

Training
Outline

Recorded PowerPoint –
approx. 2 hours

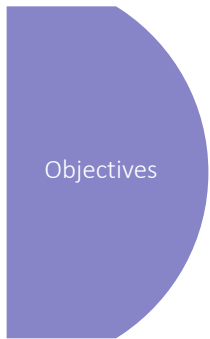
Self-Study Module

Review of IL WIC Policy
& Addenda

1



2



- Describe USDA WIC Nutrition Risk and IWIC Nutrition Risk criteria related to Women participants.
- Demonstrate use of Value Enhanced Nutrition Assessment (VENA) during the WIC assessment process.



3

Keep In Mind

This training is designed to
be self-paced.

Take time to review
each section carefully.



4

Required Training Resources

- USDA Value Enhanced Nutrition Assessment (VENA) Guidance
 - <https://tinyurl.com/a462rtmw>
- Illinois WIC Policy Manual
 - <https://tinyurl.com/2p8wwy9xf>
- USDA WIC Nutrition Risks & IWIC Nutrition Risk Criteria
 - <https://tinyurl.com/2s4z277h>

Resources are found on Community Health Training Center's Website
<https://springfieldul.org/chtc/resources>

5

Anthropometric / Biochemical Assessment & Risks

Read Certification Standards sections: 5.3 – Anthropometric Assessment, 5.4 – Biochemical Assessment, & 12.4 – Blood Lead Screening, and correlating addenda, in the Illinois WIC Policy Manual prior to beginning this section.

6

Women – Lab Screen

No Verbal Data for:

- Current weight and height
- Current hgb or hct value

Self-Reported Allowed:

- Pre-pregnancy wt.
- Blood lead status – not required

7

Women – Lab Screen & Data Collection using a Participant Centered Approach

- *What month did you begin receiving prenatal care?*
- *About how many times have you seen your doctor for this pregnancy?*
- *Do you recall what your weight was prior to becoming pregnant? How do you feel about your weight gain during this pregnancy? What has your doctor said about how much you should gain?*
- *Have you been told you're having more than one baby?*
- *Have you recently had your blood lead levels tested? If yes, what did your doctor tell you?*

8

Risks Generated from the Lab Screen

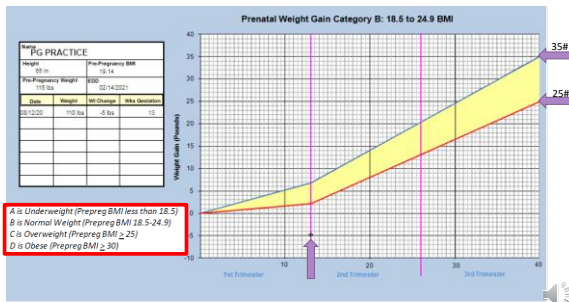
100 Underweight (Women)	Pregnant - [1] Non-Breastfeeding - [0] Breastfeeding - [1]	Pregnant Women (pre-pregnancy BMI less than 18.5) Non-Breastfeeding Women (pre-pregnancy or current BMI less than 18.5) Breastfeeding Women (Less than 6 months postpartum) (pre-pregnancy or current BMI less than 18.5) Breastfeeding Women (6 months or more postpartum) (current BMI less than 18.5) Data must be to date and >60 days prior to last begin date to generate risk.	Screen: Lab
111 Overweight (Women)	Pregnant - [1] Non-Breastfeeding - [0] Breastfeeding - [1]	Pregnant Women (pre-pregnancy BMI ≥ to 25) Non-Breastfeeding Women (pre-pregnancy BMI ≥ to 25) Breastfeeding Women (Less than 6 months postpartum) (pre-pregnancy BMI ≥ to 25) Breastfeeding Women (6 months or more postpartum) (current BMI ≥ to 25)	Screen: Lab

9

OB/GYN Nutrition Risk Criteria	Category - Priority	Risk (Risk/Hi)	Definition/Interpretation	LAB Screen/ Question
111 Low Maternal Weight Gain (Singleton A Multi-fetal Pregnancy)	Pregnant - [1]	High Risk/Hi	Singleton pregnancies: Method 1 Low rate of weight gain, second and third trimesters, such that: Underweight: less than 1 pounds per week Normal Weight: less than 4 pounds per week Overweight: less than 5 pounds per week Obese: less than 8 pounds per week* * IWC generates this risk definition based on the above, when more than 1 weight is entered and one of the weights is entered in 2 nd or 3 rd trimester.	Screen: Lab

111 High Maternal Weight Gain (Singleton Pregnancy)	Pregnant - [1]	High Risk/Hi	Singleton pregnancies: Method 1 High rate of weight gain, second and third trimesters, such that: Underweight: more than 1.3 pounds per week Normal Weight: more than 2 pounds per week Overweight: more than 5.7 pounds per week Obese: more than 8.8 pounds per week* * IWC will generate this definition of the risk based on the above, when more than 1 weight is entered and one of those weights is entered in the 2 nd or 3 rd trimester. See chart below to determine participant's prepregnancy weight group.	Screen: Lab
--	----------------	--------------	--	-------------

10



11

Lab Risks – cont.

HEMATOLOGY	Program - Priority	Risk (Risk/Hi)	Definition/Interpretation	LAB Screen/ Question															
201 Low Hematocrit/Low Hemoglobin	Pregnant - [0] Breastfeeding - [0] Non-Breastfeeding - [0] OB - [0]	High Risk/Hi	High Risk will be generated when the most recent hemoglobin value is <10.0g or hematocrit value is <33%, and the test date meets the criteria listed below for the participant's pregnancy and trimester. Screen: Lab and results being mailed	Screen: Lab															
			<table border="1"> <thead> <tr> <th>Pregnant Trimester</th> <th>Non-pregnant</th> <th>Screen</th> </tr> </thead> <tbody> <tr> <td>1st Trimester</td> <td>Hgb: 11.5 Hct: 35.0</td> <td>Hgb: 11.5 Hct: 35.0</td> </tr> <tr> <td>2nd Trimester</td> <td>Hgb: 11.0 Hct: 33.0</td> <td>Hgb: 11.0 Hct: 33.0</td> </tr> <tr> <td>3rd Trimester</td> <td>Hgb: 10.5 Hct: 31.0</td> <td>Hgb: 10.5 Hct: 31.0</td> </tr> <tr> <td>4th Trimester</td> <td>Hgb: 10.0 Hct: 29.0</td> <td>Hgb: 10.0 Hct: 29.0</td> </tr> </tbody> </table>	Pregnant Trimester	Non-pregnant	Screen	1st Trimester	Hgb: 11.5 Hct: 35.0	Hgb: 11.5 Hct: 35.0	2nd Trimester	Hgb: 11.0 Hct: 33.0	Hgb: 11.0 Hct: 33.0	3rd Trimester	Hgb: 10.5 Hct: 31.0	Hgb: 10.5 Hct: 31.0	4th Trimester	Hgb: 10.0 Hct: 29.0	Hgb: 10.0 Hct: 29.0	
Pregnant Trimester	Non-pregnant	Screen																	
1st Trimester	Hgb: 11.5 Hct: 35.0	Hgb: 11.5 Hct: 35.0																	
2nd Trimester	Hgb: 11.0 Hct: 33.0	Hgb: 11.0 Hct: 33.0																	
3rd Trimester	Hgb: 10.5 Hct: 31.0	Hgb: 10.5 Hct: 31.0																	
4th Trimester	Hgb: 10.0 Hct: 29.0	Hgb: 10.0 Hct: 29.0																	

12

Knowledge Check

Participants can verbally report their height and weight.



17

If you said true, be sure to revisit certification standards section 5.3.



18

Knowledge Check

Anemia screening for women participants takes the following into consideration for the value to be considered a risk:

If pregnant: Trimester and smoking status

If Non-Pregnant: age and smoking status



19

If you said false, please revisit Illinois WIC Nutrition Risk Criteria 201.



20

Lab Risk Wrap-Up

Anthropometric Risks	
101 Underweight (women)	111 Overweight (women)
131 Low Maternal Weight Gain	133 High Maternal Weigh Gain
335 Multifetal Gestation	334 Lack of or Inadequate Prenatal Care
Biochemical Risks	
201 Low Hematocrit / Low Hemoglobin	211 Elevated Blood Lead

21

Breastfeeding Assessment & Risks

22

System Generated Breastfeeding Risks

601.01 Breastfeeding Mother of Infant at Nutrition Risk (P1)	Breastfeeding - [1] Pregnant - [1]	702.01 Breastfeeding Infant of Woman at Nutrition Risk (P1)	Infant - [1]
601.02 Breastfeeding Mother of Infant at Nutrition Risk (P2)	Breastfeeding - [2] Pregnant - [2]	702.02 Breastfeeding Infant of Woman at Nutrition Risk (P2)	Infant - [2]
601.04 Breastfeeding Mother of Infant at Nutrition Risk (P4)	Breastfeeding - [4] Pregnant - [4]	702.04 Breastfeeding Infant of Woman at Nutrition Risk (P4)	Infant - [4]

Risk is based off mom and baby's assigned highest priority.



Both mom and baby will have the same priority assigned.
 • Example, if priority 1: Mom would be assigned 601.01 and baby 702.01.

23

Pregnant and Breastfeeding

6. Do you or your health care provider have any special concerns about your pregnancy? Yes No

If yes, please select:

- Currently breastfeeding
- Excessive weight gain
- Fetal Growth Restriction
- Gestational Diabetes
- Hyperemesis gravidarum
- Preeclampsia
- Twins, triplets or more
- Weight loss while pregnant

338 Pregnant Woman Generally Breastfeeding	Pregnant - [1]	Pregnant woman who is currently breastfeeding an infant or child at any level.	Screen: Health Question: "Do you or your health care provider have any special concerns about your pregnancy?" Answer that generates risk: "Currently Breastfeeding"
---	----------------	--	--

24

Breastfeeding Screen

Are you experiencing any of the following?

<input type="checkbox"/> Cracked, bleeding or severely sore nipples	<input checked="" type="checkbox"/> Severe breast engorgement
<input type="checkbox"/> Flat or inverted nipples	<input type="checkbox"/> Tandem nursing
<input type="checkbox"/> Mastitis	<input type="checkbox"/> 40 years of age or older
<input type="checkbox"/> No milk at 4 days postpartum	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Recurrent plugged ducts	<input type="checkbox"/> None

This question should only be asked if the woman is currently breastfeeding a baby. If she is not currently breastfeeding, mark "none".

602 Breastfeeding Complications or Potential Complications (Women)	Breastfeeding - (1) Pregnant - (1)	Any of the following are considered complications or potential complications for a Breastfeeding Woman: <ul style="list-style-type: none"> Severe breast engorgement Recurrent plugged ducts Mastitis Flat or inverted nipples Cracked, bleeding or severely sore nipples 40 years of age or older Failure of milk to come in by four days postpartum Tandem nursing 	Screen: Breastfeeding Question: "Are you experiencing any of the following?" Answer that generates risk: Any selection except "Other" and "None"
---	---------------------------------------	--	--

25

Knowledge Check

System generated breastfeeding risks 601 and 702 will automatically populate for both mom and baby on their risk screen.



26

Please review *NPS Breastfeeding* and the *IWIC Nutrition Risk Criteria* for more information.



27

Knowledge Check

Pregnant women, who are also breastfeeding, will receive the exclusive breastfeeding food package.



28

Please review NPS Breastfeeding for details.



29

Health Screen Assessment & Risks

30

Women - Health Screen

- Includes 2 tabs:
- Pregnancy information
 - Health Information

If it would be alright with you, I'd like to start by asking about your current and past pregnancies?

Please share what questions or concern you have related to your pregnancy, this might include things like.....

Tell me about past pregnancies.

Were there any medical concerns, such as



31

2. Have you had any other pregnancies that resulted in a live birth? Yes No
 What is the DOB of your last child? 01/31/2019 Prenatal Participant

2. Before this most recent pregnancy, did you have any other pregnancies that resulted in a live birth? Yes No
 What is the DOB of the child prior to this baby? 07/31/2019 Postpartum Participant

333 Pregnancy at a Young Age	Pregnant - [3] Breastfeeding - [13] Non-breastfeeding - [2]	Conception at <20 years of age. Pregnant Woman: Current pregnancy. Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy.	Screen: Cert Action
332 Short Interpregnancy Interval	Pregnant - [3] Breastfeeding - [13] Non-breastfeeding - [2]	Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy. Calculated based on Date Last Pregnancy Ended and LMP date + 14 days. Pregnant Woman: Current pregnancy. Breastfeeding and Non-Breastfeeding Woman: Most recent pregnancy. This criterion is specific to live births and does not include women who experienced spontaneous abortions (miscarriage) or fetal death (i.e., stillbirth).	Screen: Health & Cert Action Question: "Have last pregnancy ended?" Risk generated if date last pregnancy ended and LMP date + 14 days.

32

3. Did you have any medical issues with your past pregnancies? Yes No

If yes, please select:

- Baby born Sibs 8oz or less
- Baby born 8lbs or more
- Baby born with a nutrition related birth defect
- Caesarean or 'C' section
- Early term delivery >37 to <39 weeks
- Gestational Diabetes
- 2 or more Miscarriages (less than 20 weeks)
- Preeclampsia
- Pregnancy loss (20 weeks or more)
- Preterm delivery >32 but <37 weeks
- Stillborn or death before 1 month of age
- Twins, triplets or more

- 303 Hx of Gest. DM
- **304 Hx of Preeclampsia** ❤️
- 311 Hx of Preterm/Early Term delivery
- 312 Hx of Low Birth Wt
- 321 Hx of spontaneous abortion, fetal loss, or neonatal death
- 337 Hx of birth of large for gest. age infant
- 339 Hx of birth w/ nutr related congenital birth defect



33



Take time now to review the USDA WIC Nutrition Risks and IWIC Nutrition Risk Criteria for the following risks:

<https://www.springfieldul.org/page.aspx?item=116>

- 303 Hx of Gest. DM
- 304 Hx of Preeclampsia
- 311 Hx of Preterm/Early Term delivery
- 312 Hx of Low Birth Wt
- 321 Hx of spontaneous abortion, fetal loss, or neonatal death
- 337 Hx of birth of large for gest. age infant
- 339 Hx of birth w/ nutr related congenital birth defect

34

Pregnancy Information	Health Information
<p>4. Do you regularly take any of the following medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Antibiotic <input type="checkbox"/> Blood Pressure/Coagulation <input type="checkbox"/> Cardiac/Blood Pressure/Lipid <input type="checkbox"/> Digestive Enzymes <input type="checkbox"/> Diabetic 	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hormones, Growth, Steroid, Other <input type="checkbox"/> Insulin/Insulin-like <input type="checkbox"/> Thyroid/Med/Thyroid <input type="checkbox"/> Other
<p>5. Do you or your health care provider have any special concerns about your pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excessive weight gain <input type="checkbox"/> Fetal Growth Restriction <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hyperemesis gravidarum 	<ul style="list-style-type: none"> <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Twins, triplets or more <input type="checkbox"/> Weight loss while pregnant

What medications are you currently taking?

What concerns do you or your doctor have with your pregnancy such as weight gain/loss, blood pressure, diabetes, nausea/vomiting?

If yes, ask: What did the doctor share about managing.....

- 357 Drug Nutrient Interactions
- 301 Hyperemesis Gravidarum
- **302 Gestational Diabetes** ❤️
- 335 Multifetal Gestation
- 336 Fetal Growth Restriction
- 338 Pregnant Woman Currently BF



35



Take time now to review the USDA WIC Nutrition Risks and IWIC Nutrition Risk Criteria for the following risks:

<https://www.springfieldul.org/page.aspx?item=116>

- 357 Drug Nutrient Interactions
- 301 Hyperemesis Gravidarum
- 302 Gestational Diabetes
- 335 Multifetal Gestation
- 336 Fetal Growth Restriction
- 338 Pregnant Woman Currently BF

36

Women - Health Screen, pregnancy information

This last set of questions is about tobacco, alcohol and substance use. Please know this is confidential and we ask this to see if there is any education or referrals to offer you. We want you to have the healthiest pregnancy possible.

- 371 Nicotine and Tobacco Use
- 372 Alcohol and Substance Use
- 904 Environmental Tobacco Smoke Exposure

37

Pregnancy Information **Health Information**

6. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vaps, hookahs, chewing tobacco, or tobacco replacement therapies (gum, patches)? Yes No

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

8. Drink alcohol? Yes No

9. Use marijuana in any form? Yes No

10. Misuse prescription medication? Yes No

11. Use other illegal substances? Yes No

Pregnancy Information **Health Information**

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

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

6. Drink alcohol? Yes No

7. Use marijuana in any form? Yes No

8. Misuse prescription medication? Yes No

9. Use other illegal substances? Yes No

38



Take time now to review the USDA WIC Nutrition Risks and IWIC Nutrition Risk Criteria for the following risks:

<https://www.springfieldul.org/page.aspx?item=116>

- 371 Nicotine and Tobacco Use
- 372 Alcohol and Substance Use
- 904 Environmental Tobacco Smoke Exposure

39

Women - Health Screen, health information

*Besides pregnancy related conditions, what other health conditions do you have?
How about allergies to foods such as eggs, peanut, lactose intolerance.....? Confirming you can tolerate regular milk?
Of the following supplements, what are you currently taking.....?
Sometimes women crave different non-foods during pregnancy. Are you eating anything such as large amts of ice, dirt, cornstarch.....?*

Pregnancy Information **Health Information**

1. Do you have any health or medical issues? Yes No

2. Do you have any food-related allergies? Yes No

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

4. Do you have any dental problems? Yes No

5. Do you take any of the following?
 - Prenatal Vitamins Yes No (If yes, how often?) Daily Weekly Monthly Other
 - Vitamins/Minerals Yes No (If yes, how often?) Daily Weekly Monthly Other
 - Herbs, Supplements or Remedies Yes No (If yes, please select) None Baby powder Baking soda Cornstarch Dirt

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

40

1. Do you have any health or medical issues? Yes No

- 341 Nutrient deficiency or Disease – beriberi, hypocalcemia, rickets, Vit K deficiency, etc.
- 342 Gastrointestinal Disorders – peptic ulcer, post-bariatric surgery, IBS, Crohn’s, etc.
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension / Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders – epilepsy, CP, MS, NTD
- 349 Genetic & Congenital Disorders – Down syndrome, MD, cleft lip, etc.



41

1. Do you have any health or medical issues? Yes No

- 351 Inborn Errors of Metabolism – PKU
- 352 Infectious Disease (acute) – Hep A/E, meningitis, pneumonia, etc
- 352 Infectious Disease (chronic) – HIV, Hep B, C, D
- 354 Celiac Disease
- 356 Hypoglycemia
- 358 Eating Disorders
- 359 Recent Major Surgery, Trauma, Burns within past 2 months (including c-section)
- 360 Other Medical Conditions – arthritis/lupus, asthma, CF
- 361 Depression
- 362 Developmental Sensory or Motor Delays interfering w/the ability to eat
- 363 Pre-Diabetes (BF / NP only)
- 901 Recipient of abuse
- 902 Woman or Infant / Child of Primary Caregiver with limited ability to make feeding decisions



42

Review

Take time now to review the USDA WIC Nutrition Risks and IWIC Nutrition Risk Criteria for the following risks:

<https://www.springfieldul.org/page.aspx?item=116>

341 Nutrient deficiency or Disease – beriberi, hypocalcemia, rickets, Vit K deficiency, etc. 342 Gastrointestinal Disorders – peptic ulcer, post-bariatric surgery, IBS, Crohn’s, etc. 343 Diabetes Mellitus 344 Thyroid Disorders	351 Inborn Errors of Metabolism – PKU 352 Infectious Disease (acute) – Hep A/E, meningitis, pneumonia, etc 352 Infectious Disease (chronic) – HIV, Hep B, C, D 354 Celiac Disease 356 Hypoglycemia 358 Eating Disorders 359 Recent Major Surgery, Trauma, Burns within past 2 months (including c-section)
---	--

43

Knowledge Check

The most common micronutrient deficiencies in the US are Vit. B6, iron, Vit. D, Vit. C, and Vit. B12.

TRUE

— OR —

FALSE

44

Review USDA risk 341 for more information.



45

Knowledge Check

Common nutritional recommendations for GERD include avoiding eating within 3 hours of going to bed and avoiding fatty foods, coffee and alcoholic beverages.



46

Review USDA risk 342 for more information.



47

Knowledge Check

CPAs should advise diabetic participants on specific carbohydrate amounts for meals and snacks.



48

WIC CPAs can reinforce and support the medical and dietary recommendations participants receive from their doctors.

Review USDA risk 343 for more information.



49

Knowledge Check

You are certifying a woman who tells you she had a C-Section. The baby is currently 2 weeks old.

You should select "surgery/trauma/burns <2mos" from the health/medical issues question.



50

Review USDA risk 359 for more information.



51

Review

Take time now to review the USDA WIC Nutrition Risks and IWIC Nutrition Risk Criteria for the following risks:

<https://www.springfieldul.org/page.aspx?item=116>

- | | |
|--|---|
| 345 Hypertension / Prehypertension | 360 Other Medical Conditions – arthritis/lupus, asthma, CF |
| 346 Renal Disease | 361 Depression |
| 347 Cancer | 362 Developmental Sensory or Motor Delays interfering w/the ability to eat |
| 348 Central Nervous System Disorders – epilepsy, CP, MS, NTD | 363 Pre-Diabetes (BF / NP only) |
| 349 Genetic & Congenital Disorders – Down syndrome, MD, cleft lip, etc | 901 Recipient of abuse |
| | 902 Woman or Infant / Child of Primary Caregiver with limited ability to make feeding decisions |

52

Knowledge Check

The participant tells you they have sickle cell anemia. You should select “genetic/congenital disorders” from the health/medical issues question.



53

Only if the participant tells you they have sickle cell anemia (not sickle cell trait)
Review USDA risk 349 for more information.



54

Knowledge Check

The participant tells you they asthma, but do not need to take medication.

You should select “asthma, persistent or severe” from the health/medical issues question.



55

You only make that selection if the participant tells you they take medication daily for their asthma.

Review USDA risk 360 for more information.



56

- 353 Food allergies (#2)
- 355 Lactose intolerance (#2)

- 381 Oral health conditions (#4)
- 427.03 Compulsively ingesting non-food items (pica) (#6)

57



Take time now to review the USDA WIC Nutrition Risks and IWIC Nutrition Risk Criteria for the following risks:

<https://www.springfield.il.gov/page.aspx?item=116>

- 353 Food allergies
- 355 Lactose intolerance
- 381 Oral health conditions
- 427.03 Compulsively ingesting non-food items (pica)

58

Knowledge Check

The participant tells you they are lactose intolerant.

What other WIC food options should you offer?

59



If you said lactose-free milk, soy milk, cheese, yogurt, and tofu you are correct!

Did you know?

Some individuals may be able to tolerate lactose-containing foods such as cheese and yogurt because the bacteria used to make these foods make it easier to digest and contain relatively low levels of lactose.

Review USDA risk 355 for more information.

60

Knowledge Check

Food allergies and food intolerances are the same thing.



61

Food allergy reactions occur when the body's immune system responds to a harmless food as if it were a threat.

Food intolerances do not involve the immune system. The most common food intolerance is lactose intolerance.

Review USDA risk 353 for more detail.



62

* 5. Do you take any of the following? <input type="radio"/> Prenatal Vitamins <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="radio"/> Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Vitamins/Minerals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="radio"/> Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
427.05 Consuming dietary supplements with potentially harmful components	Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [0]	Examples of dietary supplements, which when ingested in excess of recommended dosages, may be toxic or have harmful consequences include but are not limited to: <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements and • Herbal or botanical supplements/medicines/teas. Any intake of herbs/teas with potentially harmful effects to women.	Screen: Health 1. Question: "Current vitamins and mineral intake" Answer that generates risk: "Excessive" And/or 2. Question: "Do you take any herbs, supplements or remedies?" Answer that generates risk: "No"
427.04 Inadequate vitamin/mineral supplementation recognized as essential by national public health policy	Pregnant - [1] Breastfeeding - [1] Non-Breastfeeding - [0]	<ul style="list-style-type: none"> • Daily consumption of less than 27 mg of iron as a supplement by pregnant women. • Daily consumption of less than 150 µg of supplemental iodine by pregnant and breastfeeding women. • Daily consumption of less than 400 mcg of folic acid from fortified foods and/or supplements by non-pregnant women. 	Screen: Health Question: "Do you take any of the following?" Vitamins/Minerals Answer that generates risk: "No" • "Excessive"

63

Knowledge Check

CPA: Are you taking a prenatal vitamin?

Participant: Yes, I take one every day.

CPA: Do you know if it contains at least 27mg iron and 150 mcg of iodine?

Participant: I actually have it with me, let's see. Yes, it contains both.

CPA: Great! Other than your prenatal vitamins, are you taking any other vitamins, minerals, herbs or other supplements?

Participant: Nope, only the prenatal vitamins.

* 5. Do you take any of the following? <input checked="" type="radio"/> Prenatal Vitamins <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="radio"/> Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="radio"/> Vitamins/Minerals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="radio"/> Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
--	--	--	--

64

Knowledge Check

5. Do you take any of the following?

Prenatal Vitamins Yes No (If yes) #/week
 Excessive? Yes No

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

Herbs, Supplements or Remedies Yes No

She told you she takes her prenatal vitamin daily and that it does contain the appropriate amounts of iron and iodine. She also said she is not taking any other vitamins/minerals, herbs or supplements.

65

Knowledge Check

CPA: Are you taking a prenatal vitamin?

Participant: Yes, I take one every day.

CPA: Do you know if it contains at least 27mg iron and 150 mcg of iodine?

Participant: Oh boy, I'm really not sure.

CPA: No problem. Other than your prenatal vitamins, are you taking any other vitamins, minerals, herbs or other supplements?

Participant: Nope, only the prenatal vitamins.

5. Do you take any of the following?

Prenatal Vitamins Yes No (If yes) #/week
 Excessive? Yes No

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

Herbs, Supplements or Remedies Yes No

66

5. Do you take any of the following?

Prenatal Vitamins Yes No (If yes) #/week
 Excessive? Yes No

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

Herbs, Supplements or Remedies Yes No

She told you she takes her prenatal vitamin daily and but she's not sure of the iron and iodine content. She also said she is not taking any other vitamins/minerals, herbs or supplements.

Because we can't assume her prenatal vitamin is inadequate, you would mark "yes" she's taking a prenatal vitamin, remembering to hold any education until you complete the full assessment. At the end of the assessment, you could offer education on what is recommended and suggest she look at her prenatal vitamins and discuss it with her doctor.

67

5. Do you take any of the following?			
<input type="radio"/> Prenatal Vitamins <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes) #/week <input type="text"/> <input type="radio"/> Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="radio"/> Vitamins/Minerals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="text"/> <input type="radio"/> Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="radio"/> Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>427.03</p> <p>Consuming dietary supplements with potentially harmful ingredients</p>	<p>Pregnant - [4]</p> <p>Breastfeeding - [3]</p> <p>Non-Breastfeeding - [3]</p>	<p>Examples of dietary supplements, which when ingested in excess of recommended dosages, may be toxic or have harmful consequences include but are not limited to:</p> <ul style="list-style-type: none"> • Single or multi vitamins • Mineral supplements and • Herbal or botanical supplements/herbals/tees. <p>Any intake of herbs/tees with potentially harmful effects to fetuses.</p>	<p>Screen: Health</p> <p>1. Question: "Current vitamin and mineral intake"</p> <p>Answer that generates risk: "Excessive"</p> <p>And/or</p> <p>2. Question: "Do you take any herbs, supplements or remedies?"</p> <p>Answer that generates risk: "Yes"</p>
<p>427.04</p> <p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy</p>	<p>Pregnant - [4]</p> <p>Breastfeeding - [3]</p> <p>Non-Breastfeeding - [3]</p>	<ul style="list-style-type: none"> • Daily consumption of less than 27 mg of iron as a supplement by pregnant women. • Daily consumption of less than 150 µg of supplemental iodine by pregnant and breastfeeding women. • Daily consumption of less than 400 mg of folic acid from fortified foods and/or supplements by non-pregnant women. 	<p>Screen: Health</p> <p>Question: "Do you take any of the following?" Vitamins/Minerals</p> <p>Answers that generate risk:</p> <ul style="list-style-type: none"> • "No" • "Excessive"

68

Nutrition Screen Assessment & Risks

69

Women - Nutrition Screen

Overall, how has your appetite been recently?

Based on your usual eating / drinking habits, I have a few specific questions to ask.

What kind of milk do you like to drink?

What else do you like to drink throughout the day? Water, juice, soda.....

You shared your appetite is _____. If you think about the following food groups, would you say you eat these foods daily? Fruits? Vegetables? Whole grains like whole wheat bread, pasta, corn tortillas, popcorn?

70

Women - Nutrition Screen

In addition to the food groups we just discussed, I'd like to ask if you eat any of these foods and how you prepare them.

Many women experience [] are you experiencing any of that?

Are you following any special diets such as []?

How would you describe your daily physical activity: none, about 15 or 30 minutes, etc.

71

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

- Deli meats/hot dogs not steaming
- Fish/shellfish raw/undercooked/smoked
- Soft cheese
- Tofu raw/undercooked
- Fish high in mercury
- Juice unpasteurized
- Milk unpasteurized
- Sprouts raw
- No

427.05 Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms

Pregnant - [4]

4. Do you eat these foods every day?

- Fruit
- Vegetables
- Whole grains
- Yes
- No

427.02 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery

Pregnant - [4]
Breastfeeding - [4]
Non-Breastfeeding - [6]

7. Do you follow a special diet?

- Diabetic
- Lacto-ovo
- Low fat
- Post-bariatric surgery
- None of the above
- High calorie
- Lactose free/restricted
- Low sodium
- Vegan
- Other
- High protein/low carb
- Low calorie
- Macrobiotic
- Vegetarian
- Ketoher
- Low cholesterol
- PKU
- Weight loss

72

903 – Foster Care

- Entering foster care system during the previous 6 months or moving from one foster care home to another.
- Risk cannot be used for consecutive certifications while the child remains in the same foster home.
- Women category may include foster care risk if the participant is in foster care. Ex: 16 year old (PG) category, living in foster home would be assigned this risk.

77

This Risk Should Rarely Auto-Generate

403 Failure to Meet Dietary Guidelines for Americans	Program : [X] Breastfeeding : [X] Child (0-2 years) : [X]	Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be assigned to be at nutrition risk for failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, the failure to meet Dietary Guidelines for Americans is defined as consuming fewer than the recommended number of servings from one or more of the food food groups (grains, fruits, vegetables, milk products and meat or beans).	System generated on Nutrition Risk screen when there are no other risks. May not be manually assigned.
---	---	--	--

78

Now that the assessment is complete, it's time to bring it all together

- Summarize what you've heard.
- Use your Participant Centered Communication
- Offer a menu of education choices that's most important to them.
- Ask permission before sharing information
- Invite the participant to set a goal

- Out of all the information we've given you, why is this change important to you?
- What ideas do you have for making that change?

79

Thank you!
We Hope You Enjoyed This Training
Please contact your Regional Nutritionist Consultant with questions.

80