

## I-WIC Assessment Guide: Breastfeeding Woman

The following guidance is to assist a CPA in using a participant-centered (PC) approach during the category specific WIC assessment. CPAs should be familiar with the I-WIC screens to know some questions collect specific data and others the CPA should ask open-ended questions to engage the participant, rather than reading each question from the I-WIC screens.

### Setting the Stage & Explaining the WIC Visit

- Establish rapport and individualize the visit to participant (i.e. address by name, if acceptable; ask about past experiences/knowledge; cultural practices; etc.). Explain to participant what to expect during WIC visit, time of visit, and why information is collected, possible explanation: **“Thank you for coming into WIC today; this visit will take about (time). By participating in WIC, we will ask questions and gather information to get a better understanding of your overall nutrition and lifestyle practices. To start with we will complete a nutrition assessment, this includes collecting measurements, checking the iron in your blood, and discussing how breastfeeding is going, as well as your eating and physical activity habits. Following, we can talk about some ideas to keep you healthy, support you in breastfeeding, how to use your WIC foods, and if there are community resources that may benefit you/your family, I will share those with you.”**
- Possible conversation starter questions:
  - **“Tell me how you are feeling after your pregnancy and what can WIC help you with today?”**
  - **“What have you noticed or what has changed for you, since you are no longer pregnant and/or with breastfeeding?”**

Note: For Breastfeeding woman, at the Cert Action screen, after ‘Add’ a pop-up box will ask if the participant is pregnant—CPA must select ‘Cancel’ to initiate a Breastfeeding certification as well as enabling the appropriate postpartum related data fields (i.e. LMP, EDD, etc.). Breastfeeding status pop-up screen appears and complete required questions to determine Breastfeeding category (i.e. BE, BP).

### I-WIC Lab – Breastfeeding Woman

#### **Breastfeeding Woman Anthropometric screen:**

Add Anthropometric, Prenatal & Bloodwork Data, per system requirements.

Note: Breastfeeding/Postpartum women do not have button/screen for BMI or Prenatal Weight Gain chart. CPA may still ask general question(s) about how she is feeling about prenatal weight gain/desired weight changes, such as:

- **“How do you feel about your weight changes since pregnant?”**
- **“Would there be a weight you would feel most comfortable at and if not your current weight, was this a weight you had been at in the past?”**

**I-WIC Breastfeeding – Breastfeeding Woman (3 tabs)**

*BF Information Tab – auto-filled from BF Status pop-up screen*

*BF Questions Tab – complete questions as required*

*BF Support & Notes Tab – refer to NPS: Documenting in WIC MIS.  
Note: “Link Baby” button allows CPA to select the infant and allows selected Contact and/or Note to copy to Infant’s BF screen.*

*BF Pumps & Aids Tab - document any BFAid (pump) and Breastfeeding Support*

I-WICHealth – Breastfeeding Woman (Pregnancy Information Tab - 3 pages)

**Pregnancy Information** | **Health Information**

1. How have you been feeling since your pregnancy ended?

- Good
- Great
- Overwhelmed
- Sad/Depressed
- Other:

2. Is this your first pregnancy?  Yes  No

3. Did you have any medical issues with your most recent pregnancy?  Yes  No

If yes, please select:

- Baby born 5lbs 6oz or less
- Baby born 9lbs or more
- Baby born at less than 37 weeks
- Baby born at 37 weeks to <39 weeks
- Baby born with a nutrition related birth defect
- Cesarean or C-section
- Gestational Diabetes
- Miscarriages (less than 20 weeks)
- Preeclampsia
- Pregnancy loss (20 weeks or more)
- Stillbirth or death before 1 month of age
- Twins, triplets or more

Page 1, Quest. #1: Review the possible responses, asking a broad question to get her to share more information, for example:

- “If you would be alright with you, I would like to start by asking about your most recent and any past pregnancies? (asking permission) Please let me share this list of possible feelings and then tell me any of those that you are feeling since your pregnancy ended?”
- “What other feelings, concerns, or questions do you have today?”

Quest. # 2: If first pregnancy (yes), questions 2 and 3 are disabled.

Quest. #3: You may ask more open-ended question to allow her to share and have a conversation about her most recent pregnancy:

- “Tell me about this most recent pregnancy regarding if you were full term or preterm, C-section, what size was the baby, did you have any pregnancy related medical issues or any with the baby?”

**Pregnancy Information** | **Health Information**

**Tobacco Use**

4. In the last 3 months of pregnancy, did you smoke?

- Cigarettes?  Yes  No. If yes, how many a day?
- Vapor pens and e-cigarettes?  Yes  No

5. Currently, do you smoke:

- Cigarettes?  Yes  No. If yes, how many a day?
- Vapor pens and e-cigarettes?  Yes  No

6. Does anyone living in the home smoke inside?  Yes  No

Page 2 & 3, Quest. #4-10: Information related to tobacco, alcohol and substance abuse. These are all data collection/close-ended questions, so sharing what you will be asking, prior to asking these, she may be more receptive to sharing her current habits, such as:

- “This last series of health questions is about the use of any tobacco, alcohol, or other substances; these are mainly yes, no or a number response. Please know this is confidential and we ask this to see if there is any education or referrals to offer you and your family.”

**Pregnancy Information** | **Health Information**

**Alcohol Use**

7. In the last 3 months of pregnancy, did you drink alcohol?  Yes  No

- 0 drinks per week
- 1-4 drinks per day
- 4 drinks in 2 hours

8. Currently, do you drink alcohol?  Yes  No

- 0 drinks per week
- 1-4 drinks per day
- 4 drinks in 2 hours

**Substance Use**

9. In the last 3 months of pregnancy, did you:

- Use marijuana in any form?  Yes  No
- Misuse prescription medication?  Yes  No
- Use other illegal substances?  Yes  No

10. Currently do you:

- Use marijuana in any form?  Yes  No
- Misuse prescription medication?  Yes  No
- Use other illegal substances?  Yes  No

I-WICHealth – Breastfeeding Woman (Health Information Tab, 2 pages)

**Pregnancy Information** Health Information

1. Do you have any health or medical issues?  Yes  No [Details](#)

2. Do you regularly take any medications?  Yes  No

If yes, please select:

<input type="checkbox"/> Antidote	<input type="checkbox"/> Hormones: Growth, Steroid, Other
<input type="checkbox"/> Blood Formation/Coagulation	<input type="checkbox"/> Insulin/Antidiabetic
<input type="checkbox"/> Cardiac/Blood Pressure/Lipid	<input type="checkbox"/> Thyroid/Antithyroid
<input type="checkbox"/> Digestive Enzymes	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Diuretic	

3. Do you have any food related allergies?  Yes  No

If yes, please select:

<input type="checkbox"/> Milk (Lactose intolerant)	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy	<input type="checkbox"/> Fish	<input type="checkbox"/> Tree nuts
<input type="checkbox"/> Milk (Allergy)	<input type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other: <input type="text"/>

4. Do you have access to dental care?  Yes  No

5. Do you have any dental problems?  Yes  No

If yes, please select:

<input type="checkbox"/> Gingivitis
<input type="checkbox"/> Oral Condition which impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
<input type="checkbox"/> Periodontal Disease
<input type="checkbox"/> Tooth Decay

[Save](#) [Cancel](#) [Next](#)

**Pregnancy Information** Health Information

6. Do you take any of the following?

Vitamins/Minerals  Yes  No (if yes) #/week  Excessive?  Yes  No

Herbs, Supplements or Remedies  Yes  No

7. Are you regularly eating any non-food items?  Yes  No

If yes, please select:

<input type="checkbox"/> Ashes	<input type="checkbox"/> Clay	<input type="checkbox"/> Large amounts of ice
<input type="checkbox"/> Baby powder	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Baking soda	<input type="checkbox"/> Dirt	

Health Info. Tab, page 1-2:

- **“Any medical conditions you haven’t mentioned yet or food allergies? Also, are you taking any medications on regular basis?”** *If yes, click on ‘Details’ to select condition(s), check/enter medication, and/or select if food intolerance/allergy, and ask:*
  - *If yes: “How did your doctor say to manage this condition, and did you need to change your diet or eating?”*
  - *If medication, ask probing questions (i.e. usage, side effects, etc.)*

*(Quest. # 3 confirm medically diagnosed and CPA should modify foods benefits prior to issuance as needed)*
- **“Do you have access to dental care, and do you have any current dental problems?”**
- **“Of the following, supplements, what are you taking and how often: Prenatal vitamins, other vitamins/minerals or any herbs, supplements or using home remedies for anything?”** *(ask probing questions, i.e. to assess if Prenatal vitamin has 27 mg Iron & 150 mcg Iodine. If inadequate document as ‘No’ and clarify in case note that she is taking Prenatal Vit., but inadequate due to \_\_ (per risk criteria); cannot assign risk if unknown).*
- **“Share if you are eating any non-food items, like cornstarch or excessive amount of ice or frost, on a regular basis?”**

## I-WIC Nutrition – Breastfeeding Woman (3 pages)

**1. How do you feel about your appetite?**

**2. What milk do you drink most often?**

<input type="checkbox"/> Fat-free/skim cow's or lactose free	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Reduced fat/2% cow's or lactose free	<input type="checkbox"/> Whole cow's or lactose free
<input type="checkbox"/> Formula	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Homemade mixtures/non-dairy creamer	<input type="checkbox"/> Nut milks
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Soy beverages (fortified)
<input type="checkbox"/> Soy beverage (unfortified)	<input type="checkbox"/> Canned evaporated or sweetened condensed milk
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> None

**3. Do you regularly drink any of the following?**

<input type="checkbox"/> Beer, wine or drinks with alcohol	<input type="checkbox"/> Coffee or tea	<input checked="" type="checkbox"/> Diet soda
<input type="checkbox"/> 100% fruit juice	<input type="checkbox"/> Soda, fruit/sports drinks or sweetened tea	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Other <input type="text"/>		

**4. Do you eat these foods every day?**

<input checked="" type="checkbox"/> Fruit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Vegetables	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Whole grains	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Navigation: 1 2 3 Save Cancel Next

Page 1, CPA may review questions and incorporate into conversation about eating habits, then document responses per conversation.

- **“Since you are no longer pregnant, how do you feel about your appetite?”** (Document brief response in text field)
- **“Let’s first talk about what you like to drink; what kind of milk do you drink most often?” “In addition to milk, what else do you drink on a regular basis?”** (may need to clarify/read choices, if needed)

Prior to question # 4, CPA may ask open ended questions to inquire about eating habits or start by asking question # 4 then probe further about other eating habits. Asking about eating habits in general can assist in identifying individualized counseling/education needs related to diet/nutrition. The following are some examples of possible questions about eating habits and addressing # 4:

- **“So that was what you like to drink, now let’s talk about mealtimes and what you like to eat.”** questions, such as:
- **“What times of the day do you usually eat? Would you say you eat at regular mealtimes and is it with anyone else (family)?”** (3 meal & snacks?)
- **“Give me an idea of what are some of the foods you are eating? So of the following foods, do you eat every day, yes or no: Fruits? Vegetables? Whole Grains?”**

Affirmation or Reflection on responses, such as:

- **“It sounds like you are making good nutrition choices for yourself.”**
- **“You sound like you are struggling with \_\_\_\_\_ (any issue identified/concerned about) since you are no longer pregnant.”**
- **“You would like to be better about \_\_\_\_\_ (desired feeding skill or habit identified that she wants to change).”** (reflected Change talk)

5. Do you eat raw, undercooked or unpasteurized foods?

Deli meats/hot dogs not steaming       Fish high in mercury

Fish/shellfish raw/undercooked/smoked       Juice unpasteurized

Meat/poultry/eggs raw/undercooked       Milk unpasteurized

Soft cheese       Sprouts raw

Tofu raw/undercooked       No

6. Are you having any problems with eating?

Can't find the food I like       Constipation       Don't feel like eating

Heartburn       Mouth pain       Nausea

No time to eat       Vomiting       None of the above

7. Do you follow a special diet?

Diabetic       High calorie       High protein/low carb       Kosher

Lacto-ovo       Lactose free/restricted       Low calorie       Low cholesterol

Low fat       Low salt/sodium       Macrobiotic       PKU

Post-bariatric surgery       Vegan       Vegetarian       Weight loss

None of the above       Other

8. How much physical activity do you include in your day?

None       15 minutes       30 minutes       1 hour       More than 1 hour

1 2 3

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- **“Some foods are at risk for hidden bacteria that can be harmful to you. Let me ask if you eat any of these foods (ask from foods listed)?”** CPA may also use Food Safety Desktop tool: “Foods with hidden bacteria”
- **“Share if you follow a special diet and if you currently feel you are having problems with eating; like heartburn, not feeling like eating or not time to eat?”** (probe further to identify any issues to possibly discuss during counseling and education).
- **“What would you say describes your physical activity on a daily basis right now: None, 15 or 30 minutes, 1 hour or more than 1 hour every day?”**

9. Are you sometimes hungry because there is not enough money to buy food?       Yes       No

10. Do you have access to a refrigerator and stove/hot plate?       Yes       No

Page 3, questions 9-10:

- **“Would you say there are times when you are hungry, and you just don’t have the money to buy food? In order to help me determine which WIC foods to offer you, do you currently have access to refrigeration and a stove/hot plate for cooking?”**

CPA may choose to Reflect and/or Summarize, highlighting any key points from the assessment.

## I-WIC Nutrition Risk – Breastfeeding Woman

Cert Start Date	Date	Detailed Description	Staff	Source	Note
2/19/2020	2/19/2020	60101 - Breastfeeding Mother s...	GENNY.BEL...	MANUAL	
2/19/2020	2/19/2020	427.02[4] - Diet Very Low Calor...	GDWY.BEL...	SYSTEM	

Nutrition Risk screen is for the CPA to review following assessment to:

- 1) confirm all risks generated/appropriately assigned. If any risks listed should have not been generated, CPA can select the risk row and 'Reason' button to display a pop-up box to show screen/field risk generated from and CPA can go back and correct data if needed. CPA may use the 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document as needed.
- 2) add manually assigned risk (if applicable); options for Breastfeeding Woman category:
  - Foster Care (risk 903) - either transitioned into foster care or moved from one foster care home to another in the past 6 months
- 3) If no risks generated from assessment and no manually assigned risks, for a Breastfeeding Woman, the Presumptive Eligibility risk Failure to Meet Dietary Guidelines (risk 401) would system generate; however, a Breastfeeding risk must be manually assigned, and the Presumptive risk will remain listed.

CPA will continue follow the I-WIC "Guided Script" for remaining screens to complete the Breastfeeding Woman Certification.

Upon completing assessment, before education, the CPA may Summarize key points from assessment to highlight any 'change talk', participant's concern(s), and/or include any behavior change opportunities that CPA identified to move onto Education.