

WIC Assessment Guide: Pregnant (PG)

This guidance was designed to support CPA/CPAA 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.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (refer to Addendum *NPS Effective Counseling* for ideas).
- 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 time in WIC, we will ask questions and gather information to get a better understanding of your overall nutrition practices and lifestyle. We will begin with 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 for you to have a healthy pregnancy and the baby to grow 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 to you?”**
- Possible starters to continue the conversation:
 - **“Tell me how you are feeling about your pregnancy and what WIC can help you with today?”**
 - **“What have you noticed or what has changed for you, since you found out you were pregnant?”**

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

I-WIC Lab screen – Pregnant Woman

Anthropometric Data

Non-WIC	Anthro Date	Weight lbs	Weight oz	Height in	Height 1/8	Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BMI	Current BMI	Reasons	Date
<input type="checkbox"/>	01/23/2023	134	0	65	0	30	12	12		20.3	22.30		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	10			<input type="checkbox"/>		1/23/2023

- Add anthropometric, prenatal and bloodwork data, per Addendum *IWIC Flow Sheets* and policy requirements.
- *WIC allows a verbal response for: lead and pre-pregnancy weight, or if still within the first trimester, may use weight collected at the time of the WIC visit– all other measurements must be taken by the WIC clinic or from referral data per Policy requirements.*

Prenatal Chart button:

Review Prenatal Weight Gain chart and recommended weight gain for a participant's pre-pregnancy weight status. I-WIC has a 'letter code' for pre-pregnancy BMI status:

- A: Underweight (Pre-pregnancy BMI less than 18.5) 28-40 pounds
 B: Normal (Pre-pregnancy BMI 18.5 – 24.9) 25-35 pounds
 C: Overweight (Pre-pregnancy BMI greater than or equal to 25) 15-25 pounds
 D: Obese (Pre-pregnancy BMI greater than or equal to 30) 11-20 pounds

Ask the participant to share, while reviewing the chart:

- “What have you heard about or experienced (with past pregnancies) regarding weight gain for a healthy pregnancy?”
- “How do you feel about weight changes during pregnancy?”

I-WIC Breastfeeding – Pregnant Woman (4 tabs)

BF Information

Date Assigned	Category	Amount

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:

Pregnancy certification (new applicant), questions do not apply and fields are disabled.

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Mon 1/30/2023

Active Record
 NUTRITION ASSESSMENT, PREGNANT
 Cat: PG (female)
 ID: 301 206 171
 DOB: 1/1/2001
 Age: 22 yrs, 0 mos
 Weeks: 31
 Cert: 01/23/23 - 05/13/23
 BVT: Pending
 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: WIC CA IL284WICDWEB1

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

How are you thinking about feeding your baby?
☒ I want to nurse my baby from the breast
☐ I want to pump and nurse from the breast
☐ I want to pump only
☐ I want to provide both formula and breast milk
☐ I don't want to breastfeed
☐ Other

Have you ever breastfed/pumped? ☐ Yes ☒ No

Tell me about your breastfeeding experience or what you have heard about breastfeeding?
 n/a

Are you experiencing any of the following?
☐ Cracked, bleeding or severely sore nipples
☐ Flat or inverted nipples
☐ Mastitis
☐ No milk at 4 days postpartum
☐ Recurrent plugged ducts
☐ Severe breast engorgement
☐ Tandem nursing
☐ 40 years of age or older
☐ Other
☒ None

Save Cancel Next

BF Questions

Complete questions, last question: **“Are you experiencing any of the following?”**

If pregnant and not currently breastfeeding, select “None”.

If pregnant and also currently breastfeeding an infant/child, review with participant and answer the question appropriately.

If pregnant and currently breastfeeding another infant, select “currently breastfeeding” from health screen question #5. This will ensure the participant receives the “Pregnant and fully/mostly Breastfeeding” food package.

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Mon 1/30/2023

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 Logoff
 DIS: WIC CA IL284WICDWEB1

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

Contact History

Date	Role	Method	Contact Made	Topic/No Contact	Baby Name
1/30/2023	CPA	Clinic Visit	<input checked="" type="checkbox"/>	Breastfeeding Basics	

Add Remove Link Baby

Breastfeeding Referral

Date Referred	Referred To	Reason Referred	Reason Not Referred	Referral Type	Follow-up Date
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Add Remove History

Breastfeeding Notes

Date	Staff	Note	Baby Name
1/30/2023	JESSICA.G.	Discussed interest in breastfeeding and how to include in birth plan	

Add Remove Link Baby

Anthro Save Cancel Next

BF Support & Notes Tab:

Document any breastfeeding contacts, referrals and notes, if/where applicable during the pregnancy.

Breastfeeding Contacts: Refer to *NPS: Breastfeeding Addendum 1* for recommended breastfeeding contact schedule.

Documentation: Refer to *NPS: Documenting in WIC MIS* for guidance.

BF Pumps & Aids Tab:

Not applicable during pregnancy.

Note – breast pumps should not be issued until after the infant is born to ensure proper education is provided.

I-WIC Health screen – Pregnant Woman (Pregnancy Information Tab: 3 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.

- **“Do you mind sharing what questions or concerns you have related to your pregnancy, including items like: your appetite, breastfeeding, infant feeding choices, weight gain, your emotional well-being or depression, or if there are any other questions or concerns you have?”**

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

- **“Tell me about your past pregnancies, any medical concerns for you or baby? (miscarriage or loss)”**
 - **“Were your deliveries full term or preterm?”**
 - **“How did you deliver in the past (C-section)?”**

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Mon 1/30/2023

Active Record

NUTRITION ASSESSMENT, PREGNANT
Cat: PG (female)
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Age: 22 yrs, 0 mos
Weeks: 31
Cert: 01/23/23 - 05/13/23
BVT:
Status: Pending

Scheduling Tasks

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Participant Info.
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Logoff
DHS - WIC - GA
ILOHAWC000001

Pregnancy Information

Health Information

4. Do you regularly take any of the following medications? ☐ Yes ☒ No

If yes, please select:

☐ Anticoagulant ☐ Hormones: Growth, Steroid, Other
☐ Blood Formation/Coagulation ☐ Insulin/Antidiabetic
☐ Cardio/Blood Pressure/Lipid ☐ Thyroid/Antithyroid
☐ Digestive Enzymes ☐ Other
☐ Diuretic

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

If yes, please select:

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

1 2 3

Save Cancel Next

Question #4:

- “Are you regularly taking any medications?”
 - If on medications; “Tell me more about what it is for, and how long you will be on this?”

Question #5:

- “With this pregnancy, has your doctor’s office shared any concerns; such as with your weight gain, blood pressure or mentioned gestational diabetes?”
 - “What did your doctor share about how to manage this condition?”

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ILOHAWC000001

Pregnancy Information

Health Information

6. 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

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

1 2 3

Save Cancel Next

Questions #6 - #11: 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 – Pregnant Woman (Health Information Tab: 1 page)

I-WIC
NUTRITION ASSESSMENT, PREGNANT
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Cert: 01/23/23 - 05/13/23
BVT:
Status: Pending

Active Record
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Pregnancy Information
1. Do you have any health or medical issues? ☐ Yes ☒ No
2. 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
3. Do you have access to dental care? ☒ Yes ☐ No
4. 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
5. Do you take any of the following?
Prenatal Vitamins ☐ Yes ☒ No (If yes) #/week
Vitamins/Minerals ☐ Yes ☒ No (If yes) #/week
Herbs, Supplements or Remedies ☐ Yes ☒ No
6. 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 #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?”

Question #2:

- “How about any food allergies or intolerances?”

If confirmed food allergy or intolerance- modify food benefits prior to issuing.

Question #3 - #4:

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

Question #5:

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

Question #6:

- “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 – Pregnant Woman (3 pages)

I-WIC
NUTRITION ASSESSMENT, PREGNANT

Cat: PG (female)
ID: 301 200 171
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Weeks: 31
Cert: 01/23/23 - 05/13/23
JVT:
Status: Pending

Scheduling Tasks

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DIS: IWIC_OA
IL084VWCDWB1

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Mon 1/30/2023

NUTRITION ASSESSMENT, PREGNANT

1. How do you feel about your appetite? fine

2. What milk do you drink most often?

☐ Fat-free/skim cow's or lactose free ☐ Low-fat/1% cow's or lactose free

☒ Reduced fat/2% cow's or lactose free ☐ Whole cow's or lactose free

☐ Formula ☐ Goat/sheep's milk

☐ Homemade mixtures/non-dairy creamer ☐ Nut milks

☐ Rice beverages ☐ Soy beverages (fortified)

☐ Soy beverage (unfortified) ☐ Canned evaporated or sweetened condensed milk

☐ Other ☐ None

3. Do you regularly drink any of the following?

☐ Beer, wine or drinks with alcohol ☒ Coffee or tea ☐ Diet soda

☒ 100% fruit juice ☐ Soda, fruit/sports drinks or sweetened tea ☒ Water

☐ Other

4. Do you eat these foods every day?

☒ Fruit ☒ Yes ☐ No

☒ Vegetables ☒ Yes ☐ No

☒ Whole grains ☒ Yes ☐ No

1 2 3

Save Cancel Next

Question #1:

- “Since you have been 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, 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.*

- “Since becoming pregnant, what do you feel is most important when it comes to what you drink? Now let’s talk about mealtimes and what you like to eat.”
 - “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 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 became pregnant.*
- “You would like to be better about _____” *desired habit identified that the participant would like to change (reflected change talk)*

I-WIC | File | Scheduler | Certification | Benefits | Miscellaneous | Reports | Help | Messages | Mon 1/30/2023

Active Record

NUTRITION ASSESSMENT, PREGNANT
 Cat: PG (female)
 ID: 301 206 171
 DOB: 1/1/2001
 Age: 22 yrs, 0 mos
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 BVT:
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Scheduling Tasks

Guided Script

- Household Info.
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Notes and Alerts

Logoff
 DHS, I-WIC, CA
 IL04WICWEB1

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, specially while you are pregnant. 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

Question #6 - #7:

- “Share with me, are you following a special diet or 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”

Active Record

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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 or hot plate for cooking?”

I-WIC Nutrition Risk screen – Pregnant Woman

I-WIC

File | Scheduler | Certification | Benefits | Miscellaneous | Reports | Help | Messages | Mon 1/30/2023

Active Record

NUTRITION ASSESSMENT, PREGNANT

Cat: PG (female)

ID: 301206171

DOB: 1/1/2001

Age: 22 yrs, 0 mos

Weeks: 31

Cert: 01/23/23 - 09/13/23

WVT: Pending

Scheduling Tasks

Guided Script

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

Notes and Alerts

Logoff

DHS, I-WIC, OA
IL09#WIC09B1

Current History

Nutrition Risk

☐ High Risk

Cert Start Date	Date	Detailed Description	Heart	Staff	Source	Note
1/23/2023	1/30/2023	427.04[4] - Inadequate Essential...		JESSICA.G...	SYSTEM	
1/23/2023	1/30/2023	427.05[4] - Ingesting Foods with...		JESSICA.G...	SYSTEM	
1/23/2023	1/30/2023	904[1] - Environmental Tobacco ...		JESSICA.G...	SYSTEM	

Add Remove

Reason Risk Help Save Cancel Next

Review the Nutrition Risk screen following the assessment to:

- Confirm all risks generated/appropriately assigned
 - 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. You can go back and correct, if needed
 - Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- Add a manual risk, if applicable:
 - 131 Low Maternal Weight Gain
 - 133 High Maternal Weight Gain
 - 334 Lack of Adequate Prenatal Care
 - 903 Foster Care – If Pregnant participant is in foster care, transitioned into foster care or moved from one foster care home to another in the past 6 months
- If no risks generated from the assessment for a Pregnant Woman, the Presumptive Eligibility risk will assign:
 - 401 Failure to meet Dietary Guidelines

If participant is high risk (red heart):

- Refer to *IWIC Appointment Types* for follow-up.
- CPA Assistant's must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

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

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification.

Upon completing the assessment, the CPA/CPAA should 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*.

WIC Assessment Guide: Breastfeeding Category (BE, BP)

This guidance was designed to support CPA/CPAA 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.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (refer to Addendum *NPS Effective Counseling* for ideas)
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected.
 - **“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- 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

Active Record
NUTRITION ASSESSMENT, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT: Pending

Scheduling Tasks
Guided Script
Household Info.
Participant Info.
Cert Action
Lab

Anthropometric Data
English(SAE) Metric

Non-WIC	* Anthro Date	* lbs	* oz	* in	* 1/8	Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Pre-PG BWT	Current BWT	? Reasons	Da
<input type="checkbox"/>	01/23/2023	200	0	65	0			-43		20.3	33.28		1/

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

Pre-pregnancy Weight 122 lbs ☐ Unknown
*** Weight at Delivery** 243 lbs
*** Weight gained during pregnancy** 121 lbs

Save Cancel Next

- Add anthropometric, prenatal and bloodwork data, per Addendum *IWIC Flow Sheets* 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. 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)

Active Record
NUTRITION ASSESSMENT, BFDING
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Scheduling Tasks
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Household Info.
Participant Info.
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Lab

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

BF Status History

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? ☐ No ☐ Yes

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

Save Cancel Next

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:

Save Cancel Close

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Mon 1/23/2023

Active Record
NUTRITION ASSESSMEN, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT: Pending
Status: Pending

Scheduling Tasks
Guided Script
✓ Household Info.
✓ Participant Info.
✓ Cert Action
✓ Lab
✓ **Breastfeeding**
Health
Nutrition
Mid-Certification
Nutrition Risk
Nutrition Education
Food Prescription
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Print Documents

Notes and Alerts
Logoff
DHS WIC CA
L006WICDWH1

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

BF Questions
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
☐ Flat or inverted nipples
☐ Mastitis
☐ No milk at 4 days postpartum
☐ Recurrent plugged ducts
☐ Severe breast engorgement
☐ Tandem nursing
☐ 40 years of age or older
☐ Other
☒ 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”**.

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Mon 1/23/2023

Active Record
NUTRITION ASSESSMEN, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT: Pending
Status: Pending

Scheduling Tasks
Guided Script
✓ Household Info.
✓ Participant Info.
✓ Cert Action
✓ Lab
✓ **Breastfeeding**
Health
Nutrition
Mid-Certification
Nutrition Risk
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DHS WIC CA
L006WICDWH1

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	

Add **Remove** **Link Baby**

Breastfeeding Referral [Link Baby to Contact](#)

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

Add **Remove** **History**

Breastfeeding Notes

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

Add **Remove** **Link Baby**

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, BF/DG

Cat: BE (female)

ID: 301 206 170

DOB: 1/1/2001

Age: 22 yrs, 0 mos

Cert: 01/23/23 - 01/19/24

EVT:

Status: Pending

Scheduling Tasks

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Participant Info.

Cert Action

Lab

Breastfeeding*

Health

Nutrition

Mid-Certification

Nutrition Risk

Nutrition Education

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ILGWICWERT

BF Information

BF Questions

BF Support & Notes

BF Pumps & Aids

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

Add **Remove**

☐ Non-WIC Breastpump

BP Assigned

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 per local agency guidance.

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

I-WIC
NUTRITION ASSESSMENT, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT:
Status: Pending

Active Record
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Pregnancy Information

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
 * What is the DOB of the child prior to this baby?

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 5lbs 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

Save Cancel Next

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.*

I-WIC
NUTRITION ASSESSMENT, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT:
Status: Pending

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Pregnancy 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?
☐ 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

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 – Breastfeeding (Health Information Tab: 2 pages)

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Active Record
NUTRITION ASSESSMEN, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT:
Status: Pending

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DIS: TWIC_OA
LUBHWCDWEB1

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*

- “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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Active Record
NUTRITION ASSESSMEN, BFDING
Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT:
Status: Pending

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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

1 2 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)

I-WIC File Scheduler Certification Benefits Miscellaneous Reports Help Messages Mon 1/23/2023

Active Record

NUTRITION ASSESSMEN, BFDING

Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
JVT:
Status: Pending

Scheduling Tasks

Guided Script

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DRS I-WIC-0A (LAW/NCORE)

1. How do you feel about your appetite? fine

2. What milk do you drink most often?

☐ Fat-free/skim cow's or lactose free ☐ Low-fat/1% cow's or lactose free

☒ Reduced fat/2% cow's or lactose free ☐ Whole cow's or lactose free

☐ Formula ☐ Goat/sheep's milk

☐ Homemade mixtures/non-dairy creamer ☐ Nut milks

☐ Rice beverages ☐ Soy beverages (fortified)

☐ Soy beverage (unfortified) ☐ Canned evaporated or sweetened condensed milk

☐ Other ☐ None

3. Do you regularly drink any of the following?

☐ Beer, wine or drinks with alcohol ☒ Coffee or tea ☐ Diet soda

☒ 100% fruit juice ☒ Soda, fruit/sports drinks or sweetened tea ☒ Water

☐ Other

4. Do you eat these foods every day?

* Fruit ☒ Yes ☐ No

* Vegetables ☐ Yes ☒ No

* Whole grains ☒ Yes ☐ No

1 2 3

Save Cancel Next

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, 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)*

Active Record

NUTRITION ASSESSMENT, BFDING

Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT: Pending
Status: Pending

Scheduling Tasks

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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”

Active Record

NUTRITION ASSESSMENT, BFDING

Cat: BE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT: Pending
Status: Pending

Scheduling Tasks

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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?”

I-WIC Nutrition Risk screen – Breastfeeding

Active Record
NUTRITION ASSESSMEN, BFDING
Cat: DE (female)
ID: 301 206 170
DOB: 1/1/2001
Age: 22 yrs, 0 mos
Cert: 01/23/23 - 01/19/24
BVT: Pending
Status: Pending

Scheduling Tasks

Guided Script
✓ Household Info.
✓ Participant Info.
✓ Cert Action
✓ Lab
✓ Breastfeeding
✓ Health
✓ Nutrition
✓ Mid-Certification
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Logout
DIB: 14VW: GA
L004(WICWEB)

Nutrition Risk
Current History

☐ High Risk

Cert Start Date	Date	Detailed Description	Staff	Source	Note
1/23/2023	1/23/2023	904[1] - Environmental Tobacco ...	JESSICA.G...	SYSTEM	
1/23/2023	1/23/2023	427.02[4] - Diet Very Low Calori...	JESSICA.G...	SYSTEM	
1/23/2023	1/23/2023	353[1] - Food Allergies	JESSICA.G...	SYSTEM	

Add Remove

Reason Risk Help Save Cancel Next

Review the Nutrition Risk screen 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. You 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.
- CPA Assistant's must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

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

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification.

Upon completing the assessment, 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*.

WIC Assessment Guide: Postpartum (NP)

This guidance was designed to support CPA/CPAA 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.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (refer to Addendum *NPS Effective Counseling* for ideas).
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected.
 - **“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- 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: Pending
Status: Pending

Scheduling Tasks

Guided Script

- Household Info.
- Participant Info.
- Cert Action
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IL04WICQWBT

Anthropometric Data

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

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

Buttons: Add, Remove, Save, Cancel, Next

- Add anthropometric, prenatal and bloodwork data, per Addendum *IWIC Flow Sheets* 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. 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)

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: Pending
Status: Pending

Scheduling Tasks

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IL04WICQWBT

BF Information

BF Status History

Date Assigned	Category	Amount
---------------	----------	--------

BF Support & Notes

BF Pumps & Aids

Buttons: Save, Cancel, Next

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
[Dropdown]

*** 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**
[Dropdown]

*** Did you breastfeed as long as you desired?**
☐ No ☒ Yes

New Category
NP

Cert End Date
07/14/2023

Buttons: Save, Cancel, Close

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)?”**

The screenshot shows the I-WIC Health Information system interface. The top navigation bar includes menus for File, Scheduler, Certification, Benefits, Miscellaneous, Reports, Help, and Messages. The main content area is titled 'Pregnancy Information' and 'Health Information'. The form contains the following questions and options:

- 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

The sidebar on the left includes sections for 'Active Record', 'Scheduling Tasks', 'Guided Script', 'Notes and Alerts', and 'Logout'. The 'Guided Script' section is expanded, showing options like 'Household Info.', 'Participant Info.', 'Cert Action', 'Lab', 'Breastfeeding', 'Health', 'Nutrition', 'Mid-Certification', 'Nutrition Risk', 'Nutrition Education', 'Food Prescription', 'Issue Benefits', 'Referrals', 'Schedule Appt', and 'Print Documents'.

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)

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.

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Fri 1/20/2023

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

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 I-WIC, QA
LUBWICQWEST

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:
☐ Ashes ☐ Clay ☐ Large amounts of ice
☐ Baby powder ☐ Cornstarch ☐ Other
☐ Baking soda ☐ Dirt

1 2 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?”

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)

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Fri 1/20/2023

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

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 I-WIC, QA
LUBWICQWEST

1. How do you feel about your appetite? ok

2. What milk do you drink most often?
☐ Fat-free/skim cow's or lactose free ☐ Low-fat/1% cow's or lactose free
☒ Reduced fat/2% cow's or lactose free ☐ Whole cow's or lactose free
☐ Formula ☐ Goat/sheep's milk
☐ Homemade mixtures/non-dairy creamer ☐ Nut milks
☐ Rice beverages ☐ Soy beverages (fortified)
☐ Soy beverage (unfortified) ☐ Canned evaporated or sweetened condensed milk
☐ Other None

3. Do you regularly drink any of the following?
☐ Beer, wine or drinks with alcohol ☒ Coffee or tea ☐ Diet soda
☒ 100% fruit juice ☒ Soda, fruit/sports drinks or sweetened tea ☒ Water
☐ Other

4. Do you eat these foods every day?
 Fruit ☒ Yes ☐ No
 Vegetables ☒ Yes ☐ No
 Whole grains ☐ Yes ☒ No

1 2 3 Save Cancel Next

Question #1:

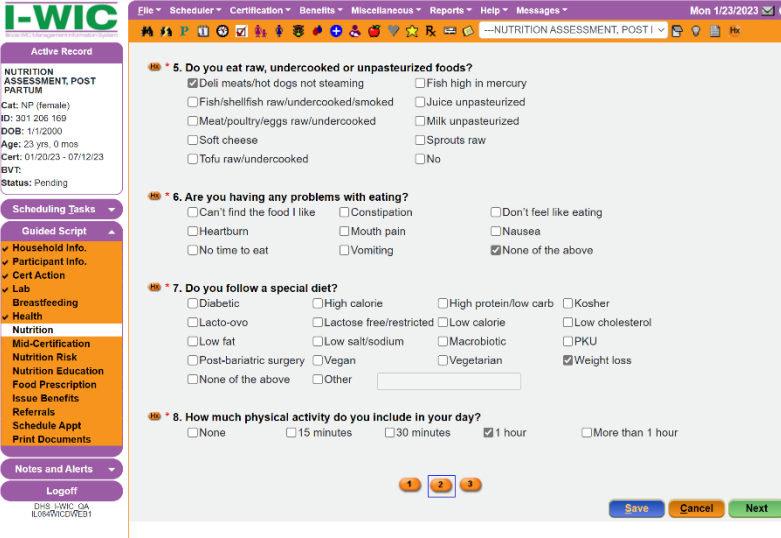

- “Since the end of your pregnancy, how do you feel your appetite has been?”

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, 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?”

	<p><i>Affirm or Reflect on responses to ensure understanding and offer praise</i></p> <ul style="list-style-type: none"> • “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)
	<p>Question #5:</p> <ul style="list-style-type: none"> • “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 <i>Note: Consumption of these foods only generate a risk for pregnant participants.</i> <p>Question #6 - #7: <i>Consider any responses from the health screen</i></p> <ul style="list-style-type: none"> • “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?” <p>Question #8:</p> <ul style="list-style-type: none"> • “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”
	<p>Question #9:</p> <ul style="list-style-type: none"> • “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?” <p>Question #10:</p> <ul style="list-style-type: none"> • “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?”

I-WIC Nutrition Risk screen – Postpartum

I-WIC
NUTRITION ASSESSMENT, POST PARTUM

Active Record
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

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-IWIC_OA
LOSANWICWEB1

File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Mon 1/23/2023

NUTRITION ASSESSMENT, POST I

Current History

Nutrition Risk
☐ High Risk

Cert Start Date	Date	Detailed Description		Staff	Source	Note
1/20/2023	1/23/2023	427.02(6) - Diet Very Low Calori...	♥	JESSICA.G.	SYSTEM	

Add Remove

Reason Risk Help Save Cancel Next

Review the Nutrition Risk screen 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. You 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.
- CPA Assistant's must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

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

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification.

Upon completing the assessment, the CPA/CPAA 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*.

WIC Assessment Guide: Infant (IBE, IBP, IFF)

This guidance was designed to support CPA/CPAA in using a participant-centered (PC) approach during the category specific WIC Assessment. It reviews 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.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (refer to Addendum *NPS Effective Counseling* for ideas).
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected.
 - **“Thank you for bringing (infant’s name) 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 family’s overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes: collecting measurements to plot your baby’s growth and screen the parent’s weight status; we check the iron levels of older infants and discuss your baby’s feedings. Afterwards, we can talk about some ideas for (infant’s name) to continue growing healthy, how to use the WIC foods and if there are any resources that may benefit your family in the community, how does that sound?”**
- Possible starters to continue the conversation:
 - **“Tell me how you feel about how (infant’s name) is feeding/growing and what WIC can help you with today?”**
 - **“WIC is here for you and your baby, before we get started, what do you want to share or make sure we cover today?”**

After completing the Cert Action screen, the Breastfeeding pop-up box will appear- it is required to complete, whether the infant is or was breastfeeding to determine the Breastfeeding status and appropriate WIC category. Take your time, once saved a participant’s category cannot be changed for 24 hours.

I-WIC Lab screen – Infant

I-WIC
File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Fri 1/20/2023

Active Record
NUTRITION ASSESSMENT, INFANT
Cat: IFF (female)
ID: 301 208 168
DOB: 1/1/2023
Age: 2 wks, 5 days
Cert: 01/20/23 - 12/31/23
BVT: Status: Pending

Scheduling Tasks
Add Remove

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

Infant/Child Height/Weight
Growth Chart
English(SAE) Metric

Anthropometric Data

Non-WIC	* Anthro Date	Act. Age	AGA	* Weight	* Height	* BMI	BMI/ Age	WL/ Age	HL/ Age	WL/ Ln	? Reason			
<input type="checkbox"/>	01/20/2023	2 w, 5 d		11	0	13	0	R		N/A	N/A	98.06	0.01	0.00
<input type="checkbox"/>	01/01/2023	0 days		9	9	12	4			N/A	N/A	98.59	0.01	0.00

Birth Weight 9 lbs 9 oz ☐ Unknown
Birth Length 12 in 4 1/8 ☐ Unknown
Completed Weeks of Gestation 40 ☐ Unknown
Weight Change 1 lbs 7 oz
Height Change 0 in 4 eighths
Time Interval 2 w, 5 d
Immunization Status ☒ Reviewed ☐ Referred

Bloodwork

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

Add Remove

Save Cancel Next

Infant/Child Height/Weight tab:

- Add anthropometric and bloodwork data, per Addendum *IWIC Flow Sheets* and policy requirements.
- *WIC cannot take verbal birth data- select “unknown” if not provided in writing.*
- Add Immunization Status: select Reviewed or Referred on the screen. If referred, document on *Referral* screen.

Growth Chart tab:

- Review the age-appropriate growth chart(s)
 - If this is the first plot point on the chart, explain that WIC will continue to follow the infant’s growth while they are on WIC
 - If there are several plot points on the chart, explain the growth pattern. Refer to *NPS Growth of Infants and Children* for guidance.

Moving to the Health screen, engage the parent/caregiver in questions related to growth:

- “How do you feel about your baby’s growth- is it too slow, just right or too fast?”
 - “When was (infant’s name) measured last at the doctor’s office? What did they share?” if applicable, probe for any diagnosed growth-related medical conditions
- Reflect on the parent/caregiver’s response:
- “You are concerned with how (infant’s name) is growing”
 - “You are happy with (infant’s name) size for their age based on the growth chart”

I-WIC Breastfeeding – Infant (2-3 tabs depending on breastfeeding status)

BF Information **BF Questions** **BF Support & Notes**

BF Status History

Date Assigned	Category	Amount
7/6/2022	IBP	Mostly

Is the baby currently breastfeeding or being given pumped breast milk? ☒ Yes ☐ No

Is the baby currently receiving any supplemental formula? ☒ Yes ☐ No

Was this baby ever breastfed or fed breast milk? ☒ Yes ☐ No ☐ Unknown

How old was this 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: ☒ 07/06/2022

BF Information Tab:

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

*** Is the baby currently breastfeeding or being given pumped breast milk?**
☐ No ☒ Yes

*** Is the baby currently receiving any supplemental formula?**
☐ No ☒ Yes

*** Frequency of Breastfeeding**
Some **BF Amount Guide**

Was this baby ever breastfed or fed breast milk?
☐ No ☒ Yes ☐ Unknown

*** How old was this 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
IBP

Cert End Date
6/29/2023

Save Cancel Close

Breastfeeding Infant Only:

BF Questions Tab:

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 Support & Notes:

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.

I-WIC Health screen – Infant (2 pages)

Question #1: “Some moms have questions about feeding, growing, or other questions related to babies; before we move on, what questions do you have so far?”

Question # 2: We reviewed the growth chart to see how the baby is growing;
“How do you feel about your baby’s growth- is it too slow, just right or too fast?”

Question #3: may assess along with growth discussion

Assessment methods of a parent with BMI ≥ 30 vary (self-reported, measure ht/wt in clinic or show abbreviated BMI table found in USDA RFJM risk #114)

For foster parent- select not present; for parent refusing- select no, document in note

- **“Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (infant’s name) – having yours will help us know where your child may trend in the future. Using this chart, please find your height in inches, would you say your weight is higher or lower than the number listed? Show abbreviated BMI table.**

Question #4 - #6:

- **“What health or medical conditions has your baby been diagnosed with??”**
- **“How about any food allergies or any medications they are currently taking?”**

If yes, click on details and select the condition(s), mark medications and/or food allergies- other is an option, for those not listed. *If applicable, probe for more information:*

- **“What did the doctor share about how to manage this condition?”**
- **“Tell me more about how often, when and how long they will be on this medicine.”**
- **“What have you done differently in feeding (infant’s name) since being diagnosed? Food packages should be modified prior to issuance, after confirmation of diagnosis**

Question #7:

- **“What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently offer (infant’s name)?”**
 - If yes, **“how many days a week?”**

Inadequate Dietary Supplement risk assessment includes Vitamin D (consuming <32oz/day vit D fortified formula and/or supplement) and Fluoride for infants over 6 mo of age (see risk 411 criteria for specific criteria). If intake is less than listed, document as inadequate for risk to generate. Reason risk is assigned must be explained in case notes.

Question #8 -#9:

N/A for most infants, ask and incorporate probing about water source for possible risk of inadequate Fluoride- update question #7 as needed

- **“What type of water do you use when preparing (infant’s name) formula?”**

Question #10:

- **“And lastly before we move on to talking about (infant’s name) eating habits, is (infant’s name) ever in an enclosed area with someone who is using tobacco products? Such as at home, daycare, in a vehicle...”**

I-WIC Nutrition screen – Infant (3 pages)

Question #1:

- **“In addition to breastmilk and/or formula, are there any other beverages that you offer (infant’s name)?”** *Probe as needed.*

Question #2 - #4:

- If breastfeeding: **“Please share what you do if you express or pump your breastmilk, what do you put it in, how and where do you store it and for how long?”** *Probe as needed*
- If formula feeding: **“Please share what formula you are offering (powder, liquid?) Walk me through your process when preparing the bottles- from cleaning bottles and nipples to how you mix and store the formula”**
Probe; What is different when you are away from home? What do you do if (infant’s name) does not finish it? Any special instructions from your doctor?

Question #5: may need to review choices to ask age-appropriate questions

- **“Tell me when do you offer the bottle, how is it usually offered- with someone holding the baby, is it propped up or given when (infant’s name) is in bed?”**
- For older infants **“Does (infant’s name) carry around the bottle and drink it as needed? Is anything offered in the bottle besides formula or breastmilk currently?”**
Don’t forget affirmations/reflections on the parent/caregiver’s feeding:
- **“You are doing a great job and following safe feeding practices for (infant’s name)!”**
- **“You are confident in feeding your baby- you got this!”**
- **“You feel you are doing everything correctly when it comes to feeding your baby.”**

I-WIC | File | Scheduler | Certification | Benefits | Miscellaneous | Reports | Help | Messages | Fri 1/20/2023

Active Record
 NUTRITION ASSESSMENT, INFANT
 Cat: IFF (female)
 ID: 301 206 168
 DOB: 1/1/2023
 Age: 2 wks, 5 days
 Cert: 01/20/23 - 12/31/23
 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
 DHS I-WIC, CA
 IL044WICWEB1

6. What does your baby use to eat or drink?
☐ Breast ☒ Bottle ☐ Cup
☐ Cup with lid ☐ Spoon fed ☐ Spoon/fork
☐ Fingers ☐ Tube fed

7. Does your baby 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
☐ Vegan ☐ Vegetarian ☐ Weight loss ☐ None of the above
☐ Other

8. At what age did your baby start any foods or beverages other than breast milk or formula?
☐ Before 6 months ☐ 6 months or older ☐ Unknown ☒ N/A

9. Does your baby eat these foods every day?
 * Fruit ☐ Yes ☐ No ☒ N/A
 * Vegetables ☐ Yes ☐ No ☒ N/A
 * Whole grains ☐ Yes ☐ No ☒ N/A

1 2 3 | Save Cancel Next

Question #6 - #9: Review the questions prior to asking the parent/caregiver to determine what may already have been shared and/or per advancement of diet appropriate to the infant's age.

Ask questions such as:

- **“Share with me, what is used to feed (infant's name); breastfeeding, bottles, any cups, spoons or hand-feedings happening using fingers?”** *Probe as needed.*
- **“Is your baby following any special diet? Are you or anyone in the home on a special diet that affects what you might offer the baby?”**
- **“A what age did you start (infant's name) on any other food or beverage other than breastmilk or formula?”**
- **“Would you say (infant's name) eats the following foods daily; fruits, vegetables and whole grains such as infant cereal, toast squares, or dry cereal like Cheerios?”**

I-WIC | File | Scheduler | Certification | Benefits | Miscellaneous | Reports | Help | Messages | Fri 1/20/2023

Active Record
 NUTRITION ASSESSMENT, INFANT
 Cat: IFF (female)
 ID: 301 206 168
 DOB: 1/1/2023
 Age: 2 wks, 5 days
 Cert: 01/20/23 - 12/31/23
 BVT:
 Status: Pending

Scheduling Tasks
 Guided Script
 Household Info.
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 Referrals
 Schedule Appt
 Print Documents

Notes and Alerts
 Logoff
 DHS I-WIC, CA
 IL044WICWEB1

10. Does your baby eat raw, undercooked or unpasteurized foods?
☐ Honey ☐ Milk unpasteurized ☐ Deli meats/hot dogs not steaming
☐ Soft cheese ☐ Juice unpasteurized ☐ Meat/poultry/eggs raw/undercooked
☐ Sprouts raw ☐ Fish high in mercury ☐ Fish/shellfish raw/undercooked/smoked
☐ Donor human milk acquired directly from individuals or the Internet
☒ No ☐ N/A

11. How often do you sit together and have a meal as a family?
☐ All of the time ☐ Most of the time ☒ Sometimes ☐ Rarely ☐ Never

12. Are there any other feeding concerns, such as the Parent/Caretaker:
☐ Does not allow baby to self-feed
☐ Ignores hunger cues
☐ Feeds foods of inappropriate consistency, size or shape
☐ Feeds foods of inappropriate texture based on developmental stage
☒ Follows a rigid feeding schedule
☐ None of the above

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

14. Is your baby sometimes hungry because there is not enough money to buy food or formula?
☐ Yes ☒ No

15. Was mom on WIC during the pregnancy? ☒ Yes ☐ No, would have been eligible ☐ No

1 2 3 | Save Cancel Next

Question #10: Consider foods per infant's age when asking:

- **“Some foods can have hidden potential bacteria, so we ask to see if you offer any of the following to your baby. (Specifically pointing out honey and corn syrup)** (Show Food Safety Desktop tool: ‘Foods with Hidden bacteria’ or list verbally)

Question #11:

- **“How often do you sit together and eat as a family?”**

Question #12: Review list and ask age-appropriate questions:

- **“What signs do you notice to let you know if (infant's name) is hungry and full? Do you use this to determine when it's time to feed the baby or do you follow a clock?”**
- If any solids are offered: **“Are you offering any solids? Tell me what you are offering and how often.”; “Is baby self-feeding?”**

Question #13:

- **“In order to help me determine which WIC foods (or formula) may be best to offer you, do you currently have access to refrigeration and a stove or hot plate?”**
Possible food referral

Question #14:

- **“Would you say there are times when (infant's name) is hungry, and you just don't have the money to buy formula or food?”** *If yes, “Are you getting any other food assistance?”* *Reminding that formula can be purchased with SNAP and providing referral(s), as needed.*

Question #15:

- **“Please remind me, were you on WIC during this pregnancy?”** *Refer to USDA risk 701*

I-WIC Nutrition Risk screen – Infant

I-WIC File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Fri 1/20/2023

Active Record

NUTRITION ASSESSMENT, INFANT
Cat: IFP (female)
ID: 301 206 168
DOB: 1/1/2023
Age: 2 wks, 5 days
Cert: 01/20/23 - 12/31/23
BVT: Status: Pending

Scheduling Tasks

Guided Script

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

Notes and Alerts

Logout
UPS WIC:GA
ILOKAWCWEB1

Nutrition Risk

☐ High Risk

Cert Start Date	Date	Detailed Description		Staff	Source	Note
1/20/2023	1/20/2023	411.11[4] - Routinely Not Providi...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	701[2] - Infant (0 - 6 months) of...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	904[1] - Environmental Tobacco ...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	411.02[4] - Routinely Using Nurs...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	411.04[4] - Feeding Practices tha...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	121[1] - Short Stature or At Risk...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	153[1] - Large for Gestational Ag...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	362[1] - Developmental, Sensory...		JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	114[1] - Overweight or At Risk fo...		JESSICA.G...	SYSTEM	

Add Remove

Reason Risk Help Save Cancel Next

Review the Nutrition Risk screen following the assessment to:

- Confirm all risks generated/appropriately assigned
 - 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. You can go back and correct, if needed
 - Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- Add a manual risk, if applicable:
 - 903 Foster Care – If Infant is in foster care, transitioned into foster care or moved from one foster care home to another in the past 6 months
- If no risks generated from the assessment for an infant ≥ 4 months - ≤ 12 months, the Presumptive Eligibility risk will assign:
 - 428 Dietary Risk Associated with Complementary Feeding Practices

*Note: if infant < 4 mo. & no risk generates (not WIC eligible); then review assessment again for any possible risks incorrectly assessed/assigned, i.e. Dietary Supplement (Vit D/32 oz/day, etc.) and correct entry should risk apply.

If participant is high risk (red heart):

- Refer to *IWIC Appointment Types* for follow-up.
- CPA Assistant's must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification.

Upon completing the assessment, the CPA/CPAA should 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*.

WIC Assessment Guide: Children (C1, C2, C3, C4)

This guidance was designed to support CPA/CPAA 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.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (refer to Addendum *NPS Effective Counseling* for ideas).
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected.
 - **“Thank you for bringing (child’s name) 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 family’s overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes: collecting measurements to plot your child’s growth and screen the parent’s weight status; we will also check the iron in the blood and discuss your child’s eating and physical activity habits. Afterwards, we can talk about some ideas for (child’s name) to continue growing healthy, how to use the WIC foods and if there are any resources that may benefit your family in the community, how does that sound?”**
- Possible starters to continue the conversation:
 - **“Tell me how you feel about how (Child’s name) is eating and what WIC can help you with today?”**
 - **“Last time you were here, you talked about (prior goal or secondary education topic), how is that going?”**

After completing the Cert Action screen, the Breastfeeding pop-up box will appear- it is required to complete, whether the child is or was breastfeeding. At the Recertification visit, this pop-up should occur only if the child was breastfeeding at the time of the last certification.

I-WIC Lab screen – Child

I-WIC

File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Tue 11/29/2022

NUTRITION ASSESSMENT, CHILD

Active Record

NUTRITION ASSESSMENT, CHILD

Cat: C2 (female)

ID: 301 193 797

DOB: 1/1/2020

Age: 2 yrs, 10 mos

Cert: 11/29/22 - 11/28/23

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

IL084WICD/WEB2

Infant/Child Height/Weight

Growth Chart

English(SAE) Metric

Anthropometric Data

Non-WIC	* Anthro Date	Act. Age	AGA	* lbs	* oz	* in	* 1/8	R/S	7	BMI	BMI/ Age	Wt/ Age	Ht/ Age	Wt/ Ln	7 Reason
<input type="checkbox"/>	11/29/2022	2 y, 10 m		34	0	27	4	5		31.61	100..	82.93	0.01	N/A	

Add Remove

* Birth Weight lbs oz ☐ Unknown

* Birth Length in 1/8 ☐ Unknown

* Completed Weeks of Gestation ☐ Unknown

Weight Change

Height Change

Time Interval

Immunization Status ☒ Reviewed ☐ Referred

Bloodwork

Non-WIC	* Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created
<input type="checkbox"/>	11/29/2022	12			<input type="checkbox"/>		11/29/2022

Add Remove

Save Cancel Next

Infant/Child Height/Weight tab:

- Add anthropometric and bloodwork data, per Addendum *IWIC Flow Sheets* and policy requirements. Blood lead verbally taken, if applicable.
- *WIC cannot take verbal birth data- select “unknown” if not provided in writing*
- Add Immunization Status: select Reviewed or Referred on the screen. If referred, document on *Referral* screen.

Growth Chart tab:

- Review the age-appropriate growth chart(s)
 - If this is the first plot point on the chart, explain that WIC will continue to follow the child’s growth while they are on WIC
 - If there are several plot points on the chart, explain the growth pattern

Moving to the Health screen, engage the parent/caregiver in questions related to growth:

- **“How do you feel about (child’s name) growth- is it too slow, just right or too fast?”**
- **“When was (child’s name) measured last at the doctor’s office? What did they share?”** *if applicable, probe for any diagnosed growth-related medical conditions*

Reflect on the parent/caregiver’s response:

- **“You are concerned with how (child’s name) is growing”**
- **“You are happy with (child’s name) size for their age based on the growth chart”**

I-WIC Health screen – Child (2 pages)

I-WIC
NUTRITION ASSESSMENT, CHILD
Cat: C2 (female)
ID: 301 193 797
DOB: 1/1/2020
Age: 2 yrs, 10 mos
Cert: 11/29/22 - 11/28/23
BVT:
Status: Pending

1. Do you have any questions or concerns about your child's:

☐ Appetite ☐ Health ☐ Other

☐ Breastfeeding ☐ Weight Gain/Growth

☐ Formula Intake ☒ No Concerns

2. How do you feel about your child's growth? ☐ Too slow ☒ Just right ☐ Too fast

3. Parent present with BMI \geq 30?

Mother ☒ Yes ☐ No ☐ Not Present

Father ☐ Yes ☐ No ☒ Not Present

4. Does your child have any health or medical issues? ☐ Yes ☒ No [Details](#)

5. Does your child regularly take any of the following medications? ☐ Yes ☒ No

If yes, check all that apply.

☐ Anticlot ☐ Hormones: Growth, Steroid, Other

☐ Blood Formation/Coagulation ☐ Insulin/Antidiabetic

☐ Cardiac/Blood Pressure/Lipid ☐ Thyroid/Antithyroid

☐ Digestive Enzymes ☐ Other

☐ Diuretic

6. Does your child 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

Save Cancel Next

Question #1: “Some moms have questions about feeding, growing, or other questions related to children; before we move on, what questions do you have?”

Question # 2: We reviewed the growth chart to see how _____ is growing:

- **“How do you feel about your child’s growth- is it too slow, just right or too fast?”**

Question #3: may assess along with growth discussion

Assessment methods of a parent with BMI \geq 30 vary (self-reported, measure ht/wt in clinic or show abbreviated BMI table found in USDA RFJM risk #114)

For foster parent- select not present For parent refusing- select no, document in note

- **“Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (child’s name) and would like yours as well... Using this chart, please find your height in inches, would you say your weight is higher or lower than the number listed? Show abbreviated BMI table.**

Question #4 - #6:

- **“What health or medical conditions has your child ever been diagnosed with?”**
- **How about any food allergies or any medications they are currently taking?”**

If yes, click on details and select the condition(s), mark medications and/or food allergies- other is an option, for those not listed. *If applicable, probe for more information:*

- **“What did the doctor share about how to manage this condition?”**
- **“Tell me more about how often, when and how long they will be on this medicine.”**
- **“What have you done differently in feeding (child’s name) since being diagnosed?”**

Food packages should be modified prior to issuance, after confirmation of diagnosis

Question #7:

- “What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently offer (child’s name)? ”
 - If yes, “how many days a week?”

Inadequate Dietary Supplement risk assessment includes Vitamin D (consuming <32oz/day vit D fortified milk and/or supplement) and Fluoride (see risk criteria for specific criteria). If intake is less than listed, document as inadequate for risk to generate. Reason risk is assigned must be explained in case notes

Question #8:

- “Some children may put things in their mouth; however, some are truly eating items that are not food. Would you say that _____ has or is eating any non-food items like baby powder, dirt, paint chips...?”

Question #9 - #10:

- “As far as dental care, does (child’s name) see a dentist?” *refer if no family access*
- “What concerns did the dentist/doctor share regarding their teeth or oral care?”
- “What type of water do you offer your child? Do you know if it has fluoride?”

If applicable, probe if water is fluoride deficient – update question #7 as needed

Question #11:

- “And lastly before we move on to talking about (child’s name) eating habits, is (child’s name) ever in an enclosed area while someone is using tobacco products? Such as at home, daycare...”

I-WIC Nutrition screen – Child (3 pages)

Question #1:

- “Overall, how do you feel about how much (child’s name) eats: too little, just enough or too much?”

Question #2:

- “If (child’s name) won’t eat the foods you offer, what do you do?”

List options on screen and probe to determine if discussing the Division of Resp. is needed

Question #3:

- “Does your child follow a special diet? How about anyone in the home, where (child’s name) may eat the same foods?”

Question #4:

- “Thinking about what (child’s name) eats, would you say they eat each of these foods daily: Fruits, Vegetables, Whole Grains?” *May provide examples of foods*

Question #5:

- “Some foods can have hidden bacteria that can be harmful to young children. May I if your child eats any of these foods? *ask from foods listed, may also show Food Safety Desktop tool: “Foods with Hidden Bacteria” for visual*

I-WIC
NUTRITION ASSESSMENT, CHILD
Cat: C2 (female)
ID: 301 193 797
DOB: 1/1/2020
Age: 2 yrs, 10 mos
Cert: 11/29/22 - 11/28/23
BVT:
Status: Pending

6. What milk does your child drink most often?
☐ Breast milk ☐ Formula ☐ Low-fat/1% cow's or lactose free
☐ Rice beverages ☒ Whole Cow's or lactose free ☐ Reduced fat/2% cow's or lactose free
☐ Goat/sheep's milk ☐ Nut milks ☐ Fat-free/skim cow's or lactose free
☐ Soy beverages (fortified) ☐ Soy beverages (unfortified) ☐ Homemade mixtures/non-dairy creamer
☐ Canned evaporated milk ☐ Sweetened condensed milk ☐ Other
☐ None

7. Does your child regularly drink any of the following:
☐ Breast milk ☐ Coffee or tea ☐ Diet soda
☐ Formula ☒ 100% Fruit juice ☐ Soda, fruit/sport drinks or sweetened tea
☒ Water ☐ None of these ☐ Other

8. What does your child use to eat or drink?
☐ Breast ☐ Bottle ☐ Cup ☐ Cup with lid ☐ Spoon fed
☒ Spoon/fork ☒ Fingers ☐ Tube fed

9. Does your child:
☐ Fall asleep/go to bed with a bottle
☐ Use a bottle without restriction (e.g., walking around) or as a pacifier
☐ Carry around and drink from a covered or training cup
☐ Use a bottle to drink fruit juice, diluted cereal or other foods
☐ Use a bottle for feeding/drinking > 14 months of age
☐ Use a pacifier dipped in sweetener (sugar, honey, etc.)
☒ None of the above

1 2 3 Save Cancel Next

Question #6 - #7:

- **“What type of milk does your child drink most often?”**
- **“Tell me more about what (child’s name) has to drink every day?”**

Probe to find out more information on the quantity of milk consumed as well as other beverages- when and where are they offered in addition to how much

Adjust response to Health question #7 as needed (vit D)

Regularly = daily/often and will generate a risk for soda, fruit/sports drinks or sweet tea (routine consumption of sugar containing fluids)

Question #8 - #9:

- **“What is your child using to drink those items?”** *May provide examples listed*
- **“When offering solid foods, what is used?”** *May provide examples listed*

Ask probing questions as needed for question #9 based on responses

I-WIC
NUTRITION ASSESSMENT, CHILD
Cat: C2 (female)
ID: 301 193 797
DOB: 1/1/2020
Age: 2 yrs, 10 mos
Cert: 11/29/22 - 11/28/23
BVT:
Status: Pending

10. Are there any other feeding concerns, such as the Parent/Caretaker:
☐ Does not allow child to self-feed
☐ Ignores hunger cues
☐ Feeds foods of inappropriate consistency, size or shape
☐ Feeds foods of inappropriate texture based on developmental stage
☐ Follows a rigid feeding schedule
☒ None of the above

11. How often do you sit together and have a meal as a family?
☐ All of the time ☐ Most of the time ☒ Sometimes ☐ Rarely ☐ Never

12. How many hours a day does your child have screen time? (TV, video, cell, etc.)
☐ >0 <1 hr ☐ 1 hr ☐ 2 hrs ☒ 3 hrs ☐ 4 hrs ☐ 5+ hrs ☐ None

13. How much time does your child spend in active play?
☐ None ☐ 15 minutes ☐ 30 minutes ☒ 1 hour ☐ >1 hour

14. Is your child sometimes hungry because there is not enough money to buy food?
☐ Yes ☒ No

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

1 2 3 Save Cancel Next

Question #10:

Review list of items to inquire about and probe for additional information

- **“Let’s talk a little about mealtimes and how you feed (child’s name):”**
 - **“What times of the day do you feed (child’s name)?”**
 - **“What does (child’s name) do to let you know they are hungry / full?”**
 - **“What are some favorite foods?”**
 - **“Are there any foods (child’s name) refuses?”**
 - **“So, mainly you offer what your family eats, do you cut up or give (child’s name) smaller piece?”**

Question #11:

- **“How often do you sit together and eat as a family?”**

Question #14:

- **“Would you say there are times when (child’s name) is hungry, and you just don’t have the money to buy food?”**

Question #15

- **“In order to help me determine which WIC foods may be best to offer you, do you currently have access to refrigeration and a stove/ hot plate?”** *Possible food referral*

Question #12 -#13

- **“The last couple of questions relate to how active your child is, how much time would you say (child’s name) spends actively playing every day?”** *May list options*
- **“How much time does (child’s name) spend in front of a screen each day? (such as TV/videos/phone/computer/tablet)”**

I-WIC Nutrition Risk screen – Child

I-WIC

File • Scheduler • Certification • Benefits • Miscellaneous • Reports • Help • Messages • Tue 11/29/2022

Active Record

NUTRITION ASSESSMENT CHILD
 Cat: C2 (female)
 ID: 301 193 787
 DOB: 1/1/2020
 Age: 2 yrs, 10 mos
 Cert: 11/29/22 - 11/28/23
 BVT: Pending

Scheduling Tasks

Guided Script

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

Notes and Alerts

Logoff
 LPS13001-0A
 IL081WIC0WEB2

Nutrition Risk

Current

☒ **High Risk**

Cert Start Date	Date	Detailed Description	Staff	Source	Note
11/29/2022	11/29/2022	425.02(5) - Routinely Feeding a ...	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	353(3) - Food Allergies	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	121(3) - Short Stature or At Risk...	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	114(3) - Overweight or At Risk fo...	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	113(3) - Obese	JESSICA.G.	SYSTEM	

History

Add **Remove**

Reason **Risk Help** **Save** **Cancel** **Next**

Review the Nutrition Risk screen following the assessment to:

- Confirm all risks generated/appropriately assigned
 - 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. You can go back and correct, if needed
 - Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- Add a manual risk, if applicable:
 - 903 Foster Care – If child is in foster care, transitioned into foster care or moved from one foster care home to another in the past 6 months If no risks generated from the assessment, the Presumptive Eligibility risk will assign:
 - 401 Failure to Meet Dietary Guidelines – If the child is ≥ 2 years of age
 - 428 Dietary Risk Associated with Complementary Feeding Practices – If the child is ≥ 12 months < 24 months of age

If participant is high risk (red heart):

- Refer to *IWIC Appointment Types* for follow-up.
- CPA Assistant's must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification.

Upon completing the assessment, the CPA/CPAA 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*.