Nutrition Management Guidelines
Breastfeeding Woman

Use the following nutrition management guidelines when certifying breastfeeding WIC clients. Breastfeeding women and their infants should be certified at the same time. Information on the woman should be entered into KWIC **prior** to entering the infant's information. 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 who is feeding her breastmilk to her infant(s) at least once a day. This includes a "non-birth mother" who is providing her breastmilk to an infant.

RATIONALE: Nutritional status is an important factor affecting breastfeeding. 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: Promotes normal growth and development of the breastfed infant and achieves optimal health during the childbearing years and reduces the risk of chronic diseases.

2.0 GUIDELINES:

- 2.1 The client must be physically present at the 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 and mid-certification.
- 2.8 Complete assessment prior to determining topics for counseling.
- 2.9 Provide client centered nutrition counseling at certification and mid-certification.
- 2.10 Help make specific and realistic goals at certification and mid-certification.
- 2.11 Support breastfeeding at every opportunity.
- 2.12 Appropriate referrals should be made at certification and mid-certification.
- 2.13 Breastfeeding women certified before 6 months postpartum must be given the opportunity for at least two additional nutrition education contacts.
  - 2.13.1 Between the certification and the mid-certification.
  - 2.13.2 Between the mid-certification and the infant's first birthday.
- 2.14 Breastfeeding women certified after they are 6 months postpartum must be given the opportunity for one additional nutrition education contact.
- 2.15 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 breastfeeding woman is to one year postpartum or cessation of breastfeeding. If breastfeeding is discontinued prior to 6 months postpartum, she may still be eligible as a non-breastfeeding postpartum woman. (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. <u>Pregnancy at a Young Age</u> is conception of most recent pregnancy at 17 years of age or earlier.
  - 4.1.3 Document proof of identity. (CRT 04.00.00)
  - 4.1.4 * Medicaid Number.
- 4.2 Ethnicity / Racial Background.
- 4.3 Assess residency of 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 Whether the woman 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 home.

4.7 Homelessness. (CRT 05.01.00) A woman who lacks a fixed and regular night-time residence; or whose primary night-time 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 at the home of another individual, such as a friend or relative. This temporary accommodation cannot exceed 365 days.

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) - A group of related or non-related individuals who are living together as one economic unit.

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.
- A 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.
7.1.1 Assess if the client is taking supplemental iron.
7.1.2 Assess if the client is taking supplemental Folic Acid. Consumption of less than 400 µg of folic acid from fortified foods and/or supplements daily by a breastfeeding woman is considered Inadequate Vitamin/Mineral Supplementation.
7.1.3 Assess if the client is taking supplemental iodine. Consumption of less than 150 µg of supplemental iodine daily is considered Inadequate Vitamin/Mineral Supplementation.
7.1.4 Assess for Intake of Dietary Supplements with Potentially Harmful Effects. Routine consumption of inappropriate or excessive amounts of dietary.

7.2 Assess use of medications, prescribed and/or over-the-counter. Evaluate for Drug Nutrient Interactions.

7.3 Presence of hyperglycemia
7.3.1 Impaired fasting glucose and/or impaired glucose tolerance or Pre-Diabetes.
7.3.2 Diabetes Mellitus.
7.3.3 Any History of Gestational Diabetes.

7.4 Hypertension and Prehypertension.

7.5 Medical conditions affecting nutritional status.
7.5.1 Cancer.
7.5.2 Celiac Disease.
7.5.3 Central Nervous System Disorders.
7.5.4 Gastrointestinal Disorders.
7.5.5 Genetic and Congenital Disorders.
7.5.6 Inborn Errors of Metabolism.
7.5.7 Infectious Diseases.
- Tuberculosis.
- Pneumonia.
- Meningitis.
- Parasitic infections.
- Hepatitis.
  - Hepatitis A: Breastfeeding is permitted when the mother receives gamma globulin.

- Hepatitis B: Breastfeeding is permitted after the infant receives Hepatitis B specific immunoglobulin and the first dose of the series of Hepatitis B vaccine.
- Hepatitis C: Breastfeeding is permitted for mothers without co-infection (e.g. HIV).

- Bronchiolitis (3 episodes in last 6 months).
- AIDS (acquired immunodeficiency syndrome) or HIV (human immunodeficiency virus). Breastfeeding is contraindicated for women with HIV or AIDS.

7.5.8 Other Medical Conditions.

- Juvenile rheumatoid arthritis.
- Lupus erythematosus.
- Cardiorespiratory diseases.
- Heart disease.
- Cystic fibrosis. If woman is diagnosed with cystic fibrosis, see the Cystic Fibrosis Nutrition Management Guidelines.
- Persistent asthma (moderate or severe) requiring daily medication.

7.5.9 Recent Major Surgery, Trauma, Burns.

7.5.10 Renal Disease.

7.5.11 Thyroid Disorders.

8.0 ASSESS MOST RECENT PREGNANCY/DELIVERY:

8.1 Adequacy of prenatal care.

8.1.1 Date of first doctor visit.

8.1.2 Gestational month prenatal care began.

8.2 Delivery Information.

8.2.1 Delivery date.

8.2.2 Number of infants. Multifetal Gestation is two or more infants.

8.2.3 Vaginal or C-Section. Recent Major Surgery, Trauma, Burns includes a C-Section within the last 2 months.

8.2.4 Weeks gestation at time of delivery. An infant born at ≤ 37 weeks gestation is a Preterm Delivery at Last Delivery.

8.2.5 Birth weight of infants.

- An infant weighing ≤ 5 pounds 8 ounces (2500 grams) at birth is a Low Birth Weight Infant born at Last Delivery.
- An infant weighing ≥ 9 pounds (4000 grams) at birth is a Large for Gestational Age Infant born at Last Delivery.

8.2.6 Birth with Nutrition Related Birth Defect at Last Delivery. An infant born with a congenital or birth defect linked to inappropriate nutritional intake.

8.2.7 Fetal or Neonatal Loss during Last Pregnancy.

- Fetal Death is death at ≥ 20 weeks gestation.
- Neonatal death is death within 0 - 28 days of life.

8.2.8 Other Delivery Complications.

8.3 Assess infant feeding.

8.3.1 Exclusive Breastfeeding.

- Infant's weight gain/loss.
- Client's perception of breastmilk supply.
- Mother's concerns.

8.3.2 Formula supplementation - when started and amount.

8.3.3 Potential Breastfeeding Complications.

- Severe breast engorgement.
- Recurrent plugged ducts.
- Mastitis (fever or flu-like symptoms with localized breast tenderness).
- Flat or inverted nipples.
- Cracked, bleeding or severely sore nipples.
- Failure of milk to come in by 4 days postpartum.
- Tandem nursing (breastfeeding two siblings who are not twins).

9.0 REVIEW OBSTETRICAL HISTORY:

9.1 The number of times the woman has been pregnant for 20 or more weeks' gestation. - do **not** include the most recent pregnancy.

9.1.1 Count regardless of whether the infant was alive at birth.

9.1.2 Multiple births count as one.

9.1.3 High Parity at Young Age - under age 20 at conception of the most recent pregnancy and more than 3 previous pregnancies.

9.2 End date of last pregnancy - do **not** include the most recent delivery date.

9.2.1 Include only pregnancies of at least 20 weeks gestation.

9.2.2 Include normal delivery, stillbirth, spontaneous or induced abortion, or miscarriage.

9.2.3 Conception of most recent pregnancy before 16 months postpartum is Closely Spaced Pregnancies.

9.3 Any History of Preeclampisia

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 During the last three months of pregnancy.

12.1.3 Current.

12.1.4 Assess for Alcohol and Illegal Drug Use.

- Routine current use of ≥ 2 drinks per day.
- ≥ 5 drinks on at least one day in the past 30 days.

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 During the last three months of her pregnancy.

12.3.3 Current

12.3.4 Maternal Smoking is any daily smoking of tobacco products.

12.4 Assess if anyone in the household, other than the breastfeeding 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 Overweight, < 6 months postpartum □ BMI □25.0.

13.3.2 Obese, BMI ≥ 30.0.

13.4 Assess postpartum BMI.

13.4.1 Underweight BMI <18.5.

13.4.2 Normal weight BMI 18.5 to 25.0.

13.4.3 Overweight, ≥ six months postpartum □ BMI □25.0.

13.4.4 Obese, BMI ≥ 30.0.

13.5 Obtain self-declared total prenatal weight gain.

13.5.1 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.

13.5.2 High Maternal Weight Gain is a weight above the upper limit of the appropriate weight gain range.

13.6 Less than 6 months postpartum, assess hemoglobin / hematocrit

13.6.1 Low Hemoglobin / Hematocrit.

- Less than 15 years old
  - Hemoglobin < 11.8 g/dl.
  - Hematocrit concentration < 35.7%.

- 15 years old or older
  - Hemoglobin < 12 g/dl.
  - Hematocrit concentration < 35.9%.

13.7 6 - 12 months postpartum, assess if a hemoglobin/hematocrit has been documented in the WIC record since the last delivery.

13.7.1 If yes and it was within normal limits, no additional blood test is required.

13.7.2 If yes and it was low, assess if appropriate treatment and follow-up have occurred.

- If yes, document the treatment and follow-up.
- If no, obtain current hemoglobin/hematocrit and evaluate by comparing to the criteria defined above.

13.8 *Assess factors that affect hemoglobin/hematocrit.

13.8.1 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%.

13.8.2 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%.

13.9 Assess if client has had a blood lead test. An Elevated Blood Lead Level is a level of ≥ 10 µg /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 Postpartum Diet Questionnaire. Refer to the WIC Staff Guidance Document for the Postpartum 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 Any reported diet restrictions or modifications that may be considered a Diet Very Low in Calories and/or Essential Nutritions.

14.8 Pica – Compulsively eating nonfood items

14.9 Presence of Eating Disorder(s).

14.10 Dental Problems that impair the ability to ingest food in adequate quantity.

14.11 Developmental, sensory or motor delays or other Disabilities Interfering with the Ability to Eat.

14.12 Clinical manifestations of Nutrient Deficiencies Diseases.

15.0 ASSESS OTHER RISK CONDITIONS:

- 15.1 Assess infant's risk and priority and compare with the woman's.
  - 15.1.1 If the infant is priority 1 and the mother is a lower priority, assign Breastfeeding Mother of Infant at Priority 1 Nutritional Risk.
  - 15.1.2 If the infant is priority 2 and the mother is a lower priority, assign Breastfeeding Mother of Infant at Priority 2 Nutritional Risk.
  - 15.1.3 If the infant is priority 4 and the mother is a lower priority, assign Breastfeeding Mother of Infant at Priority 4 Nutritional Risk.

16.0 ASSESS WIC NUTRITIONAL RISK ELIGIBILITY: If no nutritional risk factors are identified assign the Assumed Risk for Women and Children over 2 Years.

17.0 NUTRITION COUNSELING: (NED 02.01.00)

- 17.1 Solicit questions or concerns regarding diet.
- 17.2 Work with client to determine counseling topics, by prioritizing client's concerns, counselor concerns and identified risks.
- 17.3 Review appropriate concepts or guidelines.
- 17.4 Possible topics include:
  - 17.4.1 Nutritional needs for breastfeeding based on the Food Guide Pyramid and Dietary Guidelines.
  - 17.4.2 Adequate and appropriate fluid consumption
  - 17.4.3 The importance of maintaining healthy body weight for height.
  - 17.4.4 The importance of physical activity for overall health, as well as achieving/maintaining desired weight.
- 17.5 Discuss potential barriers with client and together arrive at a plan that addresses obstacles.

18.0 BREASTFEEDING MANAGEMENT (NED 05.02.00)

- 18.1 Provide information on breastfeeding management based upon the specific needs of the individual.
- 18.2 Review normal physiological breast changes - Breasts swelling usually decreases around two to four weeks. This reduction does not indicate a decrease in milk supply.
- 18.3 Review infant appetite spurts.
  - 18.3.1 Often occur at two weeks, four-to-six weeks, two-to-three months, and at four-to-six months, but can occur anytime.
  - 18.3.2 Encourage the mother to nurse more frequently for several days to increase the milk supply.
  - 18.3.3 Discourage use of supplementary bottles. Supplementary bottles can cause her body to produce less milk.

18.4 Evaluate need for a Breast Pump.

18.4.1 Assess if pump is needed to establish breastfeeding or to increase breastfeeding duration.

18.4.2 How many times a day the client plans to use the pump.

- If only occasionally, instruct on hand expression.
- Manual or electric breast pumps can be provided to WIC mothers when the CPA, Breastfeeding Coordinator, Breastfeeding Peer Counselor or IBCLC determines a need.
- See Policy NED 05.04.01 to issue manual breast pumps.
- See Policy NED 05.04.02 to issue electric breast pumps.
- See Policy NED 05.04.03 to issue single user electric breast pumps.

19.0 REVIEW POTENTIAL DANGERS OF SUBSTANCE ABUSE: (CRT 08.03.00)

19.1 If the woman does not use any alcohol, tobacco or other drugs, praise for not using these substances.

19.2 If anyone routinely smokes around the women, provide information on the potential dangers of secondhand smoke exposure.

19.3 If the woman is smoking cigarettes, provide information on the potential dangers of smoking and refer for smoking cessation.

19.4 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 infant. **Note:** Amphetamine, cocaine, heroin, marijuana, and phencyclidine hydrochloride (PCP, angel dust) are contraindicated during breastfeeding.

20.0 COUNSEL ON PRECONCEPTUAL NUTRITIONAL NEEDS

20.1 Obese women should be encouraged to reduce weight prior to pregnancy to decrease the risks associated with obesity in pregnancy.

20.2 Underweight women should be encouraged to attain/maintain a healthy weight prior to pregnancy to decrease the risk to the infant.

20.3 Low intakes of folic acid prior to pregnancy have been linked to greater risks of neural tube defects in infants. At least 400 µg/day is needed to reduce this risk.

21.0 DEVELOP CLIENT'S GOAL

21.1 Work with client to choose the area(s) from the items discussed that she would like to focus on while breastfeeding and write a goal for each area.

21.2 Assist in developing small steps to help the client meet each goal.

21.3 Discuss potential barriers with client and together arrive at a plan that addresses obstacles.

22.0 PROVIDE REFERRALS AS APPROPRIATE.

- 22.1 SRS Programs. (CRT 08.02.00)
  - 22.1.1 Temporary Assistance for Families (TAF).
  - 22.1.2 Supplemental Nutrition Assistance Program (FS).
  - 22.1.3 Medicaid.
  - 22.1.4 Child Support Enforcement.
- 22.2 Health Care Provider.
- 22.3 Maternal & Infant program.
- 22.4 Substance abuse/smoking cessation. (CRT 08.03.00)
- 22.5 Breastfeeding Peer Counselor
- 22.6 Breastfeeding Support.
- 22.7 Family Planning.
- 22.8 Healthy Start.
- 22.9 Other Local Resources.

23.0 SCHEDULE FOLLOW-UP NUTRITION EDUCATION.

- 23.1 Breastfeeding women initially certified before 6 months postpartum.
  - 23.1.1 A mid-certification visit should be scheduled between 5 ½ and 9 months postpartum.
  - 23.1.2 Low risk clients should be scheduled for two secondary nutrition education contacts. (NED 02.02.00)
    - Between the first certification and the mid-certification visits.
    - Between the mid-certification and the infant's first birthday.
  - 23.1.3 High-risk clients must be scheduled for two individual high-risk contacts with the RD. (NED 02.03.00)
    - Between the first certification and the mid-certification visits.
    - Between the mid-certification and the infant's first birthday.
  - 23.1.4 The high or low risk status may change at the mid-certification appointment. Clients should be scheduled for the appropriate type of contact based upon their current risk status.
- 23.2 Breastfeeding women initially certified after 6 months postpartum.
  - 23.2.1 Low risk clients should be scheduled for a secondary nutrition education contact . (NED 02.02.00)
  - 23.2.2 High-risk clients must be scheduled for an individual high risk contact with the RD. (NED 02.03.00)

24.0 ISSUE CHECKS:

- 24.1 Assign appropriate food package, see the Food Package and Special Formula Policies Training Module for information.
- 24.2 Review WIC approved foods to be issued to client
  - 24.2.1 WIC foods are to promote and support her nutritional well-being and should not be shared with other people.
  - 24.2.2 The foods provided by the WIC program are supplemental and are not intended to meet all of her daily food requirements.

24.3 Educate on check usage and WIC Approved Food List. (FCI: 04.01.00)
- 24.3.1 Difference between WIC check and Fruit and Vegetable check.
- 24.3.2 Authorized items for each food category issued.
- 24.3.3 Definition of least expensive brand and which food categories.
- 24.3.4 Always take WIC Approved Food List and photo ID to store
- 24.3.5 Approved WIC vendors.
- 24.3.6 Shopping with WIC checks.
- 24.3.7 No substitutions allowed.
- 24.3.8 Handling WIC checks.

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