

***COLORADO WIC***  
***Nutrition Education Counseling Guide***  
Section Table of Contents

General Information Section

Prenatal Woman Section

Breastfeeding Woman Section

Postpartum / Non Breastfeeding Woman Section

Infant Section

Child Section

Baby Behavior Section

All Participant Categories Section

# Nutrition Education Counseling Guide

## Introduction

This booklet is the result of collaboration between state and local WIC staff to assist local agencies with training staff, standardizing assessment and counseling, and providing a streamlined method of nutrition education documentation. The topics and counseling points listed in the *Nutrition Education Counseling Guide* are an expanded version of those noted in the WIC computer system, Compass. In addition to counseling topics and points, this booklet also contains Colorado WIC-accepted acronyms and abbreviations, protocols for conducting each type of WIC visit, and specific areas for assessment.

A separate chapter is devoted to counseling topics for each category of participant. An additional chapter contains topics that apply to all categories of participants. Information on each topic is as follows:

**Topic name:** This may be either a general topic, such as “calcium,” a condition, such as “constipation” or a risk factor, such as “inadequate growth.”

- If it is a risk factor, the NRF definition is listed along with notation of high or low risk.
- If the risk factor is **High Risk** it will be indicated by one asterisk (\*) after the name.
- If the risk factor is **HIGH RISK and requires 24 hour follow-up**, it will be indicated by two asterisks (\*\*) after the name.

**Assessment:** Suggestions of additional points to assess prior to counseling are listed.

**Suggested counseling points:** These are counseling points that address the topic and may be provided to the participant. Note that this is a fairly comprehensive list and not all points will likely be covered at one visit.

**Suggested referrals:** When indicated, suggestions for referrals are listed.

**All participant categories topics:** These are topics that, in Compass, can be copied to the Nutrition Education record of any active participant within the family. Specific instructions for select topics are listed below:

- Orientation: All the counseling points listed are required to be provided to all new WIC participants, and reviewed with endorsers at recertification visits as needed.
- High risk counseling points: High risk counselors should select the listed counseling point, “refer to care plan” and then document in the participant’s care plan the specific high risk counseling provided.
- Other: Staff should select the listed counseling point, “Refer to care plan” to document in the participant’s care plan any additional information not included in the category and topic specific counseling points.

# **Table of Contents**

## **General Section**

Acronyms and Abbreviations.....	1
WIC Certification/Recertification Visit .....	2
Midcertification Visit .....	3
Follow-Up and Follow-up with Anthros Visit .....	4
Add Baby Visit .....	5
Transfer Visit .....	6
Breast Pump Visit.....	7
High-Risk Participants.....	8
Medical Conditions .....	9
Participant Centered Nutrition Education Strategies.....	10

# Nutrition Education Counseling Guide

## General Information Section

### Acronyms and Abbreviations for WIC

<b>AEB</b>	As evidenced by	<b>NPO</b>	Not by mouth
<b>BF</b>	Breastfeeding	<b>NRF</b>	Nutrition Risk Factor
<b>bid</b>	Twice a day	<b>N/V</b>	Nausea and vomiting
<b>BMI</b>	Body mass index	<b>OTC</b>	Over-the-counter
<b>BP</b>	Blood pressure	<b>oz</b>	Ounce
<b>Ca</b>	Calcium	<b>PA</b>	Physical activity
<b>Cert</b>	Certification	<b>PAF</b>	Physician Authorization Form
<b>CED</b>	Certification end date	<b>PCP</b>	Primary care provider
<b>CHN</b>	Community health nurse	<b>PHN</b>	Public health nurse
<b>CHO</b>	Carbohydrate	<b>PID</b>	Person identification number
<b>C/O</b>	Complains of	<b>PMD</b>	Private medical doctor, physician (MD or DO)
<b>D/C</b>	Discontinued, stopped	<b>PN</b>	Prenatal
<b>DM</b>	Diabetes Mellitus	<b>p.o.</b>	By mouth
<b>DOB</b>	Date of birth	<b>POA</b>	Proof of address
<b>Dt</b>	Due to	<b>POI</b>	Proof of income
<b>dx</b>	Diagnosis	<b>POID</b>	Proof of identification
<b>EBM</b>	Expressed breast milk	<b>PP</b>	Postpartum
<b>EDC/EDD</b>	Expected date of confinement/due date	<b>ppd</b>	Packs per day
<b>ETOH</b>	Alcohol	<b>prn</b>	As needed
<b>FAE</b>	Fetal Alcohol Effects	<b>PRO</b>	Protein
<b>FAS</b>	Fetal Alcohol Syndrome	<b>qd</b>	Every day
<b>Fe</b>	Iron	<b>qid</b>	Every other day
<b>FF</b>	Formula feeding/Formula fed	<b>R</b>	Right
<b>FFOC/FFOB</b>	Foster father of child/baby	<b>RB</b>	Right breast
<b>FTT</b>	Failure to thrive	<b>RD</b>	Registered dietitian (nutritionist)
<b>F/U</b>	Follow-up	<b>RN</b>	Registered nurse
<b>F/V</b>	Fruits & vegetables	<b>Recert, RCT</b>	Recertification
<b>GDM</b>	Gestational diabetes mellitus	<b>r/t</b>	Related to
<b>GERD</b>	Gastroesophageal reflux disease	<b>RTC</b>	Return to clinic
<b>GI</b>	Gastrointestinal	<b>Rx</b>	Prescription
<b>GMOC/GMOB</b>	Grandmother of child/baby	<b>SGA</b>	Small for gestational age
<b>HBW</b>	High birth weight	<b>SIDS</b>	Sudden infant death syndrome
<b>Hct/Hgb</b>	Hematocrit/hemoglobin	<b>SSB</b>	Sugar sweetened beverage
<b>HM</b>	Human milk	<b>STL</b>	Stool
<b>HMO</b>	Health maintenance organization	<b>SX</b>	Symptoms
<b>Hr</b>	Hour	<b>Tbsp</b>	Tablespoon
<b>H/S</b>	Bedtime	<b>tid</b>	Three times a day
<b>HTN</b>	Hypertension	<b>tsp</b>	Teaspoon
<b>hx</b>	History	<b>TV</b>	Television
<b>IBW</b>	Ideal body weight	<b>VOC</b>	Verification of Certification
<b>ID</b>	Identification	<b>WNL</b>	Within normal limits
<b>IZ</b>	Immunizations	<b>w/o</b>	Without
<b>L</b>	Left	<b>WT</b>	Weight
<b>LB</b>	Left breast	<b>&lt;</b>	Less than
<b>LBW</b>	Low birth weight	<b>&gt;</b>	Greater than
<b>LGA</b>	Large for gestational age	<b>≥</b>	Greater than or equal to
<b>MEWG</b>	Minimum expected weight gain	<b>≤</b>	Less than or equal to
<b>MOC/MOB</b>	Mother of child/baby		
<b>NI</b>	Nutrition Interview		

# Nutrition Education Counseling Guide

## General Information Section

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### WIC Certification/Recertification Standard Visit Protocols

1. Determine WIC eligibility (POID, POI, POA).
2. Review education notes and previous goal(s) [Recert and follow up visits].
3. Complete a thorough Nutrition Assessment
  - Growth:
    - ✓ Check height (length for infants) and weight and record in Compass.
    - ✓ Review growth grid for infants and children and prenatal weight gain grid for pregnant women
    - ✓ Assess growth and/or weight gain (Assess for minimum expected weight gain – MEWG – for infants and children.)
  - Iron and Lead Screening:
    - ✓ Check hemoglobin or hematocrit for women and children (children at 12 and 18 months and once/year thereafter if values are normal).
    - ✓ Ask (at cert/recert/midcert) if the child has had a blood lead screening test, and refer to screening programs if child has not been tested.
  - Nutrition Interview:
    - ✓ Assess health/medical history (as diagnosed by physician, health conditions, health concerns, allergies, disabilities)
    - ✓ Review immunization record [infants and children only]
    - ✓ Assess for oral health risks [infants and children only]
    - ✓ Assess for lifestyle risks (physical activity, TV/video time, substance use, exposure to second hand smoke)
    - ✓ Assess BF preparation [pregnant women only]
    - ✓ Assess BF support [breastfeeding women only]
    - ✓ Record mom's WIC participation [infants only]
    - ✓ Assess nutrition practices (typical eating and drinking habits, nutrition risks, and infant's breastfeeding status)
    - ✓ Social environment (abuse/neglect, limitations of primary caregiver)
4. Assign subjective nutrition risk factors (NRFs)
5. Explain purpose and function of WIC (for certification visits) and length of certification period; obtain signatures.
6. Follow up on previous goals and referrals. [Recert & follow up visits]
7. Prioritize assessment information and provide participant-centered nutrition education.
8. If high risk, refer to RD/RN for counseling. If RD/RN not available, provide general counseling and pamphlets (if appropriate) and schedule with RD/RN per protocol (within 24 hours, one month or 90 days).
9. Provide referrals as needed.
10. Assist participant in setting goals.
11. Issue FIs.
12. Schedule next appointment.
13. Document nutrition education including:
  - Completion of Nutrition Education noting nutrition education covered and pamphlets provided.
  - Completion of Care Plan noting participant goal(s), plan (if indicated) and any additional client comments, follow-up on previous goals and referrals, assessment, counseling provided.

# Nutrition Education Counseling Guide

## General Information Section

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### WIC Midcertification Standard Visit Protocols

1. Review education notes and previous goal(s).
2. Complete a thorough Nutrition Assessment
  - Growth:
    - ✓ Check height/length and weight and record in Compass.
    - ✓ Review growth grid.
    - ✓ Assess growth and/or weight gain. Assess MEGW for infants and children.
  - Iron and Lead Screening:
    - ✓ Check hemoglobin or hematocrit for children at 12 and 18 months and once/year thereafter if values are normal.
    - ✓ Ask (at cert/recert/midcert) if the child has had a blood lead screening test, and refer to screening programs if child has not been tested.
  - Nutrition Interview:
    - ✓ Assess nutrition practices (update breastfeeding description, breastfeeding and formula feeding status, solid foods, use of cup, nutrition risks).
    - ✓ Assess health/medical history (as diagnosed by physician, health conditions, health concerns, allergies, disabilities).
    - ✓ Review immunization record.
    - ✓ Assess for oral health risks.
    - ✓ Assess for lifestyle risks (physical activity, TV/video time, exposure to second hand smoke).
    - ✓ Change Breastfeeding Status only if required (e.g. infant was previously listed as not breastfeeding and currently is breastfeeding).
3. Assign subjective nutrition risk factors (NRFs).
4. Follow up on previous goals and referrals. [Cert & follow up visits]
5. Prioritize assessment information and provide participant-centered nutrition education.
6. If high risk, refer to RD/RN for counseling. If RD/RN not available, provide general counseling and pamphlets (if appropriate) and schedule with RD/RN per protocol (within 24 hours, one month, or 90 days).
7. Provide referrals as needed.
8. Assist participant in setting goals.
9. Issue FIs.
10. Schedule next appointment.
11. Document nutrition education including:
  - ✓ Completion of Nutrition Education noting nutrition education covered and pamphlets provided.
  - ✓ Completion of Care Plan noting participant goal(s), plan (if indicated) and any additional client comments, follow-up on previous goals and referrals, assessment, counseling provided.

## **Nutrition Education Counseling Guide**

### **General Information Section**

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#### **Follow-up & Follow-up with Anthros Standard Visit Protocols**

1. Review education notes and previous goal(s).
2. Follow-up on previous goals and referrals.
3. For breastfed infants, update breastfeeding description in Compass.
4. Check height/length and weight and record in Compass.
5. Review growth grid.
6. Assess growth and/or weight gain. Assess MEWG for infants and children.
7. Assign subjective nutrition risk factors, (NRFs) if applicable.
8. Prioritize assessment information and provide participant-centered nutrition education.
9. If high risk, refer to RD/RN for counseling. If RD/RN not available, provide general counseling and pamphlets (if appropriate) and schedule with RD/RN per protocol (within 24 hours, one month or 90 days).
10. Provide referrals as needed.
11. Assist participant in setting goals.
12. Issue FIs.
13. Schedule next appointment.
14. Document nutrition education including:
  - ✓ Completion of Nutrition Education noting nutrition education covered and pamphlets provided.
  - ✓ Completion of Care Plan noting participant goal(s), plan (if indicated) and any additional client comments, follow-up on previous goals and referrals, assessment, counseling provided.

# Nutrition Education Counseling Guide

## General Information Section

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### WIC Add Baby Standard Visit Protocols

1. Determine WIC eligibility (POID, POI, POA).
2. Review education notes and previous goal(s) for mom.
3. Complete a thorough Nutrition Assessment
  - Growth:
    - ✓ Check height (length for infants) and weight and record in Compass.
    - ✓ Review growth grid for infant(s). Assess for MEWG.
    - ✓ Edit Pregnancy panel to record birth outcome.
  - Iron Screening:
    - ✓ Check hemoglobin or hematocrit for mom.
  - Nutrition Interview:
    - ✓ Assess health/medical history (as diagnosed by physician, health conditions, health concerns, allergies, disabilities).
    - ✓ Review immunization record [infants only].
    - ✓ Assess for oral health risks [infants only].
    - ✓ Assess for lifestyle risks (physical activity, TV/video time, exposure to second hand smoke).
    - ✓ Assess BF support [breastfeeding women only].
    - ✓ Record mom's WIC participation [infants only].
    - ✓ Assess nutrition practices (typical eating and drinking habits, nutrition risks, infant's breastfeeding status).
    - ✓ Social environment (abuse/neglect, limitations of primary caregiver).
4. Assign subjective nutrition risk factors (NRFs)
5. Explain purpose and function of WIC (for infant certification visit) and length of certification period; obtain signatures.
6. Follow-up on previous goals and referrals.
7. Prioritize assessment information and provide participant-centered nutrition education.
8. Refer to RD/RN/LMS for Breastfeeding Complications, as needed.
9. If high risk, refer to RD/RN for counseling. If RD/RN not available, provide general counseling and pamphlets (if appropriate) and schedule with RD/RN per protocol (within 24 hours or one month).
10. Provide referrals as needed.
11. Assist participant in setting goals.
12. Issue FIs.
13. Schedule next appointment.
14. Document nutrition education including:
  - Completion of Nutrition Education noting nutrition education covered and pamphlets provided.
  - Completion of Care Plan noting participant goal(s), plan (if indicated) and any additional client comments, follow-up on previous goals and referrals, assessment, counseling provided.

# **Nutrition Education Counseling Guide**

## **General Information Section**

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### **WIC Transfer Standard Visit Protocols**

1. Document ID and Address. (ID must be provided for endorsers and all participants.) Document Verification of Certification information for out-of-state transfers.
2. Follow-up on previous goals and referrals for in-state transfers.
3. Review nutrition risk factors from VOC and discuss with client previous goals from out-of-state clinic.
4. Review new clinic or state policy and procedures, rights and responsibilities, allowable foods list and check cashing procedures if necessary.
5. If high risk, refer to RD/RN for counseling. If RD/RN not available, provide general counseling and pamphlets (if appropriate) and schedule with RD/RN per protocol (within 24 hours, one month or 90 days).
6. Provide referrals as needed.
7. Assist participant in setting goals.
8. Issue FIs.
9. Schedule next appointment.
10. Document nutrition education including:
  - Completion of Nutrition Education noting nutrition education covered and pamphlets provided.
  - Completion of Care Plan noting participant goal(s), plan (if indicated) and any additional client comments, follow-up on previous goals and referrals, assessment, counseling provided.

# Nutrition Education Counseling Guide

## General Information Section

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### WIC Breast Pump Standard Visit Protocols

1. Complete BF Equipment panel, scan ID, obtain signature.
2. Client must read and sign and take a paper copy of the *Breast Pump/Aid Release Form*.
3. Demonstrate how to assemble, use and clean/sterilize the breast pump/parts (can use video/DVD).
4. Explain safe handling and storage of human milk.
5. Provide instruction on manual expression of breast milk.
6. Develop a pumping plan based on mother's individual situation.
7. Discourage borrowing/sharing pumps
8. Identify who to call for help/questions
9. Refer to RD/RN/LMS for Breastfeeding Complications, as needed.
10. If high risk, refer to RD/RN for counseling. If RD/RN not available, provide general counseling and pamphlets (if appropriate) and schedule with RD/RN per protocol (within 24 hours or one month).
11. Provide referrals as needed.
12. Assist participant in setting goals.
13. Issue FIs.
14. Schedule next appointment.
15. Document nutrition education including:
  - Completion of Nutrition Education noting nutrition education covered and pamphlets provided.
  - Completion of Care Plan noting participant goal(s), plan (if indicated) and any additional client comments, follow-up on previous goals and referrals, assessment, counseling provided.

# Nutrition Education Counseling Guide

## General Information Section

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### High-Risk Visit Standard Protocol

The RD/RN must counsel high-risk participants within 30 days of identification as high risk except as follows:

1. The RD/RN must provide high-risk counseling **within 24 hours** of risk identification when the following nutrition risk factors are identified:
    - NRF 135 – Inadequate Growth  
Infant birth up to 1 month of age:
      - ✓ Excessive weight loss after birth (Current weight is less than or equal to 92% of birth weight); **OR**
      - ✓ Is not back up to birth weight by 2 weeks of age.
    - NRF 372A- Alcohol Use
      - ✓ *Pregnant women* – Any current alcohol use.
      - ✓ *Breastfeeding women* – Routine use of 2 or more drinks per day; or binge drinking (5 or more drinks on the same occasion within the past 30 days) or heavy drinking (5 or more drinks on the same occasion on 5 or more days in the previous 30 days).
    - NRF 372B- Illegal Drug Use
      - ✓ Pregnant women – Any current illegal drug use
      - ✓ *Breastfeeding and Non-Breastfeeding Postpartum women* - Any current illegal drug use.
    - NRF 602 – Breastfeeding Complication or Potential Complications. *Breastfeeding women* with any of the following:
      - ✓ Severe breast engorgement
      - ✓ Recurrent plugged ducts
      - ✓ Mastitis
      - ✓ Flat or inverted nipples
      - ✓ Cracked, bleeding or severely sore nipples
      - ✓ Failure of milk to come in by 4 days postpartum
      - ✓ Tandem nursing
    - NRF 603 – Breastfeeding Complication or Potential Complications. *Breastfed infants* with any of the following:
      - ✓ Jaundice
      - ✓ Weak or ineffective suck
      - ✓ Difficulty latching onto mother's breast
      - ✓ Inadequate stooling (for age, as determined by a physician or other health care professional) or less than 6 wet diapers per day.
- NRFs 602 and 603 can be completed by a Colorado WIC Lactation Management Specialist (LMS) or a WIC RD/RN. If counseling at the time of risk assignment is provided by an educator LMS, the educator LMS must schedule the participant with the WIC RD/RN for routine high risk follow-up within 30 days.*
2. MD must be contacted **within 24 hours** and RD/RN must provide high-risk counseling **no more than 30 days** from risk identification when the following nutrition risk factor is identified:
    - NRF 201B – Severely low hemoglobin/hematocrit
      - ✓ **If permission has been granted for WIC to contact the health care provider:** fax or email a printout of the *Abnormal Blood Work Notices* to the health care provider within 24 hours. Schedule an appointment with the WIC High Risk Counselor within the next 30 days.
      - ✓ **If permission has not been granted for WIC to contact the health care provider:** give a printout of the *Abnormal Blood Work Notice* to the endorser/participant to share with the participant's health care provider. The WIC High Risk Counselor must be notified within 24 hours. The High Risk Counselor must contact the participant by telephone within 7 days and schedule a high risk appointment with the participant within the next 30 days.
  3. RD/RN must provide high-risk counseling **no more than 90 days** of risk identification when the following nutrition risk factor is identified:
    - NRF 113 – Obese child (2-5 years of age)

# Nutrition Education Counseling Guide

## General Information Section

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### Medical Conditions

Medical conditions must have been diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. **All conditions are high risk unless indicated low risk.**

- 301 Hyperemesis Gravidarum
- 302 Gestational Diabetes
- 303 History of Gestational Diabetes (low risk)
- 304 History of Preeclampsia (low risk)
- 311 History of Preterm Delivery (low risk)
- 312 History of Low Birth Weight (low risk)\*
- 321 History of Spontaneous Abortion, Fetal or Neonatal Loss (low risk)\*
- 331 Pregnancy at a Young Age (16 to <18 years: low risk; < 16 years: high risk)\*
- 332 Closely Spaced Pregnancies (low risk)\*
- 333 High Parity and Young Age (low risk)\*
- 334 Lack of or Inadequate Prenatal Care\*
- 335 Multi-fetal Gestation (low risk)\*
- 336 Fetal Growth Restriction
- 337 History of Birth of a Large for Gestational Age Infant (low risk)
- 338 Pregnant Woman Currently Breastfeeding (low risk)\*
- 339 History of Birth with Nutrition Related Congenital or Birth Defect (low risk)
- 341 Nutrient Deficiency Diseases
- 342 Gastrointestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Pre-Hypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic or Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352 Infectious Diseases
- 353 Food Allergies
- 354 Celiac Disease
- 355 Lactose Intolerance (low risk)\*
- 356 Hypoglycemia
- 358 Eating Disorders\*\*
- 359 Recent Major Surgery, Trauma, Burns\*
- 360 Other Medical Conditions Juvenile Rheumatoid Arthritis, Lupus Erythematosus, Cardio Respiratory Diseases, Heart Disease, Cystic Fibrosis, Asthma (requiring daily medication)
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat
- 363 Pre-Diabetes
- 371 Maternal Smoking (low risk)\*
- 372 Alcohol and Illegal Drug Use\*
- 381 Oral Health Conditions (low risk)\*
- 382 Fetal Alcohol Syndrome

\* Condition may be identified by the WIC staff

\*\* Condition may be identified by the WIC High Risk Counselor

# Nutrition Education Counseling Guide

## General Information Section

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### Participant Centered Nutrition Education strategies

WIC's nutrition education is participant centered – using an approach that takes into account the participant's unique circumstances and perspectives. WIC staff direct the visit and follow all protocols while also striving to develop partnerships with participants based on trust and respect.

### 3-Step Counseling Strategy

1. **ASK** – open ended questions

- *“What have you heard about breastfeeding?”*
- *“How are you planning to feed your baby?”*
- *“Tell me about your child's eating habits.”*

Probe by

- ✓ Extending – asking her to tell you more
  - *“What else have you heard about that, Margie?”*
  - *“Could you tell me a little more about that?”*
- ✓ Clarifying – clarify what she just said
  - *“When you say \_\_\_\_\_, do you mean \_\_\_\_\_?”*
- ✓ Reflecting – acknowledging you understand
  - *“So you think your mother would disapprove?”*
  - *“So you're saying he's pretty possessive of you?”*
- ✓ Redirecting – moving participant to a difference subject
  - *“Margie, what other concerns do you have about starting your baby on solid foods?”*
  - *“Christy, besides your concern about drinking beer and nursing, is there anything else that bothers you about it?”*

2. **Affirm feelings** – acknowledge what you're hearing and reassure feelings.

- *“I've heard a lot of women say that.”*
- *“That's a pretty common reaction.”*
- *“I felt that way, too”*
- *“My mother told me the same thing”*
- *“Many women go through a period like that after the baby is born.”*

3. **Educate**

- Carefully target information to the concern uncovered in Step 1
- Educate in repeated conversations
- Feed information to participants in small bites
- Help participants participate in the learning process

### Appreciative Inquiry (AI)

Click here for hyperlink to video and handouts on using [Appreciative Inquiry](#).