

WIC Assessment – As Easy As **ABCDE**

Potential Relevant Nutrition Risks/Key Areas to Assess

<p>A</p>	<p>100's Anthropometric = HT/WT, %tiles (Anything related to weight gain, loss, BMI, growth)</p> <ul style="list-style-type: none"> • How is your pregnancy going? • How are you feeling now? • How is (baby/child's name) doing? • How much did (baby's name) weigh at birth? • How do you feel about (child's name) growth? <p>Probe for these topics depending on what participant shares from questions to assess for all risks (With height and weight entered, WIC computer system automatically assigns 100's risks except for 134 Failure to Thrive)</p> <table border="1" data-bbox="279 533 1334 604"> <tr> <td>✓ Family's feelings on growth</td> <td>✓ Weight change; what did Dr. say?</td> </tr> <tr> <td>✓ Women: Feelings on weight gain/loss</td> <td>✓ Prematurity/Birth weight</td> </tr> </table>	✓ Family's feelings on growth	✓ Weight change; what did Dr. say?	✓ Women: Feelings on weight gain/loss	✓ Prematurity/Birth weight
✓ Family's feelings on growth	✓ Weight change; what did Dr. say?				
✓ Women: Feelings on weight gain/loss	✓ Prematurity/Birth weight				
<p>B</p>	<p>200's Biochemical = Blood Tests (Anything related to low hemoglobin/hematocrit or anemia)</p> <ul style="list-style-type: none"> • Tell me about any health or medical concerns you are currently having. • Are you having any medical problems that make it difficult to care for yourself or your baby? • Do you smoke? (hemoglobin range) <p>(WIC computer system automatically assigns 201 Low Hemoglobin/Hematocrit when a low blood value is entered)</p> <ul style="list-style-type: none"> • Has your doctor identified any health problems or medical conditions for (baby/child's name)? <p>600's Breastfeeding (Anything related to breastfeeding concerns)</p> <ul style="list-style-type: none"> • Tell me about feeding your new baby. How is it going? • Would you like to learn more or have help with breastfeeding? • How do you feed (baby's name)? • How do you know when (baby's name) is hungry or full? • How is breastfeeding going? • Describe for me how often (baby's name) nurses and for how long? 				
<p>C</p>	<p>300's Clinical = Health/Medical Conditions (Anything related to medical history, medical conditions, doctor access or pregnancy)</p> <ul style="list-style-type: none"> • Tell me about any health or medical concerns you are currently having. • Are you having any medical problems that make it difficult to care for yourself or your baby? • Has your doctor identified any health problems or medical conditions for (baby/child's name)? • What medications are you currently taking? • Is this your first pregnancy? (If no) Number of pregnancies? • When was your first visit for prenatal care? • Tell me about any complications or health problems you have had with any past pregnancies such as gestational diabetes or high blood pressure. • Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes or high blood pressure? • Do you have any dental problems that prevent you from eating some foods? • Do you smoke? (if yes) Number of cigarettes per day? • Do you drink alcohol? (if yes) How many drinks at a time? How often? • Have you had alcohol since becoming pregnant? (If yes) How much do you drink? How often? • Are you avoiding food for any reason such as food allergies? • Has your doctor identified any health problems or medical conditions for (baby/child's name)? • Is (baby/child's name) taking any medications? • How do you take care of (baby/child's name) gums and/or teeth? • Does (child's name) use pacifiers that have been dipped in liquids or food? (If yes) Tell me about which liquids or foods are used to dip the pacifiers. 				
<p>D</p>	<p>400's Diet and Nutrition (Anything related to nutrition, eating and feeding)</p> <ul style="list-style-type: none"> • Tell me about any changes you have made to your diet since becoming pregnant? 				

- How has your appetite been?
- Are you avoiding food for any reason such as food allergies?
- What foods do you typically eat?
- What do you drink most days?
- Do you regularly eat things other than food?
- Tell me about any vitamins, minerals, herbs or dietary supplements you are taking. What type are you taking?
- During the last 6 months, have you run out of money to buy food?

- How do you feed (baby's name)?
- How do you know (baby/child's name) is hungry or full?
- Describe for me how often (baby's name) nurses and for how long?
- Do you use bottles to feed (baby's name)?
- Tell me more about how you prepare, store and give bottles with breast milk (or formula)?
- Does (baby's name) take a bottle to bed?
- Does (baby's name) drink from anything else other than breast or bottle?
- What else if anything do you feed (baby's name)?
- Tell me about how (baby's name) eats, like picking up pieces of food or holding a cup.
- If you ever add anything to (baby's name) food or liquids, what do you add?
- Does (baby/child's name) take any vitamins, minerals, herbs or dietary supplements?
- How is (child's name) appetite?
- What foods does (child's name) typically eat?
- How often does (child's name) usually eat? Number of meals? Number of snacks?
- How do you help (child's name) with eating? What does (child's name) do to feed herself/himself?
- Does (child's name) ever seem to choke or gag when eating?
- Are there foods you limit or avoid feeding (child's name) for any reason, including food allergies?
- Tell me what (child's name) drinks from, such as a cup or bottle. When and what is in the bottles?
- Tell me what (child's name) routinely drinks most days?
- Does (child's name) regularly eat things other than food?

Probe for these topics depending on what participant shares from questions to assess further:

MOM	BABY	CHILD
✓ Beverage/Water	✓ Solids foods/Beverages	✓ Beverage Intake/Cup Use
✓ Appetite (Likes/Aversions/Cravings)	- Plan/What/how/when	✓ Water source? Bottle, tap, well?
✓ Prenatal Vitamins	✓ Food Safety	✓ Milk Intake & Type
✓ Food Safety	✓ Vitamins	✓ Vitamins
✓ Breastfeeding	✓ Breastfeeding	✓ Food Safety
-Questions/Feelings	- How often/typical feeding	✓ Intake/ Foods (picky?, textures, number of meals, portions)
✓ Milk Consumption and Type	✓ Formula (Oz/day, Preparation)	✓ Parent/Child Feeding Roles
✓ Eating patterns	✓ Bottle use	
	✓ Water source? Bottle, tap, well?	

E *900's Environmental/Other Factors (Anything related to foster care, second hand smoke, feeding limitations)*

- Foster care?
- Does anyone living in your house smoke inside the home?
- Do you drink alcohol? (if yes) How many drinks at a time? How often?
- Have you used street drugs since the baby was born?
- How do you help (child's name) with eating?
- Are there foods you limit or avoid feeding (baby/child's name) for any reason?