Idaho WIC Training

Health and Nutrition Assessment

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

WIC is an equal opportunity provider.

What Will You Learn?

- The definition of VENA
- Purpose of the Health and Nutrition Assessment
- Become familiar with the Health and Nutrition Assessment
- Understand why assessment questions are asked
- Know what determines a nutrition risk criterion
- Identify how to use critical thinking during the assessment process
- Understand the importance of completing the entire assessment process before providing referrals and nutrition education
- Where to find ideas for nutrition education topics

Instruction Level

Prerequisite for taking the Health and Nutrition Assessment course: Basic Nutrition Course, Breastfeeding Course, Anthropometric Course, Hematology Course

Items Needed for This Course

The Idaho WIC website wic.dhw.idaho.gov houses all the online materials for staff under the Staff page.

- Definitions and acronyms (located under the policy manual area)
- Access to Quick Reference Materials (QRC's) these are located on the WIC Website > Staff > Training > Health Assessment. Please refer to these documents throughout this guidebook for how to enter health assessment data into the WIC computer system. Access to the WIC computer system
- Access to WIC Learning Online (WLOL) If you haven't already created an account on WLOL, please create an account or sign in. https://wicworks.fns.usda.gov/resources/wic-learning-online-wlol

Recommended Time

- Approximate time it takes to complete the Health and Nutrition Assessment course: 3-4 hours
- Approximate time it takes to complete the face-to-face activities and discussion: 2-3 hours

Module 1: Nutrition Assessment Interview Overview

What is VENA?

Value Enhanced Nutrition Assessment (VENA) is part of a national WIC initiative to revitalize nutrition services in WIC. VENA provides a thoughtful process for completing a comprehensive WIC nutrition assessment.

Introduction:

During a certification appointment (determining WIC eligibility) a nutrition assessment interview is completed. The purpose of doing a nutrition assessment interview is to obtain and correlate relevant and accurate information in order to:

- Assess a participant's nutrition status, risk(s), strengths, interests, questions, needs and concerns.
- Design appropriate nutrition education and breastfeeding promotion and support that address a participant's interests, questions, needs and concerns.
- Tailor the food package to address nutrition needs.
- Make appropriate referrals.

WIC's overall goal is to help participants improve their nutrition and health. WIC's nutrition assessment interview and education focuses on "health outcomes" - working towards optimal health. Health outcome is dependent on identifying "health determinants" (health factors influenced by habits, medical conditions, and environment). During the assessment process, a participant's healthy habits are noted and encouraged. Habits that do not lead to an optimal health outcome are discussed to discover potential causes and barriers.

The WIC Program is most effective and efficient when it aids in preventing serious health problems in participants. Through WIC, participants improve their nutritional status, become healthier and stay healthy.

Complete Activity 1 in your Activities Workbook

Below are health outcomes and health determinants outlined for each WIC participant category.

Pregnant Woman – Health Outcome:

Deliver a healthy full-term infant while maintaining optimal health.

Health Determinants:

- Receives ongoing health care including prenatal care.
- Achieves a recommended pregnancy weight gain.
- Has no nutrition or food-related health problems.

- Avoids alcohol, tobacco, and other drugs (except physician recommended medications).
- Eats a variety of foods to meet nutrition needs.
- Assesses her knowledge and attitudes about breastfeeding.
- Makes an informed decision to breastfeed her infant.
- Identifies support for a positive breastfeeding experience.

Breastfeeding Woman – Health Outcome:

Achieves optimal health during childbearing years and reduces risk of diseases.

Health Determinants:

- Receives ongoing health care including early postpartum care.
- Avoids alcohol, tobacco, and other drugs (except physician recommended medications).
- Breastfeeds her infant(s) successfully.
- Eats a variety of foods to meet nutrition needs.
- Has no nutrition or food-related health problems.
- Achieves a desirable weight or Body Mass Index (BMI)
- Receives breastfeeding support (and help if needed).

Non-Breastfeeding Postpartum Woman – Health Outcome:

Achieves optimal health during childbearing years and reduces risk of diseases.

Health Determinants:

- Receives ongoing health care including early postpartum care.
- Achieves a desirable weight or BMI.
- Has no nutrition or food-related illness/health problems.
- Avoids tobacco, alcohol, and other drugs (except physician recommended medications).
- Eats a variety of foods to meet nutrition needs.

Infant (up to age 12 months) – Health Outcome:

Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating.

Health Determinants:

- Drinks/eats breast milk or iron-fortified infant formula and other foods as developmentally appropriate to meet nutrition needs.
- Receives ongoing health care, including screenings, and immunizations.
- Achieves a normal growth pattern.
- Has no nutrition or food related illness/health problems.
- Establishes a trusting relationship with parent(s) and has positive feeding experiences.
- Receives breastfeeding support (and help if needed).

Child (age 12 months through 24 months) – Health Outcome:

Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating.

Health Determinants:

- Receives ongoing health care, including screenings, and immunizations.

- Achieves a normal growth pattern.
- Has no nutrition or food related illness/health problems.
- Eats a variety of foods to meet nutrition needs.
- Achieves developmental milestones, including self-feeding.
- Receives breastfeeding support (and help if needed).

Child (age 2 through 5th birthday) – Health Outcome:

Achieves optimal growth and development in a nurturing environment and begins habits associated with a lifetime of good health.

Health Determinants:

- Receives ongoing healthcare, including screenings, and immunizations.
- Achieves a normal growth pattern
- Has no nutrition or food related illness/health problems.
- Achieves developmental milestones, including self-feeding.
- Eats a variety of foods to meet nutrition needs.

Overview of How to Do a Nutrition Assessment Interview

Category Prenatal

Information is entered into the WIC computer system when interviewing the pregnant applicant:

- Weight gained so far during the pregnancy
- Any present medical conditions such as diabetes or hypertension
- Any current medications the woman may be taking
- Past pregnancies
- The number of times the woman has been pregnant
- Any past medical conditions that might affect the current pregnancy
- Information about drug, alcohol, and tobacco use exposure
- Physical activity habits
- Foods the woman commonly eats and drinks
- Any dietary related concerns

Category Postpartum Breastfeeding/Non-Breastfeeding

Information is entered into the WIC computer system when interviewing the breastfeeding or non-breastfeeding applicant about herself and her baby:

- Weight gained during pregnancy
- Actual delivery date
- Any present medical conditions such as diabetes or hypertension
- Any current medications the woman may be taking
- Any medical conditions that existed during her most recent pregnancy
- Information about drug, alcohol, and tobacco use exposure
- Physical activity habits
- Foods the woman commonly eats and drinks

- Any dietary related concerns

Category Infant

Information is entered into the WIC computer system when interviewing the responsible adult:

- Birth weight/height
- Who is the baby's healthcare provider?
- Any current medical conditions
- Any prescribed medications
- Breastfeeding %/formula information
- Use of bottles and sippy cups
- Any foods the baby eats

Child

Information is entered into the WIC computer system when interviewing the responsible adult:

- Who is the child's healthcare provider?
- Any current medical conditions
- Any prescribed medications
- Use of bottles, sippy cups
- Dental care
- Foods the child commonly eats or drinks
- Any dietary concerns

What the Nutrition Assessment Interview Tells You

Information from the assessment is used to:

- determine nutrition risk criteria relevant to the participant
- include in reports about the health of participants in the WIC Program
- identify and discuss relevant nutrition education
- determine what programs/referrals a participant can benefit from
- determines what tailoring to food packages might be needed.

Nutrition Risk Criteria (NRC) Overview:

Nutrition risk criteria (NRC) are used in the WIC Program to identify risk of conditions that predispose a person to inadequate nutrition/health patterns and nutritionally related medical conditions. Each unique risk criterion is specifically defined per participant category and identified with a specific numeric code. NRC related to an applicant's past or current medical history and lifestyle are identified during the nutrition assessment interview. NRC are used for screening purposes for possible risks, WIC does not make diagnosis of any conditions.

Examples of the general types of NRC include:

For Women

- Having current medical problems such as diabetes, high blood pressure, hepatitis or an ulcer

- Smoking cigarettes, drinking alcohol, or using illegal drugs
- Having recently delivered a premature baby
- Having more than one pregnancy close together
- Age less than 19 years old
- Eating foods considered unsafe during pregnancy

For Infants

- Acute illness such as pneumonia or infections requiring prescription medication
- Chronic illnesses such as cystic fibrosis or heat disease
- Living with a parent or caretaker who smokes
- Congenital problem such as cleft palate or Down syndrome
- Feeding problems
- Receiving foods inappropriate for developmental stage

For Children

- Tooth decay and loss of teeth
- Acute illness, surgery, or severe burns
- Chronic diseases, such as diabetes or cancer
- Living with a parent or caretaker who smokes
- Living with a parent or caretaker who has a mental illness
- Being homeless

Complete Activity 2 in the Activities Workbook

Module 2: Understanding the Nutrition Assessment Interview

Each Nutrition Assessment Interview is laid out in a very similar way. A series of questions are filled by the staff person during the interview process. In this module, questions on the Assessment Interview are explained along with correlating NRC. Not every question has correlating NRC. Some questions are asked to help clarify understanding or to gather data about the population.

Relevant NRC code numbers are next to the correlating questions in the Assessment Interview and are also listed in the Certification Check screen for manual selection. Just because a NRC is listed by an interview question does not mean it automatically applies – the staff person must make sure the information the participant provides matches the NRC definition and required documentation (per Idaho WIC Policy Manual, Nutrition Risk Criteria). When selecting a specific NRC, it's important to make sure the reason the risk is being assigned is clearly documented in the assessment section of the computer system.

Some NRC are automatically assigned by the WIC computer system when data is entered into the Health Assessment section (i.e. NRC related to height, weight, hemoglobin). The computer system does not

assign NRC based on information entered in the Assessment Interview section, all NRC from that section need to be manually selected by the staff person. Before certifying a participant, be sure to review the assigned NRC using the computer system's Certification Check function. Make sure all relevant nutrition risks have been assigned. If any NRC were missed, assign the additional NRC at that time.

Assessment Interview– Prenatal

Look at the WIC computer system training environment and reference to the actual questions while you go through this, ask your trainer to assist you with finding an existing participant to view.

Use the Health Assessment QRC's to guide you through how to navigate entering a Health and Nutrition Assessment.

Health/Medical

1. How is your pregnancy going? Are you having any symptoms like nausea or vomiting? (NRC 301)

   Pregnant women with recurrent severe nausea and vomiting during pregnancy are at risk of weight loss, dehydration, and metabolic imbalances.

2. Tell me about any health or medical concerns you are currently having. (NRC 201, 302, 336, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 354, 356, 358, 359, 360, 361, 362, 381, 602).

   A pregnant woman who has a current medical problem may have an indicator of nutritional need. Chronic diseases and infections often require medical nutritional therapy to treat them. These medical problems and the drugs used to treat them may interfere with a person's ability to eat well and may also interfere with the body's ability to absorb and use the nutrients that are eaten. Some of the conditions listed may not have specific dietary recommendations but in all cases good food intake is important to overall health and well-being and a healthy pregnancy outcome.

3. Is this your first pregnancy? (If no) How many pregnancies have you had, including this one? (NRC 332)

   Pregnant women who have given birth four or more times are at risk for poor nutritional status because their bodies may have poor nutrient stores from having been pregnant many times. They often gain less weight and are more likely to become anemic than women who have had fewer pregnancies. As a result, they are also at higher risk of delivering low birth weight babies. There is a greater chance of death and sickness in infants whose mothers have been pregnant many times. Women who have been pregnant numerous times also have an increased risk of developing diabetes.

4. (If first pregnancy, mark no complications and continue to next question) Tell me about any complications or health problems you have had with any past pregnancies such as gestational diabetes or high blood pressure. (NRC 303, 304, 311, 312, 321, 339, 337)

   A woman who had a health or medical problem in any past pregnancy may have an indicator of nutritional need. These include:

Past Pregnancy Problem	NRC
Hx of Gestational Diabetes	303
Hx of Preeclampsia	304
Hx of Preterm Delivery (≤ 37 weeks)	311
Hx of Low Birth Weight Infant (≤ 2500 gm or 5 lbs 8 oz)	312
Hx of Spontaneous Abortion, Fetal, or Neonatal Loss	321
Hx of Birth with Congenital Defect (birth defects)	339
Hx of Birth of a Large Infant (≥ 4000 gm or 9 lbs)	337

   Pregnant women who have had problems in past pregnancies have a greater chance of having these problems happen again in their current pregnancy.

   A woman with a history of large babies has a greater risk of developing gestational diabetes, in addition to having a greater chance of a C-section.

5. Have you seen a medical provider for this pregnancy? Date of the first appointment? Number of prenatal visits? (NRC 334)

   The earlier a woman starts prenatal care the better for her and her unborn baby. This information is provided to Centers for Disease Control (CDC) to be used in determining the health of the nation. If a pregnant woman has not started her prenatal care, let her know the importance of prenatal care and refer her immediately. Referrals to health care are covered in more detail in the section on Referrals. Note: This date is the first time a woman saw a health care professional regarding her pregnancy. It is not the date of a pregnancy test unless it was during a medical appointment.

6. What medications are you currently taking? (NRC 357)

   Due to safety concerns for the unborn baby, a woman should always consult with her health care provider before taking medication during pregnancy.

   Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization, and cause nutritional status to be compromised. Drug induced nutritional deficiencies develop slowly over time and occur most often in long-term drug treatment or disease. Possible nutrition-related side effects of drugs include, but are not limited to, stomach irritation and altered:
   - taste
   - appetite
   - stomach and intestinal motility
   - nutrient digestion, absorption and function

- urinary loss

7. Do you have any dental problems that prevent you from eating some foods? (NRC 381)

   If a dental problem causes an applicant to change what or how they eat, this can impact their nutrition. Maternal periodontal disease and cavities may impact pregnancy outcome, and the offspring's risk of developing future cavities. Dental disease is a risk factor for pre-term low birth weight. It may also increase a women's risk of atherosclerosis, rheumatoid arthritis and diabetes.

Lifestyle

1. Do you currently smoke? (If yes) How many cigarettes do you smoke each day? (NRC 371)

   Smoking during pregnancy increases the chance of health problems and pregnancy complications. Some of the possible risks are:
   - premature birth
   - low-birth-weight
   - stillbirth
   - infant death
   - Sudden Infant Death Syndrome (SIDS).

   Women who smoke are at risk for diseases such as cancer, cardiovascular disease and chronic obstructive pulmonary disease.

2. Did you smoke in the 3 months before you were pregnant? (If yes) How many cigarettes did you smoke each day?

   See above explanation. There is no specific NRC associated with this question. This information is used to help determine the health of the population WIC serves.

3. Does anyone else living in your household smoke inside the home? (NRC 904)

   People who live with others who smoke and are exposed to second-hand smoke are more likely to have upper respiratory infections and are at greater risk of developing lung diseases and cancer. Prenatal or postnatal second-hand smoke exposure is related to numerous health problems among infants and children including:
   - sudden infant death syndrome (SIDS),
   - upper respiratory infections
   - periodontal disease
   - increased severity of asthma/wheezing
   - metabolic syndrome
   - decreased cognitive function
   - lower birth weight
   - smaller head size

4. Did you drink alcohol 3 months before you were pregnant? (If yes) How many drinks per week?

There is no specific NRC associated with this question. Alcohol can affect a baby's development even before a woman knows she is pregnant. For preconception health it's generally recommended that a woman stop drinking alcohol three months prior to becoming pregnant.

5. Have you had alcohol since becoming pregnant? How much do you drink? How often? (NRC 372)

   When a pregnant woman drinks, alcohol passes quickly to her unborn baby. This can result in:
   - low birth weight
   - slower growth rate
   - birth defects
   - intellectual disability

   The exact amount of alcoholic beverages a pregnant woman may drink without risk to the unborn baby is not known although it's probably none. It's recommended that pregnant women not drink at all during pregnancy. All WIC participants are given information related to the dangers of smoking, alcohol, and drugs. Locate where the handout is kept in your clinic. Also refer to the substance abuse portion of the handout and referral list in your area.

6. Have you used street drugs since your pregnancy began? (NRC 372)

   Women who smoke marijuana or use cocaine or other illegal drugs (heroin, methadone, etc.) are at risk for:
   - stillbirth
   - miscarriage
   - low birth weight baby
   - birth defects
   - premature labor
   - baby born addicted to a drug

7. What kind of activity or exercise do you like to do on most days? How many times per week? For what length of time?

   There is no specific NRC associated with this question. Exercise can be very beneficial during pregnancy. It helps lower risk of many pregnancy complications and may make labor and delivery easier. Some pregnant women may need to restrict certain types of physical activity. Refer a pregnant woman to her health care provider for recommendations about physical activity (if she's making changes to her usual activity level such as increasing exercise or adding a new type of exercise).

Nutrition/Health

1. Tell me about any changes you have made to your diet since becoming pregnant? Experiencing any cravings? (NRC 427.02, 427.05; see table below)

There are many possible reasons why a woman might change her diet during pregnancy. She may be trying to:

- eat healthier
- avoid certain foods due to being nauseated or having heartburn
- eat more fiber to manage constipation
- manage medical conditions
- increase or slow rate of weight gain
- satisfy cravings

Eliminating too many foods from a single food group or significantly reducing food intake overall may result in too few essential nutrients and/or calories. Some dietary changes or related medical conditions may impact food intake or nutrition status and put a woman or her unborn baby at nutritional risk:

Reasons for a Special Diet	NRC
Gestational Diabetes	302
Diabetes Mellitus	343
Inborn Errors of Metabolism	351
Food Allergy	353
Lactose Intolerance	355
Inappropriate Nutrition Practices for Women	427
Nutrition Related Medical Conditions	See ID WIC Policy Manual NRC

2. How has your appetite been? (NRC 427.02)

   Many things can impact appetite such as:

   - pregnancy hormones
   - nausea
   - medical conditions
   - medications
   - stress

   A poor appetite may result in a woman eating too few calories and/or essential nutrients.

3. Are you avoiding food for any reason such as food allergies? (If yes) Tell me more. (NRC 353, 355, 358, 362, 427.02, 902; see table question 1.)

   If a woman is following a medical diet or some other special diet that's not recommended by a health care provider, she may be at nutritional risk. Avoiding foods from a single food group or significantly reducing food intake overall may result in too few essential nutrients and/or calories.

4. What foods do you typically eat? (NRC 437.02, 427.05, 902)

   This is to determine if the woman is eating a healthy variety of foods or limiting one or more entire food groups. Women with special circumstances (mentally disabled, mentally ill, or

abusing alcohol/drugs) may have limited ability to make appropriate decisions regarding food selection, preparation and eating.

5. What do you drink most days? (NRC 353, 355, 427.02, 427.05)

   This helps to determine if the participant is lactose intolerant, allergic to milk, or drinking inappropriate beverages (sweetened beverages, excessive juice, raw milk, etc.).

6. Sometimes women experience unusual cravings during pregnancy that may include non-food items like eating paper. Do you regularly eat things other than food? (NRC 427.03)

   Some women crave non-food items (such as dirt, chalk, etc.). This is called Pica. Pica is possibly caused by lead poisoning, anemia, excess or inadequate calorie intake, stomach problems, or parasitic infection. Any woman who reports Pica should be referred to her doctor for follow-up.

7. Tell me about any vitamins, minerals, herbs or dietary supplements that you are taking. (If taking a prenatal vitamin) What type of prenatal vitamin are you taking? (NRC 427.01, 427.04)

   Pregnant women should be taking prenatal vitamins. Prenatal vitamins sometimes can cause nausea – refer to the Registered Dietitian (RD, also known as Registered Dietitian Nutritionist RDN) if needed. Her health care provider may prescribe additional supplements such as iron, iodine or folic acid. A woman who regularly takes inappropriate or excessive amounts of vitamins, and/or herbal supplements can hurt herself or her unborn baby. If you have any questions about what is considered inappropriate, check with a RD before assigning this NRC.

8. How do you plan to feed your baby?

   There is no specific NRC associated with this question. Understanding how a woman plans to feed her baby can help you tailor the discussion and nutrition education towards being supportive and informative based on her receptiveness (or non-receptiveness) towards breastfeeding.

9. Would you like to learn more about breastfeeding? (If yes) Tell me more.

   All pregnant women, even those who have decided to use formula are offered education on the benefits of breastfeeding so that they can make an informed choice. These questions will help target your education on topic(s) they feel are important. It also helps identify if a woman is at risk for breastfeeding complications (such as she “wants to learn more” because she had a breastfeeding problem in the past). (602)

10. (If you already asked this question due to certifying another family member at the same appointment, then you don’t need to ask it again.) During the last 6 months, have you run out of money to buy food? (NRC 427.02)

    If a participant ran out of food or money to buy food they should be referred to the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) and other food assistance resources in your area (i.e. local food bank/pantry). Frequently being without food or having very little food could result in too few essential nutrients and/or calories.

11. Given all we have talked about, what nutrition or health questions do you have today?

    There is no specific NRC associated with this question. This question helps identify any nutrition/health education that an applicant wants to discuss or thinks is important. Other possible education topics include topics related to assigned nutrition risk criteria or comments made by the participant during the assessment interview.

Assessment Interview – Breastfeeding/Non-breastfeeding

Look at the WIC computer system training environment and reference to the actual questions while you go through this, ask your trainer to assist you with finding an existing participant to view.

Health/Medical

1. How are you feeling now?

   There is no specific NRC associated with this question. This question will give you some insight towards how the woman is coping as a new mom. The information is helpful towards tailoring the conversation by taking into account her feelings.

2. Are you having any medical problems that make it difficult to care for yourself or your baby? (Examples would be anemia or depression) (NRC 201, 336, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 354, 356, 358, 359, 360, 361, 362, 363, 381)

   A woman who has a current medical problem may have an indicator of nutritional need. Chronic diseases and infections often require medical nutritional therapy to treat them. These medical problems and the drugs used to treat them may interfere with a person's ability to eat well and may also interfere with the body's ability to absorb and use the nutrients that are eaten. Some of the conditions listed may not have specific dietary recommendations but in all cases good food intake is important to overall health and well-being.

   If a woman is having difficulty caring for herself or her baby, WIC can assess needs and provide support through WIC foods, nutrition education/support, breastfeeding support/resources, and relevant referrals.

3. What medications are you currently taking? (NRC 357)

   Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization, and cause nutritional status to be compromised. Drug induced nutritional deficiencies develop slowly over time and occur most often in long-term drug treatment or disease. Possible nutrition-related side effects of drugs include, but are not limited to, stomach irritation and altered:
   - taste
   - appetite
   - stomach and intestinal motility
   - nutrient digestion, absorption and function

- urinary loss

4. Was this your first pregnancy? (If no) Number of pregnancies. (NRC 332)

   Women who have given birth four or more times are at risk for poor nutritional status because their bodies may have poor nutrient stores from having been pregnant many times. They are more likely to be or become anemic than women who have had fewer pregnancies.

5. Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes? (NRC 303, 304, 311, 312, 321, 337, 339, 359)

   A woman who had a health or medical problem with her most recent pregnancy may have an indicator of nutritional need. These include:

Past Pregnancy Problem	NRC
Hx of Gestational Diabetes	303
Hx of Preeclampsia	304
Hx of Preterm Delivery (≤ 37 weeks)	311
Hx of Low Birth Weight Infant (≤ 2500 gm or 5 lbs 8 oz)	312
Hx of Spontaneous Abortion, Fetal, or Neonatal Loss	321
Hx of Birth with Congenital Defect (birth defects)	339
Hx of Birth of a Large Infant (≥ 4000 gm or 9 lbs)	337

   A woman who had gestational diabetes during pregnancy or delivered an infant weighing 9 pounds (or more) have risk of developing Type II diabetes in the future.

6. Do you have any dental problems that prevent you from eating some foods? (NRC 381)

   If a dental problem causes an applicant to change what or how they eat, this can impact their nutrition. Dental disease may increase a women's risk of health issues such as atherosclerosis, rheumatoid arthritis and diabetes.

7. (Only ask this question if mom is being certified before the infant.) How is your baby doing?

   There is no specific NRC associated with this question. This question will give you some insight towards how things are going at home and if the mom has concerns about her baby. The information is helpful towards tailoring the conversation acknowledging her successes/concerns.

8. How much did your baby weight at birth? (NRC 312, 337)

   A baby who weighed less than 5 pounds 8 ounces at birth is considered low birth weight (NRC 312). A baby who weighed more than or equal to 4000 grams (9 pounds) at birth is considered high birth weight (NRC 337). For breastfeeding/non-breastfeeding women, these codes apply to the most recent pregnancy.

   Delivering a low birth weight baby is the result of many factors, one of which can be poor nutrition. Delivering a high birth weight baby can be a predictor for future diabetes for the

mother. For all breastfeeding/non-breastfeeding women, a good diet after pregnancy can help improve their nutrient stores and their health.

9. When was your first visit for prenatal care?

   There is no specific NRC associated with this question. The earlier a woman started her prenatal care, the better for her and her baby. This information is provided to Centers for Disease Control (CDC) to be used in determining the health of the nation. The date entered into the computer system is the first time a woman saw a health care professional regarding her pregnancy. It is not the date of a pregnancy test unless it was done during a medical appointment.

10. It helps if we know where you go for medical care. Which medical clinic or provider do you go to?

    There is no specific NRC associated with this question. At times, an RD needs to contact the healthcare provider to confirm medical conditions and/or prescriptions for special WIC formulas/foods.

11. How often do you go for medical care?

    There is no specific NRC associated with this question. It is important to see if a woman who has just had a baby goes to the doctor for a follow-up appointment.

Lifestyle

1. Do you smoke? (If yes) Number of cigarettes per day? (NRC 371)

   Women who smoke are at risk for diseases such as cancer, cardiovascular disease and chronic obstructive pulmonary disease. They're also at risk for loss of bone density which could contribute to developing osteoporosis. Smokers have an increased need for vitamin C.

2. Did you smoke during the last 3 months of your pregnancy? (If yes) Number of cigarettes per day?

   There is no specific NRC associated with this question. See explanation above in question 1. This information is used to help determine the health of the population WIC serves.

3. Does anyone else living in your house smoke inside the home? (NRC 904)

   Same as previous explanation in Prenatal Assessment Interview, Lifestyle question 3.

4. Do you drink alcohol? (If yes) How many drinks at a time? How often? (NRC 372)

   Binge or heavy drinkers may develop nutritional deficiencies and diseases such as cirrhosis of the liver and cancer. If a woman is under the influence of alcohol she may not be able to safely care for her baby (consult with your supervisor regarding possible referral to child protective services). Alcohol may pass into breast milk.

All WIC participants are given information related to the dangers of smoking, alcohol, and drugs. Locate where the handout is kept in your clinic. Also refer to the substance abuse portion of the handout and referral list in your area.

5. Did you drink any alcoholic beverages in the last 3 months of your pregnancy? (If yes) Number of drink per week? (NRC 372 if there was binge drinking or heavy drinking during the past 30 days – see NRC definition)

   Same as previous explanation in Prenatal Assessment Interview, Lifestyle question 5.

6. Have you used street drugs since the baby was born? (If yes) Describe (NRC 372)

   Any woman who is using drugs should be referred to appropriate substance abuse program(s). A woman under the influence of drug(s) may not be able to safely care for her baby (consult with your supervisor regarding possible referral to child protective services). Drugs may pass into breast milk. Drug use may impact a woman's appetite or nutrition needs which put the woman at nutritional risk.

7. What kind of activity or exercise do you like to do on most days? Frequency times per week. Length of time in minutes.

   There is no specific NRC associated with this question. The WIC Program encourages physical activity to be done on a regular basis unless the participant's health care provider has given other guidance. If a woman has any health concerns, she should consult her health care provider before starting a new type of exercise. Physical activity (including low impact exercise such as walking), has health benefits and helps a woman get back in shape after having a baby.

Nutrition/Health

1. Tell me about feeding your new baby. How is it going? (NRC 601, 602)

   This information is collected to determine if a woman is breastfeeding, formula feeding, or combination feeding. Her response can help to identify any education an applicant would like regarding feeding her baby. If a woman has feeding concerns, it can be explored further using the following assessment questions and appropriate nutrition risks can be assigned.

2. (If any breastfeeding) Would you like to learn more or have help with breastfeeding? (NRC 601, 602)

   This information is collected to assess any concerns or questions a mom may have about breastfeeding her baby and possible referral to the RD, peer counselor or breastfeeding services offered in your area or clinic.

3. How has your appetite been? (NRC 427.02)

   Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 2.

4. Are there foods that you avoid for any reason, such as food allergies? (If yes) Describe

(NRC 353, 355, 358, 362, 427.02, 902)

Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 3.

5. What foods do you typically eat? (NRC 427.02, 427.05, 902)

   Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 4.

6. What do you drink on most days? (NRC 427.02, 427.05, 353, 355)

   Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 5.

7. Sometimes women experience unusual cravings after having a baby that may include non-food items like eating paper. Do you regularly eat things other than food? (NRC 427.03)

   Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 6.

8. Tell me about any vitamins, minerals or dietary supplements you are taking? (If taking a prenatal vitamin) What type of prenatal vitamin are you taking? (NRC 427.01, 427.04)

   It's recommended for breastfeeding women to continue taking a prenatal vitamin while breastfeeding. Some women need an iron supplement to help replete iron stores. A woman who regularly takes inappropriate or excessive amounts of medications, vitamins, and/or herbal supplements can harm her health. If you have questions about what is considered inappropriate, check with an RD before assigning this nutrition risk code.

9. Did you take a multivitamin during pregnancy? (Includes prenatals)

   There is no specific NRC associated with this question. This information is used to help determine the preventive health factors of the population WIC serves.

10. Did you take a multivitamin before your pregnancy? (If yes) In the month before you became pregnant with this baby, how many times a week did you take a multivitamin?

    There is no specific NRC associated with this question. This information is used to help determine the preventive health factors of the population WIC serves.

11. (If you already asked this question due to certifying another family member at the same appointment, then you don't need to ask it again.) During the last 6 months, have you run out of money to buy food? (NRC 427.02)

    Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 10.

12. Given all we have talked about, what nutrition and health questions do you have today?

    Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 11.

Assessment Interview – Infant

Look at the WIC computer system training environment and reference to the actual questions while you go through this, ask your trainer to assist you with finding an existing participant to view.

Health/Medical

1. (Only ask this question if the infant is being certified before the mom) How is (baby's name) doing?

   Same as previous explanation in Breastfeeding/Non-breastfeeding Assessment Interview, Health Medical question 7.

2. Has your doctor identified any health problems or medical conditions for (baby's name)? (NRC 134, 201, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 353, 354, 355, 356, 359, 360, 362, 381, 382)

   An infant who has a current medical problem may have an indicator of nutritional need. Health conditions such as illness, disease and infections often require medical nutritional therapy to treat them. These medical problems and the drugs used to treat them may interfere with a baby's ability to suck/drink/eat well and may also interfere with the body's ability to absorb and utilize the nutrients. In all cases, good nutrition is important to the baby's overall health, growth and well-being.

3. Is (baby's name) taking any medications? (NRC 357)

   Same as previous explanation in Breastfeeding/Non-breastfeeding Assessment Interview, Health Medical question 3.

4. How do you take care of (baby's name) gums and/or teeth? (NRC 381)

   Tooth decay can mean poor bottle, liquid (especially sweet liquids) or eating habits. By providing nutrition counseling, loss of teeth, permanent damage to teeth, and possible speech problems can be prevented. Its recommended caregivers wipe a baby's gums with a soft washcloth or soft toothbrush, brush teeth, and minimize situations that involve saliva sharing (i.e. sharing a cup or utensils).

5. It helps if we know where you go for medical care. Where do you take (baby's name) for medical care?

   Same as previous explanation in Breastfeeding/Non-breastfeeding Assessment Interview, Health Medical question 10.

6. How often do you take (baby's name) for medical care?

   There is no specific NRC associated with this question. It is important that a baby has follow-up appointment(s) with a health care provider to assure that the baby is healthy, adequately nourished, growing well, and isn't developing any medical problems. WIC can provide a referral if a baby doesn't have a health care provider.

Lifestyle

1. Does anyone living in your household smoke inside the home? (NRC 904)

   Same as previous explanation in Prenatal Assessment Interview, Lifestyle question 1.

Nutrition/Health

1. How do you feed (baby's name)? (NRC 411.01)

   This information is collected to determine if a baby is breastfeeding, formula feeding, or combination feeding. Breastfeeding is recommended if possible. For babies fed formula, iron-fortified formula is generally recommended. If other liquids (including milk) are substituted for breast milk or infant formula, it can lead to potentially serious or life-threatening growth and health problems.

2. How do you know when (baby's name) is hungry or full? (NRC 411.04)

   This question is to determine if the caretaker recognizes the feeding cues of their baby. Caregivers insensitive to signs of hunger and satiety, or who over-manage feeding may inappropriately restrict or encourage excessive intake. This can impact the baby's nutrition, growth and health.

3. (If any breastfeeding) How is breastfeeding going? (NRC 603, 702)

   Same as previous explanation in Breastfeeding/Non-breastfeeding Assessment Interview, Nutrition Health question 1.

4. (If any breastfeeding) Describe for me how often (baby's name) nurses and for how long? (NRC 411.07)

   This question is to determine if the baby is nursing frequently enough for the baby's age and with duration. This will help you provide appropriate education to the participant about breastfeeding. It will also help to determine if the infant is getting enough food.

5. Do you use bottles to feed (baby's name)? (NRC 411.01, 411.02, 411.03, 411.05)

   This lets you know if bottles are being used. If bottles are used, the appropriate use is with pumped/expressed breast milk or infant formula. Excessive bottle use (propping bottles, letting baby carry a bottle, sleeping with a bottle) or using liquids with fermentable sugars (i.e. fruit juice, soda pop, and other sweetened drinks) can lead to inappropriate feeding and baby bottle tooth decay (BBTD).

6. (If putting breast milk in a bottle) Tell me more about how you prepare, store and give bottles with breast milk. (NRC 411.02, 41.03, 411.04, 411.09)

Proper handling (cleanliness, temperature, length of time stored, etc.) is important to assure that breast milk is safe for consumption. Knowing how the caregiver handles breast milk and bottles will help you provide appropriate education regarding safe practices.

7. (If using any formula) Tell me more about how you prepare, store and give (baby's name) bottles. (NRC 411.02, 411.03, 411.04, 411.06, 411.08, 411.09)

   Proper mixing and handling (cleanliness, temperature, length of time stored, etc.) is important to assure that infant formula is safe for consumption. Correct dilution of powder and concentrate formulas is important for body needs related to fluid and nutrient balance. Knowing how the caregiver handles bottles will help you provide appropriate education regarding safe practices. This question will also help you determine which infant formula is being used. The WIC Program, by federal mandate, must contract with formula companies to get a discounted price on formula. This information lets you know if you need to discuss WIC's formula policy and how to switch a baby to the WIC contract formula. Which type of formula is used lets you know which type of food package to offer. Ready-to-feed formula is not usually provided because of cost but can be used short term such as emergencies where there is an unreliable water source. If a situation comes up where ready-to-feed formula is requested and you are not sure whether it can be issued, check with your WIC Coordinator.

8. (If any bottle feeding) Does (baby's name) take a bottle to bed? (NRC 411.02)

   Propping a bottle can cause a baby to choke. Taking a bottle to bed can allow formula, breast milk (or any other liquid in the bottle other than water) to pool around gums or teeth which can lead to BBTD.

9. Does (baby's name) drink from anything else other than breast or bottle? (NRC 411.02)

   Babies should start using a cup around six months and be weaned from the bottle at about 12-14 months of age. Use of a bottle after age 14 months can lead to BBTD.

10. What else if anything do you feed (baby's name)? (NRC 411.03, 411.04, 411.05, 411.08, 902)

    This assessment question will help you determine whether to educate about how to introduce new foods and progress with feeding related to development. Around 6 months of age (or possibly sooner), the baby is developmentally ready for solid foods when: the baby is better able to express certain feeding cues such as turning head to indicate fullness; oral and gross motor skills begin to develop that help the baby to take solid foods; the extrusion reflex disappears; and the baby begins to sit upright and maintain balance.

    Feeding foods too soon or too late for age/development can interfere with normal feeding development, nutrition and growth. It can lead to under or over feeding. So can inappropriate feeding schedules (not feeding often enough or feeding too frequently). Feeding foods that are inappropriate texture for age (pureed or too chunky/hard) can possibly lead to developmental delay or choking. Feeding foods that are unsafe (improperly handled, refrigerated or heated, etc.) puts the baby at risk for food borne illness or other health concerns. It's important that all

food groups are introduced during the first year of life (unless contraindicated due to a medical condition).

11. Tell me about how (baby's name) eats, like picking up pieces of food or holding a cup. (NRC 411.04)

    This correlates to question 9 above. A cup can be introduced around 6 months of age. If allowed, the baby will gradually learn to help hold the cup and guide it to his mouth. Soft small pieces of finger foods can be introduced around 8 to 10 months which baby can begin to pick up with his fingers. Baby can also start holding a baby-size spoon with help. Introducing age appropriate foods/utensils and gradually helping baby progress with feeding skills leads to healthy development.

12. If you ever add anything to (baby's name) food or liquids, what do you add? (NRC 411.02, 411.03, 411.05)

    This question is to further determine if the infant is being fed appropriately for their age. Offering cereal in a bottle doesn't let a baby develop eating skills like swallowing, chewing, or feeding themselves. Honey contains clostridium botulinum which causes foodborne illness and shouldn't be given to infants. Adults and older children can eat small amounts and not become sick. Salt, sugar, and corn syrup do not provide any needed nutrients to a baby's diet.

13. Does (baby's name) take any vitamins, minerals, herbs or dietary supplements? (NRC 411.10, 411.11)

    This question determines if a baby/child is taking supplements that may not be safe or recommended. Some supplements are recommended and appropriate if prescribed by a health care provider (i.e. a multi-vitamin, Vitamin D and/or fluoride). Supplemental iron is appropriate if there has been a diagnosis of anemia or low blood iron.

14. (If you already asked this question due to certifying another family member at the same appointment, then you don't need to ask it again.) During the last 6 months, have you run out of money to buy food? (411.08)

    Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 10.

15. Given all we have talked about, what nutrition, health or feeding questions do you have today?

    Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 11.

Assessment Interview – Child

Look at the WIC computer system training environment and reference to the actual questions while you go through this, ask your trainer to assist you with finding an existing participant to view.

Health/Medical

1. How is (child's name) doing?

   There is no specific NRC associated with this question. This question will give you some insight towards how things are going at home and if the caregiver has concerns about her child. The information is helpful towards tailoring the conversation acknowledging successes/concerns.

2. Has your doctor identified any health problems or medical conditions for (child's name)? (NRC 134, 201, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 354, 355, 356, 359, 360, 362, 381, 382)

   Any child who has a current medical problem may have an indicator of nutritional need. Health conditions such as illness, disease and infections often require medical nutritional therapy to treat them. These medical problems and the drugs used to treat them may interfere with a child's ability to eat well and may also interfere with the body's ability to absorb and utilize the nutrients. In all cases, good nutrition is important to the child's overall health, growth and well-being.

3. Is (child's name) currently taking any medications? (NRC 357)

   Same as previous explanation in Breastfeeding/Non-breastfeeding Assessment Interview, Health Medical question 3.

4. How do you feel about (child's name) growth?

   There is no specific NRC associated with this question (relevant growth-related NRC's are automatically assigned when a child's height and weight are entered in the Health Assessment Anthropometric section). This question is to determine if the caretaker has any concerns regarding growth that you would need to address.

5. Has (child's name) had a blood lead test?

   There is no specific NRC associated with this question. WIC is required to ask if all children have had a blood lead screening test and refer them to their physician if they have not.

6. How do you take care of (child's name) teeth? (NRC 381)

   Tooth decay can mean poor eating and/or liquid habits (especially sweet beverages). By providing nutrition counseling, loss of teeth, permanent damage to teeth, and possible speech problems can be prevented. It's recommended the caregiver offer healthy foods/liquids, avoid excessive snacking, and help her child brush twice a day and floss. WIC can provide a referral if the child doesn't have a dental care provider.

7. It helps if we know where you go for medical care. Where do you take (child's name) for medical care?

   Same as previous explanation in Breastfeeding/Non-breastfeeding Assessment Interview, Health Medical question 10.

8. How often do you take (child's name) for medical care?

   There is no specific NRC associated with this question. It is important a child has a follow-up appointment with a health care provider at least annually to assure that the child is healthy, growing well, and isn't developing any medical problems. WIC can provide a referral if a child doesn't have a health care provider.

Lifestyle

1. What kinds of play does (child's name) do on most days?

   There is no specific NRC associated with this question. WIC should encourage daily activity for children.

2. How many hours of screen time (TV, computer, video games, movies, videos, DVDs, Game Boy etc.) does (child's name) get in a typical day?

   There is no specific NRC associated with this question. Screen time is sedentary time (unless it's a game system that involves body movement). For good health, children should get less than two hours of screen time per day.

3. Does anyone living in your household smoke inside the home? (NRC 904)

   Same as previous explanation in Prenatal Assessment Interview, Lifestyle question 1.

Nutrition/Health

1. How is (child's name) appetite? (NRC 425.06)

   This question will give you some insight about if the caregiver has concerns about her child's appetite and eating. The information is helpful towards tailoring the conversation and providing relevant education after the assessment is complete.

2. What foods does (child's name) typically eat? (NRC 425.04, 425.05, 425.06, 902)

   This question helps determine if the child is eating a healthy variety of foods or limiting entire food group(s). If the child is on a special or restrictive diet, it may be due to picky eating, family preference, limited ability of the caregiver, or medical need.

3. How often does (child's name) usually eat? Number of meals? Number of snacks? (NRC 425.06, 902)

   This is to determine how frequently the child eats. Skipping meals/snacks or having excessive snacks can lead to poor nutrition.

4. How do you help (child's name) with eating? What does (child's name) do to feed herself/himself? (NRC 425.04)

Using child sized utensils, finger feeding, and self-feeding are all ways a child learns independence and progresses with normal development. Children should be allowed to experiment and not be restricted at meal times.

5. Does (child's name) ever seem to choke or gag when eating? (NRC 425.04)

   Choking or gaging may be an indication of a medical concern or foods of inappropriate type, texture or size for the child's developmental stage.

6. How do you know when (child's name) is hungry? Or full? (NRC 425.04)

   This question is to determine if the caregiver recognizes and responds to the child's ability to communicate feelings of hunger and satiety.

7. Are there foods you limit or avoid feeding (child's name) for any reason, including food allergies? (NRC 425.06, 353, 355, 362, 902)

   A child may be at nutritional risk if following a medical diet or some other special diet that's not recommended by a health care provider. Avoiding foods from a single food group or significantly reducing food intake overall may result in too few essential nutrients and/or calories.

8. Tell me what (child's name) drinks from, such as a cup or bottle. (If uses bottles) When and what is in the bottles? (NRC 425.03, 425.04)

   Using a bottle at night or past 12 to 14 months of age can lead to BBTD. It can also result in excessive liquid intake and inadequate food intake - potentially impacting growth and causing anemia. Ongoing sippy cup use also has the potential to cause these problems.

9. Tell me what (child's name) routinely drinks most days? (NRC 425.01, 425.02, 355, 353)

   Drinking sweetened beverages (especially if on a regular basis) can be harmful to the teeth and gums. Some milks, such as unfortified goat's or unfortified sheep's milk, are considered inappropriate to use as a primary milk source for children.

   A child may be drinking a special type of milk (i.e. Acidophilus, goats, lactose reduced/free, soy) for medical reasons or caregiver/child preference. Issuing a special type of milk as part of WIC benefits requires approval from an RD and is limited to WIC authorized products.

10. Does (child's name) regularly eat things other than food? (NRC 425.09)

    Eating non-food substances is called Pica. Pica can be caused by lead poisoning or anemia and can lead to excess calorie intake or constipation. Pica is not "normal" tasting done by small children but a craving for non-food substances or inability to stop eating non-food substances. Pica should be referred to the health care provider for follow-up.

11. Does (child's name) take any vitamins, minerals, herbs or dietary supplements? (If yes) What and how much? (If no) Is water fluoridated? (NRC 425.07, 425.08)

    Same as previous explanation in Infant Assessment Interview, Nutrition Health question 13.

12. 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. (NRC 425.3)

    Frequent tooth exposure to liquids/foods that are sweetened (i.e. soda pop, Kool-Aid) or contain naturally occurring carbohydrate (i.e. juice, applesauce) can lead to tooth and gum problems including cavities and gum disease.

13. (If you already asked this question due to certifying another family member at the same appointment, then you don't need to ask it again.) During the last 6 months, have you run out of money to buy food? (425.06)

    Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 10.

14. Given all we have talked about, what nutrition, health or feeding questions do you have today?

    Same as previous explanation in Prenatal Assessment Interview, Nutrition Health question 11.

Complete Activities 3 and 4 in your Activities Workbook

Module 3: Understanding the Nutrition Health Assessment

Introduction:

During a certification appointment a Health Assessment is also completed. Procedures for doing height, weight and blood work are explained in the Anthropometric online course/guidebook and the Hematology guidebook. There are a few additional assessment questions to complete when entering the other information.

Health Assessment – Prenatal

Look at the WIC computer system to reference the questions while you go through this

Pregnancy

Estimated Delivery Date

The EDD date will automatically appear (from the information entered when creating a New Family in the WIC computer system).

Are you currently breastfeeding a baby? (NRC 338)

If a woman is both pregnant and breastfeeding, select the appropriate box if she is:

- ❒ Pregnant & breastfeeding an infant less than 12 months old
- ❒ Pregnant & breastfeeding multiple infants less than 12 months old

Enter the date of birth of the breastfed infant(s). (If you had previously entered the information when creating a New Family, it will automatically appear.) This information is used later to help select the correct food package for the woman's increased nutrition needs due to being both pregnant and breastfeeding at the same time.

Multi-Fetal Gestation

Are you pregnant with twins or multiples? (NRC 335)

If a woman is pregnant with more than one fetus (baby), select multi-fetal gestation. This information is used later to help select the correct food package for the woman's increased nutrition needs due to being pregnant with more than one fetus at the same time.

Previous Pregnancy End
Have you ever been pregnant before this current pregnancy? (If pregnant before) When did your last pregnancy end? (NRC 332)

Select no if there was no previous pregnancy with a live birth outcome before the current pregnancy, or enter the date that the previous pregnancy ended in a live birth.

This information is used to determine if the pregnancies were closely spaced (applies to a live birth only). A woman who has been pregnant more than once in a short period (less than 18 months between pregnancies) is more likely to be in poor physical and nutritional status. There is a greater chance of having health problems for the mother and a low birth weight infant. Pregnancy stresses a woman's nutritional stores. She needs enough time between pregnancies to "rebuild" these stores.

Health Assessment – Breastfeeding/Non-breastfeeding

Look at the WIC computer system (WISPr) to reference the questions while you go through this

Pregnancy

Estimated Delivery Date

The EDD date will automatically appear from the certification intake information.

Actual Delivery Date
When was your baby born? (NRC 311)

Enter the date the baby was delivered. This plus the estimated delivery date is used to determine if the baby was born prematurely (37 weeks gestation or less; 21 or more days before the due date).

Multi-Fetal Gestation
Were you pregnant with twins or multiples during your most recent pregnancy? (NRC 335)

Select multi-fetal gestation if a woman was pregnant with more than one fetus (baby) during her current delivery. This information is used to determine if she was pregnant with multiple babies during her most recent pregnancy.

Previous Pregnancy End
Were you pregnant prior to your most recent pregnancy? (If yes) What date did that pregnancy end? (NRC 332)

Select no if there was no previous pregnancy with a live birth outcome prior to the current delivery or enter the date that the previous pregnancy ended in a live birth. This information is used to determine if the pregnancies were closely spaced (applies to a live birth only).

Infants Delivered
(NRC 335)

Enter the number of babies delivered (for the current delivery only).

Delivery Outcomes
(NRC 321)

Enter the delivery outcome for the current pregnancy/delivery - infant(s) alive, dead, miscarriage, or stillbirth. This information is used to determine a history of fetal or neonatal loss.

Health Assessment – Infant

Look at the WIC computer system (WISPr) to reference the questions while you go through this

Immunizations

Are (child's name) immunizations up-to-date?

There is no specific NRC associated with this. For babies/children under the age of two, screen the baby/child's immunization status using a document record. A documented record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's handheld immunization record (from the provider), an immunization registry, an automated data system, or a participant's paper chart (paper copy).

At minimum, screen the baby/child's immunization status by counting the number of doses or DTaP (diphtheria, and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age, according to the following table:

By 3 months of age	1 dose of DTaP
By 5 months of age	2 doses of DTaP
By 7 months of age	3 doses of DTaP
By 19 months of age	4 doses of DTaP

If the baby/child is up-to-date with immunizations, then indicate yes. If the baby/child is not current on the above listed minimum screening protocols, then indicate no and:

- Provide the caregiver with information on the recommended immunization schedule appropriate to the current age of the baby/child
- Provide referral for immunization services (ideally to the baby/child's usual source of medical care or local agency immunization services)
- Encourage the caregiver to bring the immunization record to the next certification

This is the minimum required by WIC Federal regulations. This is not intended to replace more comprehensive immunization screening, assessment, and referral activities that may be in place at the clinic(s) you're working at. The clinic(s) coordinate efforts with local agency Immunization programs.

Feeding

Was (baby's name) ever breastfed?
(If yes) Has (baby's name) had formula? (If yes) At what age did (baby's name) first have formula?
(If stopped breastfeeding) At what age did (baby's name) stop breastfeeding?
Why did (baby's name) stop or never start breastfeeding?

Information from the above four questions is entered into the WIC computer system and used in national reports on breastfeeding and to plan breastfeeding promotion and support activities in your agency.

Health Assessment – Child

Look at the WIC computer system to reference the questions while you go through this

Immunizations

Same as previous explanation in Health Assessment Infant, Immunizations.

Feeding

Was (child's name) ever breastfed?
(If yes) Has (child's name) had formula? (If yes) At what age did (child's name) first have formula?
(If stopped breastfeeding) At what age did (child's name) stop breastfeeding?
Why did (child's name) stop or never start breastfeeding?

Same as previous explanation in Health Assessment Infant: Feeding.

Complete Activity 5 in your Activities Workbook

Module 4: Using Critical Thinking

What is "Critical Thinking"?

The term "critical thinking" does not mean thinking negatively about someone. Critical thinking plays a role in everything you do in WIC.

Critical thinking means using one's thoughts to:

- organize information
- decide what information is useful
- learn the facts rather than making assumptions
- collect information in a way that leads to a plan

Critical thinking involves:

- asking questions
- listening
- observing
- gathering all important information

Using critical thinking allows WIC staff to:

- identify nutrition risks
- provide quality services
- best meet WIC participant's needs
- focus on a desired health outcome

Why Complete the Assessment Using Critical Thinking Before Educating?

It's important to complete the entire nutrition assessment process prior to providing referrals and nutrition education at the appointment. This allows you to get a more complete mental picture of the participant's situation and to use critical thinking to help prioritize identifying the most relevant or significant nutrition concern or participant interest.

Not waiting to provide education and referrals results in switching back and forth between the assessment and education throughout the appointment. This tends to lengthen appointment time and often leaves the participant confused and unfocused on any particular message. In addition, this is not in alignment with VENA guidance. VENA guidance states to conduct a complete WIC nutrition assessment (based on anthropometric, biochemical, dietary, environmental, and family information that may impact nutritional status) prior to providing the applicable nutrition education. A complete assessment is necessary to appropriately tailor WIC services and benefits to each individual participant's needs and interests.

For example, if a participant tells you during the assessment that she doesn't eat vegetables - your first impression might be that she's a picky eater and doesn't like vegetables. If you make that assumption and start educating, then time would be spent discussing (educating her about) ways to try vegetables and use vegetables in cooking. But if you complete the entire assessment first, in response to a later question she tells you she runs out of money to buy food and that is why she doesn't eat vegetables (not that she's picky). Having that additional information totally changes the focus of the education you provide. Your education now shifts to a referral to the local food pantry and tips about how to buy inexpensive vegetables in season with discounts.

If a participant asks a question during the assessment, rather than provide education about it then - tell the participant you'll be sure to discuss it in a little bit. Make a note of it and explain to the participant you have just a few more questions to make sure you have the full picture in order to best serve her.

How to think critically during a WIC appointment:

Check accuracy

Example: If a weight, height, or BMI measurement on the chart doesn't match what you see (i.e. plots tall on the chart but the person before you appears short), then recheck the measurement and number entered to make sure there wasn't an error. If the measurement plot/percentile varies greatly from the percentiles of previous measurements (i.e. suddenly deviates from a previous growth curve), then recheck the measurement and number entered to make sure there wasn't an error.

Don't record unimportant information –

Example: A participant might say something like "My baby looks a lot like his dad." Information is not important if it does not add value to the nutrition assessment process (helping with determining eligibility, NRC, state/national data, nutrition education, referrals or food package).

Recognize information that could indicate a nutrition need or risk –

Such as when a participant states something like: "I don't' have money to buy the amount of formula my baby needs." Making a mental note of that information allows you to later discuss referrals that might be helpful (i.e. local food bank or pantry)

Ask additional questions to better understand –

Avoid assumptions or "jumping" to conclusions. For example, staff might assume a baby is being fed something besides formula (such as juice) when a parent says, "I don't have money to buy the amount of formula my baby needs." But with further questioning (such as "What do you do when you run out of WIC formula and you don't have money to buy more formula?") staff might learn other information from the participant like "Friends at church buy formula for my baby."

Evaluate progress towards past nutrition (or health) goals –

By asking open ended questions. You might say something like: “I see at your last WIC appointment you wanted to work on eating breakfast five days a week. How has it been going for you trying to add breakfast into your day?

Consider the participant’s viewpoint and interests –

Listen to the participant. A participant may say something like: “I’m concerned that my child doesn’t eat much at mealtime” or “I could use some quick meal ideas for when I get home late after work.”

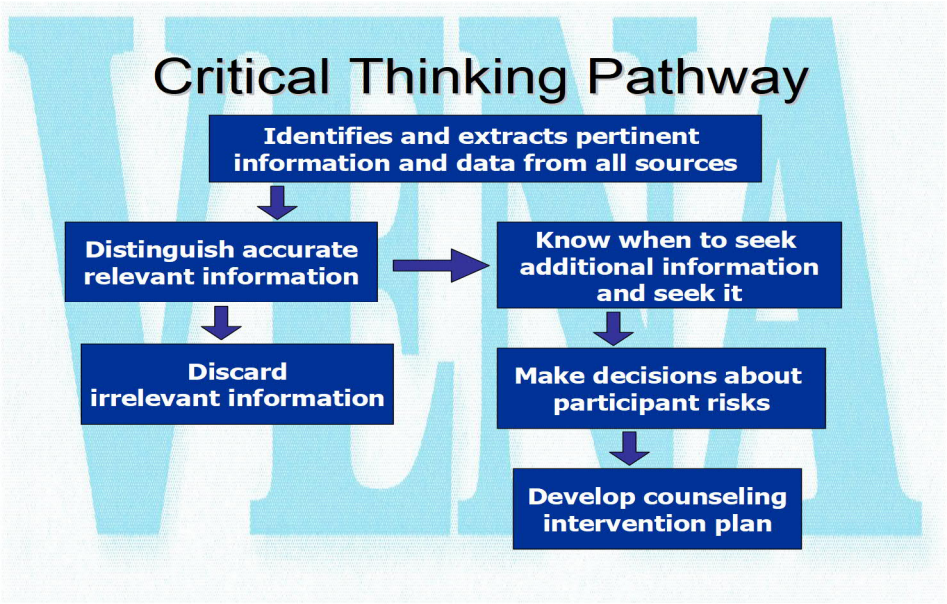
Collect all assessment information before making a nutrition education plan –

Make sure to wait until the entire assessment is complete before discussing referrals, nutrition education, and goal setting with the participant. Waiting until after the entire assessment is complete before providing referrals and education allows you to identify the most important and helpful topic to discuss relevant to that individual participant’s needs, interests, concerns and nutrition risks.

Consider the following to help prioritize nutrition risks during the nutrition assessment process and develop a nutrition education plan:

- What nutrition risks have been identified during nutrition assessment?
- What is most important to the participant?
- What progress has the participant made towards a pervious goal?
- What barriers exist to the participant achieving her goal?
- What does the participant want to learn about?
- What help is WIC able to provide?
- What referrals are appropriate?
- What food package is appropriate?

The flow chart below summarizes how WIC staff use critical thinking



"Critical Thinking" Self-Checklist:

Use the following tool to self-check if you are using critical thinking during certifications and other WIC appointments.

Did I:	Yes	No
Record all important/needed information?		
Consider all information before making conclusions?		
Understand the participant's situation and viewpoint?		
Consider what barriers the participant faces?		
Identify all relevant nutrition risks?		
Partner with the participant to discuss the best plan for her?		

Complete Activity 6 in your Activities Workbook

Module 5: Health Screen

OVERVIEW

A mid-certification appointment called a Health Screen is applicable to participants with extended certification periods greater than six (6) months including breastfeeding women, babies and children. The appointment is similar to a certification except WIC eligibility doesn't need to be re-checked (meaning the participant doesn't need to bring proof of identification, residency and income).

During the Health Screen major changes from the initial certification should be identified such as a new medical diagnosis, changes in eating pattern/food intake/food package and changes in physical activity/health behaviors. This means asking relevant questions from the Assessment Interview. Height, weight and hematological blood work is checked as applicable. Time is also spent reviewing information from the previous WIC appointment and addressing any new concerns raised by the participant. Physical presence is required at a Health Screen. Please refer to Health Screen Helpful Tips for tips.

Complete Activity 7 in your Activities Workbook