time to listen to the participant's answer.
- ◆ Use probing questions to get details.

***Practice activity***

Special activity – if you will certify in a language other than English.

Using the *Job Aid: Completing the Diet Assessment for Pregnant Women*, re-write the questions in the language you will use to certify and in your own words.

1-3 ■ Gathering Information from the Participant

1-4 Variations in Diet

Objectives

After completing this lesson, you will be able to:

- ◆ Identify the different considerations that impact risk assignment.

Overview

In some ways, assessing for dietary risk is more difficult than assessing for other types of risks. If a person has been diagnosed by their health care provider with a specific disease, it is easy to say they have a particular risk based on that diagnosis. If their hemoglobin falls below a certain level, TWIST will even assign the risk for you! How easy is that?! Dietary risks are based on the participant's behavior related to food, and that changes every day. What, where, when and how a person eats or feeds their child changes from one day to the next. CPA's will have to get clarification from the participant, interpret what the participant says, and use critical thinking to determine if they have a particular dietary risk.

After reviewing the dietary *Risk Info Sheets*, you will find that there are certain terms that are used which may indicate that a risk is not clear-cut. A few of these terms will be addressed in this lesson.

“Routine”

Many risk descriptions use the word “**routine**.” What does routine mean? As it relates to dietary risks, a routine feeding behavior is one that happens on a regular basis. It means the behavior is habitual, something that is repeated, or is a standard procedure. If a feeding behavior only happened once, or happens rarely, and doesn’t impact the participant’s health, then it would not be considered routine, and therefore, would not be a dietary risk.

Routine

“I always put him to bed with a bottle.”

“The only thing Lexie drinks from a cup is Koolaid.”

“I never let Shanie use the spoon. She is just too messy.”

NOT routine

“She tried Pepsi once, and really didn’t like it.”

“Since she is so close to a year old, we have been giving her a little whole milk in the cup every once in a while.”

“Even though he is a year old, his grandma still treats him like a baby and gives him baby foods sometimes.”

This may still seem a little vague, as “routine” could vary from situation to situation. In an attempt to clarify this issue, you will notice a section on the *Risk Info Sheets* titled *Considerations for Assigning Risks*. The questions in this section will assist you in determining if a specific behavior seems to be routine. Using these questions (and your critical thinking skills) you will be able to determine if a specific behavior seems to be routine or not; you will then be able to decide if you need to assign the dietary risk or not.



Critical Thinking: It will be very important to use probing questions to get more information from the mother to find out if the feeding behavior is routine.

“Appropriate” and “Inappropriate”

Two other words that are not clear-cut are the words “appropriate” or “inappropriate”. What is appropriate for one participant could be inappropriate for another. Appropriate feeding practices could be matched to the person’s age, development, and abilities. For example,



giving an infant a bottle is appropriate for their age and development. Giving a bottle to a healthy three year old would be inappropriate for their age and development.

There are many variables to consider when determining if something is appropriate or not. Children develop at different rates, which means that each infant or child could be developmentally ready for a change of feeding practice at very different times. Illness or special health care needs can also impact what is appropriate for a child at any given time.


You will learn more about what is appropriate for each category of participants by completing other training modules, such as the *Infant Nutrition and Feeding Module*. Talk with the WIC nutritionist or a more experienced CPA if you are unsure whether a particular feeding behavior is appropriate or not.



Critical Thinking: The WIC nutritionist in your agency can answer your questions about what is appropriate for children with special health care needs.


Practice Activity

Use *Risk Info Sheets 411.1 – Use of Substitutes for Breast Milk or Formula* and *411.3 Early Introduction of Solid Foods*, from Chapter 4 to answer the questions for the following scenarios. Discuss your answers with your training supervisor.

1.  Lesli is in your office today with her 6 month old, Cloe. Lesli says, “I run out of formula by the end of the month, so I have to give Cloe cow’s milk for about a week every month.”
 - ◆ What probing questions might you ask?

 - ◆ Which of the “Considerations for assigning risk” would apply to this situation?

- ◆ Would this be considered routine?

-  2. Esmarelda has her 8-month-old son, Jaime, to see you today. Esmarelda says, “Jaime’s dad says that baby cereal tastes pretty bad by itself, so when he feeds him, he puts in a little sugar to make it taste better. He watches Jaime when I work on the weekend and gives him cereal then.”

- ◆ What probing questions might you ask?

- ◆ Which of the “Considerations for assigning risk” would apply to this situation?

- ◆ Would this be considered routine?

**Skill Check**

1. How would you define “routine” as it relates to a dietary risk?



2. How would you define “appropriate” as it relates to one’s feeding practices?



3. On the *Risk Info Sheets*, where can you find more information to help clarify some of these ambiguous terms?



1-5 A “Complete” Diet Assessment

Items Needed

- ◆ *Job Aid: Completing a Diet Assessment for Pregnant Women*

Objectives

After completing this lesson, you will be able to:

- ◆ Define a “complete diet assessment”.

Overview

How will you know when you are done with the diet assessment and ready to move on to the next part of the certification? It can be difficult to tell when you have gathered all the information you need, especially when there are so few mandatory TWIST questions to complete. Before you begin providing nutrition education, it is important to make sure you have done a thorough and complete assessment and that you have assigned all the appropriate dietary risks. So what should be covered at a minimum?

Five steps for completing a diet assessment

Let’s start by reviewing the five steps for completing a diet assessment that were covered in Lesson 1-1.

Step ① Ask the participant about their feeding behaviors.

Step ② Use **probing questions** to find out more information.

Step ③ Assign and document dietary risks in TWIST (if appropriate).

Step ④ Use critical thinking to review all information to ensure risks are appropriately assigned and correct.

Step ⑤ Answer the mandatory diet assessment question(s) in TWIST.

Step 1 – Ask about feeding behaviors

During your conversation with a participant, you need to make sure you ask enough questions so that you feel like you have a complete picture of her normal feeding behaviors. For the sake of simplicity, we have identified 3 basic topic areas to describe feeding behaviors: **attitudes, actions, and supplementation**. You need to make sure that you cover these 3 basic topic areas during your diet assessment.

Since you do not need to ask every question on the Diet Questionnaire in TWIST, you will need to make sure your questions and the answers you get fall into the 3 basic topic areas of attitudes, actions, and supplementation. The question prompts in TWIST are organized so that you are first reminded to cover attitudes, then actions, and finally supplementation. This allows you to start by asking very broad open-ended questions. Gradually you will ask more specific questions and probes, as you hear the mother talk about her concerns. As the mother talks, you will hear clues about potential dietary risks.

Attitudes

This broad topic area addresses what the mother **thinks** or **feels** about her or her child’s diet and food. When talking to a mother you might hear her talk about her appetite or about how she feels about certain foods or groups of foods. She may express concerns about what her child is eating or whether they are getting the right nutrients. The mothers’ attitudes about food and feeding will give you your first clues as to what to ask about next.



Actions

This topic area relates to the actions of a participant as they relate to food. These actions address what the mother **does**, rather than what she thinks. She might talk about how often she eats, foods her children like or dislike, or, what she tries to eat or tries to avoid eating. She may talk about how or what she feeds her children. She may also talk about foods typical of her culture or what she eats during cultural or religious events.

Supplementation

Supplementation is when a mother discusses with you any kind of vitamin or mineral that has been prescribed by her health care provider for herself or her child. The mother may also speak about over-the-counter supplements, herbs, botanical remedies, herbal teas, or items purchased at a health food store.

The specific information discussed with a participant, for each of these broad topic areas (**actions**, **attitudes**, and **supplementation**) will vary from one category to the next. In the following chapters, each category of participant will be discussed. In each chapter, you will find examples of discussion items that might come up in any given topic area. You will also find examples of things you might hear a participant say while on the subject of these discussion items.

Step 2 – Probing Questions







Critical Thinking: In a participant centered discussion, you will need to be prepared to ask probing questions to learn more about a particular issue that has been raised by the mother. Only after getting **all** of the information will you be able to decide whether or not to assign a dietary risk and if you are done with your diet assessment.

Job aids - *Completing a Diet Assessment for* ____

In the job aid section of this module, you will find one of these job aids for each category of participants. These job aids show how the topic areas, TWIST questions, and the possible probing questions can all work together. In each job aid, you will see how this process leads to assigning risk. In the chapters that follow, you will be able to further explore these job aids, while looking at the dietary risks for each individual participant category. You will also have the chance to look at the discussion items within the three topic areas of **attitudes, actions** and **supplementation**.

**Practice activity**

Locate the job aid entitled *Completing a Diet Assessment for Pregnant Women*.

-  1. What are the four discussion items under the topic area of **Attitudes**?
-  2. What are the six discussion items under the topic area of **Actions**?
-  3. What question in TWIST is used to gather information on the topic area of **Supplementation**?
-  4. What would be an example of a probe used to gather information about the participant's meal patterns?

Step 3 – Assign and document dietary risk



Critical Thinking: After your conversation with the participant, you will need to use your critical thinking skills to confirm if you have: 1) addressed the possible dietary risks, 2) assigned any appropriate risks, and 3) documented the information needed in TWIST.

Step 4 – Critical thinking and review



At Step④ of each job aid you will see some critical thinking questions. These questions have been designed to help you determine if you are done with your diet assessment.

- ◆ Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- ◆ Is there any other information you need in order to complete the diet assessment?
- ◆ What topic(s) would you propose to the participant as a priority for nutrition education?

To decide if you are done you:

1. Think about what you have heard and what you have seen and make sure you feel like all of that information makes sense, or you know why it doesn't.
2. Think about all the possible dietary risks for the participant's category and decide if you have heard the mother speak about those topics.
3. Think about what the mother has talked about and decide if you have heard her talk about attitudes, actions and supplementation

relating to food and the diet. Review the dietary risks assigned and make sure they are correct and all documentation needed is present.

4. Think what would be most appropriate to propose for nutrition education.

Step 5 – Mandatory TWIST questions

Once you feel like you have covered the appropriate areas, then all that is left is to answer the mandatory questions on the Diet Assessment Questionnaire in TWIST. Only by answering the mandatory questions will you get the checkmark that is necessary on the “Diet Assessment” tab. There is one question found on every diet assessment questionnaire that must be answered, regardless of category.

<p>Dietary assessment complete: dietary risk(s) assigned?</p> <p style="text-align: right;">No Yes</p>

Presumed eligibility is a risk designed for participants who have not been assigned any other risks. Presumed eligibility will be discussed in Chapter 5 of this module.

Moving to nutrition education

Remember that one of the purposes of a diet assessment is to guide nutrition education. **Only after doing a complete assessment**, including gathering weight, height, blood work, health history, and diet assessment, will you be confident that you know what all the issues are and what is of greatest concern to the parent.

You have done a great job of identifying risks and getting relevant information from the parent, now you can move to providing some participant centered nutrition education. You will learn more about how to do that process in another module.

**Practice Activity**

Read the following diet assessment scenario and then answer the questions that follow.

CPA: *So Ginny, tell me about how your eating has changed since you have become pregnant?*

Ginny: *Well, I used to have coffee and a bagel for breakfast and then just grab whatever during the day. Now that the baby is coming, I'm trying to make sure I eat more often throughout the day. I'm eating a lot more than I used to.*

CPA: *That's great that you see the connection between your diet and the health of your baby! How well do you think the amount that you are eating is supporting the amount of weight you need to gain for this pregnancy?*

Ginny: *My doctor says he's happy with my weight gain, so I am just enjoying myself really.*

CPA: *That's great. Yes, I see that your weight today does put you in the normal range of weight gain. So, what kinds of foods are you enjoying eating mostly?*


Ginny: *I am really enjoying fruits... I can't get enough of them. Besides that, I am pretty much eating the same diet as before; just more of it.*


CPA: *I sure am glad to hear you are enjoying fruits so much. Tell me, is there anything out of the ordinary you seem to be craving?*


Ginny: *Not unless you count chocolate.*

CPA: *No, that seems pretty ordinary to me! Do you have anything else you would like to discuss today?*

Ginny: *Now that you mention it, I do miss my morning cup of coffee. Do I need to totally eliminate caffeine from my diet?*


 1. Does the data collected match the information you heard from Ginny?


 2. Did the CPA in this scenario do a complete diet assessment?

 3. What topic would you propose to the participant as a priority for nutrition education?



Skill Check

 1. What are the three topic areas you will hear the mother talk about during a complete diet assessment?

 2. How will you know when you are done with the diet assessment?

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 1.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Discuss the five steps to a diet assessment and review where in the certification process these may fall.
4. Describe how dietary risks are organized and how they fit in with all of the nutrition risks.
5. Explain the difference between open and closed-ended questions and the benefit of using probing questions.



Women's Dietary Risks

Chapter 2

Contents

- 2-1 Women's Dietary Risks
Risk Info Sheets: 427

2-1 Women's Dietary Risks

Items needed

- ◆ The *Risk Info Sheets* listed below:
 - ◇ 427.1 – *Inappropriate Use of Dietary Supplements*
 - ◇ 427.2 – *Consuming Very Low Calorie or Nutrient Diets*
 - ◇ 427.3 – *Pica*
 - ◇ 427.4 – *Inadequate Iron or Folic Acid Supplementation*
 - ◇ 427.5 – *Ingestion of Potentially Harmful Foods by Pregnant Women*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*
- ◆ *Job Aid: Completing a Diet Assessment for Pregnant Women*
- ◆ *Job Aid: Your Personalized Diet Assessment for Pregnant Women*
- ◆ *Observation Tool: Diet Assessment of a Woman*
- ◆ *Job Aid: Completing a Diet Assessment for Postpartum Women*
- ◆ *Job Aid: Your Personalized Diet Assessment for Postpartum Women*
- ◆ Access to TWIST Practice database for case study

Objectives

After completing this lesson, you will be able to:

- ◆ Determine a woman's dietary risk, based on a complete diet assessment.
- ◆ Identify 5 inappropriate nutrition practices for women.
- ◆ List probing questions to clarify information specific to women's dietary risks.

Overview

It is important to find out about a woman's dietary practices so that you are able to provide the best, targeted nutrition education and counseling. There is one dietary risk that may apply to pregnant, breastfeeding or postpartum women. This risk is called "*Inappropriate Nutrition Practices for Women*". This risk is further defined by 5 different sub-risks, each of which identifies a particular nutrition practice that may result in impaired nutrient status, disease, or health problems. Each of these sub-risks is described in a *Risk Info Sheet* at the end of this lesson.

Read the *Risk Info Sheet* for each of the following dietary risks for women:

- ◆ 427.1 – Inappropriate Use of Dietary Supplements
- ◆ 427.2 – Eating Very Low Calorie or Nutrient Diets
- ◆ 427.3 – Pica
- ◆ 427.4 – Inadequate Iron or Folic Acid Supplementation
- ◆ 427.5 – Eating Potentially Harmful Foods (Pregnant Women only)



Practice activity

Write your answer to the following questions.

1. Which of these risks is only appropriate for pregnant women?



2. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
427.1 – Inappropriate Use of Dietary Supplements	
427.2 – Consuming Very Low Calorie or Nutrient Diets	
427.3 – Pica	
427.4 – Inadequate Iron or Folic Acid Supplementation	
427.5 – Eating Potentially Harmful Foods (Pregnant Women only)	

3. Sierra is being certified as a pregnant woman. She takes a bologna sandwich to work for lunch every day. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO

4. Tyria is pregnant woman. She takes the prenatal vitamin her doctor gave her plus a 1000 mg Vitamin C tablet to keep her from getting sick. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO

5. Marta is a breastfeeding woman. She no longer has any vitamins to take and she makes her own oatmeal from rolled oats for breakfast in the morning. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO

6. Nhu is a breastfeeding woman. She has cut out all dairy products from her diet because she is concerned that it may be causing eczema in her baby. She is taking 500 mg of calcium in a tablet and eats lots of tofu and leafy greens. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO

7. Karen is a postpartum non-breastfeeding woman. She is trying to get her weight down and says that eating chalk every day suppresses her appetite. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO
8. Kimberly is a woman in her 6th month of pregnancy. She has not taken a prenatal vitamin or any other supplement because they make her constipated. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO
9. Adrienne is a pregnant woman. She is a vegan, but she has been eating cheese and eggs since she got pregnant. She also takes some special vitamins that the doctor gave her to make sure she is okay. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO
10. Remi is a pregnant woman. She tells you that every once in awhile when she is nervous, she chews on her pencil at work. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO
11. Rayanne is a pregnant woman. She loves Bleu Cheese dressing on her salads. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO
12. Malini is a breastfeeding woman. She takes daily herbal supplements to help her milk supply and to give her more energy. She gets them from the health food store and they told her they were okay for a breastfeeding woman. Would she qualify for a sub-risk of dietary risk 427?
YES – RISK # _____ NO

Asking about a woman's feeding behaviors

As mentioned earlier in this module, **Step ①** in a diet assessment involves asking the participant about the three topic areas related to feeding behaviors, i.e. their attitudes and actions (relating to food) and about any supplementation. During this conversation, you need to be sure to ask enough questions so that you have a complete picture of her normal dietary habits and practices. With a complete picture, you can then assign any appropriate dietary risks. Remember, you do not need to ask every question on the Diet Questionnaire in TWIST. However, you **do** need to be sure to address each of the three topic areas. Discussion items within each topic area vary from one category of a participant to another; let's take a moment to review the topic areas and examples of discussion items for women.

Attitudes

This topic area addresses what the woman thinks or feels about her diet and food. When talking to a woman you might hear her talk about her appetite or about how she feels about certain foods or groups of foods. She may express concerns about what she is eating or whether she is getting the right nutrients. Here are some examples of what you might hear from a woman.



Eating issues

“I am so worried that what I eat will pass through the breast milk to my baby.”

“I **do not** want to gain weight in this pregnancy, no matter what!”

“I am really trying to eat better now that I am pregnant.”

Interest in eating

"I just eat whatever the kids eat."

"It is just too much effort to make myself something to eat."

"I really wish I had more time to cook."

Appetite

"I just can't seem to make myself eat."

"I am starved all the time. I can't seem to eat enough!"

"Nothing sounds good right now."

Nutrition knowledge

"I know calcium is important when you are pregnant, but I hate milk."

"I heard that you need to eat twice as much when you are nursing."

Actions

This topic area relates to the actions of a woman related to food. She might talk about how often she eats, foods she likes or dislikes, or, what she tries to eat or tries to avoid eating. She may also talk about foods typical of her culture or what she eats relating to cultural or religious events.



Meal patterns

"I can't eat in the morning, so I eat really often in the afternoon."

"I eat whenever my kids eat."

"I kind of snack all day long."

Food preferences

“Milk is nasty.”

“I love fruit and veggies. I can eat those even when nothing else sounds good.”

“I like chicken and turkey. Beef is pretty yucky.”

Food fads

“I am really trying to cut down on carbs.”

“I am trying out that grapefruit diet to see if I can lose some of this baby weight.”

Food avoidance

“I am really trying to cut out all the junk food.”

“I can't handle eating anything that once had a face.”

Cultural issues

“I'm Muslim, so I don't eat any pork or shellfish.”

“I can't eat that until the baby is over a month old or I might lose my milk.”

“I am fasting during the day.”

Supplementation

Supplementation is when a woman discusses with you any kind of vitamin or mineral pill that has been prescribed by her health care provider. The woman may also speak about over-the-counter supplements, herbs, botanical remedies, herbal teas, or items purchased at a health food store.



Use of supplements

“I just take the prenatal vitamins the doctor gave me.”

“I use several things that were recommended to me by the health food store.”

Herbal remedies

“I am taking some St. John’s Wort to help relieve some of my postpartum depression.”

“In my culture we use special herbs to help with milk supply.”

“My mother makes me drink a cup of stewed herbs to balance my yin and yang.”

After a woman discusses her attitudes, actions, and supplementation, **Step ②** will be to ask additional probing questions to clarify the information you received. **Step ③** involves assigning and documenting any risks.

Completing the diet assessment

The two job aids, *Completing a Diet Assessment for Pregnant Woman* and *Completing a Diet Assessment for Postpartum Women* will help you make sure you have completed all the steps in the diet assessment.



Critical Thinking: After you have talked with the participant and feel like you have a clear picture of her normal eating habits, **Step ④** is when you will need to mentally compare what she has told you with any other information you have collected, such as her weight, or weight gain or loss. In order to complete the diet assessment, you will have to do some critical thinking to see if you need to gather any additional information. You will also need to prioritize the topic you would propose to discuss with the participant, as part of her nutrition education.

Remember, the last step (**Step ⑤**) in the diet assessment is to answer the mandatory questions in TWIST.

The following skill check will allow you to practice completing a diet assessment for pregnant and postpartum women.



Skill check

Part 1

Review the job aids *Completing a Diet Assessment for Pregnant Women* and *Completing a Diet Assessment for Postpartum Women*. Make note of the topics that are covered for each category of woman. Read the questions from the TWIST Diet Questionnaire and sample probing questions for each category.

Part 2

Use the job aids *Your Personalized Diet Assessment for Pregnant Women* and *Your Personalized Diet Assessment for Postpartum Women* to write down the questions in your own words that you would feel comfortable asking to cover these topics. Think about what probing questions you would use to get more clarifying information. It is okay to start with the questions in TWIST and the probes listed on the job aid if you feel comfortable with them.

Part 3

Review your questions with your Training Supervisor. Discuss any changes.

Part 4

Have your Training Supervisor arrange a time for you to observe a more experienced CPA certifying a woman from each of these categories.

Part 5

Use the *Observation Tool* to make a note of a) questions and probes that the CPA used to get information from the participant, b) what topics were covered, and c) what dietary risks were assigned, if any. Think about the information you heard and whether it covered the “Critical Thinking” questions from the observation tool. Note what nutrition education topics were proposed by the certifier to the participant. After the certification is over, discuss what you observed with the CPA. Check with the CPA to see if what you heard was correct and if you understood what was discussed.

Part 6

Consider what you have observed and think about the questions and probes you wrote. Make any necessary changes to your personalized questions.

Part 7

Have your Training Supervisor arrange a time for you to work with a more experienced CPA. You will do the diet assessment during the certification of a woman from each of these categories. (Alternative –

You may want to role-play a diet assessment or you may want to work directly with your Training Supervisor.)

Part 8

Ask the CPA to use the observation tool to observe you, as you practice using the questions and probes that you developed.

Part 9

Discuss how the observations went and what you learned with your Training Supervisor. Discuss the “Critical Thinking” questions. Review the dietary risks that were assigned and nutrition education topics were suggested to the participant.

**Case study**

Complete *Case Study A*, which is located in the *Case Studies* section of the module.

2-1 ■ Women's Dietary Risks

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 2.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Check your answers to *Case Study A*.
4. Discuss your observations of the diet assessment process and what you learned. Review your completed *Observation Tool*.
5. Discuss the diet assessment questions that you wrote to use with pregnant and postpartum women.
6. Role-play a diet assessment of a pregnant woman.

Inappropriate Use of Dietary Supplements

427.1



Category.....	ALL Women
Risk Level.....	LOW



Risk Description

Taking dietary supplements may be toxic or have potentially harmful consequences when taken in excess of recommended dosages for participants' category.

At risk if:	<p>Woman is taking dietary supplements in <i>excess</i> of recommended dosages. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ■ Single or multi-vitamins ■ Mineral supplements ■ Herbal or botanical supplements/remedies/teas
NOT at risk if:	<p>Woman is not taking dietary supplements -OR- Woman is taking the recommended amount of dietary supplements for her category</p>

For more information on inappropriate use of dietary supplements, refer to:

- ◆ American Academy of Pediatrics, Committee on Nutrition. Pediatric Nutrition Handbook. 5th edition.

Reason for Risk

Women taking inappropriate or excessive amounts of dietary supplements such as, single or multivitamins or minerals, or botanical (including herbal) remedies or teas, are at risk for adverse effects such as harmful nutrient interactions, toxicity, and birth defects. Pregnant and lactating women are more at risk, because they are potentially affecting both their health and the health of their infant.

Considerations for Assigning Risk

Is the woman currently taking dietary supplements in excess of the recommended dose?



Additional Documentation

Document the *specific inappropriate use of dietary supplements* in the “Notes” or the “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Ruby is at WIC today to be recertified as an exclusively breastfeeding woman. During the diet assessment, she tells you she’s been drinking 7-8 cups a day of a special herbal tea because her neighbor told her it would help her make more milk. Ruby would qualify for Risk 427.1.

Not at Risk

Alexis is at WIC today to be certified as a pregnant woman. During the diet assessment, Alexis tells you that she was taking an extra multi-vitamin everyday before she found she was pregnant. She said after her first appointment with the doctor, she stopped taking the multi-vitamins and started taking only her prescribed prenatal vitamin. Alexis would **not** qualify for Risk 427.1.

Eating Very Low Calorie or Nutrient Diet 427.2



Category.....	ALL Women
Risk Level.....	LOW



Risk Description

Any pregnant or postpartum woman eating a diet very low in calories and/or essential nutrients.

At risk if:	Woman is routinely eating a diet very low in calories and/or essential nutrients. Examples include, but are not limited to: <ul style="list-style-type: none"> ▪ Strict vegan diet ▪ Low carbohydrate, high protein diet ▪ Macrobiotic diet ▪ Diet is very low in calories and/or essential nutrients
NOT at risk if:	Woman consumes a diet adequate in calories and essential nutrients

Reason for Risk

Women consuming highly restrictive diets are at risk for nutrient deficiencies, especially during critical developmental periods such as pregnancy. Pregnant women who restrict their diets may increase the risk of birth defects, poor fetal development and chronic health problems in their children.

The pregnant adolescent who consumes a vegan diet is at an even greater risk due to her higher nutritional needs. The breastfeeding woman who chooses a vegan or macrobiotic diet increases both her and her baby's risk for vitamin B12 deficiency.

Considerations for Assigning Risk

Is the woman currently consuming a diet very low in calories and/or essential nutrients?



Additional Documentation

Document the *specific diet* in “Notes” or the “Progress Notes”.



Education/Referrals

- ◆ A referral to the WIC nutritionist is recommended.
- ◆ Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Andie is sixteen years old and is two months pregnant. She's at WIC today to be certified. During the diet assessment, she says she doesn't eat any animal products because she is a vegan. Andie would qualify for Risk 427.2.

Not at Risk

Nedra is 8 weeks pregnant and is at WIC to be certified. During the diet assessment she tells you, she hasn't been able to eat any meat for two weeks because the smell of meat, fish, or chicken makes her sick to her stomach. She hasn't been able to eat much, but she tries to follow her doctor's advice and eats small frequent meals and is eating eggs, nuts, and some cheese. Nedra would **not** qualify for risk 427.2.

Pica

427.3



Category.....	ALL Women
Risk Level.....	LOW



Risk Description

Compulsively eating non-food items over a sustained period of time.

At risk if:	<p>Woman is compulsively eating non-food items over a sustained period of time. Examples of nonfood items include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Ashes ▪ Baking soda ▪ Burnt matches ▪ Carpet fibers ▪ Chalk ▪ Cigarettes ▪ Clay ▪ Dust ▪ Large quantities of ice or freezer frost ▪ Paint chips ▪ Soil ▪ Starch (laundry or cornstarch)
NOT at risk if:	<p>Woman is not compulsively ingesting non-food items</p>

Reason for Risk

Pica, the compulsive ingestion of non-food substances, is linked to lead poisoning and exposure to other toxicants, anemia, excess calories or displacement of nutrients, gastric and small bowel obstruction, as well as parasitic infection.

Considerations for Assigning Risk

Is the woman currently eating the non-food items on a regular basis?
Does the woman feel compelled to eat these food items?



Additional Documentation

Document the *non-food items eaten* in the “Notes” or the “Progress Notes”.



Education/Referrals

- ◆ A referral to the participant’s health care provider is recommended.
- ◆ Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Stella is pregnant for the first time and is at WIC today to be certified. During the diet assessment, she tells you she’s been craving ice since she got pregnant. She says she’s eating about a bag of crushed ice everyday and that it seems to be the only thing that quenches her thirst. She also says eating the ice sometimes hurts her teeth. Stella would qualify for Risk 427.3.

Not at Risk

Lillian is pregnant for the first time and is at WIC today to be certified. During the diet assessment, she tells you her mother-in-law suggested she eats white clay to relieve her morning sickness. She said she tried it once, and it made her feel worse. She hasn't done it since that first time and doesn't plan to do it again. Lillian would **not** qualify for Risk 427.3.

Inadequate Iron or Folic Acid Supplementation

427.4



Category.....	ALL Women
Risk Level.....	LOW



Risk Description

Inadequate supplementation of iron or folic acid recognized as essential by national public health policy.

At risk if:	Pregnant woman consuming less than 30 mg of iron supplement daily -OR- Any postpartum woman consuming less than 400 mcg of folic acid from fortified foods or supplements daily
NOT at risk if:	Woman is consuming adequate amounts of iron and folic acid for her category

Reason for Risk

Iron is an important part of blood. It is needed for a healthy pregnancy, during lactation and for recovery after childbirth.

Most pregnant women, who do not take iron supplements to meet the increased iron requirements during pregnancy, cannot maintain adequate iron stores, particularly during the second and third trimesters.

Any postpartum women of childbearing age, who do not take adequate amounts of folic acid, are at greater risk for functional folate deficiency, which has been proven to cause neural tube defects, such as, spina bifida and anencephaly.

Considerations for Assigning Risk

Is the woman currently taking the recommended supplements for her category on a regular basis? Is there a situation that will prevent her from taking the supplements on a regular basis?



Additional Documentation

No special requirements.



Education/Referrals

- ◆ A referral to the participant's health care provider is recommended.
- ◆ Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Nola is 4 months pregnant and at WIC today to be certified. During the diet assessment, she tells you she hasn't been able to take her prenatal vitamin for two months because of morning sickness. Nola qualifies for Risk 427.4.

Not at Risk

Agnes is at WIC today to be recertified as a non-breastfeeding woman. During the diet assessment, she tells you she just found her bottle of vitamins rolling around on the floor of her car on her way to WIC. She says she lost them a week ago and that she plans to resume taking them again tomorrow. Agnes would not qualify for Risk 427.4.

Eating Potentially Harmful Foods 427.5



Category.....	Pregnant Women
Risk Level.....	LOW



Risk Description

Pregnant woman is eating foods that could be contaminated with harmful microorganisms.

At risk if:	<p>Pregnant woman eating potentially harmful foods. Examples of potentially harmful foods include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Raw or undercooked meat, poultry, fish or shellfish ▪ Raw or undercooked eggs, or foods containing raw or lightly cooked eggs, including: salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog ▪ Raw or undercooked tofu ▪ Refrigerated, smoked seafood, unless it is an ingredient in a cooked dish ▪ Hot dogs, lunch meat, fermented or dry sausage and other deli style meat or poultry (unless reheated until steaming hot) ▪ Refrigerated paté or meat spreads ▪ Unpasteurized milk or foods containing unpasteurized milk
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At risk if:	Pregnant woman eating potentially harmful foods. Examples of potentially harmful foods include, but are not limited to: <ul style="list-style-type: none"> ▪ Any soft cheese or fresh cheeses made with unpasteurized milk, such as: feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela ▪ Unpasteurized fruit or vegetable juices ▪ Raw vegetable sprouts such as alfalfa, clover, bean or radish
NOT at risk if:	Pregnant woman is not eating potentially harmful foods

Reason for Risk

Pregnant women are especially at risk for foodborne illness. The CDC advises pregnant women and other high-risk individuals not to eat foods identified as potentially harmful. Food-borne illness during pregnancy can result in infection, leading to premature delivery, miscarriage, fetal death, and severe illness or death of a newborn.

Considerations for Assigning Risk

Is the woman currently eating the potentially harmful food? How long has the woman been eating the food? How often is the woman eating the food? How much of the food does the woman eat?



Additional Documentation

Document the *specific food* in the “Notes” or the “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Marley is pregnant and is here today to be certified for WIC. During her diet assessment, she mentions that since she's been pregnant, all she wants to eat is raw homemade chocolate chip cookie dough.

Marla tells you she is eating a lot of raw homemade chocolate chip cookie dough on a weekly basis. Marley would qualify for Risk 427.5.

Not at Risk

Sylvia is pregnant and is here today to be certified for WIC. During the diet assessment, you learn she raises goats, and prior to this pregnancy, she drank unpasteurized goat's milk daily. She says the unpasteurized milk didn't cause any problems during her other pregnancies, but she started drinking pasteurized cows milk instead of the goat's milk because her doctor said the unpasteurized milk could hurt the baby. Sylvia would **not** qualify for Risk 427.5.



Children's Dietary Risks

Chapter **3**

Contents

- 3-1 Children's Dietary Risks
Risk Info Sheets: 425

3-1 Children's Dietary Risks

Items needed

- ◆ The Risk Info Sheets listed below:
 - ◇ 425.1 – *Inappropriate Beverages as Milk Source*
 - ◇ 425.2 – *Feeding Sweetened Beverages*
 - ◇ 425.3 – *Inappropriate Use of Bottles, Cups or Pacifiers*
 - ◇ 425.4 – *Inappropriate Feeding Practices*
 - ◇ 425.5 – *Feeding Potentially Harmful Foods*
 - ◇ 425.6 – *Feeding Very Low Calorie or Nutrient Diet*
 - ◇ 425.7 – *Inappropriate Use of Dietary Supplements*
 - ◇ 425.8 – *Inadequate Fluoride Supplementation*
 - ◇ 425.9 – *Pica*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*
- ◆ *Job Aid: Completing a Diet Assessment for Children*
- ◆ *Job Aid: Your Personalized Diet Assessment for Children*
- ◆ *Observation Tool: Diet Assessment of a Child*
- ◆ Access to TWIST Practice database for case study

Objectives

After completing this lesson, you will be able to:

- ◆ Determine a child's dietary risk, based on a complete diet assessment.

3-1 ■ Children's Dietary Risks

- ◆ Identify 9 inappropriate nutrition practices for children.
- ◆ List probing questions to clarify information specific to children's dietary risks.

Overview

It is important to find out about a child's dietary practices so that you are able to provide the best, targeted nutrition education and counseling. All children share one common dietary risk called "*Inappropriate Nutrition Practices for Children*". This risk is further defined by 9 different sub-risks, each of which identifies a particular feeding practice that may result in impaired nutrient status, disease, or health problems. Each of these sub-risks is described in a *Risk Info Sheet* at the end of this lesson.

Read the *Risk Info Sheets* for the each of the following dietary risks for children:

- ◆ 425.1 – Inappropriate Beverages as Milk Source
- ◆ 425.2 – Feeding Sweetened Beverages
- ◆ 425.3 – Inappropriate Use of Bottles, Cups or Pacifiers
- ◆ 425.4 – Inappropriate Feeding Practices
- ◆ 425.5 – Feeding Potentially Harmful Foods
- ◆ 425.6 – Feeding Very Low Calorie or Nutrient Diet
- ◆ 425.7 – Inappropriate Use of Dietary Supplements
- ◆ 425.8 – Inadequate Fluoride Supplementation
- ◆ 425.9 – Pica



Practice activity



Write your answer to the following questions.

1. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
425.1 – Inappropriate Beverages as Milk Source	
425.2 – Feeding Sweetened Beverages	
425.3 – Inappropriate Use of Bottles, Cups or Pacifiers	
425.4 – Inappropriate Feeding Practices	
425.5 – Feeding Potentially Harmful Foods	
425.6 – Feeding Very Low Calorie or Nutrient Diet	
425.7 – Inappropriate Use of Dietary Supplements	
425.8 – Inadequate Fluoride Supplementation	
425.9 – Pica	

2. Timothy is 3 years old. He likes to drink a glass of apple juice with his lunch everyday. Would he qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
3. Tara is 4 years old. Her parents are both vegetarians. Although Tara regularly eats meat, she also frequently likes to eat raw tofu with her parents. Would she qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO

3-1 ■ Children's Dietary Risks

4. Fey is 2 ½ years old. Since Fey doesn't like the taste of regular milk, her mom gives her sweetened condensed milk mixed with some non-dairy creamer instead. Would she qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
5. Terence is 4 ½ years old. He has been a vegetarian his whole life and enjoys eating eggs, dairy products and lots of fresh fruits and vegetables. Would he qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
6. Annalee is 15 months old. At naptime, she likes to be put to bed with a bottle of warm milk. Would she qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
7. Jose is 4 years old. Jose does not take any fluoride supplements because he lives in Beaverton, a city with fluoridated water. Would he qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
8. Nai is a 3-year-old boy. Nai's mother is a smoker. Even though Nai doesn't like the way his mommy smells after having a cigarette, he sure does enjoy eating her cigarette butts. Would he qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
9. Emily is a 3 ½ year-old girl with a major sweet tooth. Instead of giving her daughter candy all the time, Emily's mom allows her to eat as many of her orange flavored chewable multivitamins as she wants. Would she qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
10. Maria is a 2 ½ year-old girl who likes sweets. Instead of allowing her to eat candy all the time, Maria's mom gives her a pacifier dipped in honey to suck on. Would she qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO

11. Michael is 23 months old. Even though it is a slow process, he likes to drink his milk out of a cup that he tilts on his own. Would he qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

Asking about a child's feeding behaviors

As you learned in lesson 1-5, **Step ①** in a diet assessment involves asking the participant about the three topic areas related to feeding behaviors, i.e. their attitudes and actions (relating to food) and about any supplementation. Discussion items within each topic area vary from one category of a participant to another; let's take a moment to review the topic areas and examples of discussion items for children.

Attitudes

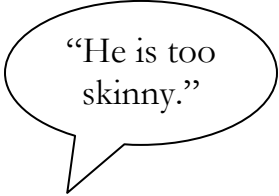
This topic area addresses how the parent or caregiver thinks or feels about their child's diet. When talking to a parent or caregiver you might hear them talk about their concerns with their child's eating or about mealtimes. They may express concerns about how their child is eating or what foods their child likes or does not like to eat. Here are some examples of what you might hear from a parent or caregiver.



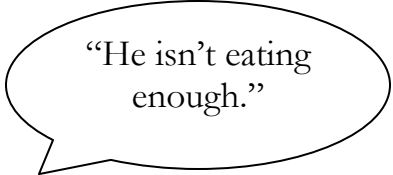
Feeding relationships

"I let them eat as much as they want."

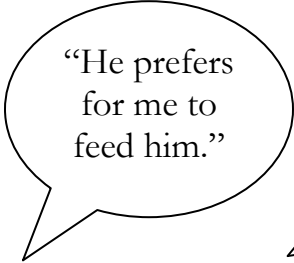
"The only way I can get him to eat vegetables is if I give him a cookie afterwards."

Feeding concerns

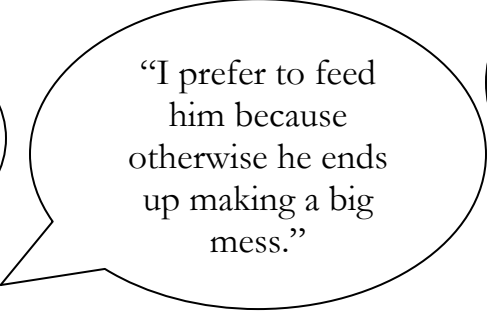
“He is too skinny.”




“He isn't eating enough.”

Support for independent feeding

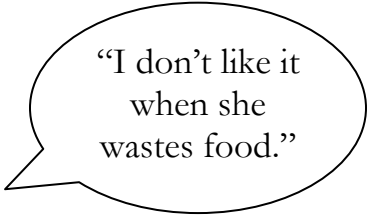
“He prefers for me to feed him.”




“I prefer to feed him because otherwise he ends up making a big mess.”



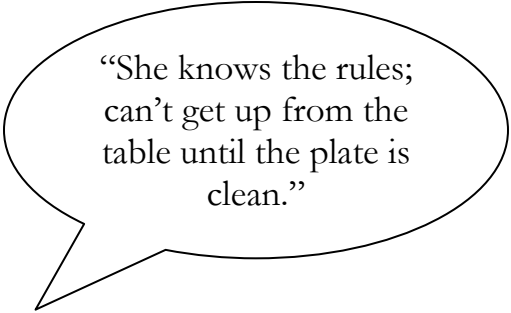
“I hate the mess.”

Division of responsibility

“I don't like it when she wastes food.”



“I don't care if she eats it all.”

Recognition of hunger/satiety

“She knows the rules; can't get up from the table until the plate is clean.”

Actions

This topic area relates to what the child is doing. A parent or caregiver might talk about how often the child eats, how meal times are structured, or about what foods their child is or is not eating.



Feeding Behaviors

“He comes and goes from the table.”

“He kind of grazes all day long, so I just leave the food out for him.”

“She likes to eat in front of the TV.”

Meal patterns

“She eats better at other people’s houses.”

“Her late snack affects her dinner.”

Weaning, use of cup/bottle

“He is still using a bottle.”

“I can’t seem to get him to stop using his pacifier.”

“She loves drinking from her sippy cup.”

Self-Feeding

“She is getting really good at using a spoon.”

“He sure does make a mess.”

Food preferences

“He loves macaroni & cheese.”

“She loves sugar snacks.”

“All he wants to eat is cereal.”

Food avoidance

“He won't eat anything green.”

“He won't eat meat because he doesn't like to chew, so I cut it up fine.”

“She doesn't like beans, or peas.”

Supplementation

Supplementation is when a parent or caregiver discusses with you whether or not their child is receiving fluoride supplements.

Use of fluoride supplements

“He won't let me put the drops in his mouth.”

“He uses toothpaste with fluoride in it.”

Herbal remedies

“When my daughter has a cough, I give her some Chinese herbal syrup.”

Completing the diet assessment

The job aid *Completing a Diet Assessment for Children* will help you make sure you have completed all the steps in the diet assessment.



Critical Thinking: Step ④ is when you will need to compare the data you have collected with the information you have heard. In order to complete the diet assessment, you will have to do some critical thinking to see if you need to gather any additional information. You will also need to prioritize the topic you would propose to discuss with the participant, as part of her nutrition education.

Remember, the last step (**Step ⑤**) in the diet assessment is to answer the mandatory questions in TWIST.

The following skill check will allow you to practice completing a diet assessment for a child.



Skill check

Part 1

Review the job aid *Completing a Diet Assessment for Children*. Make note of the topics that are covered. Read the questions from the TWIST Diet Questionnaire and sample probing questions for each category.

Part 2

Use the job aid *Your Personalized Diet Assessment for Children* to write down the questions in your own words that you would feel comfortable asking to cover these topics. Write down what probing questions you would use to get more clarifying information. It is okay to start with the questions in TWIST and the probes listed if you feel comfortable with them.

Part 3

Review your questions with your Training Supervisor. Discuss any changes.

Part 4

Have your Training Supervisor arrange a time for you to observe a more experienced CPA certifying a child.

Part 5

Use the *Observation Tool* to make a note of a) questions and probes that the CPA used to get information from the participant, b) what topics were covered, and c) what dietary risks were assigned, if any. Think about the information you heard and whether it covered the “Critical Thinking” questions from the observation tool. Note what nutrition education topics were proposed by the certifier to the participant. After the certification is over, discuss what you observed with the CPA. Check with the CPA to see if what you heard was correct and if you understood what was discussed.

Part 6

Consider what you have observed and think about the questions and probes you wrote. Make any necessary changes to your personalized questions.

Part 7

Have your Training Supervisor arrange a time for you to work with a more experienced CPA. You will do the dietary assessment during the certification of a woman from each of these categories. (Alternative – You may want to role-play a dietary assessment or you may want to work directly with your Training Supervisor.)

Part 8

Ask the CPA to use the observation tool to observe you, as you practice using the questions and probes that you developed.

Part 9

Discuss how the observations went and what you learned with your Training Supervisor. Discuss the “Critical Thinking” questions.

Review the dietary risks that were assigned and nutrition education topics were suggested to the participant.



Case study

Complete *Case Study B*, which is located in the *Case Studies* section of the module.

3-1 ■ Children's Dietary Risks

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 3.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Check your answers to *Case Study B*.
4. Discuss your observations of the diet assessment process and what you learned. Review your completed *Observation Tool*.
5. Discuss the diet assessment questions that you wrote to use with children.
6. Role-play a diet assessment of a child.

Inappropriate Beverages as Milk Source

425.1



Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely feeding inappropriate beverages as the primary milk source.

At risk if:	<p>Child is routinely fed the following beverages as the primary milk source. Examples include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Non-fat or reduced-fat milk (including 2%) between 13 and 23 months of age ▪ Sweetened condensed milk ▪ Imitation or substitute milk, such as inadequately or unfortified rice or soy based beverages or other “homemade concoctions” ▪ Any unfortified milk, for example goat’s
NOT at risk if:	<p>Child is fed appropriate milk sources - OR - Child is over 24 months and drinking reduced fat milk - OR - Child is drinking fortified goat’s milk</p>

Reason for Risk

Unfortified goat's milk, imitation milk and substitute milk do not contain nutrients in amounts appropriate as a primary milk source for children. Non-fat and reduced fat milk are not recommended for children from 1 to 2 years of age, because of the lower calorie density, as compared with whole-fat products. Infants and children under two consuming reduced fat milk gain weight at a slower rate and are at risk of inadequate intake of essential fatty acids.

Considerations for Assigning Risk

Is the child currently drinking the beverage as the primary milk source? How long has the child been given the beverage? How often is the child fed the beverage? How much of the beverage is the child drinking?



Additional Documentation

Document the *specific beverage* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Avery is a 14 month old and is at WIC to be recertified. During the recertification appointment, Avery's mom tells you she is feeding him 2% milk because that is what the rest of the family drinks. Avery would qualify for Risk 425.1.

Not at Risk

Constance is an 18 month old and is at WIC to be recertified. During the diet assessment, her mom tells you when her sister came to visit them earlier in the week, she gave Constance a cup of her sister's rice milk beverage. Constance would **not** qualify for Risk 425.1.

Feeding Sweetened Beverages 425.2



Category.....	Children
Risk Level.....	LOW



Risk Description

Routinely feeding a child sweetened beverages.

At risk if:	<p>Child is routinely fed the following sweetened beverages. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Soda ▪ Kool-Aid® ▪ Sports drinks ▪ Juice drinks ▪ Gelatin water ▪ Corn syrup solutions ▪ Sweetened tea
NOT at risk if:	<p>Child is fed appropriate beverages</p>

Reason for Risk

Sugar, especially sucrose, is the major dietary factor affecting dental caries. Drinking beverages high in sugar increases the risk of early childhood caries and tooth decay.

Considerations for Assigning Risk

Is the child currently being fed the sweetened beverages? How long has the child been fed the beverage? How often is the child fed the beverage? How much of the beverage is the child drinking?



Additional Documentation

Document the *specific sweetened beverage* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Emma is a 2½ year old and is at WIC to be recertified. During the recertification appointment, Emma’s mom tells you she usually gives Emma Kool-Aid® or a Capri Sun® drink pouch when she has her morning and afternoon snack, every day. Emma would qualify for Risk 425.2.

Not at Risk

Armando is a 3½ year old and is at WIC to be recertified. During the appointment, Armando’s mom tells you she gives Armando sweetened tea to drink when their extended family gets together for special celebrations like Mother’s Day and 4th of July. Armando would **not** qualify for Risk 425.2.

Inappropriate Use of Bottles, Cups or Pacifiers 425.3



Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely using bottles, cups or pacifiers improperly.

At risk if:	<p>Child is routinely using bottles, cups or pacifiers improperly. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Using a bottle for feeding or drinking beyond 14 months of age ▪ Using a bottle to drink juice, diluted cereal or other solids ▪ Allowing the child to fall asleep or to be put to bed with a bottle, at naps or bedtime ▪ Allowing the child to use a bottle without restriction, such as walking around with a bottle or using a bottle as a pacifier ▪ Allowing the child to carry around and drink throughout the day from a covered training cup ▪ Dipping pacifier in sugar, honey or syrup
NOT at risk if:	<p>Child is using bottles, cups or pacifiers properly for age and stage of development</p>

Reason for Risk

Prolonged use of baby bottles (during the day or night) containing sugary drinks and routinely having high sugar substances contributes to tooth decay. Pacifiers dipped in sweet substances such as sugar or honey also contributes to tooth decay. Solid foods such as cereal should not be put into a bottle for feeding because this does not encourage the child to eat solid foods in a more developmentally appropriate way.

Considerations for Assigning Risk

Is the child currently using a bottle, cup or pacifier improperly? How long has the child been using the bottle, cup or pacifier improperly? How frequently does the child use the bottle, cup or pacifier improperly?



Additional Documentation

Document the *specific inappropriate use* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Betsy is a 3½ year old at WIC to be recertified. During the recertification appointment, Betsy’s mom tells you that since Betsy’s little brother Brian was born 4 months ago, Betsy wants to drink her milk and juice out of a bottle because that’s how Brian is fed. Betsy’s mom thinks that’s cute and lets Betsy drink her beverages that way. Betsy would qualify for Risk 425.3.

Not at Risk

Joel is a 13 month old at WIC to be recertified. During the appointment his mom tells you she has started weaning Joel from the bottle by offering milk and juice in a training cup. She doesn’t allow

Joel to walk around the house with the training cup. Joel would **not** qualify for Risk 425.3.

Inappropriate Feeding Practices 425.4



Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely using feeding practices that do not consider the developmental needs or stage of the child.

At risk if:	<p>A feeding practice that disregards the developmental need of the child is routinely being used. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to or disregarding the child’s cues for hunger or fullness ▪ Feeding foods of inappropriate consistency, size or shape that puts the child at risk for choking ▪ Not supporting a child’s need for increased independence with self-feeding such as solely spoon feeding a child who is able and ready to finger feed and/or trying to self-feed with appropriate utensils ▪ Feeding a child foods with inappropriate textures based on his/her developmental stage, such as feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods
NOT at risk if:	<p>Appropriate feeding practices are used to feed the child</p>

Reason for Risk

Young children are born with the ability to regulate their food intake based on hunger, appetite and fullness. The “feeding relationship” between a caregiver and a child influences a child’s ability to develop eating skills and to eat a nutritionally adequate diet. A poor feeding relationship can result in poor dietary intake and impaired growth.

Considerations for Assigning Risk

What is the current age and developmental stage of the child? How long has the feeding practice been used? Will the feeding practice continue to be used?



Additional Documentation

Document the *specific inappropriate feeding practice* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Kadance is an 18 month old and is at WIC to be certified for the first time. Kadance’s mom tells you she still usually feeds Kadance and sometimes uses an infant feeder because she doesn’t want Kadance to make a mess. There are 4 other children in the family and she is tired of having to clean up after meals. Kadance would qualify for Risk 425.4.

Not at Risk

Sebastian is a 2 ½ year old and is at WIC for a recertification appointment. Sebastian has Down syndrome and during the appointment Sebastian’s mom tells you he is still being fed pureed foods. Sebastian would **not** qualify for Risk 425.4.

Feeding Potentially Harmful Foods

425.5



Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Feeding foods to a child that could be contaminated with harmful microorganisms.

At risk if:	<p>Child is fed potentially harmful foods. Examples of potentially harmful foods include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Raw or undercooked meat, poultry, fish or shellfish ▪ Raw or undercooked eggs, or foods containing raw or lightly cooked eggs, including: salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog ▪ Raw or undercooked tofu ▪ Refrigerated, smoked seafood, unless it is an ingredient in a cooked dish ▪ Hot dogs, lunch meat, fermented or dry sausage and other deli style meat or poultry (unless reheated until steaming hot) ▪ Refrigerated paté or meat spreads ▪ Unpasteurized milk or foods containing
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	<p>unpasteurized milk</p> <ul style="list-style-type: none"> ▪ Any soft cheese or fresh cheeses made with unpasteurized milk, such as: feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela ▪ Unpasteurized fruit or vegetable juices ▪ Raw vegetable sprouts such as alfalfa, clover, bean or radish
NOT at risk if:	Child is fed foods that are not contaminated

Reason for Risk

In order to prevent foodborne illness, the American Academy of Pediatricians recommends that certain foods should not be fed to young children.



Considerations for Assigning Risk

Is the child currently eating the potentially harmful food? How long has the child been fed the food? How often is the child fed the food? How much of the food does the child eat?



Additional Documentation

Document the *specific food* in “Notes” or “Progress Notes”.

Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Marteen is a 3 year old who is at WIC to be recertified. During the diet assessment, Marteen's dad tells you Marteen is going through another "picky eater" phase and about the only thing he can get Marteen to eat are hot dogs and deli ham. Marteen will only eat them if they are cold and right out of the package. Marteen would qualify for Risk 425.5.

Not at Risk

Perla is a 3 ½ year old and is at WIC to be recertified. During the diet assessment, Perla's dad tells you their neighbor gave them a gallon of home made fruit juice last week and Perla had a cup although she did not drink much of it. Perla would **not** qualify for Risk 425.5.

Feeding Very Low Calorie or Nutrient Diet

425.6



Category..... **ALL Children**

Risk Level..... **LOW**



Risk Description

Routinely feeding a diet very low in calories and/or essential nutrients.

At risk if:	Child is routinely fed a diet very low in calories and/or essential nutrients. Examples include, but are not limited to: <ul style="list-style-type: none"> ▪ Vegan diet ▪ Macrobiotic diet ▪ Diet is very low in calories and/or essential nutrients
NOT at risk if:	Child is fed a diet with appropriate calories and/or nutrients.

Reason for Risk

Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development and may lead to other adverse physiological effects. The more limited the diet, the greater the health risk.

Considerations for Assigning Risk

What diet is being offered? Is the child currently being fed the diet? How long has the child been fed the diet? Will the diet continue to be fed to the child? Is the caregiver adjusting the diet to meet the child's needs?



Additional Documentation

Document the *specific diet* in “Notes” or “Progress Notes”.



Education/Referrals

- ◆ A referral to the WIC nutritionist is recommended
- ◆ Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Shasteen just turned 4 years old last week and is at WIC to be recertified. During the recertification appointment, Shasteen's mom tells you she put the family on a totally vegan diet after Shasteen's father had a heart attack 2 months ago. She doesn't want to get milk, cheese or eggs on Shasteen's vouchers. Shasteen would qualify for Risk 425.6.

Not at Risk

Jerome is a 3 year old and is at WIC to be recertified. During the appointment Jerome's foster mom tells you she and her husband are going to start the South Beach Diet next week. She said the family will basically follow the South Beach plan, but she will make sure the children will get all the recommended foods according to the MyPyramid. Jerome would **not** qualify for Risk 425.6.

Inappropriate Use of Dietary Supplements

425.7

Category..... **ALL Children**Risk Level..... **LOW**

Risk Description

Taking dietary supplements may be toxic or have potentially harmful consequences when taken in excess of recommended dosages for participants' category.

At risk if:	Child is consuming dietary supplements in excess of recommended dosages. Examples include, but are not limited to: <ul style="list-style-type: none"> ▪ Single or multi-vitamins ▪ Mineral supplements ▪ Herbal or botanical supplements/remedies/teas
NOT at risk if:	Child is not taking dietary supplements or consumption is appropriate

For more information on inappropriate use of dietary supplements, refer to:

- ◆ American Academy of Pediatrics, Committee on Nutrition. Pediatric Nutrition Handbook. 5th edition.

Reason for Risk

A child taking inappropriate or excessive amounts of dietary supplements, such as: single or multivitamins or minerals, or botanical (including herbal) remedies or teas not prescribed by a physician is at risk for adverse effects. Adverse effects include: harmful nutrient interactions, toxicity, and physical malformations.

Considerations for Assigning Risk

Is the child currently taking the supplement? How long has the child been taking the supplement? How much of the supplement does the child take?



Additional Documentation

Document the *specific inappropriate dietary supplements* in the “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Traleah is a 2 year old who is at WIC to be re-instated. For the last 3 months Traleah was out of the United States with her parents, visiting relatives in her native country. During the diet assessment, you learn that one of Traleah’s favorite things to drink is an old family recipe tea blend made up of several herbs including chamomile and sassafras. Traleah’s mom now makes the tea for her family since Traleah likes it so much. Traleah would qualify for Risk 425.7

Not At Risk

Mekiah is a 4 year old who is at WIC to be re-certified. During the assessment, Mekiah’s mom tells you she gives him a Flintstone’s™ children’s chewable vitamin every other day because she wants to make sure he stays healthy since he had Strep Throat last month. Mekiah would **not** qualify for Risk 425.7.

Inadequate Fluoride Supplementation

425.8



Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely not providing fluoride, which is recognized as essential, when a child’s diet alone cannot meet nutrient requirements, either through supplement intake or water.

At risk if:	The water supply is not fluoridated -AND- Child is not receiving prescribed fluoride supplements
NOT at risk if:	Child receives fluoridated water -OR- Child receives prescribed fluoride supplement when water supply is not fluoridated

Reason for Risk

Fluoride supplements may be beneficial in reducing dental decay for children living in a fluoride deficient area.

Considerations for Assigning Risk

Is the child currently taking a fluoride supplement or drinking fluoridated water? How long has the child not been taking a fluoride supplement?



Additional Documentation

No special requirements.



Education/Referrals

A referral to a dental health professional is recommended.

Example

At Risk

Wanda is a 2 year old who is at WIC for an individual nutrition education appointment. She has been living with her grandmother for the past 4 months. During the appointment you reassess her diet and learn that Wanda's is not taking a fluoride supplement and the water supply in your town is not fluoridated. Wanda would qualify for Risk 425.8.

Not at Risk

Giselle is a 2½ year old who is at WIC to be recertified. During the assessment, you learn Giselle went to visit her grandmother over the weekend and forgot to take her fluoride supplement. Giselle would **not** qualify for Risk 425.8.

Pica

425.9



Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Compulsively eating non-food items over a sustained period of time.

At risk if:	<p>The child is compulsively eating non-food items over a sustained period of time. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Ashes ▪ Carpet fibers ▪ Chalk ▪ Cigarettes or cigarette butts ▪ Clay ▪ Dust ▪ Foam rubber ▪ Paint chips ▪ Soil ▪ Starch (laundry or cornstarch)
NOT at risk if:	<p>The child is not routinely eating non-food items</p>

Reason for Risk

Pica, the compulsive ingestion of non-food substances, is linked to lead poisoning and exposure to other toxicants, anemia, excess calories or displacement of nutrients, gastric and small bowel obstruction, as well as parasitic infection.

Considerations for Assigning Risk

Is the child currently eating the non-food item? How long has the child been eating the item? How frequently does the child eat the item? How much of the item does the child actually eat? Is this a developmentally normal oral exploration?



Additional Documentation

Document the *non-food items eaten* in the “Notes” or “Progress Notes”.



Education/Referrals

- ◆ A referral to the participant’s health care provider is recommended.
- ◆ Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Kamryn, who is almost 4 years old, is at WIC to be recertified. During the diet assessment, Kamryn’s mom tells you she bought some foam cushions a few weeks ago and recently noticed that Kamryn had been pulling off little pieces and eating them. Although she has moved the cushions out of his reach, she realized Kamryn has also been biting pieces out of his nerf type toys and probably swallowing them. Kamryn would qualify for Risk 425.9

Not at Risk

Sage is an 18 month old at WIC to be recertified. During the assessment Sage’s mom tells you he licks the crayons when his older sister is coloring. Sage would **not** qualify for Risk 425.9.



Infant's Dietary Risks

Chapter 4

Contents

- 4-1 Infant's Dietary Risks
Risk Info Sheets: 411

4-1 Infant's Dietary Risks

Items needed

- ◆ The *Risk Info Sheets* listed below:
 - ◇ 411.1 – *Use of Substitutes for Breast Milk or Formula*
 - ◇ 411.2 – *Inappropriate Use of Bottles or Cups*
 - ◇ 411.3 – *Early Introduction of Beverages or Solid Foods*
 - ◇ 411.4 – *Inappropriate Feeding Practices*
 - ◇ 411.5 – *Feeding Potentially Harmful Foods*
 - ◇ 411.6 – *Incorrect Dilution of Formula*
 - ◇ 411.7 – *Infrequent Breastfeeding*
 - ◇ 411.8 – *Feeding Very Low Calorie or Nutrient Diet*
 - ◇ 411.9 – *Improper Handling of Expressed Breast Milk or Formula*
 - ◇ 411.10 – *Inappropriate Use of Dietary Supplements*
 - ◇ 411.11 – *Inadequate Fluoride Supplementation*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*
- ◆ *Job Aid: Completing a Diet Assessment for Exclusively Breastfed Infants*
- ◆ *Job Aid: Completing a Diet Assessment for Infants Receiving Formula*
- ◆ *Job Aid: Your Personalized Diet Assessment for Exclusively Breastfed Infants*
- ◆ *Job Aid: Your Personalized Diet Assessment for Infants Receiving Formula*
- ◆ *Observation Tool: Diet Assessment of an Infant*
- ◆ Access to TWIST Practice database for case studies

Objectives

After completing this lesson, you will be able to:

- ◆ Determine an infant's dietary risk, based on a complete diet assessment.
- ◆ Identify 11 inappropriate nutrition practices for infants.
- ◆ List probing questions to clarify information specific to infant's dietary risks.

Overview

It is important to find out about an infant's dietary practices so that you are able to provide the best, targeted nutrition education and counseling. All infants share one common dietary risk called "*Inappropriate Nutrition Practices for Infants*". This risk is further defined by 11 different sub-risks, each of which identifies a particular feeding practice that may result in impaired nutrient status, disease, or health problems. Each of these sub-risks is described in a *Risk Info Sheet* at the end of this lesson.

Read the *Risk Info Sheets* for each of the following dietary risks for infants:

- ◆ 411.1 – Use of Substitutes for Breast Milk or Formula
- ◆ 411.2 – Inappropriate Use of Bottles or Cups
- ◆ 411.3 – Early Introduction of Beverages or Solid Foods
- ◆ 411.4 – Inappropriate Feeding Practices
- ◆ 411.5 – Feeding Potentially Harmful Foods
- ◆ 411.6 – Incorrect Dilution of Formula
- ◆ 411.7 – Infrequent Breastfeeding
- ◆ 411.8 – Feeding Very Low Calorie or Nutrient Diet
- ◆ 411.9 – Improper Handling of Expressed Breast Milk or Formula
- ◆ 411.10 – Inappropriate Use of Dietary Supplements
- ◆ 411.11 – Inadequate Fluoride Supplementation

**Practice activity**

Write your answer to the following questions.



1. Which of these risks is only appropriate for exclusively breastfed infants?

2. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
411.1 – Use of Substitutes for Breast Milk or Formula	
411.2 – Inappropriate Use of Bottles or Cups	
411.3 – Early Introduction of Beverages or Solid Foods	
411.4 – Inappropriate Feeding Practices	
411.5 – Feeding Potentially Harmful Foods	
411.6 – Incorrect Dilution of Formula	
411.7 – Infrequent Breastfeeding	
411.8 – Feeding Very Low Calorie or Nutrient Diet	
411.9 – Improper Handling of Expressed Breast Milk or Formula	
411.10 – Inappropriate Use of Dietary Supplements	
411.11 – Inadequate Fluoride Supplementation	

4-1 ■ Infant's Dietary Risks

3. Jing is 11-months-old. Jing's mom is working full time, but is continuing to pump breast milk for Jing to have while she is working. Jing's grandmother often lets the breast milk sit at room temperature for 12 hours. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
4. Sonya is 6-months-old. Sonya's mom cannot afford to buy an adequate amount of formula. Sonya's mom mixes the formula according to the directions but is only able to give Sonya two 8oz. bottles a day. When Sonya is hungry between feedings, Sonya's mom gives her cereal and water. Would Sonya qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
5. Eric is 8-months-old. He is able to sit upright and turn his head. Eric enjoys eating cereal on his own. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
6. Sasha is 3-months-old. He is very happy when he is drinking from his bottle. Sasha's mom wants him to be happy, but doesn't have enough time to hold the bottle up for him all day. Instead, she has found a way to prop the bottle for Sasha. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
7. Kate is 3½-months-old. She is exclusively breastfed so her mom offers her a bottle of water to daily to ensure proper hydration. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
8. Dane is a breastfeeding 5-month-old. His mom is very well organized, and therefore likes to feed him every 6 hours on the hour. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO

9. Petru is a 7-month-old, formula fed infant. His mother explains to you that she lost the manufacturer's scoop to prepare his formula, but that the one that came with her coffee is just about the same size. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
10. Tai is 9-months-old. Since both of her parents are vegan, they prefer to feed Tai rice milk. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
11. Mariana is 4-months-old. She lives in a community that does not have fluoridated water. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
12. Sakura is 11-months-old. Sakura's parents are so proud that their daughter already seems to love eating sushi, especially raw tuna. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
13. Ion is a 5-month-old, exclusively breastfed infant. He typically nurses six times a day. Would he qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO
14. Gina is 1-month-old. Gina's mom tells you that she has been giving Gina calcium supplements because she wants to be sure that Gina's bones are strong. Would she qualify for a sub-risk of dietary risk 411?
YES – RISK # _____ NO

Asking about an infant's feeding behaviors

As you learned in lesson 1-5, **Step ①** in a diet assessment involves asking the participant about the three topic areas related to feeding behaviors, i.e., their attitudes and actions (relating to food) and about any supplementation. Discussion items within each topic area vary

from one category of a participant to another; let's take a moment to review the topic areas and examples of discussion items for infants.

Attitudes

This topic area addresses how the parent or caregiver thinks or feels about their infant's diet. When talking to a parent or caregiver you might hear them talk about how breastfeeding is going, or about their concerns with their infant's eating or about mealtimes. They may express concerns about how their infant is eating or what foods their infant likes or does not like to eat. Here are some examples of what you might hear from a parent or caregiver.



Feeding relationships

“I don't want to give her a bottle when she cries, because then she will be spoiled.”

Recognition of feeding cues

“The baby is always hungry.”

Breastfeeding success/concerns

“The baby never seems to be full.”

“My husband is so supportive of my breastfeeding.”

“I am worried he isn't getting enough.”

Feeding success/concerns

“He really seems to sleep through the night when I put cereal in his bottle.”

Interaction during bottle feeding (propping, etc)

“Sometimes I put him in front of the TV with the bottle propped if I have things to do.”

“He loves it when I sing to him while he eats.”

Actions

This topic area relates to what the infant is doing. A parent or caregiver might talk about how often the infant eats, how meal times are structured, or about what foods their infant is or is not eating.



Feeding Behaviors

“He won’t go to bed without a bottle.”

“He is too thin...I want to get him to eat more.”

“He never seems to be full.”

Appropriate introduction of solids/cup

“It’s hard to teach him how to use a sippy cup.”

“He is ready for solids.”

“He won’t open his mouth when I try to feed him.”

Food Preferences

“If she doesn't like the taste, I can't pry open her lips.”

“She will eat fruits, but not vegetables.”

“She only eats prunes if I warm them up.”

Frequency of nursing

“I feel like all I do is nurse.”

“I have a hard time waking up my baby to nurse.”

“He constantly wants to nurse.”

Breastfeeding skills

“My baby is biting me when she nurses.”

“He won't take my breast.”

Preparation of formula

“Sometimes if I am running out formula, I will use a little powdered milk to stretch it out.”

Formula tolerance

“He always spits up after I give him a bottle.”

“My baby is constipated.”

Amount of formula offered, quantity consumed

“He only drinks like three or four ounces at a time.”

“I can't seem to get him to finish his bottle.”

“She eats so much, I am afraid she is going to get fat.”

Appropriate use of bottle

“He likes going to bed with his bottle.”

Supplementation

Supplementation is when a parent or caregiver discusses with you whether or not their infant is receiving fluoride supplements.

Use of fluoride supplements

“My baby doesn't get any fluoride.”

Herbal remedies

“I am drinking Mother's Milk tea to increase my milk supply for the baby.”

“I give my baby some chamomile tea for her colic.”

Completing the diet assessment

The two job aids, *Completing a Diet Assessment for Exclusively Breastfed Infants* and *Completing a Diet Assessment for Infants Receiving Formula* will help you make sure you have completed all the steps in the diet assessment.



Critical Thinking: Step ④ is when you will need to compare the data you have collected with the information you have heard. In order to complete the diet assessment, you will have to do some critical thinking to see if you need to gather any additional information. You will also need to prioritize the topic you would propose to discuss with the participant, as part of her nutrition education.

Remember, the last step (**Step ⑤**) in the diet assessment is to answer the mandatory questions in TWIST.

The following skill check will allow you to practice completing a diet assessment for an infant.



Skill check

Part 1

Review the job aid *Completing a Diet Assessment for Exclusively Breastfed Infants* and *Completing a Diet Assessment for Infants Receiving Formula*. Make note of the topics that are covered. Read the questions from the TWIST Diet Questionnaire and sample probing questions for each category.

Part 2

Use the job aid *Your Personalized Diet Assessment for Exclusively Breastfed Infants* and *Your Personalized Diet Assessment for Infants Receiving Formula* to write down the questions in your own words that you would feel comfortable asking to cover these topics. Write down what probing

questions you would use to get more clarifying information. It is okay to start with the questions in TWIST and the probes listed if you feel comfortable with them.

Part 3

Review your questions with your Training Supervisor. Discuss any changes.

Part 4

Have your Training Supervisor arrange a time for you to observe a more experienced CPA certifying from each of these categories.

Part 5

Use the *Observation Tool* to make a note of a) questions and probes that the CPA used to get information from the participant, b) what topics were covered, and c) what dietary risks were assigned, if any. Think about the information you heard and whether it covered the “Critical Thinking” questions from the observation tool. Note what nutrition education topics were proposed by the certifier to the participant. After the certification is over, discuss what you observed with the CPA. Check with the CPA to see if what you heard was correct and if you understood what was discussed.

Part 6

Consider what you have observed and think about the questions and probes you wrote. Make any necessary changes to your personalized questions.

Part 7

Have your Training Supervisor arrange a time for you to work with a more experienced CPA. You will do the dietary assessment during the certification of a woman from each of these categories. (Alternative – You may want to role-play a dietary assessment or you may want to work directly with your Training Supervisor.)

Part 8

Ask the CPA to use the observation tool to observe you, as you practice using the questions and probes that you developed.

Part 9

Discuss how the observations went and what you learned with your Training Supervisor. Discuss the “Critical Thinking” questions. Review the dietary risks that were assigned and nutrition education topics were suggested to the participant.

***Case study***

Complete *Case Study C* and *Case Study D*, which are located in the *Case Studies* section of the module.

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 4.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Check your answers to *Case Study C* and *Case Study D*.
4. Discuss your observations of the diet assessment process and what you learned. Review your completed *Observation Tool*.
5. Discuss the diet assessment questions that you wrote to use with children.
6. Role-play a diet assessment of an infant.

Use of Substitutes for Breast Milk or Formula 411.1



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely using substitutes for breast milk or iron fortified formula as the primary nutrient source for infants under one year of age.

At risk if:	Infant is routinely being fed a substitute for breast milk or formula such as: <ul style="list-style-type: none"> ▪ Low iron formula without iron supplementation ▪ Cow’s milk ▪ Goat’s milk ▪ Canned evaporated milk ▪ Sweetened condensed milk ▪ Rice or soy based imitation milk products ▪ Other “homemade concoctions”
NOT at risk if:	Infant’s primary source of nutrients is breastmilk or iron fortified formula

Reason for Risk

Feeding a low iron formula can compromise an infant’s iron stores. Cow’s milk, goat’s milk, imitation milk and homemade formulas have insufficient and inappropriate amounts of nutrients for infants and can cause iron deficiency, stress on the kidneys and allergic reactions.

Considerations for Assigning Risk

How old is the infant? How is the substitute offered? How often is the substitute offered? How much of the substitute is consumed? Why is the substitute being offered?



Additional Documentation

Document the *specific substitute offered* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Brielle is a seven-month-old infant who is at WIC to be enrolled. She was recently weaned from breastfeeding and her mother is feeding her whole cow’s milk because formula is too expensive. Brielle would qualify for Risk 411.1.

Not at Risk

Maeve is an eleven and a half month old child at WIC for recertification. During the assessment, Maeve’s mother shares that she is in the process of gradually introducing whole milk into her diet. She offers two ounces of whole milk in a cup one time each day. Maeve would **not** qualify for 411.1.

Inappropriate Use of Bottles or Cups

411.2



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely using bottles or cups improperly.

At risk if:	<p>Infant is routinely using bottles or cups improperly. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Using a bottle to drink juice ▪ Feeding any sugary drinks such as soda, Kool-Aid®, sports drinks, gelatin water or sweetened tea in a bottle or cup ▪ Allowing the infant to fall asleep or to be put to bed with a bottle at naps or bedtime ▪ Allowing the infant to use a bottle without restriction such as walking around with a bottle or using a bottle as a pacifier ▪ Propping the bottle while feeding ▪ Allowing the infant to carry around and drink from a covered training cup throughout the day ▪ Adding any food such as cereal or other solids to the bottle
NOT at risk if:	Infant is using bottles or cups properly

Reason for Risk

Prolonged use of baby bottles during the day or night and routinely eating high sugar substances contributes to tooth decay. Solid foods such as cereal should not be put into a bottle for feeding because it does not encourage the infant to eat solid foods in a more developmentally appropriate way.

Considerations for Assigning Risk

Is the infant currently using a nursing bottle or cup improperly? How long has the infant been using the nursing bottle or cup improperly? How often does the child use the nursing bottle or cup improperly?



Additional Documentation

Document the *specific inappropriate use* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Beth is an 8-month-old infant who is at WIC to be enrolled. During the appointment, Beth’s mom tells you that Beth likes to drink her juice out of a bottle and has some every day. Beth would qualify for Risk 411.2.

Not at Risk

Sunday is a 10-month-old infant who is at WIC to be enrolled. During the appointment, Sunday’s mother shares that Sunday occasionally takes a sip of sweetened ice tea out of her mother’s glass during the summer. Her mother does not typically offer tea to Sunday. Sunday would **not** qualify for Risk 411.2

Early Introduction of Beverages or Solid Foods 411.3



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely offering foods or other substances that are inappropriate for the infant's stage of development.

At risk if:	Infant is being offered food or beverage (other than breast milk or iron fortified formula) before 4 months of age -OR- Sugar, honey, or syrup is added to any food, beverage or pacifier.
NOT at risk if:	Infant is being fed appropriately for age

Reason for Risk

Feeding solid foods or beverages too early interferes with establishing good eating habits and can contribute to overfeeding. Digestion of solids is inefficient and potentially harmful for infants prior to four months of age. Sweetening agents added to food, beverages or pacifiers can promote the development of childhood caries. Introducing other beverages to an exclusively breastfed infant may reduce the number of times the infant nurses.

Considerations for Assigning Risk

How old is the infant? What type of food is being offered? How often is the food offered? Why is the food being offered?



Additional Documentation

No special requirements.



Education/Referrals

Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Miralyn is a two-month-old infant who is at WIC to be enrolled. In addition to frequent breastfeeding, she is being fed cereal by spoon one time each day. Miralyn's mother does not feel that Miralyn will get enough to eat without the cereal. Miralyn would qualify for risk 411.3.

Not at risk

April is a one-month-old infant who is at WIC for certification. During the appointment, April's mother shares that April's grandma came for a visit from out of state and gave April a spoon full of cereal while she was babysitting. April's mother does not feed cereal to April and plans to introduce solids at age 6 months. April would **not** qualify for Risk 411.3.

Inappropriate Feeding Practices 411.4



Category..... **Infants**

Risk Level..... **LOW**



Risk Description

Routinely using feeding practices that disregard the developmental needs or stage of the infant.

At risk if:	<p>A feeding practice that disregards the developmental need of the infant is routinely being used. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to or disregarding the infant's cues for hunger or fullness ▪ Feeding foods of inappropriate consistency, size or shape that puts the infant at risk for choking ▪ Not supporting an infant's need for increased independence with self-feeding, such as solely spoon feeding an infant who is able and ready to finger feed and/or trying to self-feed with appropriate utensils ▪ Feeding an infant foods with inappropriate textures based on his/her developmental stage, such as feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods
NOT at risk if:	<p>Appropriate feeding practices are used to feed the infant</p>

Reason for Risk

Infants are born with the ability to regulate their food intake based on hunger, appetite and fullness. The “feeding relationship” between a caregiver and an infant influences an infant’s ability to develop eating skills and to eat a nutritionally adequate diet. A poor feeding relationship can result in poor dietary intake and impaired growth.

Considerations for Assigning Risk

What is the current age and developmental stage of the infant? How long has the feeding practice been used? Will the feeding practice continue to be used? Why is the feeding practice being used?



Additional Documentation

Document the *specific inappropriate feeding practice* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Caden is a 10-month-old infant and is at WIC to be enrolled. During the appointment, Caden’s mom tells you she feeds him only strained baby foods, even though he has 6 teeth, because he is so messy when he tries to feed himself. Caden would qualify for Risk 411.4.

Not at Risk

Jerry is an 11-month-old infant at WIC for certification. Jerry is learning to feed himself with a variety of finger foods. Jerry’s father says that sometimes Jerry gags when he takes too big of a bite but that most of the time, he enjoys eating and trying new foods. Jerry would **not** qualify for 411.4.

Feeding Potentially Harmful Foods

411.5



Category.....	Infants
Risk Level.....	LOW



Risk Description

Feeding foods to an infant that could be contaminated with harmful microorganisms.

At risk if:	<p>Infant is fed potentially harmful foods. Examples of potentially harmful foods include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Raw or undercooked meat, poultry, fish or shellfish ▪ Raw or undercooked eggs, or foods containing raw or lightly cooked eggs, including: salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog ▪ Raw or undercooked tofu ▪ Refrigerated, smoked seafood, unless it is an ingredient in a cooked dish ▪ Hot dogs, lunch meat, fermented or dry sausage and other deli style meat or poultry (unless reheated until steaming hot) ▪ Refrigerated paté or meat spreads ▪ Unpasteurized milk or foods containing
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	<p>unpasteurized milk</p> <ul style="list-style-type: none"> ▪ Any soft cheese or fresh cheeses made with unpasteurized milk, such as: feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela ▪ Unpasteurized fruit or vegetable juices ▪ Raw vegetable sprouts such as alfalfa, clover, bean or radish ▪ Honey added to liquids or foods, used in cooking as part of processed foods or on a pacifier
NOT at risk if:	Infant is fed foods that are not contaminated

Reason for Risk

In order to prevent foodborne illness, the American Academy of Pediatricians recommends that certain foods should not be fed to young children and infants.

Considerations for Assigning Risk?

Is the infant currently eating the potentially harmful food? How long has the infant been fed the food? How often is the infant fed the food? How much of the food does the infant eat?



Additional Documentation

Document the *specific food* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Maria is a 2-month-old infant at WIC to be recertified. During the diet assessment, Maria's dad tells you that he adds honey to Maria's bottle of water to get her to drink more water. Maria would qualify for Risk 411.5.

Not at Risk

Bryce is a 6-month-old infant at WIC for his mid-certification health assessment. He is breastfed but is beginning to be introduced to commercially prepared pureed baby foods. He is not being offered any other foods or beverages at this time. Bryce would **not** qualify for Risk 411.5.

Incorrect Dilution of Formula 411.6



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely feeding inappropriately diluted formula.

At risk if:	Infant is being fed formula that is being diluted incorrectly, including: <ul style="list-style-type: none"> ▪ Failure to follow manufacturer's dilution instructions ▪ Failure to follow specific instructions accompanying a formula prescription
NOT at risk if:	Infant is being fed formula that has been correctly diluted -OR- Infant receives no formula

Reason for Risk

Incorrect preparation of formula can have severe health consequences for infants. Over-dilution of formula can result in excess water intake and inadequate nutrient intake, causing failure to thrive and poor growth. Under-dilution of formula can result in dehydration and metabolic acidosis from excess intake of protein and minerals.

Considerations for Assigning Risk

How often is formula prepared incorrectly? How well does the parent understand the manufacturer's directions for mixing formula?

NOTE

Be sure to determine if the parent is using the correct manufacturer's scoop for preparation of powdered formula.



Additional Documentation

Document the *specific issue with formula dilution* in "Notes" or "Progress Notes."



Education/Referrals

Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Perry is a six-month-old infant who is at WIC for his mid-certification health assessment. He is a formula fed infant. During Perry's assessment, it is determined that his powdered formula is being overdiluted by mixing two scoops of formula to six ounces of water in each bottle. His mother reports that the family budget is tight and adding extra water helps to stretch the formula and make it last longer. Perry would qualify for Risk 411.6.

Not at Risk

Cherry is a two-month-old infant at WIC for her certification appointment. She is a formula fed infant. During her assessment, it is determined that her concentrated formula is being mixed by adding three ounces of concentrated formula to three ounces of warm water. Her mother is very careful to follow the directions on the formula can with every bottle. Cherry would **not** qualify for Risk 411.6.

Infrequent Breastfeeding

411.7



Category.....**Exclusively Breastfed Infants**

Risk Level.....**LOW**



Risk Description

Routinely limiting the frequency of nursing, for the exclusively breastfed infant, when breast milk is the sole source of nutrients.

At risk if:	<p>Exclusively breastfed infant's intake is limited to:</p> <ul style="list-style-type: none"> ▪ Scheduled feedings (instead of demand feedings) ▪ Less than 8 feedings in 24 hours (if less than 2 months of age) ▪ Less than 6 feedings in 24 hours (if between 2 and 6 months of age)
NOT at risk if:	<p>Exclusively breastfed infant is fed frequently and on demand -OR- Infant is not exclusively breastfed</p>

Reason for Risk

Exclusive breastfeeding provides ideal nutrition for an infant during the first 6 months of life. Frequent breastfeeding is necessary for the mother to establish and maintain an adequate milk supply and to ensure that an infant achieves optimal growth and development. Infrequent breastfeeding can result in dehydration, poor weight gain, illness and malnourishment for the infant.

Considerations for Assigning Risk

How old is the infant? How often does infrequent breastfeeding occur? How is the infant's growth and weight gain? How many wet and soiled diapers does the infant have each day? Why is the infrequent nursing occurring?



Additional Documentation

No special requirements.



Education/Referrals

- ◆ An immediate referral to the WIC breastfeeding specialist is recommended.
- ◆ Provide breastfeeding counseling appropriate for participant's concerns.

Example

At Risk

Renee is a 4-week-old infant who is at WIC for enrollment. She is exclusively breastfed 6 times per day as her mother is trying to keep her on a schedule. Renee would qualify for Risk 411.7.

Not at Risk

Arielle is a 4-month-old infant at WIC for enrollment. She is exclusively breastfed and her mother is concerned that Arielle breastfed only 4 times yesterday instead of her usual 8 feedings. This pattern seems to occur when Arielle has immunizations. Today, her appetite seems back to normal and her mother is feeding her on demand. Arielle would **not** qualify for Risk 411.7.

Feeding Very Low Calorie or Nutrient Diet 411.8



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely feeding a diet very low in calories and/or essential nutrients.

At risk if:	Infant is routinely fed a diet very low in calories and/or essential nutrients. Examples include, but are not limited to: <ul style="list-style-type: none"> ▪ Vegan diet ▪ Macrobiotic diet ▪ Diet is very low in calories and/or essential nutrients ▪ Inadequate formula
NOT at risk if:	Infant is fed a diet with appropriate calories and/or nutrients

Reason for Risk

Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development and may lead to other adverse physiological effects. The more limited the diet, the greater the health risk.

Considerations for Assigning Risk

What diet is being offered? Is the infant currently being fed the diet? How long has the infant been fed the diet? Will the diet continue to be fed to the child? Is this an older infant? Is the child being weaned?



Additional Documentation

Document the *specific diet* in “Notes” or “Progress Notes”.



Education/Referrals

- ◆ A referral to the WIC nutritionist is recommended.
- ◆ Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Skye is an 11-month-old infant who is at WIC enrollment. During the appointment, Skye’s mom tells you she is a strict vegan and plans to raise Skye with the same diet. She has been offering only fruits and vegetables to Skye as finger foods. She does not plan to offer Skye any animal or dairy products after weaning from breastfeeding is completed. Skye would qualify for Risk 411.8.

Not at Risk

Darren is a 6-month-old infant at WIC for his mid-certification health assessment. Darren’s mother shares that she and Darren’s father are on strict low calorie diets for weight loss but they are confident this will not interfere with the introduction of solids and finger feeding for Darren. Darren would **not** qualify for Risk 411.8.

Improper Handling of Expressed Breast Milk or Formula

411.9



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely using inappropriate sanitation in the preparation, handling and storage of expressed breast milk or formula.

At risk if:	<p>Expressed breast milk or formula is prepared, handled or stored with inappropriate sanitation. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Limited or no access to a safe water supply ▪ Limited or no access to a heat source for sterilization ▪ Limited or no access to a refrigerator or freezer for storage ▪ Failure to properly prepare, handle or store containers of expressed breast milk of formula
NOT at risk if:	<p>Expressed breast milk or formula is prepared, handled and stored in a sanitary manner</p>

For more information on proper handling and storage of breast milk or formula, refer to:

- ◆ Breastfeeding Module
- ◆ Infant Nutrition & Feeding Module

Reason for Risk

Infant formula and expressed breast milk are perishable foods and must be prepared, handled and stored in a sanitary manner, in order to be safe for infant consumption.

Considerations for Assigning Risk

What resources for preparation and storage are available in the home? What level of understanding do the parents have regarding food safety?



Additional Documentation

Document the *specific issue* in the “Notes” or “Progress Notes”.



Education/Referrals

Provide appropriate diet counseling for participant’s concerns.

Example

At Risk

Mitchell is a 6-month-old formula fed infant at WIC for his mid-certification health assessment. Mitchell’s family uses untreated, untested well water for all household needs including preparation of Mitchell’s formula. Mitchell would qualify for Risk 411.9.

Not at Risk

Pearl is a one month old fully breastfed infant who is at WIC for enrollment. Pearl’s mother plans to go back to work in two months so she is expressing breast milk and freezing it in small glass bottles in her freezer. Pearl would **not** qualify for Risk 411.9

Inappropriate Use of Dietary Supplements

411.10

Category..... **Infants**Risk Level..... **LOW**

Risk Description

Feeding dietary supplements that may be toxic or have potentially harmful consequences when ingested in excess of recommended dosages.

At risk if:	<p>Infant is fed dietary supplements in excess of recommended dosages. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Single or multi-vitamins ▪ Mineral supplements ▪ Herbal or botanical supplements/remedies/teas
NOT at risk if:	<p>Infant is not taking dietary supplements -OR- Infant use of dietary supplements is appropriate</p>

For more information on inappropriate use of dietary supplements, refer to:

- ◆ American Academy of Pediatrics, Committee on Nutrition. Pediatric Nutrition Handbook. 5th edition.

Reason for Risk

An infant taking inappropriate or excessive amounts of dietary supplements such as, single or multivitamins or minerals, or botanical (including herbal) remedies or teas not prescribed by a physician is at risk for adverse effects such as harmful nutrient interactions, toxicity, and physical malformations.

Considerations for Assigning Risk

Is the infant currently taking the supplement? How long has the infant been taking the supplement? How much of the supplement does the infant take? Why is the supplement being offered?



Additional Documentation

Document the *inappropriate use of dietary supplements* in the “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Travis is a six-month-old infant at WIC for his mid-certification health assessment. During the diet assessment, you learn that Travis is being given a double dose of infant vitamin drops every day. Travis’ mom thinks that one dose is not enough and wants to be sure he is very healthy. Travis would qualify for Risk 411.10.

Not at Risk

Violet is an eight-month-old infant at WIC for enrollment. Violet’s father reports that Violet is given one dose of liquid infant vitamins one time per week in addition to breastfeeding. Violet would **not** qualify for 411.10.

Inadequate Fluoride Supplementation

411.11



Category.....	Infants
Risk Level.....	LOW



Risk Description

Routinely not providing fluoride, which is recognized as essential, when an infant's diet alone cannot meet nutrient requirements, either through supplement intake or water.

At risk if:	Infant is age 6 months and older -AND- The water supply is not fluoridated -AND- Infant is not receiving prescribed fluoride supplements
NOT at risk if:	Infant is under 6 months of age -OR- Infant receives fluoridated water -OR- Infant receives prescribed fluoride supplement when water supply is not fluoridated

Reason for Risk

Fluoride supplements may be beneficial in reducing dental decay for infants living in a fluoride deficient area.

Considerations for Assigning Risk

Is the infant currently taking a fluoride supplement or drinking fluoridated water? How long has the infant not been taking a fluoride supplement?



Additional Documentation

No special requirements.



Education/Referrals

A referral to a dental health professional is recommended.

Example

At Risk

Callendra is a 7-month-old formula fed infant at WIC for her mid-certification health assessment. The water in Callendra's community is not fluoridated and she is not taking a fluoride supplement. Callendra would qualify for Risk 411.11.

Not at Risk

Rhianne is a 9-month-old formula fed infant at WIC for enrollment. Rhianne lives in a community without fluoridated water so her parents give her daily fluoride supplements that they received from her dentist. Rhianne would **not** qualify for Risk 411.11.



Presumed Dietary Eligibility Risks

Chapter 5

Contents

- 5-1 Presumed Dietary Eligibility Risks
Risk Info Sheets: 401 & 428

5-1 Presumed Dietary Eligibility Risks

Items Needed

- ◆ The *Risk Info Sheets* listed below:
 - ◇ 401 – *Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)*
 - ◇ 428 – *Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)*
- ◆ *Job Aid: Completing a Diet Assessment for Pregnant Women*
- ◆ Access to TWIST Practice database for case studies

Objectives

After completing this lesson, you will be able to:

- ◆ Determine the criteria that would allow assignment of the presumed dietary eligibility risks.
- ◆ Identify 2 presumed dietary eligibility risks.

Overview

Research has shown that individuals who meet WIC income guidelines typically have diets that do not meet dietary recommendations. For this reason, WIC has two dietary risks that are to be assigned to participants who have no other nutrition risk factor. Each of these risks is described in a *Risk Info Sheet* at the end of this lesson.

5-1 ■ Presumed Dietary Eligibility Risks

Read the *Risk Info Sheets* for each of the following presumed dietary eligibility risks:

401 – *Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)*

428 – *Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)*

The two presumed dietary eligibility risks

The two presumed dietary eligibility risks differ only in the age/category of the participants to which they can be assigned.

Risk #	Category and Age	Reason for Risk
401	<ul style="list-style-type: none"> ▪ Women ▪ Children, ages 2 to 5 years 	Older children and women usually have diets that do not meet the Dietary Guidelines for Americans.
428	<ul style="list-style-type: none"> ▪ Infants, ages 4 to 12 months ▪ Children, ages 13 to 23 months 	Older infants and young children are transitioning from one kind of diet to another.

When to assign presumed dietary eligibility

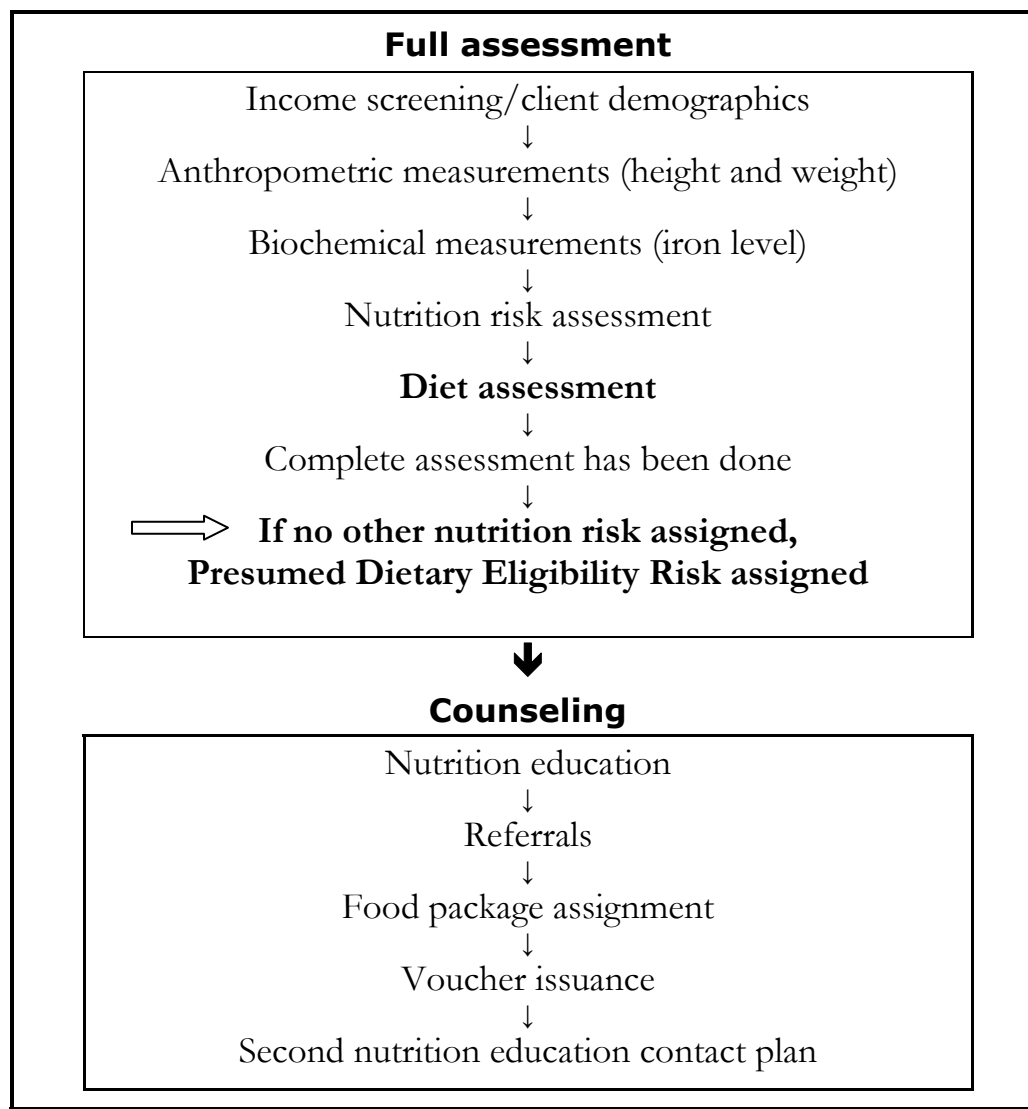
You will notice from the *Risk Info Sheets* that these risks should not be assigned until you have completed the entire nutrition assessment and have not identified any risks. Remember, the entire nutrition assessment includes checking for all nutrition risks -

anthropometric, biochemical, clinical/medical and dietary.

This means that you have done all the heights, weights and blood work, completed the health history and done a thorough diet assessment. Only



after you are sure that the participant has no other nutrition risks would this risk be assigned.



Selecting presumed dietary eligibility risks in TWIST

Step ⑤ in the diet assessment is when you answer the mandatory question in TWIST, which generates the checkmark on the “Diet Assessment” tab, allowing vouchers to be printed.

The screenshot shows the TWIST software interface for a client named Lucy An Hanley. The 'Diet Assessment' tab is active. The questionnaire section is displayed, and question Q10 is highlighted with a red circle. The question is 'Diet assessment is complete, were dietary risks assigned?'. The answer options are 'Yes', 'No', and 'Yes' (with a checkmark). The 'Yes' option is selected.

No.	Question	Answer	Notes
Q1	Tell me about feeding your child.		
Q2	What do you like about the way your child eats?		
Q3	What concerns do you have about the way your child eats?		
Q4	How well does your child eat a variety of foods with different textures?		
Q5	How can you tell when your child is hungry or full?		
Q6	How well does your child feed himself/herself?		
Q7	What does your child use when drinking?	Bottle	
Q8	What beverages does your child usually drink?		
Q10	Diet assessment is complete, were dietary risks assigned?	Yes	

If no nutrition risk has been assigned in TWIST after the completion of the “Medical Data” tab, the “Health History” tab, the “Diet Assessment” tab, and the “NE Plan” tab, TWIST will give you a pop-up reminding you that the participant is not eligible until a nutrition risk has been selected.



Critical Thinking: After you have done a full assessment and if no nutrition risk has been assigned, then you would select the appropriate presumed dietary eligibility risk. These risks can be assigned in TWIST on either the “Diet Assessment – Risk Factors” tab or on the “NE Plan – Risk/Interventions” tab.

Infants under 4 months of age

These presumed dietary eligibility risks are not applicable for infants under 4 months of age. Infants under the age of 4 months only need to have breast milk or formula, and therefore would rarely have an inadequate diet. Most infants under 4 months of age will be eligible for WIC based on another risk or on their mother being eligible for WIC during her pregnancy.



Critical Thinking: If an infant being screened for eligibility has no nutrition risk assigned, carefully review what information you have collected and see if you can identify an appropriate risk, such as *Risk 701 – Infant Born to WIC Mom or WIC-eligible Mom* or *Risk 702 – Breastfeeding Infant of Woman at Nutritional Risk*. If no risk can be identified, the infant would not be eligible for WIC.



Practice activity

Write your answer to the following questions.



1. Review the Job Aid entitled: *Completing a Diet Assessment for Pregnant Women*. Of the five steps to cover while completing a diet assessment, during what step would you potentially assign risk 401 to a woman?

5-1 ■ Presumed Dietary Eligibility Risks

2. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
401 – Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)	
428 – Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)	

3. Sierra is being certified as a pregnant woman. She has been diagnosed with gestational diabetes. Would she qualify for a presumed dietary eligibility risk?
 YES – RISK # _____ NO
4. Lucy is 3-months-old. After both her nutrition and dietary risk assessments were complete, no risks were identified. Would she qualify for a presumed dietary eligibility risk?
 YES – RISK # _____ NO
5. Tonya is an underweight pregnant woman. Would she qualify for a presumed dietary eligibility risk?
 YES – RISK # _____ NO
6. Monica is a breastfeeding woman. Her hemoglobin level is 11.5. Would she qualify for a presumed dietary eligibility risk?
 YES – RISK # _____ NO
7. Kevin is 4 years old. After a complete nutrition assessment, no other health or dietary risks were identified. Would he qualify for a presumed dietary eligibility risk?
 YES – RISK # _____ NO



Case study

Complete *Case Study E* and *Case Study F*, which are located in the *Case Studies* section of the module.

5-1 ■ Presumed Dietary Eligibility Risks

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 5.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Check your answers to *Case Study E* and *Case Study F*.
4. Discuss where in the certification process assigning presumed dietary eligibility risk may fall.
5. Discuss what is unique about the 2 presumed dietary eligibility risks compared to other dietary risks.
6. Discuss how you might handle an infant under 4 months of age with no nutrition risk assigned.

Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)

401



Category.....	WOMEN, CHILDREN ages 2 years and older
Risk Level.....	LOW



Risk Description

Women and children age 2 years and older may be presumed to be at nutrition risk based on inability to meet the Dietary Guidelines for Americans.

At risk if:	Woman or child age 2 years or older who have had a complete nutrition assessment performed -AND- No other health or dietary risks have been identified
NOT at risk if:	Child under age 2 years -OR- A complete nutrition assessment has not been performed -OR- Another risk has been identified

Reason for Risk

Evidence shows that nearly all low-income women of childbearing age and children ages 2-5 years are at dietary risk and will benefit from WIC services.

Considerations for Assigning Risk

Has a complete assessment been done? Have any
Anthropometric/**B**iochemical/**C**linical/**D**ietary risks been identified?



Additional Documentation

No special requirements.



Education/Referrals

Provide counseling appropriate for participant's concerns.

Example

At Risk

Lauryn is a 4-year-old child at WIC for a recertification appointment. After a complete nutrition assessment has been performed, no risks have been identified. Lauryn would qualify for Risk 401.

Not at Risk

Brynn is a 3-year-old child at WIC for a recertification appointment. During her complete assessment, it is determined that her hemoglobin is low. Brynn would **not** qualify for risk 401.

Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)

428



Category.....	INFANTS ages 4 to 12 months, CHILDREN ages 13 to 23 months
Risk Level.....	LOW



Risk Description

Infants and young children between the ages of 4 to 23 months may be presumed to be at nutrition risk for inappropriate complementary feeding practices. Complementary feeding is the gradual addition of foods and beverages to the diet of an infant or young child. An infant or child is at risk for inappropriate complementary feeding when they are moving towards:

- ◆ Eating solid foods
- ◆ Learning to feed themselves
- ◆ Weaning from breast milk or formula
- ◆ Transitioning from infant foods to table foods

At risk if:	An infant ages 4 to 12 months or a child ages 13 to 23 months has had a complete nutrition assessment performed -AND- No other health or dietary risks have been identified
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NOT at risk if:	Infant is under 4 months of age -OR- Child is over age 2 years -OR- A complete nutrition assessment has not been performed -OR- Another risk has been identified
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Reason for Risk

Adding complimentary foods to an infant or child's diet can be challenging. To manage complimentary feeding successfully, caregivers must make decisions about what, when, where, and how to offer foods according to the infant or child's:

- ◆ Requirement for energy and nutrients
- ◆ Fine, gross, and oral motor skills
- ◆ Emerging independence and desire to self feed
- ◆ Need to learn healthy eating habits through exposure to a variety of nutritious foods

Considerations for Assigning Risk

Has a complete assessment been done? Have any **A**nthropometric/**B**iochemical/**C**linical/**D**ietary risks been identified?



Additional Documentation

No special requirements.



Education/Referrals

Provide counseling appropriate for participant's concerns.

Example

At Risk

Brett is a 1-year-old child at WIC for a recertification appointment. After a complete nutrition assessment has been performed, no risks have been identified. Brett would qualify for Risk 428.

Not at Risk

Peggy is an 18-month-old infant at WIC for a recertification appointment. During a complete assessment, it is identified that Peggy is short stature for age. Peggy would **not** qualify for Risk 428.



Job Aids

5 Steps to a Complete Diet Assessment

Dietary Risks and Sub-Risks — 400s

Probing Questions

Women's Job Aids

Completing a Diet Assessment for Pregnant Women

Your Personalized Diet Assessment for Pregnant Women

(Spanish) Your Personalized Diet Assessment for Pregnant Women

Completing a Diet Assessment for Postpartum Women

Your Personalized Diet Assessment for Postpartum Women

Observation Tool: Diet Assessment of a Woman

Children's Job Aids

Completing a Diet Assessment for Children

Your Personalized Diet Assessment for Children

Observation Tool: Diet Assessment of a Child

Infant's Job Aids

Completing a Diet Assessment for Exclusively Breastfed Infants

Completing a Diet Assessment for Infants Receiving Formula

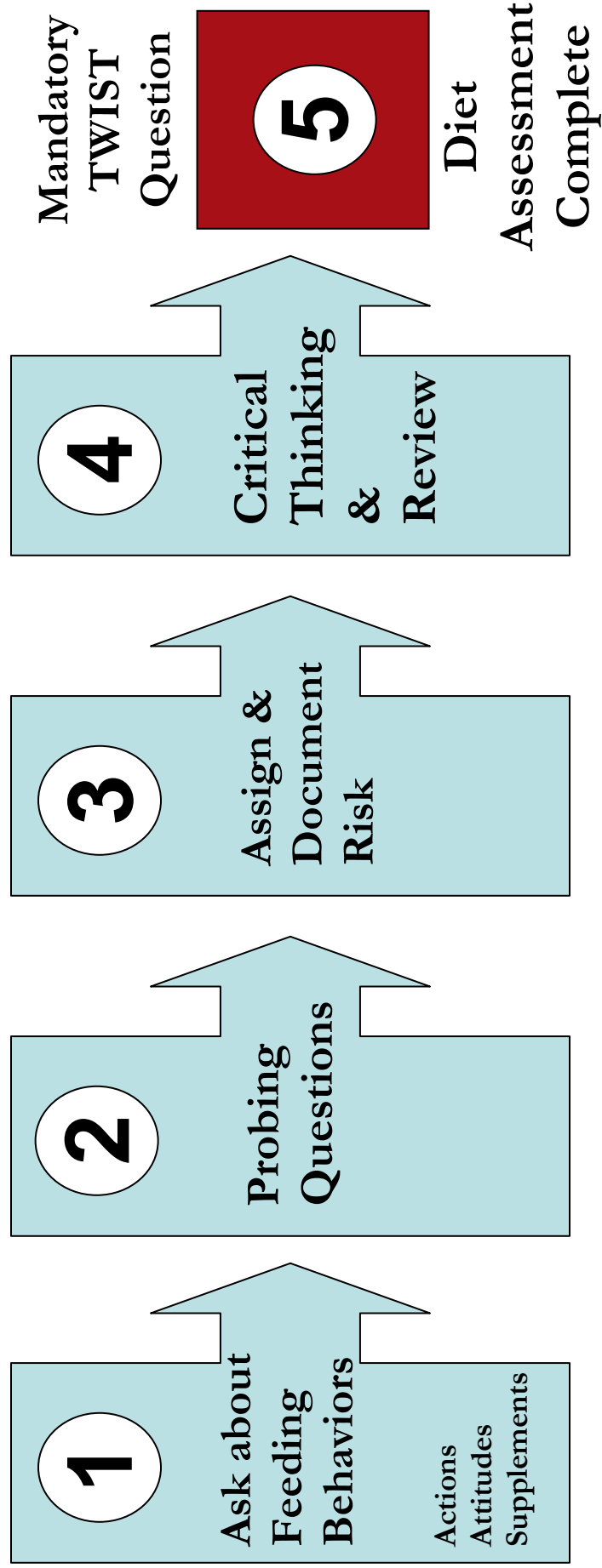
Your Personalized Diet Assessment for Exclusively Breastfed Infants

Your Personalized Diet Assessment for Infants Receiving Formula

Observation Tool: Diet Assessment of an Exclusively Breastfed Infant

Observation Tool: Diet Assessment of an Infant Receiving Formula

5 Steps to a Complete Diet Assessment



401 – Presumed Eligibility for Women and Children (ages 2-5 years)

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
401	Presumed Eligibility for Women and Children (age 2-5 years)	W, C (2-5 years)	L	No	CPA-selected

411 – Inappropriate Nutrition Practices for Infants

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
411.1	Use of Substitutes for Breast Milk or Formula	I	L	Document specific substitute offered in Notes or Progress Notes	CPA-selected
411.2	Inappropriate Use of Bottles or Cups	I	L	Document specific inappropriate use in Notes or Progress Notes	CPA-selected
411.3	Early Introduction of Beverages or Solid Foods	I	L	No	CPA-selected
411.4	Inappropriate Feeding Practices	I	L	Document specific inappropriate feeding practice in Notes or Progress Notes	CPA-selected
411.5	Feeding Potentially Harmful Foods	I	L	Document specific food in Notes or Progress Notes	CPA-selected
411.6	Incorrect Dilution of Formula	I	L	Document specific issue with formula dilution in Notes or Progress Notes	CPA-selected
411.7	Infrequent Breastfeeding	Exclusively Breastfed Infants only	L	No	CPA-selected

411.8	Feeding Very Low Calorie or Nutrient Diet	I	L	Document specific diet in Notes or Progress Notes	CPA-selected
411.9	Improper Handling of Expressed Breast Milk or Formula	I	L	Document specific issue in Notes or Progress Notes	CPA-selected
411.10	Inappropriate Use of Dietary Supplements	I	L	Document the specific inappropriate use of dietary supplements in Notes or Progress Notes	CPA-selected
411.11	Inadequate Fluoride Supplementation	I	L	No	CPA-selected

425 – Inappropriate Nutrition Practices for Children

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
425.1	Inappropriate Beverages as Milk Source	C	L	Document specific beverage in Notes or Progress Notes	CPA-selected
425.2	Feeding Sweetened Beverages	C	L	Document specific sweetened beverage in Notes or Progress Notes	CPA-selected
425.3	Inappropriate Use of Bottles, Cups or Pacifiers	C	L	Document specific inappropriate use in Notes or Progress Notes	CPA-selected
425.4	Inappropriate Feeding Practices	C	L	Document specific inappropriate feeding practice in Notes or Progress Notes	CPA-selected
425.5	Feeding Potentially Harmful Foods	C	L	Document specific food in Notes or Progress Notes	CPA-selected

425.6	Feeding Very Low Calorie or Nutrient Diet	C	L	Document specific diet in Notes or Progress Notes	CPA-selected
425.7	Inappropriate Use of Dietary Supplements	C	L	Document the specific inappropriate use of dietary supplements in Notes or Progress Notes	CPA-selected
425.8	Inadequate Fluoride Supplementation	C	L	No	CPA-selected
425.9	Pica	C	L	Document specific non-food items eaten in Notes or Progress Notes	CPA-selected

427 – Inappropriate Nutrition Practices for Women

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
427.1	Inappropriate Use of Dietary Supplements	W	L	Document the specific inappropriate use of dietary supplements in Notes or Progress Notes	CPA-selected
427.2	Eating Very Low Calorie or Nutrient Diet	W	L	Document specific diet in Notes or Progress Notes	CPA-selected
427.3	Pica	W	L	Document specific non-food items eaten in Notes or Progress Notes	CPA-selected
427.4	Inadequate Iron or Folic Acid Supplementation	W	L	No	CPA-selected
427.5	Eating Potentially Harmful Foods	Pregnant Women only	L	Document specific food in Notes or Progress Notes	CPA-selected

428 – Presumed Eligibility for Infants and Children (ages 4-23 months)


Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
428	Presumed Eligibility for Infants and Children (age 4-23 months)	I, C (4-23 months)	L	No	CPA-selected

Job Aid**Probing Questions**

Use probing questions to get more information from a participant.

- ❑ Tell me what your doctor has told you.
- ❑ What changes has your doctor recommended?
- ❑ Tell me how this could affect you (your baby, your pregnancy, breastfeeding, your child).
- ❑ For what condition do you take this?
- ❑ Does your doctor know?
- ❑ What have you tried? What has worked?
- ❑ Tell me more about that.
- ❑ What have you discussed with your doctor?
- ❑ Tell me about these foods.
- ❑ What are your reasons for limiting or avoiding these foods?
- ❑ Tell me more about that.
- ❑ Tell me about what that was like.
- ❑ What is influencing your confidence about _____? (Breastfeeding, making a change, trying this with your child, weaning, etc.)
- ❑ Tell me why you are or are not confident about _____.
- ❑ Tell me about your plans for _____.
- ❑ What sort of help or support do you need?
- ❑ Tell me more about this feeling.
- ❑ How do you cope when you are _____?
- ❑ What do you do when _____?
- ❑ Would you like some ideas for handling _____?
- ❑ Is there anything about _____ you would like to be sure to discuss today?

Topic Areas Examples of discussion items	Step ① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step ② - Use probing questions to find out more (based on answers from Step ①)	Step ③ - Assign and document risks in TWIST (if appropriate)
Opening the conversation	<ul style="list-style-type: none"> ▪ Tell me about how you are eating. 		
Attitudes <ul style="list-style-type: none"> ▪ Eating issues ▪ Interest in eating ▪ Appetite ▪ Nutrition knowledge 	<ul style="list-style-type: none"> ▪ What do you like about the way you eat? ▪ What concerns do you have about the way you eat? ▪ Do you have any discomforts with eating during this pregnancy? (nausea, vomiting, heartburn, constipation, poor appetite) ▪ What concerns, if any, do you have about weight gain with pregnancy? 	Examples: <ul style="list-style-type: none"> ▪ Tell me more about (your concern)... ▪ How has (the concern) affected your eating? ▪ How are you managing the (discomfort) 	
Actions <ul style="list-style-type: none"> ▪ Eating Behaviors ▪ Meal patterns ▪ Food preferences ▪ Food fads ▪ Food avoidance ▪ Cultural issues 	<ul style="list-style-type: none"> ▪ What foods, if any, do you avoid for health or other reasons? ▪ Are you on a low calorie or special diet? (vegan, weight loss, etc) ▪ Do you eat anything that is not food? 	Examples: <ul style="list-style-type: none"> ▪ Tell me about your usual meal pattern ▪ Why do you avoid (the food)? ▪ Tell me about those foods ▪ Are there any special food practices associated with your heritage/culture? 	427.2 - Eating Very Low Calorie or Nutrient Diets 427.3 - Pica 427.5 - Eating Potentially Harmful Foods

Topic Areas Examples of discussion items	Step① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step② - Use probing questions to find out more (based on answers from Step ①)	Step③ - Assign and document risks in TWIST (if appropriate)
Supplementation <ul style="list-style-type: none"> ▪ Use of vitamin or mineral supplements ▪ Herbal remedies 	<ul style="list-style-type: none"> ▪ Are you taking a vitamin with iron or iron supplement? 	Examples: <ul style="list-style-type: none"> ▪ What other dietary supplements do you take? ▪ Tell me more about those (vitamins, minerals, herbs, special teas). 	427.1 - Inappropriate Use of Dietary Supplements 427.4 - Inadequate Iron or Folic Acid Supplementation
Step ④ - Critical Thinking and Review	 <ul style="list-style-type: none"> • Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?) • Is there any other information you need in order to complete the diet assessment? • What topic(s) would you propose to the participant as a priority for nutrition education? 		
Step ⑤ - Mandatory TWIST Question	Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> <input type="checkbox"/>		No Yes

Your Personalized Diet Assessment for Pregnant Women

Opening the Conversation About Eating Habits

TWIST: Tell me about how you are eating.

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way you eat?
What concerns do you have about the way you eat?
Do you have any discomforts with eating during this pregnancy?
What concerns, if any, do you have about weight gain with pregnancy?

Your words:

Your Probes:

Risk Assigned:

Actions

TWIST: What foods, if any, do you avoid for health or other reasons?
Are you on a low calorie or special diet?
Do you eat anything that is not food?

Your words:

Your Probes:

Risk Assigned:

427.2 Eating Very Low Calorie or Nutrient Diet

427.3 Pica

427.5 Eating Potentially Harmful Foods

Supplementation

TWIST: Are you taking a vitamin with iron or iron supplement?

Your words:

Your Probes:

Risk Assigned:

427.1 Inappropriate Use of Dietary Supplements

427.4 Inadequate Iron or Folic Acid Supplementation

Critical Thinking



- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

Opening the Conversation About Eating Habits

TWIST: Tell me about how you are eating.

¿Cuénteme de como está comiendo?

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way you eat?
 What concerns do you have about the way you eat?
 Do you have any discomforts with eating during this pregnancy?
 What concerns, if any, do you have about weight gain with pregnancy?

¿Qué es algo que le gusta sobre como se alimenta?
¿Cuáles preocupaciones tiene sobre su alimentación?
¿Tiene alguna molestia en cuanto a la comida con este embarazo?
¿Cuáles preocupaciones tiene (si tiene alguna) sobre el aumento de peso en este embarazo?

Your words:

Your Probes:

Risk Assigned:

Actions

TWIST: What foods, if any, do you avoid for health or other reasons?
 Are you on a low calorie or special diet?

Do you eat anything that is not food?

¿Cuáles comidas está evitando por motivos de salud u otra razón?

¿Está siguiendo una dieta baja en calorías o una dieta especial?

¿Está comiendo algo que no sea comida?

Your words:

Your Probes:

Risk Assigned:

427.2 Eating Very Low Calorie or Nutrient Diet

427.3 Pica

427.5 Eating Potentially Harmful Foods

Supplementation

TWIST: Are you taking a vitamin with iron or iron supplement?

¿Está tomando una vitamina con hierro o un suplemento de hierro?

Your words:

Your Probes:

Risk Assigned:

427.1 Inappropriate Use of Dietary Supplements

427.4 Inadequate Iron or Folic Acid Supplementation

Critical Thinking




- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

Job Aid

Completing a Diet Assessment for Postpartum Women

Topic Areas Examples of discussion items	Step 1 - Ask about feeding behaviors (Questions from TWIST as prompts)	Step 2 - Use probing questions to find out more (based on answers from Step 1)	Step 3 - Assign and document risks in TWIST (if appropriate)
Opening the conversation Attitudes <ul style="list-style-type: none"> ▪ Eating issues ▪ Interest in eating ▪ Appetite ▪ Nutrition knowledge 	<ul style="list-style-type: none"> ▪ Tell me about how you are eating. ▪ What do you like about the way you eat? ▪ What concerns do you have about the way you eat? 	Examples: <ul style="list-style-type: none"> ▪ Tell me more about (your concern)... ▪ How has (the concern) affected your eating? 	
Actions <ul style="list-style-type: none"> ▪ Eating Behaviors ▪ Meal patterns ▪ Food preferences ▪ Food fads ▪ Food avoidance ▪ Cultural issues 	<ul style="list-style-type: none"> ▪ What foods, if any, do you avoid for health or other reasons? ▪ Are you on a low calorie or special diet? (vegan, weight loss, etc) ▪ Do you eat anything that is not food? 	Examples: <ul style="list-style-type: none"> ▪ Tell me about your usual meal pattern ▪ Why do you avoid (the food)? ▪ Tell me about those foods ▪ Are there any special food practices associated with your heritage/culture? 	427.2 - Eating Very Low Calorie or Nutrient Diet 427.3 - Pica

Topic Areas Examples of discussion items	Step ① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step ② - Use probing questions to find out more (based on answers from Step ①)	Step ③ - Assign and document risks in TWIST (if appropriate)
Supplementation <ul style="list-style-type: none"> ▪ Use of vitamin or mineral supplements ▪ Herbal remedies 	<ul style="list-style-type: none"> ▪ Are you taking a vitamin with folic acid or a folic acid supplement? 	Examples: <ul style="list-style-type: none"> ▪ What other dietary supplements do you take? ▪ Tell me more about those (vitamins, minerals, herbs, special teas). 	427.1 - Inappropriate Use of Dietary Supplements 427.4 - Inadequate Iron or Folic Acid Supplementation
Step ④ - Critical Thinking and Review	 <ul style="list-style-type: none"> • Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?) • Is there any other information you need in order to complete the diet assessment? • What topic(s) would you propose to the participant as a priority for nutrition education? 		
Step ⑤ - Mandatory TWIST Question	Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> <input type="checkbox"/>		No Yes

Your Personalized Diet Assessment for Postpartum Women

Opening the Conversation About Eating Habits

TWIST: Tell me about how you are eating.

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way you eat?
What concerns do you have about the way you eat?

Your words:

Your Probes:

Risk Assigned:

Actions

TWIST: What foods, if any, do you avoid for health or other reasons?
Are you on a low calorie or special diet?
Do you eat anything that is not food?

Your words:

Your Probes:

Risk Assigned:

427.2 Eating Very Low Calorie or Nutrient Diet

427.3 Pica

Supplementation

TWIST: Are you taking a vitamin with folic acid or a folic acid supplement?

Your words:

Your Probes:

Risk Assigned:

427.1 Inappropriate Use of Dietary Supplements

427.4 Inadequate Iron or Folic Acid Supplementation

Critical Thinking




- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

Job Aid


Observation Tool: Diet Assessment of a Woman

Use the spaces provided to note what you observe.

Areas to Cover	Step① What feeding behaviors questions were asked?	Step② What probing questions were asked?	Step③ What risks were assigned?
Opening the conversation about Eating Habits			
Attitudes <ul style="list-style-type: none"> ● Eating issues ● Appetite ● Interest in eating ● Nutrition knowledge 			
Actions <ul style="list-style-type: none"> ● Eating behaviors ● Meal patterns ● Food preferences ● Food fads ● Food avoidance ● Cultural issues ● Cultural issues 			

Areas to Cover	Step ① What feeding behaviors questions were asked?	Step ② What probing questions were asked?	Step ③ What risks were assigned?
Supplementation <ul style="list-style-type: none"> • Use of vitamin or mineral supplements • Herbal remedies 			
Other topics relating to food or eating?			
Step ④ - Critical Thinking and Review 	<p>Was any other information needed in order to complete the diet assessment?</p> <p>Are there any critical thinking items you would consider?</p> <p>What topic(s) were proposed to the participant as a priority for nutrition education?</p>		
Step ⑤ - Mandatory TWIST Question	<p>(Circle answer selected)</p> <p>Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Topic Areas Examples of discussion items	Step① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step② - Use probing questions to find out more (based on answers from Step ①)	Step③ - Assign and document risks in TWIST (if appropriate)
Opening the conversation	<ul style="list-style-type: none"> ▪ Tell me about feeding your child. ▪ <i>(If 13 to 23 months) Are you breastfeeding your child now?</i> 		
Attitudes <ul style="list-style-type: none"> ▪ Feeding relationships ▪ Feeding concerns ▪ Support for independent feeding ▪ Division of responsibility (how much to eat, when to eat, what is offered) ▪ Recognition of hunger/satiety 	<ul style="list-style-type: none"> ▪ What do you like about the way your child eats? ▪ What concerns do you have about the way your child eats? ▪ How well does your child eat a variety of foods with different textures? ▪ How can you tell when your child is hungry or full? 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ Tell me more about (your concern)... ▪ How has (the concern) affected your child's eating? ▪ How do you choose which foods to offer to your child? ▪ What are mealtimes like at your house? Who eats with your child? Where does your child eat? ▪ Who decides how much your child should eat? 	425.4 Inappropriate Feeding Practices
Actions <ul style="list-style-type: none"> ▪ Feeding Behaviors 	<ul style="list-style-type: none"> ▪ How well does your child feed himself/herself? ▪ What does your child use when drinking? (cup, bottle, combination) 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ Tell me about your child's usual meal pattern ▪ What are your child's favorite foods? 	425.1 Inappropriate Beverage as Milk Source 425.2 Feeding Sweetened Beverages

Topic Areas Examples of discussion items	Step① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step② - Use probing questions to find out more (based on answers from Step ①)	Step③ - Assign and document risks in TWIST (if appropriate)
Actions, cont. <ul style="list-style-type: none"> ▪ Meal Patterns ▪ Weaning, use of cup/bottle ▪ Self-Feeding ▪ Food preferences ▪ Food avoidance 	<ul style="list-style-type: none"> ▪ <i>(If 13-23 months)</i> If a bottle is used, what does your child drink from the bottle? (milk, formula, juice, cereal, water, other) ▪ <i>(If 13-23 months)</i> What type of milk does your child usually drink? ▪ <i>(If 13-23 months)</i> What beverages other than milk does your child usually drink? ▪ <i>(If 24-60 months)</i>What beverages does your child usually drink? 	<ul style="list-style-type: none"> ▪ What are your child’s least favorite foods? 	425.3 Inappropriate Use of Bottles, Cups or Pacifiers 425.4 Inappropriate Feeding Practices 425.5 Feeding Potentially Harmful Foods 425.6 Feeding Low Calorie or Nutrient Diet 425.9 Pica
Supplementation <ul style="list-style-type: none"> ▪ Use of fluoride supplements ▪ Herbal remedies 	<ul style="list-style-type: none"> ▪ Is your child receiving fluoride? 	Examples: <ul style="list-style-type: none"> ▪ What other dietary supplements does your child get? (vitamins, minerals, herbs, special teas, etc) 	425.7 Inappropriate Use of Dietary Supplements 425.8 Inadequate Fluoride Supplementation
Step ④ - Critical Thinking and Review	 <ul style="list-style-type: none"> • Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?) • Is there any other information you need in order to complete the diet assessment? • What topic(s) would you propose to the participant as a priority for nutrition education? 		
Step ⑤ - Mandatory TWIST Question	Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Opening the Conversation About Eating Habits

TWIST: Tell me about feeding your child.
(If 13 to 23 months) Are you breastfeeding your child now?

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way your child eats?
What concerns do you have about the way your child eats?
How well does your child eat a variety of foods with different textures?
How can you tell when your child is hungry or full?

Your words:

Your Probes:

Risk Assigned:
425.4 Inappropriate Feeding Practices

Actions

TWIST: How well does your child feed himself/herself?
What does your child use when drinking? (cup, bottle, combination)
(If 13-23 months) If a bottle is used, what does your child drink from the bottle? (milk, formula, juice, cereal, water, other)
What beverages does your child usually drink? (type of milk, sweetened beverages like soda, etc)

Your words:

Your Probes:

Risk Assigned:

- 425.1 Inappropriate Beverage as Milk Source
- 425.2 Feeding Sweetened Beverages
- 425.3 Inappropriate Use of Bottles, Cups or Pacifiers
- 425.4 Inappropriate Feeding Practices
- 425.5 Feeding Potentially Harmful Foods
- 425.6 Feeding Low Calorie or Nutrient Diet
- 425.9 Pica

Supplementation

TWIST: Is your child receiving fluoride?

Your words:

Your Probes:

Risk Assigned:

- 425.7 Inappropriate Use of Dietary Supplements
- 425.8 Inadequate Fluoride Supplementation

Critical Thinking



- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

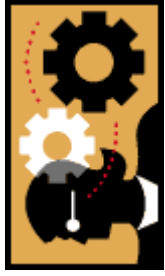
Job Aid

Observation Tool: Diet Assessment of a Child

Use the spaces provided to note what you observe.

Areas to Cover	Step① What feeding behaviors questions were asked?	Step② What probing questions were asked?	Step③ What risks were assigned?
Opening the conversation about Eating Habits			
Attitudes <ul style="list-style-type: none"> ▪ Feeding relationships ▪ Feeding concerns ▪ Support for independent feeding ▪ Division of responsibility (how much to eat, when to eat, what is offered) ▪ Recognition of hunger/satiety 			
Actions <ul style="list-style-type: none"> ▪ Feeding Behaviors ▪ Meal Patterns ▪ Weaning, use of cup/bottle ▪ Self-Feeding ▪ Food avoidance ▪ Cultural issues 			

Topic Areas Examples of discussion items	Step ① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step ② - Use probing questions to find out more (based on answers from Step ①)	Step ③ - Assign and document risks in TWIST (if appropriate)
Opening the conversation Attitudes <ul style="list-style-type: none"> ▪ Feeding relationships ▪ Recognition of feeding cues ▪ Breastfeeding success/concerns 	<ul style="list-style-type: none"> ▪ How are you feeding your baby? ▪ Tell me about feeding your baby. ▪ What do you like about the way your baby eats? ▪ What concerns do you have about feeding your baby? ▪ How can you tell when your baby is hungry or full? 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ How long do you plan to breastfeed? ▪ Are you enjoying breastfeeding? ▪ What supports do you have/need to continue nursing? 	411.4 Inappropriate Feeding Practices
Actions <ul style="list-style-type: none"> ▪ Feeding Behaviors ▪ Frequency of nursing ▪ Breastfeeding skills ▪ Appropriate introduction of solids/cup 	<ul style="list-style-type: none"> ▪ How often does your baby breastfeed in 24 hours? ▪ Is your baby breastfeeding as often as he/she wants? ▪ What is/was your plan for introducing pureed foods to your baby? ▪ What is/was your plan for introducing finger foods to your baby? 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ How well does your baby breastfeed? (latch, suck patterns, positioning, etc) ▪ How frequent are your baby's wet and soiled diapers? ▪ Is your baby drinking anything other than breast milk? ▪ What is your plan for introducing a cup to your baby? 	411.1 Use of Substitutes for Breast Milk or Formula 411.2 Inappropriate Use of Bottles or Cups 411.3 Early Introduction of Solid Foods 411.4 Inappropriate Feeding Practices 411.5 Feeding Potentially Harmful Foods 411.7 Infrequent Breastfeeding

Topic Areas Examples of discussion items	Step① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step② - Use probing questions to find out more (based on answers from Step ①)	Step③ - Assign and document risks in TWIST (if appropriate)
Actions, cont.		<ul style="list-style-type: none"> ▪ How do you store expressed breast milk? 	<p>411.8 Feeding Low Calorie or Nutrient Diet</p> <p>411.9 Improper Handling of Expressed Breast Milk or Formula</p>
Supplementation	<ul style="list-style-type: none"> ▪ Is your baby receiving fluoride after age 6 months? 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ What other dietary supplements does your baby get? (vitamins, minerals, herbs, special teas, etc) 	<p>411.10 Inappropriate Use of Dietary Supplements</p> <p>411.11 Inadequate Fluoride Supplementation</p>
Step ④ - Critical Thinking and Review	 <ul style="list-style-type: none"> • Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?) • Is there any other information you need in order to complete the diet assessment? • What topic(s) would you propose to the participant as a priority for nutrition education? 		
Step ⑤ - Mandatory TWIST Question	Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Topic Areas Examples of discussion items	Step① - Ask about feeding behaviors (Questions from TWIST as prompts)	Step② - Use probing questions to find out more (based on answers from Step ①)	Step③ - Assign and document risks in TWIST (if appropriate)
Opening the conversation Attitudes <ul style="list-style-type: none"> ▪ Feeding relationships ▪ Recognition of feeding cues ▪ Feeding success/concerns ▪ Interaction during bottle feeding (propping, etc) 	<ul style="list-style-type: none"> ▪ How are you feeding your baby? ▪ Tell me about feeding your baby. ▪ What do you like about the way your baby eats? ▪ What concerns do you have about feeding your baby? ▪ How can you tell when your baby is hungry or full? 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ If breastfeeding, how long do you plan to continue? What supports do you have/need for continuing breastfeeding? ▪ What formula does your baby drink? ▪ How well does your baby tolerate formula? ▪ Do you hold your baby when bottle-feeding? 	<p>411.4 Inappropriate Feeding Practices 411.2 Inappropriate Use of Bottles or Cups</p>
Actions <ul style="list-style-type: none"> ▪ Feeding Behaviors ▪ Preparation of formula ▪ Formula tolerance 	<ul style="list-style-type: none"> ▪ If partially breastfeeding: How often does your baby breastfeed in 24 hours? ▪ If formula feeding only: How long did you breastfeed? ▪ How long did you only feed breast milk to your baby? ▪ What does your baby usually drink from the bottle? 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ How much formula does your baby usually drink? How much is offered? ▪ Does your baby drink anything other than breast milk or formula? ▪ Does your baby take cereal or juice in the bottle? 	<p>411.1 Use of Substitutes for Breast Milk or Formula 411.2 Inappropriate Use of Bottles or Cups 411.3 Early Introduction of Solid Foods 411.4 Inappropriate Feeding Practices</p>

Your Personalized Diet Assessment for Exclusively Breastfed Infants

Opening the Conversation About Eating Habits

TWIST: How are you feeding your baby?
Tell me about feeding your baby.

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way your baby eats?
What concerns do you have about feeding your baby?
How can you tell when your baby is hungry or full?

Your words:

Your Probes:

Risk Assigned:
411.4 Inappropriate Feeding Practices

Actions

TWIST: How often does your baby breastfeed in 24 hours?
Is your baby breastfeeding as often as he/she wants?
What is/was your plan for introducing pureed foods to your baby?
What is/was your plan for introducing finger foods to your baby?

Your words:

Your Probes:

Risk Assigned:

- 411.1 Use of Substitutes for Breast Milk or Formula
- 411.2 Inappropriate Use of Bottles or Cups
- 411.3 Early Introduction of Solid Foods
- 411.4 Inappropriate Feeding Practices
- 411.5 Feeding Potentially Harmful Foods
- 411.7 Infrequent Breastfeeding
- 411.8 Feeding Low Calorie or Nutrient Diet
- 411.9 Improper Handling of Expressed Breast milk or Formula

Supplementation

TWIST: Is your baby receiving fluoride after age 6 months?

Your words:

Your Probes:

Risk Assigned:

- 411.10 Inappropriate Use of Dietary Supplements
- 411.11 Inadequate Fluoride Supplementation

Critical Thinking

- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

Your Personalized Diet Assessment for Infants Receiving Formula

Opening the Conversation About Eating Habits

TWIST: How are you feeding your baby?
Tell me about feeding your baby.

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way your baby eats?
What concerns do you have about feeding your baby?
How can you tell when your baby is hungry or full?

Your words:

Your Probes:

Risk Assigned:

411.4 Inappropriate Feeding Practices

411.2 Inappropriate Use of Bottles or Cups

Actions

TWIST: **If partially breastfeeding:** How often does your baby breastfeed in 24 hours?
If formula feeding only: How long did you breastfeed?
If formula feeding only: How long did you only feed breast milk to your baby?
What does your baby usually drink from the bottle?
Does your baby fall asleep with the bottle at nap or bedtime?
How are you mixing formula?
What is/was your plan for introducing pureed foods to your baby?
What is/was your plan for introducing finger foods to your baby?

Your words:

Your Probes:

Risk Assigned:

- 411.1 Use of Substitutes for Breast Milk or Formula
- 411.2 Inappropriate Use of Bottles or Cups
- 411.3 Early Introduction of Solid Foods
- 411.4 Inappropriate Feeding Practices
- 411.5 Feeding Potentially Harmful Foods
- 411.6 Incorrect Dilution of Formula
- 411.8 Feeding Low Calorie or Low Nutrient Diet
- 411.9 Improper Handling of Expressed Breast Milk or Formula

Supplementation

TWIST: Is your baby receiving fluoride after age 6 months?

Your words:

Your Probes:

Risk Assigned:

- 411.10 Inappropriate Use of Dietary Supplements
- 411.11 Inadequate Fluoride Supplementation

Critical Thinking




- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

Job Aid

Observation Tool: Diet Assessment of an Exclusively Breastfed Infant

Use the spaces provided to note what you observe.

Areas to Cover	Step① What feeding behaviors questions were asked?	Step② What probing questions were asked?	Step③ What risks were assigned?
Opening the conversation about Eating Habits			
Attitudes <ul style="list-style-type: none"> ▪ Feeding relationships ▪ Recognition of feeding cues ▪ Breastfeeding success/concerns 			
Actions <ul style="list-style-type: none"> ▪ Feeding Behaviors ▪ Frequency of nursing ▪ Breastfeeding skills ▪ Appropriate introduction of solids/cup 			


Areas to Cover	Step ① What feeding behaviors questions were asked?	Step ② What probing questions were asked?	Step ③ What risks were assigned?
Supplementation <ul style="list-style-type: none"> ▪ Fluoride ▪ Herbal remedies 			
Other topics relating to food or eating?			
Step ④ - Critical Thinking and Review 	<p>Was any other information needed in order to complete the diet assessment?</p> <p>Are there any critical thinking items you would consider?</p> <p>What topic(s) were proposed to the participant as a priority for nutrition education?</p> <p>(Circle answer selected)</p> <p>Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">No Yes</p>		
Step ⑤ - Mandatory TWIST Question	<p>Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">No Yes</p>		

Job Aid

Observation Tool: Diet Assessment of an Infant Receiving Formula

Use the spaces provided to note what you observe.

Areas to Cover	Step① What feeding behaviors questions were asked?	Step② What probing questions were asked?	Step③ What risks were assigned?
Opening the conversation about Eating Habits			
Attitudes <ul style="list-style-type: none"> ▪ Feeding relationships ▪ Recognition of feeding cues ▪ Feeding success/concerns ▪ Interaction during bottle feeding (propping, etc) 			
Actions <ul style="list-style-type: none"> ▪ Feeding Behaviors ▪ Preparation of formula ▪ Formula tolerance ▪ Amount of formula offered, quantity consumed ▪ Appropriate use of bottle ▪ Appropriate introduction of solids/cup 			

Areas to Cover	Step ① What feeding behaviors questions were asked?	Step ② What probing questions were asked?	Step ③ What risks were assigned?
Supplementation <ul style="list-style-type: none"> ▪ Use of fluoride supplements ▪ Herbal remedies 			
Other topics relating to food or eating?			
Step ④ - Critical Thinking and Review 	<p>Was any other information needed in order to complete the diet assessment?</p> <p>Are there any critical thinking items you would consider?</p> <p>What topic(s) were proposed to the participant as a priority for nutrition education?</p> <p>(Circle answer selected)</p> <p>Diet assessment complete: dietary risk(s) assigned? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
Step ⑤ - Mandatory TWIST Question			



Case Studies

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Case Study B

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Case Studies

Overview

The following case studies will provide a summary of the information that you would gather during a conversation with a participant about their feeding behaviors. In order to determine which dietary risks (if any) would be assigned, use your critical thinking skills and the client information provided to complete the “Diet Assessment” tab in TWIST. You will know that the diet assessment is complete when you get a checkmark on the “Diet Assessment” tab.

Earlier in the module you learned about all of the steps of a full assessment. For the following case studies, you only need to be concerned with the information relevant to the diet assessment, unless otherwise specified.

Instructions

NOTE

Check with your Training Supervisor for help accessing the TWIST practice database. If you are new to using TWIST, you can work with a co-worker who has TWIST experience and they can help you enter the information into TWIST.

-
- ◆ Clients will need to be enrolled in the TWIST practice database. (You can make up information that is not included.)
 - ◆ Using the TWIST practice database, use the client information provided to determine the client’s dietary risks.
 - ◆ Answer the questions for each case study.

- ◆ Unless otherwise specified, you need only to be concerned with the information relevant to the diet assessment.
- ◆ Using a highlighter to mark key points of each scenario might be helpful in identifying relevant information.

Case Study A

Client Information

Renee Redmond is 9 weeks pregnant and is at WIC to be certified. Renee's iron count is normal and her weight gain is on the low end of the normal range. Aside from experiencing morning sickness, she tells you her health has been good. During the diet assessment she tells you that for the past two days she hasn't been able to keep any food down before two in the afternoon. After 2 PM she is only able to eat toast, crackers and milk. She can't even think of taking her prenatal vitamin without gagging. She's concerned about not giving the baby enough nutrition to grow.

Questions

1. What dietary risk(s) did you assign?
2. What additional documentation did you enter for her risks?
3. Did you make any referrals?

Case Study B

Client Information

Jaylen John-Day is a 3½ year old in your office for his recertification appointment. Jaylen's height and weight measurements show his BMI is at the 25th percentile and his iron count is normal. During the diet assessment, Jaylen's mom tells you that it seems Jaylen just wants to eat the same foods over and over. Jaylen's uncle, who is a body builder, is currently living with them, so Jaylen thinks it is cool to eat lots of meat and to drink sports type beverages out of a Gatorade bottle with a pull up top. In fact, Jaylen has one of these bottles with him in your office today. He also likes to drink some of the shakes his uncle makes with raw eggs. Since Jaylen is a little smaller than his older brother was at this age, his mom seems to think this is a good idea. However, Jaylen's mom is concerned that he is not eating a big variety of foods, so she has been giving Jaylen a kid's vitamin every day or two. He will only take the Spiderman ones. He does drink 2% milk since that's what the rest of the family drinks. Jaylen lives in an area with fluoridated water.

Questions

1. What dietary risk(s) did you assign?
2. What additional documentation did you enter for his risks?
3. Did you make any referrals?

Case Study C

Client Information

Maeve Medford is a 2-month-old infant at WIC for her certification appointment. Maeve's height and weight measurements show average growth and slow weight gain. Her mother states that breastfeeding is best and she wants to nurse Maeve for at least one year. Currently, she has Maeve nursing on a schedule of 5 times per day. She believes that this structured approach will assure that Maeve nurses well at each feeding. In addition, Maeve is offered 2 ounces of unpasteurized apple juice in a bottle everyday so she can experience different flavors. Maeve's mother plans to introduce other solid foods like cereal and vegetables at 4 months of age. Maeve is the first baby in the family and her mother wants to be sure to get her off to a good start.

Questions

1. What dietary risk(s) did you assign?
2. What additional documentation did you enter for her risks?
3. Did you make any referrals?

Case Study D

Client Information

Charlie Creswell is a 10-month-old infant at WIC for his enrollment appointment. Charlie's height and weight measurements show average growth and weight gain. His iron count is slightly low. Charlie has 4 teeth and is able to crawl and pull himself to standing. Charlie's mother reports that Charlie is on powdered Similac Advance formula and 2% milk. She offers the milk whenever she runs out of formula. The formula is mixed by adding 3 scoops of powder to 8 ounces of water. Charlie's mother states that she mixes the formula this way to make it go further since Charlie usually drinks 6 to 8 bottles everyday. The water used to prepare the formula is not fluoridated and Charlie does not receive any vitamin or fluoride supplements. Charlie also eats pureed baby foods 3 times per day. Charlie's mother is concerned about giving Charlie any finger foods or table foods because he might choke. Charlie's mother works full time so she wants feeding Charlie to be as easy as possible for herself and the babysitter.

Questions

1. What dietary risk(s) did you assign?
2. What additional documentation did you enter for his risks?
3. Did you make any referrals?

Case Study E

Client Information

Tara Tualatin is 18-months-old and is at WIC for her recertification appointment. Tara was a full term healthy baby and has continued to be a healthy little girl. Tara's mother, Terri, doesn't have any concerns about her health. Her doctor says Tara is healthy and that she is up to date on her shots. After reviewing her file you see that her current height and weight are appropriate for her age and that her iron count is normal. Terri finished breastfeeding Tara when she was 15 months old. Tara is eating well by herself and has even starting to use a spoon. Tara eats regular table food, although her mom is really careful about raw fruits and veggies that might make her choke. Terri is really pleased because so far it looks like Tara likes just about everything that is offered to her. Tara drinks whole milk, water, and occasionally a little juice, from a cup. Terri is really careful about not giving Tara any "junk food" or soda. Tara gets a fluoride supplement because the water in her town is not fluoridated.

Questions

1. What dietary risk(s) did you assign?
2. What additional documentation did you enter for her risks?
3. Did you make any referrals?

Case Study F

Client Information

Pauline Portland is in your office today to apply to be on WIC for herself and her new baby boy, Peter. Pauline is a 23-year-old mom and Peter just turned 2 months old yesterday. Pauline's height and weight are normal and her iron count is strong. She gained 32 pounds in her pregnancy. Pauline had a really healthy pregnancy; her doctor said it was "text book perfect". Peter is Pauline's first baby. Pauline breastfed Peter for 6 weeks and then switched him to formula. Pauline says she is kind of a "health food person". After asking her what she means by that, she explains that she likes just about everything and tries to fix food in the healthiest way she can. For example, instead of frying her meat, she bakes it. She also tries to make most meals from scratch because "it is healthier that way". Pauline loves fruits and veggies and eats lots of them. She also likes milk and drinks non-fat with every meal. Pauline takes long walks everyday with Peter in a stroller. Pauline continues to take a multivitamin with iron and folic acid.

Questions

1. What dietary risk(s) did you assign?
2. What additional documentation did you enter for her risks?
3. Did you make any referrals?



Posttest

Posttest

This is an open book exercise. You may use your module to find the answers.

Write your answer to the following questions.

1. What are the five steps of a diet assessment?

Step① _____

Step② _____

Step③ _____

Step ④ _____

Step ⑤ _____

2. List the three reasons to do a diet assessment?

3. What are the four basic components to critical thinking?

Posttest

4. Give a situation where using critical thinking is necessary.

5. Where are all the places in TWIST that dietary risks can be assigned?

6. Where would you document any additional information about the dietary risks you assign?

7. What are the three topic areas relating to feeding behaviors that should be addressed in every diet assessment?

8. What type of questions are most effective in getting information from the participant?

9. What are the two risks that can be assigned if a participant has no other nutrition risk assigned?

Use the information about each participant to answer the questions.

10. Janet

- ◆ She is a breastfeeding woman.
- ◆ She does not take any vitamin or mineral supplements.
- ◆ She is on the Atkins Diet for weight loss and is restricting carbs.

What dietary risks would be assigned?	Risks:
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

Posttest

11. Brant

- ◆ He is a 3-year-old child.
- ◆ He is always thirsty, so his mom gives him a training cup with watered down Kool-Aid to carry with him.
- ◆ He gets fluoride tablets daily.
- ◆ He eats very little solid food each day.
- ◆ He gets no other dietary supplements.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

12. Lauren

- ◆ She is a 2-month-old infant who is breastfeeding and being supplemented with a bottle.
- ◆ She is breastfeed 3 times each day and gets 3 six-ounce bottles of soymilk.
- ◆ Her mother adds some cereal and traditional herbs to the soymilk.
- ◆ The water where she lives is not fluoridated and she does not get any other dietary supplements.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

13. Grace

- ◆ She is a healthy 4-year-old.
- ◆ She does not use a bottle, eats well, and gets a fluoride supplement.
- ◆ The assessment is complete. No nutrition risks have been identified.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

Posttest

14. Olivia

- ◆ She is 13 months old.
- ◆ Her parents give her 2% milk, the same as the rest of the family.
- ◆ She gets fluoridated water.
- ◆ She drinks her milk from a bottle at bedtime and naptime.
- ◆ Her mother feeds her smoothly pureed table food.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

15. Jolene

- ◆ She is a woman in her 4th month of pregnancy.
- ◆ She is not taking any vitamin or mineral supplements.
- ◆ She gets her milk from a neighbor who owns a cow and shares the raw milk with her.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

16. Nyla

- ◆ She is 5 ½ months old.
- ◆ She is exclusively breastfed and nurses 4 times each day.
- ◆ She does not get any dietary supplements and the water where she lives is not fluoridated.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

17. Eli

- ◆ He is a 3-month-old, formula fed infant.
- ◆ His mom gives him 6 bottles of Similac Advance powder that she mixes 2 scoops to 8 ounces of water.
- ◆ His mom adds 2 tablespoons of cereal to the bottle for thickening.
- ◆ They have fluoridated water.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

Posttest

18. Stella

- ◆ She is a 10-month-old formula fed infant.
- ◆ Her mom cannot afford much formula, so is limiting formula to 16 ounces per day.
- ◆ The rest of the day she gets tea sweetened with honey in the bottle.
- ◆ They do not have fluoridated water and they can't afford fluoride drops.
- ◆

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

19. Juanita

- ◆ She is an 8-month-old, formula-fed infant.
- ◆ She drinks Similac Advance concentrate, diluted 1:1 with fluoridated water.
- ◆ She drinks 40 ounces of formula per day.
- ◆ Her mom leaves a bottle in her bed at night so she can get it when she wants it.
- ◆ She sits in her high chair and reaches for mom's food.
- ◆ Her mom has not started her on any food other than a little bit of infant cereal she gets once a day.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

Posttest

20. Erica

- ◆ She is a non-breastfeeding postpartum woman.
- ◆ She is taking triple the dose of iron prescribed by her doctor because she is so tired all the time.
- ◆ She is also eating ashes, because she heard they have iron in them.
- ◆ She is not taking any other supplements.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

21. Alaina

- ◆ She is a postpartum non-breastfeeding woman.
- ◆ She is healthy, eats well, and takes a vitamin supplement with folic acid.
- ◆ She does not have any nutrition risk identified.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

22. Nghi

- ◆ She is a 2-year-old girl.
- ◆ Her mom gives her traditional Chinese herbs every day to keep her from getting sick.
- ◆ She does not take any vitamin or mineral supplements, nor does she get fluoridated water.
- ◆ One of her favorite vegetables is raw bean sprouts.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

23. Samir

- ◆ He is a 15-month-old boy.
- ◆ He is healthy; nurses 3 times each day, and eats most table foods.
- ◆ He takes a fluoride supplement daily.
- ◆ He has no identified nutrition risk.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	

Posttest

24. Pri

- ◆ She is a healthy 3-month-old whose mother was not on WIC and had a healthy pregnancy.
- ◆ Try as you might, you cannot find a nutrition risk for Pri.
- ◆ The only risk that has been identified for Pri's mother is *Presumed Dietary Eligibility*.

What dietary risks would be assigned?	
What additional documentation would be entered?	
What referrals are needed?	
What additional questions might you ask?	



Training Module Evaluation

Training Module Evaluation

For the first four questions, circle the answer that best reflects your opinion.

1. Overall, I think the training module was (circle number):

A waste of time		Okay		Very valuable
1	2	3	4	5

2. This training gave me...(circle number):

No new information		Reinforced information		New information
1	2	3	4	5

3. This training gave me...(circle number):

No new skills		Reinforced skills		New skills
1	2	3	4	5

4. I found the format of reading, practice activities, skill checks and case studies to be (circle number):

Not useful		Okay		Very useful
1	2	3	4	5

5. The part of the training module that was most useful/helpful was...
6. If I could add to or change any part of the training module, I would...
7. The time it took for me to complete this module was _____ hours.
8. I started working on this training module _____
(days/weeks/months) ago.
9. Check all that apply:
_____ I am a new staff person.
_____ I am an existing staff person.

Years in WIC/MCH _____