

WIC Assessment Guide: Breastfeeding Category (BE, BP)

This guidance was designed to support CPAs in using a participant-centered (PC) approach during the category specific WIC Assessment. It reviews the screens in I-WIC to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the participant/family in conversation, rather than reading each question verbatim off the screen. Before asking questions, consider if the participant has already provided the answer – confirm and probe as needed.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (address by name, if appropriate; ask about past experiences/knowledge/cultural practices, etc.)
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected. Refer to *Welcome to WIC: WIC Program Explanation to Participants*.
 - **“Thank you for coming to WIC Today! This visit will take about (__ minutes). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes: collecting measurements, checking the iron in your blood and discussing how breastfeeding is going, as well as your eating and physical activity habits. Afterwards, we can talk about some ideas to keep you healthy, support you in breastfeeding, how to use the WIC foods and if there are any resources that may benefit you or your family in the community, how does that sound?”**
- Possible starters to continue the conversation:
 - **“Tell me how you are feeling after your pregnancy and what WIC can help you with today?”**
 - **“What have you noticed or what has changed for you, since you are no longer pregnant and/or with breastfeeding?”**

At the Cert Action screen, a pop-up box will appear asking if the participant is pregnant- the CPA must select ‘cancel’ to continue the breastfeeding certification and complete the required fields on the screen (ADD and EDD).

A Breastfeeding status pop-up screen will appear, complete the required questions to determine the Breastfeeding category (BE, BP).

I-WIC Lab screen – Breastfeeding

Anthropometric Data

Non-WIC	Anthro Date	Weight	Height	Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BMT	Current BMT	? Reasons	Da
<input type="checkbox"/>	01/23/2023	200 lbs	65 in	?		-43		20.3	33.28		1/23/2023

Bloodwork

Non-WIC	Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created
<input type="checkbox"/>	01/23/2023	14			<input type="checkbox"/>		1/23/2023

- Add anthropometric, prenatal and bloodwork data, per system and policy requirements.
WIC allows a verbal response for: pre-pregnancy weight, weight at delivery, and lead. All other measurements must be taken by the WIC clinic or from referral data per Policy requirements.

Note: There are no BMI or Prenatal Weight Gain charts generated for Breastfeeding category in the MIS. The CPA may still ask general question(s) about how they feel about prenatal weight gain/desired weight changes:

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

I-WIC Breastfeeding – Breastfeeding (4 tabs)

BF Information

Date Assigned	Category	Amount
1/23/2023	BE	

BF Questions

- Assign NP Status due to perinatal loss or adoption
- Are you currently breastfeeding or pumping? Yes No
- Are you currently giving your baby any supplemental formula? Yes No
- Did you ever breastfeed or feed your baby breast milk? Yes No Unknown
- How old was your baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)? Months Weeks Days Unknown
- Age Breastfeeding Ended Months Weeks Days Unknown
- Reason Breastfeeding Ended
- Did you breastfeed as long as you desired? Yes No

* Verified: 01/23/2023

BF Information Tab:

Fields autofill from BF status pop-up from entry on Cert Action screen (below).

Assign NP status due to perinatal loss or adoption:

* Are you currently breastfeeding or pumping?
 No Yes

* Are you currently giving your baby any supplemental formula?
 No Yes

* Frequency of Breastfeeding
Some

Did you ever breastfeed or feed your baby breast milk?
 No Yes Unknown

* How old was your baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)?
Months Weeks **1** Days Unknown

Age BF Ended: Months Weeks Days Unknown

Reason BF Ceased

Did you breastfeed as long as you desired?
 No Yes

New Category
BP

Cert End Date

BF Information **BF Questions** **BF Support & Notes** **BF Pumps & Aids**

How many times is the baby breastfeeding or given breast milk in a day (24 hours)?

Are you experiencing any of the following?

Cracked, bleeding or severely sore nipples Severe breast engorgement

Flat or inverted nipples Tandem nursing

Mastitis 40 years of age or older

No milk at 4 days postpartum Other

Recurrent plugged ducts None

Save Cancel Next

BF Questions

Complete questions listed by setting the stage: **“You shared about your breastfeeding status, I have a few more questions to see how things are going”**.

BF Information **BF Questions** **BF Support & Notes** **BF Pumps & Aids**

Contact History

Date	Role	Method	Contact Made	Topic/No Contact	Baby Name
1/23/2023	CPA	Clinic Visit	<input checked="" type="checkbox"/>	General Support	

Breastfeeding Referral

Date Referred	Referred To	Reason Referred	Reason Not Referred	Referral Type	Follow-up Date
01/23/2023	PC	Support		PP	

Breastfeeding Notes

Date	Staff	Note	Baby Name
1/23/2023	JESSICA.G.	BFING GOING WELL, CONCERNS WITH RETURN TO WORK.	

Anthro Save Cancel Next

BF Support & Notes Tab:

Documents any breastfeeding contacts, referrals and notes, if/where applicable. Refer to NPS: Documenting in WIC MIS for guidance.

Enter all contacts on the adult participant’s support and notes screen. Select the *“Link Baby”* button under *“contact history”* and *“breastfeeding notes”* to populate information from adult’s screen to baby’s screen.

Active Record
 NUTRITION ASSESSMENT, BFDING
 Cat: BE (female)
 ID: 301 206 170
 DOB: 11/2001
 Age: 22 yrs, 0 mos
 Cert: 01/23/23 - 01/19/24
 BVT:
 Status: Pending

Scheduling Tasks

Guided Script

- Household Info.
- Participant Info.
- Cert Action
- Lab
- Breastfeeding***
 - Health
 - Nutrition
 - Mid-Certification
 - Nutrition Risk
 - Nutrition Education
 - Food Prescription
 - Issue Benefits
 - Referrals
 - Schedule Appt
 - Print Documents

Notes and Alerts

Logout
 DHS IWIC QA
 LOGOUTWEST

BF Information | **BF Questions** | **BF Support & Notes** | **BF Pumps & Aids**

BF Aids

Date Assigned	BF Aid Type	Serial Number	Issued By	Reason Assigned	Due Date	Date Returned

BP Assigned

Non-WIC Breastpump

Breastfeeding Support

Female Household Member Male Household Member

Friend Health Care Provider

Peer Counselor Other

History

Save Cancel Next

BF Pumps & Aids Tab:

Document any breastfeeding pumps and aids here per local agency guidance.

I-WIC Health screen – Breastfeeding (Pregnancy Information Tab: 2 pages)

Before beginning assessment, open with a broad question to gather permission before proceeding.

- **“If it is alright with you, I would like to start by asking about your most recent and any past pregnancies?”**

Question #1 & #2: Complete using participant centered skills to ask, probe, and reflect to assist in collecting relevant information.

Question #3: You may ask additional open-ended questions to allow the participant to share and have a conversation about her recent pregnancy experience

- **“Tell me about this most recent pregnancy... were you full term or pre-term?”**
 - **“What size was the baby?”**
 - **“Did you or baby have any pregnancy related medical conditions such as (list)?”** *Note: c-section marked here does not generate risk. If marked here, must also mark under “health/medical” question below.*

Questions #4 - #9: solicit information related to tobacco, alcohol, and substance use.

These are all data collection/closed- ended questions. Sharing with the participant that you will be asking this, prior to asking may create a more receptive and open environment to sharing current habits, such as:

- **“This last series of pregnancy questions are about the use of any tobacco, alcohol, or other substances, they are mainly a yes/no or numbered response. Please know your responses are confidential and we ask them to all adult participants for WIC program data, as well as the opportunity to share any education or referrals that we may be able to provide you and your family.”**

1. How have you been feeling since your pregnancy ended?
 Good
 Great
 Overwhelmed
 Sad/Depressed
 Other

2. Before this most recent pregnancy, did you have any other pregnancies that resulted in a live birth?
 Yes No

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

If yes, please select:
 Baby born 5lbs 8oz 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
 Caesarean 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

4. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches).
 Yes No

5. Are you ever in an enclosed area while someone is using tobacco products?
 Yes No

6. Drink alcohol? Yes No

>8 drinks per week >4 drink per day >4 drinks in 2 hours

7. Use marijuana in any form? Yes No

8. Misuse prescription medication? Yes No

9. Use other illegal substances? Yes No

I-WIC Health screen – Breastfeeding (Health Information Tab: 2 pages)

Active Record
 NUTRITION ASSESSMEN, BFDING
 Cat: BE (female)
 ID: 301 208 170
 DOB: 1/1/2001
 Age: 22 yrs, 0 mos
 Cert: 01/23/23 - 01/19/24
 BVT:
 Status: Pending

Scheduling Tasks

Guided Script
 ✓ Household Info.
 ✓ Participant Info.
 ✓ Cert Action
 ✓ Lab
 ✓ Breastfeeding

Health
 Nutrition
 Mid-Certification
 Nutrition Risk
 Nutrition Education
 Food Prescription
 Issue Benefits
 Referrals
 Schedule Appt
 Print Documents

Notes and Alerts
 Logoff
 DIS: TWIC_OA
 LUHAWCDBE1

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:
 Antigoit Hormones: Growth, Steroid, Other
 Blood Formation/Coagulation Insulin/Antidiabetic
 Cardiac/Blood Pressure/Lipid Thyroid/Antithyroid
 Digestive Enzymes Other
 Diuretic

3. Do you have any food related allergies? Yes No
 * If yes, please select:
 Milk (Lactose Intolerant) Egg Soy Fish Tree nuts
 Milk (Allergy) Peanut Wheat Shellfish Other

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

5. Do you have any dental problems? Yes No
 * If yes, please select:
 Gingivitis
 Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
 Periodontal Disease
 Tooth Decay

Save Cancel Next

Question #1: Consider if this may have been answered when asking questions from the Pregnancy Information tab- *confirm and probe, as needed*

- “What health or medical issues are you and your doctor monitoring?”
- “You mentioned you have ___(medical condition); are there any other medical issues, recent trauma, or health concerns that you would like to share?”

Note: If c-section, select “surgery, trauma, or burns” from dropdown.

Question #2:

- “How did your doctor say to manage this condition?”
 - “Any medications or changes to your diet?”

Question #3:

- “How about any food allergies or intolerances?”
If confirmed food allergy or intolerance- modifications should be made to food benefits prior to issuing, as needed.

Question #4 - #5:

- “Do you have access to dental care?” Possible referral.
- “Any current dental problems, impacting your ability to eat and drink?” Possible referral.

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 BVT:
 Status: Pending

Scheduling Tasks

Guided Script
 ✓ Household Info.
 ✓ Participant Info.
 ✓ Cert Action
 ✓ Lab
 ✓ Breastfeeding

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 DIS: TWIC_OA
 LUHAWCDBE1

Pregnancy Information Health Information

6. Do you take any of the following?
 * Vitamins/Minerals Yes No (If Yes) #/week 7 * Excessive? Yes No
 * Herbs, Supplements or Remedies Yes No

7. Are you regularly eating any non-food items? Yes No
 * If yes, please select:
 Ashes Clay Large amounts of ice
 Baby powder Cornstarch Other
 Baking soda Dirt

Save Cancel Next

Question #6:

- “Of the following supplements, what are you taking, and how often; Prenatal, vitamin, minerals or any herbs?”
 - “How about any home remedies for anything?”
- Probe to determine if “excessive”.

Question #7:

- “Some people may crave and eat non-food items, like cornstarch or excessive amounts of ice or frost, which may be related to a nutrient deficiency; currently, are you eating any non-food items like these?”

I-WIC Nutrition screen – Breastfeeding (3 pages)

Question #1:

- **“Since you are no longer pregnant, how do you feel about your appetite?”**

Question #2 - #3:

- **“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 regularly?”** *Provide choices.*

Question #4: *Prior to asking, the CPA may ask open-ended questions to inquire about eating habits or start by asking the question, then probe further about other eating habits. Asking about eating habits in general, can assist in identifying individualized counseling/education needs related to diet and nutrition.*

- **“You have a newborn/baby that you are feeding; what about when it comes to eating for yourself?**
 - **“What times of the day do you usually eat? Would you say you eat at regular mealtimes and is it with anyone else (family)?”**
 - **“Give me an idea of what are some of the foods you are eating?”**
 - **“Would you say yes or no that you eat the following every day: Fruits? Vegetables? Whole grains?”**

Affirm or Reflect on responses to ensure understanding and offer praise

- **“It sounds like you are making nutritious 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 habit identified that the participant would like to change (reflected change talk)*

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 BVT:
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Scheduling Tasks

Guided Script

- Household Info.
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Logout
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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

Save Cancel Next

Question #5:

- **“Some foods are at risk for hidden bacteria that can be harmful to you. May I ask if you eat any of these foods?”** ask from foods listed, may also show Food Safety Desktop tool: *“Foods with Hidden Bacteria”* for visual.

Note: Consumption of these foods only generate a risk for pregnant participants.

Question #6 - #7: Consider any responses from the health screen (Q#2)

- **“Share with me, are you following a special diet or are having any problems when eating, like heart burn, maybe not feeling like eating or no time to eat?”**

Question #8:

- **“What would you say describes your daily physical activity right now; none, 15 or 30 minutes, 1 hour or more than an hour every day? This might include things like walking, swimming, riding a stationary bike, or yoga”**

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 BVT:
 Status: Pending

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

Question #9:

- **“WIC has community food resources that we can share with you if needed, would you say there are times when you are hungry and you just don’t have the money to buy food?”**

Question #10:

- **“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?”**

Now is a good time for the CPA to Reflect and/or Summarize; highlighting any key points from the assessment.

I-WIC Nutrition Risk screen – Breastfeeding

Cert Start Date	Date	Detailed Description	High Risk	Staff	Source	Note
1/23/2023	1/23/2023	904[1] - Environmental Tobacco ...	<input checked="" type="checkbox"/>	JESSICA.G...	SYSTEM	
1/23/2023	1/23/2023	427.02(4) - Diet Very Low Calori...	<input type="checkbox"/>	JESSICA.G...	SYSTEM	
1/23/2023	1/23/2023	353[1] - Food Allergies	<input type="checkbox"/>	JESSICA.G...	SYSTEM	

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

1. Confirm all risks generated/appropriately assigned
 - a. If any risks listed should not have been generated, select the row with the risk and click the 'Reason' button to display a pop-up box showing the screen/question that generated the risk. The CPA can go back and correct, if needed
 - b. Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
2. Add a manual risk, if applicable:
 - a. 903 Foster Care – If BF participant is in foster care, transitioned into foster care or moved from one foster care home to another in the past 6 months.
3. If no risks generated from the assessment for a Breastfeeding Woman, the Presumptive Eligibility risk will assign:
 - a. 401 Failure to meet Dietary Guidelines – *If this generates, complete the infant assessments. Once the dyad is complete, check both the infant and woman risk screen to ensure appropriate breastfeeding risks populated.*

If participant is high risk (red heart), refer to IWIC Appointment Types for follow-up.

If a manual risk must be added, the Presumptive risk will stay on the screen, it cannot be removed.

CPA will continue following the I-WIC "Guided Script" for the remaining screens needed to complete the certification

Upon completing the assessment, the CPA may summarize key points from the assessment to highlight any 'change talk,' concerns shared by the parent/caregiver and/or any behavior change opportunities identified as the visit moves into education.

Refer to *Welcome to WIC: WIC Program Explanation to Participants.*