

## WIC Assessment Guide: Postpartum (NP)

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 screens 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 your eating and physical activity habits. Afterwards, we can talk about some ideas to keep you healthy, 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?”**

*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 postpartum certification and complete the required fields on the screen (ADD and EDD). If applicable, refer to IWIC: Pregnancy Loss document.*

## I-WIC Lab screen – Postpartum Woman

**Active Record**

NUTRITION ASSESSMENT, POST PARTUM  
 Cat: NP (female)  
 ID: 301 206 169  
 DOB: 1/1/2000  
 Age: 23 yrs, 0 mos  
 Cert: 01/20/23 - 07/12/23  
 BVT:  
 Status: Pending

**Anthropometric Data**

Non-WIC	* Anthro Date	* lbs	+ oz	? In	* 1/8	? Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BMT	Current BMT	? Reasons	Da
<input type="checkbox"/>	01/20/2023	111	0	65	0			-11		20.3	18.47		1/

**Bloodwork**

Non-WIC	* Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created
<input type="checkbox"/>	01/20/2023	11			<input type="checkbox"/>		1/20/2023

- Add anthropometric, prenatal and bloodwork data, per system and policy requirements.  
*WIC allows a verbal response for: lead, pre-pregnancy weight and weight at delivery – 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 Postpartum participant 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 – Postpartum Woman (3 tabs)

**BF Information**

**BF Status History**

Date Assigned	Category	Amount

**BF Support & Notes**

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:

### BF Information Tab:

Postpartum certification (new applicant), fields autofill from BF status pop-up from entry on Cert Action screen (screen shot).

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

\* 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  Days  Unknown

Age BF Ended:  Months  Weeks  Days  Unknown

\* Reason BF Ceased

\* Did you breastfeed as long as you desired?  
 No  Yes

New Category

Cert End Date

**BF Support & Notes Tab:** (not seen in screenshot)  
Document any breastfeeding contacts, referrals and notes, if/where applicable.  
Refer to NPS: Documenting in WIC MIS for guidance.

**BF Pumps & Aids Tab:** (not seen in screenshot)  
Does not apply to Postpartum women.

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

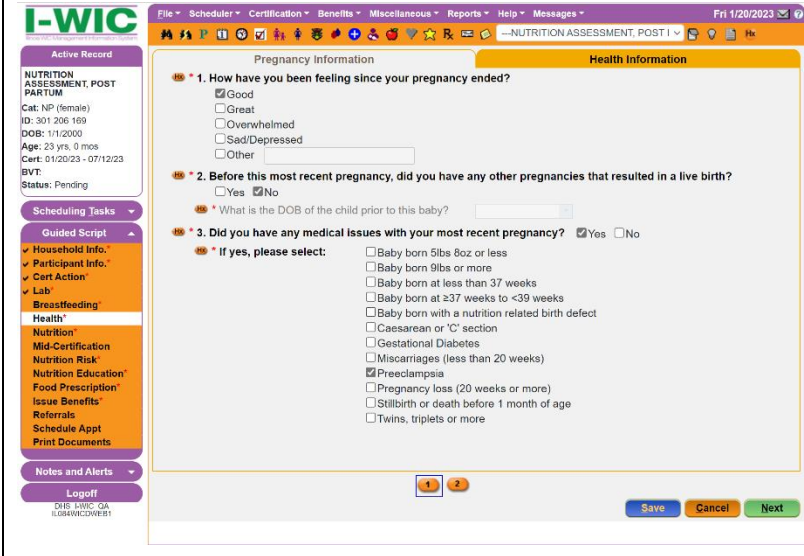
Before beginning assessment, open with a broad question to gather permission before proceeding.

- **“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. If applicable, refer to *IWIC: Recertifying After Pregnancy Loss* guidance.

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)?”**



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**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**  
 DHS 12/10/23 0A  
 L084WICDWEB1

**Pregnancy Information**

**Health Information**

\* 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?  
 >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

1 2

Save Cancel Next

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.”**

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

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**Logoff**  
 DHS 12/10/23 0A  
 L084WICDWEB1

**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:  
 Anticout  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

1 2

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*

- **“Do you have any medical conditions you haven’t mentioned?”** *If yes, click on “Details” to select any condition(s) shared.*

Question #2:

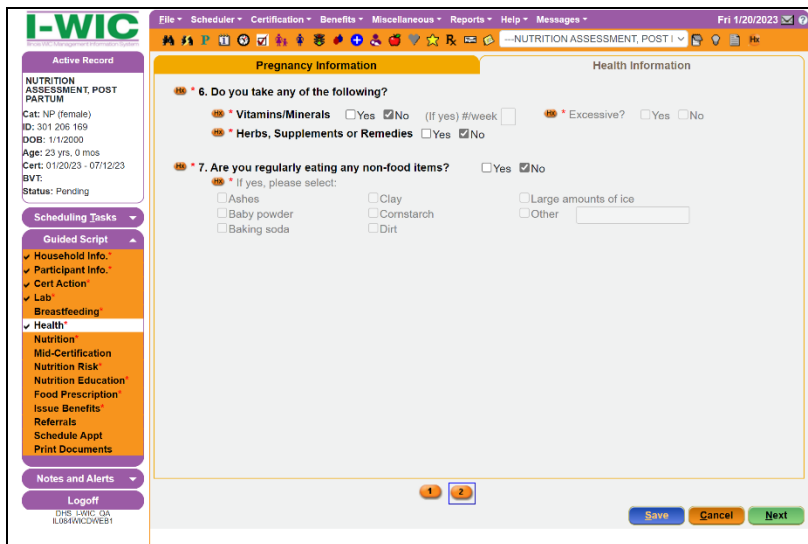
- **“How did your doctor say to manage this condition?”**
  - **“Any medications or changes to your diet?”**

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?”**
- **“Any current dental problems, impacting your ability to eat and drink?”**  
*Possible referral.*



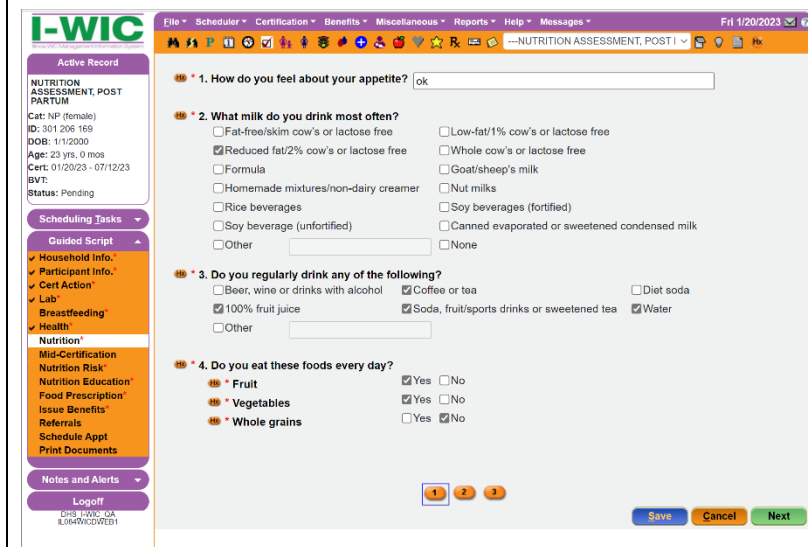
Question #6:

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

Question #7:

- **“Share with me, are you eating any non-food items, like cornstarch or excessive amounts of ice or frost on a regular basis?”**

### I-WIC Nutrition screen – Postpartum (3 pages)



Question #1:

- **“Since the end of your pregnancy, how do you feel your appetite has been?”**

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.*

- **“Now let’s talk about mealtimes and what you like to eat.”**
  - **“What time 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 your pregnancy ended.”
- “You would like to be better about \_\_\_\_\_” desired habit identified that the participant would like to change (reflected change talk)

Question #5:

- “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, 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

- “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”

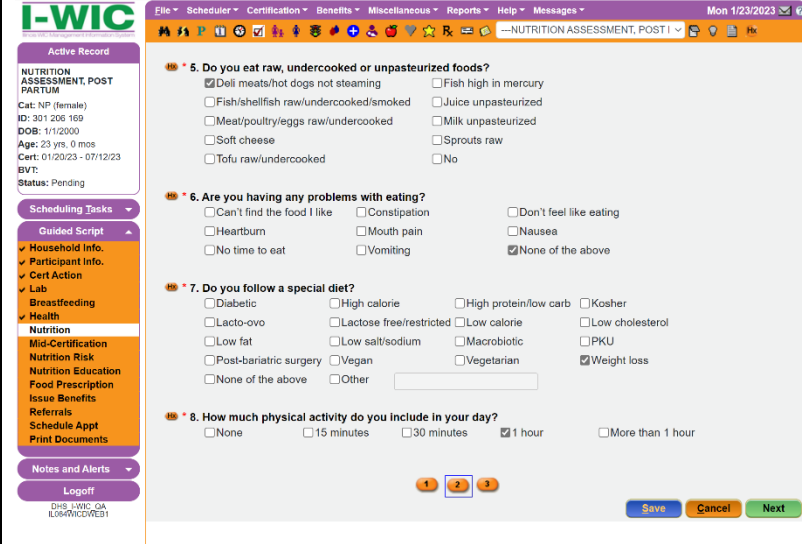
Question #9:

- “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 – Postpartum**

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 NP 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 Postpartum Woman, the Presumptive Eligibility risk will assign:
  - a. 401 Failure to meet Dietary Guidelines

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