

Nutrition Management Guidelines

Pregnant Woman

Use the following nutrition management guideline when certifying pregnant WIC clients. Elements indicated by an asterisk (*) are useful but not required to assess WIC eligibility. Underlined items indicate WIC risk factors, which should be assigned as identified or autocalculated by the KWIC system. See the Nutrition Risk Factors Manual for a complete definition of each risk factor. In addition, the nutrition management guidelines for specific conditions should be used as appropriate.

DEFINITION: A woman with one or more embryos or fetuses in utero.

RATIONALE: Nutritional status is one of the most important factors affecting pregnancy outcome. Nutritional assessment techniques help to identify clients at risk and provide the basis for nutritional management, monitoring and evaluation.

MANAGEMENT:

1.0 **DESIRED HEALTH OUTCOME:** Delivers a healthy, full-term infant while maintaining optimal health status.

2.0 **GUIDELINES:**

- 2.1 The client must be physically present at certification appointment unless a Competent Professional Authority has approved an exception.
- 2.2 Collect demographic information at certification.
- 2.3 Assess income information at certification.
- 2.4 Document the identity of the client at certification.
- 2.5 The Rights and Responsibilities Statement is read at certification.
- 2.6 Provide the client the opportunity to register to vote at certification.
- 2.7 Assess nutritional risk at certification.
- 2.8 Complete assessment prior to determining topics for counseling.
- 2.9 Provide client centered nutrition counseling at certification.
- 2.10 Help client make specific and realistic goals at certification.
- 2.11 Promote breastfeeding at every opportunity.
- 2.12 Appropriate referrals should be made at certification.
- 2.13 Each client must be given the opportunity to attend at least one additional appropriate nutrition education contact.
- 2.14 Issue WIC checks will be issued at each certification, as appropriate.

3.0 **EXPLAIN WIC BENEFITS AND CERTIFICATION PERIODS**

- 3.1 Review the purpose of the WIC Program
 - 3.1.1 Provide nutrition education and strategies for a healthy diet
 - 3.1.2 Provide supplemental foods
 - 3.1.3 Referrals
 - 3.1.4 Breastfeeding support
- 3.2 Clarify the certification period for a pregnant woman is for up to 6 weeks after the end of the pregnancy. (CRT 01.02.00)

- 3.3 Offer the opportunity to register to vote. (ADM 06.00.00)
 - 3.3.1 If the client wants to register to vote - provide a Kansas Voter Registration Application.
 - 3.3.2 If the client does not want to register to vote - provide a State of Kansas Agency Declination Form.
 - 3.4 The Rights and Responsibilities Form - The applicant or applicant's legal guardian must read, sign and date the form at the beginning of each certification period. (CRT 03.02.00)
 - 3.5 The nondiscrimination poster, "And Justice for All" and the Fair Hearing poster must be prominently displayed for all WIC clients and applicants to read. (PRI 01.01.00 and PRI 03.00.00)
 - 3.6 Explain that the nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so WIC can provide benefits that are responsive to her wants and needs.
- 4.0 COLLECT DEMOGRAPHIC INFORMATION:
- 4.1 Assess client identity.
 - 4.1.1 Name.
 - 4.1.2 Date of birth. Pregnancy at a Young Age is conception at 17 years of age or younger. See the Pregnant Adolescent Nutrition Management Guideline.
 - 4.1.3 Document proof of identity in KWIC. (CRT 04.00.00)
 - 4.1.4 * Medicaid Number.
 - 4.2 Ethnicity / Racial Background.
 - 4.3 Assess residency for the family group.
 - 4.3.1 Telephone information.
 - 4.3.2 Address.
 - Street Address.
 - Mailing Address, if different.
 - 4.3.3 Document proof of residency. (CRT 05.00.00)
 - 4.4 Primary language. The primary language spoken in the client's home.
 - 4.5 Need for interpreter.
 - 4.5.1 The client's need for an interpreter.
 - 4.5.2 Need for written communications in Spanish.
 - 4.6 Migrancy status.
 - 4.6.1 A woman who is a member of a household in which any member is a migrant farm worker.
 - 4.6.2 A migrant farm worker is an individual whose principal employment is in agriculture, on a seasonal basis, who has been employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary residence.

- 4.7 Homelessness. (CRT 05.01.00) A woman who lacks a fixed and regular night-time residence; or whose primary nighttime residence is:
 - 4.7.1 A supervised publicly or privately operated shelter designed to provide temporary living quarters.
 - 4.7.2 An institution that provides a temporary residence for persons intended to be institutionalized.
 - 4.7.3 A temporary accommodation up to 365 days at the home of another individual, such as a friend or relative.
 - 4.7.4 A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- 4.8 Assess if the woman has entered into Foster Care or moved to a different foster care home during the previous six months.

- 5.0 ASSESS INCOME INFORMATION:
 - 5.1 Household composition. (CRT 06.02.00)
 - 5.1.1 A group of related or non-related individuals who are living together as one economic unit.
 - 5.1.2 The household size shall be increased by the fetus(es).
 - 5.2 Assess household income. (CRT 06.02.01)
 - 5.2.1 Gross earnings for each household member.
 - 5.2.2 Source of income.
 - 5.3 Other Assistance. (CRT 06.01.01)
 - 5.3.1 Medicaid (MC)
 - Client receiving.
 - Another pregnant woman in household receiving.
 - Infant in household receiving.
 - 5.3.2 Kansas Supplemental Nutrition Assistance Program (FS)
 - 5.3.3 Temporary Assistance for Families (TAF).
 - 5.3.4 Food Distribution Program on Indian Reservations (FDPIR)
 - 5.4 Document proof of income or adjunctive eligibility. (CRT 06.03.00)
 - 5.5 Calculate income eligibility.

- 6.0 ASSESS SOCIAL INFORMATION:
 - 6.1 Education.
 - 6.1.1 Last year of school completed.
 - A GED is equivalent to 12 years of education. (Grade 12).
 - If a woman was educated outside the United States, assess the number of years of schooling completed.
 - 6.1.2 * Literacy level.
 - 6.1.3 * Current enrollment in education programs, including Vo-tech and GED programs.
 - 6.2 Future work plans.
 - 6.3 Family Support.
 - 6.4 Medical Provider.

- 7.0 ASSESS MEDICAL HISTORY / RISK FACTORS:
- 7.1 Evaluate Vitamin / Mineral usage within the past month.
- 7.1.1 Assess if the client is taking supplemental iron. Consumption of less than 27 mg of supplemental iron daily is considered Inadequate Vitamin/Mineral Supplementation.
- 7.1.2 Assess if the client is taking supplemental iodine. Consumption of less than 150 µg of supplemental iodine daily is considered Inadequate Vitamin/Mineral Supplementation.
- 7.1.3 Assess if the client is taking supplemental Folic Acid.
- 7.1.4 Assess for Intake of Dietary Supplements with Potentially Harmful Effects. Routine consumption of inappropriate or excessive amounts of dietary supplements.
- 7.2 Evaluate Vitamin / Mineral usage prior to pregnancy
- 7.3 Assess use of medications, prescribed and/or over-the-counter. Evaluate for Drug Nutrient Interactions.
- 7.4 Diabetes Mellitus
- 7.4.1 Current diagnosis of Gestational Diabetes.
- 7.4.2 Any History of Gestational Diabetes.
- 7.5 Hypertension and Prehypertension.
- 7.5.1 Current diagnosis of Pregnancy Induced Hypertension.
- 7.5.2 Any History of Preeclampsia
- 7.6 Medical conditions affecting nutritional status.
- 7.6.1 Cancer.
- 7.6.2 Celiac Disease.
- 7.6.3 Central Nervous System Disorders.
- 7.6.4 Gastrointestinal Disorders.
- 7.6.5 Genetic and Congenital Disorders.
- 7.6.6 Inborn Errors of Metabolism.
- 7.6.7 Infectious Diseases.
- Tuberculosis.
 - Pneumonia.
 - Meningitis.
 - Parasitic infections.
 - Hepatitis.
 - Bronchiolitis (3 episodes in last 6 months).
 - AIDS (acquired immunodeficiency syndrome). See the HIV/AIDS Nutrition Management Guidelines.
 - HIV (human immunodeficiency virus. See the HIV/AIDS Nutrition Management Guidelines.

- 7.6.8 Other Medical Conditions.
 - Juvenile rheumatoid arthritis.
 - Lupus erythematosus.
 - Cardiorespiratory diseases.
 - Heart disease.
 - Cystic fibrosis. See the Cystic Fibrosis Nutrition Management Guidelines.
 - Persistent asthma requiring daily medication.
- 7.6.9 Recent Major Surgery, Trauma, Burns.
- 7.6.10 Renal Disease.
- 7.6.11 Thyroid Disorders.

8.0 ASSESS CURRENT PREGNANCY:

- 8.1 Estimated Due Date.
- 8.2 Adequacy of prenatal care for current pregnancy.
 - 8.2.1 Date of first doctor visit.
 - 8.2.2 Gestational month prenatal care began. First prenatal visit in the third trimester is considered Inadequate Prenatal Care.
 - 8.2.3 Number of visits. Evaluate for Inadequate Prenatal Care based on the following table.

Weeks gestation	Number of prenatal visits
14-21	0 or unknown
22-29	1 or less
30-31	2 or less
32-33	3 or less
34 or more	4 or less

- 8.3 Multifetal Gestation.
- 8.4 Assess for any complications of current pregnancy.
 - 8.4.1 Diarrhea, or constipation. If constipation is a concern, see the Constipation in Pregnancy Management Guideline.
 - 8.4.2 Heartburn. If heartburn is a concern, see the Heartburn in Pregnancy Management Guideline.
 - 8.4.3 Nausea/Vomiting.
 - Hyperemesis Gravidarum is severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated.
 - If nausea and/or vomiting are a concern, see the Nausea and Vomiting in Pregnancy Management Guideline.
 - 8.4.4 Edema/Swelling.
 - 8.4.5 Weight Issues.
 - * Attitudes and feelings toward pregnancy, weight gain and parenting responsibilities.
 - 8.4.6 * Emotional stress, depression.

- 9.0 REVIEW OBSTETRICAL HISTORY:
 - 9.1 Number of previous pregnancies. The number of times the woman has been pregnant for 20 or more weeks of gestation.
 - 9.2 Count regardless of whether the infant was alive at birth.
 - 9.3 Multiple births count as one.
 - 9.4 High Parity at Young Age - under age 20 at conception for the current pregnancy and more than 3 previous pregnancies.
 - 9.5 End date of last pregnancy.
 - 9.5.1 Include only pregnancies of at least 20 weeks gestation.
 - 9.5.2 Include normal delivery, stillbirth, spontaneous or induced abortion, or miscarriage.
 - 9.5.3 Conception of most recent pregnancy before 16 months postpartum is Closely Spaced Pregnancies.
 - 9.6 Weeks of gestation at time of delivery for each previous pregnancy - History of Preterm Delivery is any infant born at ≤ 37 weeks' gestation.
 - 9.7 Birth weight(s) of infant(s) from each previous pregnancy.
 - 9.7.1 History of Low Birth Weight is any history of a birth of an infant weighing ≤ 5 pounds 8 ounces (2500 grams).
 - 9.7.2 History of Birth of a Large for Gestational Age Infant is any history of birth of an infant weighing ≥ 9 pounds (4000 grams).
 - 9.8 Complications of previous pregnancies
 - 9.8.1 History of Birth with Nutrition Related Birth Defect An infant born with a nutrition related congenital or birth.
 - 9.8.2 Previous spontaneous abortion/miscarriage (the spontaneous termination of a gestation at < 20 weeks of gestation or < 500 grams). Two or more spontaneous abortions are considered a risk as History of Fetal or Neonatal Loss.
 - 9.8.3 Previous fetal death (death ≥ 20 weeks of gestation). Any history of a fetal death is History of Fetal or Neonatal Loss.
 - 9.8.4 History of neonatal death (death within 0 - 28 days of life). History of Fetal or Neonatal Loss is any history of a neonatal death.
 - 9.9 Infant feeding history. Pregnant Woman Currently Breastfeeding.
- 10.0 ASSESS HEALTH CONCERNS:
 - 10.1 Infant Care.
 - 10.2 Medications.
 - 10.3 Weight Issues.
 - 10.4 * Attitudes and feelings toward parenting responsibilities.
 - 10.5 * Emotional stress, depression.
 - 10.6 Other Health Concerns.
- 11.0 ASSESS USUAL PHYSICAL ACTIVITY LEVEL:

12.0 SCREEN FOR SUBSTANCE USE:

- 12.1 Assess alcohol use by evaluating the average number of days per week the woman drank alcohol and the average number of drinks per day.
- 12.1.1 In the three months before she became pregnant.
 - 12.1.2 Current
 - 12.1.3 Any alcohol use during the pregnancy is considered Alcohol and Illegal Drug Use.
- 12.2 Any illegal drug use is considered Alcohol and Illegal Drug Use.
- 12.3 Assess the average number of cigarettes smoked per day.
- 12.3.1 In the three months before she became pregnant.
 - 12.3.2 At the prenatal WIC certification.
 - 12.3.3 Maternal Smoking is any daily smoking of tobacco products.
- 12.4 Assess if anyone in the household, other than the pregnant woman currently smokes inside the home; assign Tobacco Smoke Exposure in the Home as appropriate.
- 12.5 Assess smoking changes during pregnancy.

13.0 ANTHROPOMETRIC AND LABORATORY ASSESSMENT:

- 13.1 Obtain self-declared pre-pregnancy weight.
- 13.2 Obtain current height and weight measurements.
- 13.3 Assess pre-pregnancy BMI.
- 13.3.1 Underweight BMI <18.5.
 - 13.3.2 Normal weight BMI 18.5 to 24.9.
 - 13.3.3 Overweight BMI ≥ 25.0.
 - 13.3.4 Obese BMI ≥ 30.0.
- 13.4 Review Prenatal Weight Gain.
- 13.4.1 Any Maternal Weight Loss During Pregnancy, 1st Trimester.
 - 13.4.2 Maternal Weight Loss During Pregnancy, 2nd or 3rd Trimester is weight loss of ≥ 2 pounds in the 2nd or 3rd trimesters.
 - 13.4.3 Review for appropriate weight gain range for a singleton pregnancy by for prepregnancy weight category.
 - Underweight - total gain between 28 - 40 pounds.
 - Normal weight - total gain between 25 - 35 pounds.
 - Overweight - total gain between 15 - 25 pounds.
 - Obese - total gain between 11 to 20 pounds.
 - 13.4.4 Low Maternal Weight Gain is weight gain below the bottom line of the appropriate weight gain range.
 - 13.4.5 High Maternal Weight Gain is a weight gain above the top line of the appropriate weight gain range.
- 13.5 Assess hemoglobin / hematocrit.
- 13.5.1 Evaluate based on the trimester in which the blood was drawn.
 - Low Hemoglobin / Hematocrit, 1st Trimester.
 - Hemoglobin < 11.0 g/dl.
 - Hematocrit concentration < 33%.

- Low Hemoglobin / Hematocrit, 2nd Trimester.
 - Hemoglobin < 10.5 g/dl.
 - Hematocrit concentration < 32%.
 - Low Hemoglobin / Hematocrit, 3rd Trimester.
 - Hemoglobin < 11.0 g/dl.
 - Hematocrit concentration < 33%.
- 13.5.2 If hemoglobin/hematocrit is low, see the Low Hemoglobin / Hematocrit during Pregnancy Nutrition Management Guideline.
- 13.6 *Assess factors that might affect hemoglobin/hematocrit.
- 13.6.1 Altitude - Long term residency at altitudes 3,000 - 3,999 feet above sea level will increase hemoglobin by about 0.2 g/dl and hematocrit by approximately 0.5%.
- 13.6.2 Cigarette smoking
- 0.5 to < 1 pack per day will increase hemoglobin by about 0.3 g/dl and hematocrit by approximately 1%.
 - 1 to < 2 packs per day will increase hemoglobin by about 0.5 g/dl and hematocrit by approximately 1.5%.
 - > 2 packs per day will increase hemoglobin by about 0.7 g/dl and hematocrit by approximately 2.0%.
- 13.7 Assess if client has had a blood lead test. An Elevated Blood Lead Level is a level of $\geq 10 \mu\text{g} / \text{dl}$ within the past 12 months. See the Lead Poisoning Nutrition Management Guidelines.
- 14.0 ASSESS NUTRITIONAL HISTORY AND RISK FACTORS:
- 14.1 Current and usual dietary intake and practices as recorded on the Prenatal Diet Questionnaire. Refer to the WIC Staff Guidance Document for the Prenatal Diet Questionnaire for information on assessing for Nutrition Risk Factors related to dietary intake and practices.
- 14.2 Adequacy of cooking facilities/food resources.
- 14.3 Adequacy and safety of water supply.
- 14.4 * Household member responsible for purchase and preparation of food.
- 14.5 Cultural, regional, or religious factors affecting food choices.
- 14.6 Food allergies/intolerances.
- 14.7 Routinely Consuming Foods that Could be Contaminated with pathogenic microorganisms.
- 14.8 Any reported diet restrictions or modifications that may be considered a Diet Very Low in Calories and/or Essential Nutrients.
- 14.9 Pica – Compulsively ingestion of nonfood items
- 14.10 Presence of Eating Disorder(s).
- 14.11 Dental Problems that impair the ability to ingest food in adequate quantity.
- 14.12 Developmental, sensory or motor delays or other Disabilities Interfering with the Ability to Eat.
- 14.13 Clinical manifestations of Nutrient Deficiencies Diseases.
- 15.0 ASSESS WIC NUTRITIONAL RISK ELIGIBILITY: If no nutritional risk factors are identified assign the Assumed Risk for Women and Children over 2 Years.

- 16.0 NUTRITION COUNSELING: (NED 02.01.00)
 - 16.1 Solicit questions or concerns regarding diet.
 - 16.2 Work with client to determine counseling topics, by prioritizing client's concerns, counselor concerns and identified risks.
 - 16.3 Review appropriate concepts or guidelines.
 - 16.4 Possible topics include:
 - 16.4.1 Nutritional needs for pregnancy and fetal growth based on the Food Guide Pyramid and Dietary Guidelines.
 - 16.4.2 Nutritional methods for dealing with any current pregnancy complications being experienced by the client..
 - 16.4.3 Risks of food-borne illness during pregnancy and anticipatory guidance to help reduce the incidence.
 - 16.4.4 Adequate and appropriate fluid consumption
 - 16.4.5 Appropriate weight gain and expected pattern of gain.

- 17.0 REVIEW POTENTIAL DANGERS OF SUBSTANCE ABUSE: (CRT 08.03.00)
 - 17.1 If the woman does not use any alcohol, tobacco or other drugs, praise for not using these substances.
 - 17.2 If anyone routinely smokes around the women, provide information on the potential dangers of secondhand smoke exposure.
 - 17.3 If the woman is smoking cigarettes, provide information on the potential dangers of smoking and refer for smoking cessation.
 - 17.4 If the woman is using alcohol or other drugs, refer for treatment and review the effects of drugs/alcohol and consequences to the physical and mental health of the mother and her unborn infant.

- 18.0 PROMOTE BREASTFEEDING: (NED 05.02.00)
 - 18.1 Elicit woman's feelings and concerns about breastfeeding.
 - 18.2 Acknowledge feelings.
 - 18.3 Provide information targeted to her specific concerns.
 - 18.4 Assist with development of birthing plan to promote and support her breastfeeding goals. Suggestions for plan
 - 18.4.1 Skin to skin contact after birth
 - 18.4.2 Breastfeeding within the first hour after birth
 - 18.4.3 Rooming in
 - 18.4.4 No artificial milk substitutes or nipples
 - 18.5 Encourage to discuss plan with family, physician and hospital

- 19.0 DEVELOP CLIENT'S GOAL
 - 19.1 Work with client to choose the area(s) from the items discussed that she would like to focus on during her pregnancy and write a goal for each.
 - 19.2 Assist in developing small steps to help the client meet each goal.
 - 19.3 Discuss potential barriers with client and together arrive at a plan that addresses obstacles.

- 20.0 PROVIDE REFERRALS AS APPROPRIATE:
 - 20.1 SRS Programs. (CRT 08.02.00)
 - 20.1.1 Temporary Assistance for Families (TAF).
 - 20.1.2 Supplemental Nutrition Assistance Program (FS).
 - 20.1.3 Medicaid.
 - 20.1.4 Child Support Enforcement (CSE).
 - 20.2 Prenatal Risk Reduction.
 - 20.3 Health Care Provider.
 - 20.4 Maternal & Infant program.
 - 20.5 Substance abuse/smoking cessation. (CRT 08.03.00)
 - 20.6 Breastfeeding Peer Counselor.
 - 20.7 Family Planning.
 - 20.8 Healthy Start.
 - 20.9 Other Local Resources.

- 21.0 SCHEDULE FOLLOW-UP NUTRITION EDUCATION:
 - 21.1 Schedule low risk clients for a secondary nutrition education contact appropriate for risk factors identified. (NED 02.02.00)
 - 21.2 Schedule high-risk clients for an individual high risk contact with the RD. (NED 02.03.00)

- 22.0 ISSUE CHECKS:
 - 22.1 Assign appropriate food package, see the Food Package and Special Formula Policies Training Module for information.
 - 22.2 Review WIC approved foods to be issued to client
 - 22.2.1 WIC foods are to promote and support her nutritional well-being and should not be shared with other people.
 - 22.2.2 The foods provided by the WIC program are supplemental and are not intended to meet all of her daily food requirements.
 - 22.3 Educate on check usage and WIC Approved Food List. (FCI: 04.01.00)
 - 22.3.1 Difference between WIC check and Fruit and Vegetable check.
 - 22.3.2 Authorized items for each food category issued.
 - 22.3.3 Definition of least expensive brand and which food categories.
 - 22.3.4 Always take WIC Approved Food List and photo ID to store
 - 22.3.5 Approved WIC vendors.
 - 22.3.6 Shopping with WIC checks.
 - 22.3.7 No substitutions allowed.
 - 22.3.8 Handling WIC checks.

- 23.0 PROGRAM REGULATIONS AND GUIDELINES:
 - Give WIC applicants specific program information that is pertinent to their participation in the program.