Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

ANTHROPOMETRIC

| What to Assess (Relevant Information) | What to Collect | What to Do |  |
| :---: | :---: | :---: | :---: |
|  |  | Assign Risk | Suggestions for Further Assessment* |
| Weight Status | Current height for BMI calculation. <br> Current weight for BMI calculation. <br> If <6 months postpartum, pregravid weight and height or BMI. If pregravid weight and height or BMI are not available, probe if useful for assessment or counseling purposes. <br> If unable to get an accurate weight or height, consider using alternative measurement techniques. (See Appendix E.) | 101 Underweight | Assess contributors to low or high BMI (e.g., weight control/loss diet, dieting history; smoking; physical activity; body image maternal age, and depression). <br> Ask about physical activity recommendations from health care provider. <br> Ask about knowledge/attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills). |
| Weight Gain with Most Recent Pregnancy | Total gestational weight gain. <br> If total weight gain is not available, probe if useful for assessment or counseling purposes. | 133 <br> High maternal weight gain | Assess postpartum weight retention. |

*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

BIOCHEMICAL

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

[^0]Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

CLINICAL

| What to Assess (Relevant Information) | What to Collect | What to Do |  |
| :---: | :---: | :---: | :---: |
|  |  | Assign risk | Suggestions for Further Assessment* |
| Pregnancy- <br> Related Conditions with Most Recent Pregnancy | History of gestational diabetes. | 303 History of gestational diabetes | Assess current blood sugar level and access to follow-up care. |
|  | Baby born $\geq 3$ weeks early. | 311 <br> History of preterm delivery | Assess for contributing factors. |
|  | Birth weights: <br> - $\leq 51 / 2$ pounds <br> $\cdot \geq 9$ pounds | 312 <br> History of low birt weight <br> 337 <br> History of birth of large for gestational age infant | Assess for contributing factors such as: body image, smoking, drugs, alcohol (low birth weight) and gestational diabetes mellitus (GDM), family with history of GDM (high birth weight). |
|  | Multiple birth: Fetal or neonatal death with one or more infants still living. | 321 <br> History of spontaneous abortion, fetal or neonatal loss | Assess level of access to support services or support group related to the grieving process. |
|  | Interval between pregnancies: <br> - Date of conception OR last menstrual period for this most recent pregnancy. <br> - Delivery date of previous pregnancy. | 332 <br> Closely spaced pregnancies | Assess support system at home (e.g. assistance with obtaining adequate intake, help with children). |
|  | High parity and young age: <br> - Maternal age. <br> - Date of conception OR last menstrual period for last pregnancy. <br> - Number of previous pregnancies of at least 20 weeks duration regardless of birth outcome. | 333 <br> High parity at young age | Assess support system at home (e.g., assistance with obtaining adequate intake). |
|  | Number of fetuses. | 335 <br> Multifetal gestation |  |

*Further assessment and referral is based on agency protocol.

## Relevant WIC Nutrition Assessment Information for Non-Breastfeeding Postpartum Woman

CLINICAL (continued)

| What to Assess (Relevant Information) | What to Collect | What to Do |  |
| :---: | :---: | :---: | :---: |
|  |  | Assign risk | Suggestions for Further Assessment* |
| Pregnancy- <br> Related Conditions with Most Recent Pregnancy (continued) | Baby born with neural tube defect, cleft lip, or cleft palate. | 339 <br> History of birth with nutritionrelated congenital or birth defects | Ask about health care provider's recommendations and participant's follow-through for folic acid supplementation and preformed Vitamin A supplement use for this pregnancy. <br> Assess knowledge of access to special medical services available to infant. |
| Age at Conception | Maternal age. Date of conception OR date of last menstrual period (LMP). | 331 <br> Pregnancy at young age | Assess age of menarche OR gynecological age to assess whether she is likely to still be growing. <br> Assess support system at home (e.g., assistance with obtaining adequate intake). |
| Medical Conditions | Nutrition-related medical condition or illness. | 341-349 <br> 351-356 <br> 358 <br> 360-362 <br> Nutritionrelated risk conditions. | Ask about special diet, nutritional supplements, and medications prescribed to manage or treat condition. <br> Assess current and potential impact on nutritional intake, nutritional needs (increased need for specific nutrients, special diet low in essential nutrients), and breastfeeding. <br> Assess understanding of and compliance with treatment plan. <br> Assess level of access to follow-up medical care. |
|  | Prescription medications with nutrition implications. | $357$ <br> Drug-nutrient interactions | Assess ability to meet increased/altered nutrition implications of medications. nutrient needs or cope with other |
|  | Over-the-counter medications with nutrition implications. | $357$ <br> Drug-nutrient interactions | Assess understanding of nutrient and drug interactions and strategize to minimize them. |

[^1]Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

CLINICAL (continued)

| What to Assess <br> (Relevant <br> Information) | What to Collect | What to Do |  |
| :--- | :--- | :--- | :--- |
| Medical <br> Conditions <br> (continued) | Major surgery, trauma, or <br> burns in past 2 months. | 359 <br> Recent major <br> surgery, trauma, <br> burns | Ask about special diet and prescribed <br> medications. <br> Assess understanding of and compliance <br> with treatment plan. <br> Assess level of access to follow-up |
| medical care. |  |  |  |

[^2]Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

## DIETARY

| What to Assess (Relevant Information) | What to Collect | What to Do |  |
| :---: | :---: | :---: | :---: |
|  |  | Assign risk | Suggestions for Further Assessment * |
| Ability to Meet Dietary Guidelines for Americans | Absence of any risk. Note: A complete assessment including risk 427 must be completed prior to assigning risk 401. | 401 <br> Failure to meet Dietary Guidelines for Americans | Assess need for anticipatory guidance. |
| Nutrition Practices | Use of dietary supplements: <br> - Excessive or inappropriate. <br> - Folic acid intake from supplements or fortified foods. | 427.1 <br> Consuming dietary supplements with potentially harmful consequences <br> 427.4 <br> Inadequate vitamin/mineral supplementation | Assess potential for toxicity or harm to mother or infant. <br> Assess barriers to obtaining appropriate supplementation (e.g., health belief, religious or cultural practices, finances). <br> Assess attitude towards dietary supplementation. |
|  | Usual meal pattern. Consumption of a diet very low in calories and/or essential nutrients. | 427.2 <br> Consuming a diet very low in calories and/or es sential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery | Assess factors that might affect meal pattern (e.g., appetite, pregnancy discomforts, medical conditions and illnesses, culture, religion, knowledge and attitudes about eating practices consistent with good health outcomes, knowledge and skills about meal planning and food preparation). |
|  | Craving for or eating nonfood substances (pica). | 427.3 Compulsively ingesting nonfood items | Assess potential for toxicity or harm to mother or fetus. <br> Assess impact on nutrient and calorie intake. |

[^3]Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

ENVIRONMENTAL AND FAMILY FACTORS

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

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## Relevant WIC Nutrition Assessment Information for a Non-Breastfeeding Postpartum Woman

## OTHER ADJUNCT HEALTH ISSUES AND TECHNICAL REQUIREMENTS

| What to Assess (Relevant Information) | What to Collect | What to Do |  |
| :---: | :---: | :---: | :---: |
|  |  | Assign Risk | Suggestions for Further Assessment* |
| Oral Health | Dental problems that impair ability to eat food in adequate quantity or quality. | $381$ <br> Dental problems | Ask about dental status and treatment already in progress. <br> Assess access to dental care. <br> Ask about oral health practices. |
| Oral Health Care | Dental home. Last visit. | N/A | Assess barriers to obtaining care (e.g., beliefs, finances, alien status, lack of insurance, childcare, and transportation). |
| Postpartum Health Care | Medical home. <br> Scheduling of postpartum visit. Need for follow-up. | N/A | Assess barriers to obtaining care (e.g., beliefs, finances, alien status, lack of insurance, childcare, transportation, lack of social support). |
| Food Security | Availability of safe and nutritious foods. | N/A | Assess community availability, participation in food assistance programs, and equipment for food preparation and storage. Assess availability of adequate and safe water. |
| Physical Activity | Perceived physical activity evel or abilities. | N/A | Ask about physical activity recommendations from health care provider. <br> Ask about knowledge/attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills). |

[^4]


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[^3]:    *Further assessment and referral is based on agency protocol.

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