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* = High risk condition

** = 24 hour referral needed

Nutrition Education Counseling Guide

Prenatal Woman Section

Prenatal Counseling/Class

- Follow standard visit guidelines
- Refer to RD/RN if high-risk

Assessment:

- Assess prenatal status, problems & concerns.
- Assess if receiving prenatal care.
- Assess is taking prenatal vitamins.
- Assess if smoking, drinking and/or taking drugs.
- Assess interest in breastfeeding.

Suggested counseling points (Counsel based on your assessment of her concerns)

1. Using Prenatal Weight Gain Grid, explain optimal weight gain for this client.
2. Discuss ways to improve diet (Use the Nutrition Guide for Pregnant Women).
3. Emphasize prenatal vitamins, iron, calcium, protein, and folic acid sources.
4. Discuss tips to avoid nausea and vomiting.
5. Discuss tips for alleviating constipation, heartburn, and problems with gas.
6. Discourage and warn of possible dangers of use of alcohol, drugs, tobacco, and second hand smoke.
7. Discourage use of medicines, including over-the-counter (OTC) medicines, herbal remedies, excessive vitamins and minerals unless prescribed by physician who knows of the pregnancy.
8. Discourage consuming unpasteurized soft cheeses, fish that could be high in mercury, ready-to-eat meats, and excess caffeine.
9. Discuss importance of knowing HIV status.
10. Discuss importance of prenatal care.
11. Explain benefits and encourage breastfeeding.
12. Assess potential breastfeeding complications: i.e. flat/inverted nipples, previous lactation failure, breast surgery, unusual breast appearance (such as tubular hypoplastic breasts, history of breast radiation, if presently lactating or a multi-fetal gestation) and refer to RD/RN or MD if any of these situations exist.
13. Refer to breastfeeding class (if applicable).
14. If planning to bottle feed and not interested in considering breastfeeding, provide anticipatory guidance on formula feeding.

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Prenatal - Infant Breastfeeding Counseling

- Follow standard visit guidelines
- Refer to RD/RN if high-risk

Assessment:

- Assess prenatal status, problems & concerns.

Suggested counseling points (Counsel based on your assessment of her concerns)

1. Discuss what mother has heard about breastfeeding to demystify myths.
2. Discuss that breast/nipple preparation is not necessary.
3. Encourage women to conduct a self-exam to check for flat or inverted nipples and refer to RD/RN or LMS for further evaluation if needed.
4. Discuss what to request for a good start with breastfeeding in the hospital.
5. Discuss common breastfeeding positions: laid back, cradle hold, cross cradle, football hold, and side-lying hold.
6. Proper latch-on is essential for successful breastfeeding and preventing sore nipples.
7. Newborns should feed every 1 ½ to 3 hours, 8 to 12 times in a 24-hour period.
8. Colostrum comes in small amounts, is present on the first day postpartum, and is all the newborn needs for nourishment.
9. Discuss what to expect during the first weeks.
10. Discuss how to make sure baby is getting enough to eat.
11. Encourage exclusive breastfeeding; supplemental formula and water can interfere with successful breastfeeding and increases risks of illnesses.
12. Discourage bottles and pacifiers, especially during first month, in order to establish milk supply.
13. WIC can provide a breast pump or breast pump loan if needed.
14. Discuss common problems and possible preventions; dispel any myths.
15. Determine sources of support for breastfeeding; give guidance for when and who to call for help.
16. Discuss ways to improve diet (using the Nutrition Guide for Pregnant Women).
17. Discuss extra foods available through WIC for exclusively breastfeeding women.
18. Refer to breastfeeding class at WIC or hospital; breastfeeding peer counselors, if available; and community breastfeeding groups.

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Prenatal - Infant Formula Feeding Counseling/Class

- Follow standard visit guidelines.
- Refer to RD/RN if high-risk.

Assessment:

- Assess prenatal status, problems & concerns.

Suggested counseling points (Counsel based on your assessment of her concerns)

1. Discuss benefits of breastfeeding.
 - Provide information so all women can make an informed choice about how to feed their baby
 - Address concerns, barriers, myths
 - Determine sources of support
2. Discuss bottle cleaning and sanitation.
3. Provide instructions for mixing, warming, and storing formula.
4. Advise to hold baby while feeding; don't prop bottles.
5. Discussed putting only formula, breast milk, or water in bottles.
6. Provide anticipatory guidance on baby's growth spurts and frequency of feedings.
7. Discuss that WIC provides contract formula intended as a supplement. Mom may need to purchase additional formula as baby grows and his/her needs increase.

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Alcohol Use**

NRF 372A Definition High Risk:

Medical Condition: Alcohol Use: Any current alcohol use

- RD/RN must provide high risk counseling within 24 hours
- If RD/RN are not available to counsel participant within 24 hours, refer to physician

Assessment

- Assess alcohol consumption.
- Assess use of cigarettes or other drugs.
- Check if participant has informed her health care provider about her use of alcohol.
- Assess and counsel using the 5 A's:
 - ✓ Ask – if she drinks
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to cessation resources
 - ✓ Arrange – assessment of drinking status at follow-up visits

Suggested counseling points

1. Discuss risks of Fetal Alcohol Syndrome/Fetal Alcohol Effects:
 - Low birth weight
 - Mental retardation
 - Heart defects
 - Cleft Palate
 - Face, arm and leg deformities
2. Discuss risks to mom:
 - Increase risk of miscarriage, vaginal bleeding, early separation of placenta from the uterus, and preterm labor.
 - Depletes nutrients.
 - Destroys brain cells.
 - Increases risk of liver damage.
 - Increases risk of heart disease and certain types of cancer.
 - Impairs ability to care for baby.
3. Advise to quit.
 - There is no safe level of alcohol during pregnancy.
 - The more a pregnant mom drinks, the greater the risks to baby.
 - Quitting any time during pregnancy is beneficial.
4. Emphasize need for healthy diet for pregnancy.
5. Encourage taking prenatal vitamins.
6. Refer to RD/RN for high-risk counseling.
7. Refer to physician.
8. Refer to cessation/substance abuse program/resource.

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Calcium

Assessment

- Check intake/tolerance of calcium-rich food products (milk, cheese, yogurt, etc.).
- Check use of prenatal vitamins and calcium supplements (recommended by care provider).

Suggested counseling points

1. Importance of calcium for mom and baby's bones, teeth, blood clotting, muscles and nerves.
2. If not enough in diet, baby's needs pull from mother's bones, risking osteoporosis later.
3. Dietary sources of calcium
 - Dairy products
 - Non-dairy products: calcium-fortified orange juice and soy milk, tofu, canned fish with edible bones, almonds, broccoli, legumes, and blackstrap molasses.
4. Recommended servings: teens 4 cups/day; adults 3 cups/day.
5. Ways to get more calcium:
 - Flavored milk
 - Pudding, custard, ice cream
 - Shredded cheese added to foods
 - Dry milk added to casseroles, meat loaves, soups, mashed potatoes, baked goods
 - Yogurt and cottage cheese
 - Calcium fortified orange juice or soy milk
 - Other non-dairy foods: Tofu, canned fish with edible bones, almonds, broccoli, legumes, blackstrap molasses.

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Cigarette Use

NRF 371 Definition *Low Risk*:

Medical Condition: Maternal Smoking: Any smoking of tobacco products, i.e., cigarettes, pipes or cigars

Note: E-cigarettes and chewing tobacco are not currently included in the definition of maternal smoking. However, participants who use nicotine vaporizers or chewing tobacco should be counseled and encouraged to quit.

Assessment

- Assess and counsel using the 5 A's:
 - ✓ Ask – if she smokes
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to smoking cessation resources
 - ✓ Arrange – assessment of smoking status at follow up visits
- Check exposure to secondhand smoke.
- Check use of other drugs/alcohol.

Suggested counseling points

1. Discuss risks to mom and baby:
 - Greater chance of having a low birth weight or premature baby.
 - Nicotine and carbon monoxide pass through the placenta and decrease oxygen and nutrients to baby.
 - Decreases appetite, which decreases weight gain.
2. Advise to stop smoking.
3. Discuss benefits of quitting:
 - Baby will be healthier
 - Baby will get more oxygen.
 - Baby will be less likely to be born too soon.
 - Baby will be more likely to come home from the hospital with mom.
 - Baby will have fewer colds and ear infections.
 - Baby will cough and cry less.
 - Baby will have fewer asthma and wheezing problems.
 - Mom will have more energy and breathe easier.
 - Mom will save money that can be spent on other things.
 - Mom's clothes, car and home will smell better.
 - Mom's skin and nails won't be stained, and she'll have fewer wrinkles.
 - Food will smell and taste better.
 - Mom will feel good about quitting.
4. Refer to smoking cessation resources.
5. Suggestions for cutting back if can't quit:
 - Buy only 1 pack at a time.
 - Take fewer puffs on each cigarette.
 - Change to a low-nicotine brand.
 - Ask family members and friends for their support, including not smoking around you.
6. Encourage prenatal weight gain toward the high end of weight category.

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7. E-Cigarettes are not an approved nicotine replacement therapy (NRT) option.
 - The amount of nicotine can vary greatly from cartridge to cartridge unlike approved NRT options that deliver a standardized dosage.
 - Early testing of e-cigarette samples show they contain cancer causing substances and toxic chemicals.

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Dental Health/Dental Problems

Dental Health – not an NRF

NRF 381 Definition Low Risk:

Medical Condition: Oral Health Conditions

Oral health conditions include, but are not limited to:

- Dental caries, often referred to as “cavities” or “tooth decay”
- Periodontal disease (stages include gingivitis and periodontitis)
- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.

Presence of oral health conditions diagnosed, documented or reported by a physician, dentist, or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

Assessment

- Assess severity of dental problems. (Periodontal disease is a significant risk factor for pre-term low birth weight resulting from pre-term labor or premature rupture of the membranes.).
- Check if participant is following up with a dentist. Refer if needed.
- Check if participant is performing recommended dental hygiene care (brushing, flossing, special mouth rinse, etc.).
- Assess adequacy of diet. (Missing more than 7 teeth in adults seriously affects chewing ability. This leads to eating only certain foods which in turn affects nutritional intake.).
- Assess intake of sweet, sticky foods and sweetened liquids.
- Assess intake of folic acid. (There is evidence that gingivitis of pregnancy results from “end tissue deficiency” of folic acid and will respond to folic acid supplementation as well as plaque removal).

Suggested counseling points

1. Avoid sweet, sticky foods and sweetened liquids.
2. Choose ‘teeth-friendly’ foods, such as raw vegetables and fruits, milk, cheese, meat and nuts.
3. Brush teeth after eating.
4. If chewing is painful, eat soft, easily chewable foods with the nutrition needed for pregnancy.
5. Encourage Vitamin C- folic acid- and calcium-rich foods.
6. Encourage scheduling appointment with a dentist.

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Diabetes Mellitus*/Gestational Diabetes*

NRF 343 Definition High Risk:

Medical Condition: Diabetes Mellitus

A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

→ Refer to RD/RN

NRF 302 Definition High Risk

Medical Condition: Gestational Diabetes

Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.

→ Refer to RD/RN

Assessment

- Assess adequacy & pattern of weight gain.
- Ask and document how physician/care provider is treating diabetes (i.e. diet alone, oral medication, insulin shots).

Suggested counseling points

1. Reinforce necessity of regular prenatal visits to clinic or MD.
2. Emphasize the need to get a treatment plan from their clinic or MD and SHARE it with their WIC RD/RN.
3. Emphasize need to follow MD's or RD's advice.
4. Urge steady weight gain, following appropriate weight gain curve.
5. Refer to RD/RN for high-risk counseling.

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Dietary Supplements

NRF 427 Definition *Low Risk*:

427A: Consuming dietary supplements with potentially harmful consequences. Examples of dietary supplements, which **when ingested in excess** of recommended dosage, may be toxic or have harmful consequences:

- Single or multiple vitamins;
- Mineral supplements; and
- Herbal or botanical supplements/remedies/teas.

427D: Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.

- Consumption of < 27 mg iron as a supplement daily by pregnant women.
- Consumption of < 150 µg of supplemental iodine per day by pregnant and breastfeeding women

Assessment

- Assess vitamin/mineral supplements and check levels of supplement use.
- Assess herbal supplements/remedies/teas and amounts.

Suggested counseling points

1. Follow physician recommendations for vitamin/mineral supplements.
2. Avoid teas, remedies and supplements that are potentially harmful.
3. Encourage taking daily prenatal vitamin.
4. Discuss importance of folic acid and foods fortified with folic acid.

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Eating Disorders*

NRF 358 Definition High Risk:

Medical condition: Eating Disorders: Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns, including but not limited to:

- Self-induced vomiting
- Purgative abuse
- Alternating periods of starvation
- Use of drugs such as appetite suppressants, thyroid preparations or diuretics
- Self-induced marked weight loss.

The presence of eating disorders must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC RD/RN.

→ Refer to RD/RN

Assessment

- Assess for above symptoms.
- Weigh and assess current weight gain/loss.
- Ask if physician/care provider is aware of eating disorder.

Suggested counseling points

1. Discuss importance of prenatal care.
2. Discuss expected weight gain.
3. Discuss the recommended diet for pregnancy.
4. Emphasize the importance of good nutrition for baby's growth and health.
5. Refer to mental health counselor.
6. Refer to RD/RN for high-risk counseling.

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Elevated Blood Lead Levels*

NRF 211 Definition High Risk:

Blood lead level of greater than or equal to 10 micrograms/deciliter ($\geq 10 \mu\text{g}/\text{deciliter}$) within the past twelve (12) months.

→ Refer to RD/RN

→ RD/RN refer to physician (if testing was done at another location)

Assessment

- Check for pica (eating non-edible substances such as paper, dirt, laundry starch, cornstarch, or lots of ice).

Suggested counseling points

1. Discourage eating non-food items (pica).
2. Encourage high iron, calcium and vitamin C-rich foods.
 - Having normal levels of iron protects the body from the harmful effects of lead.
 - Calcium reduces lead absorption.
 - Vitamin C and iron-rich foods work together to reduce lead absorption.
3. Avoid fried and fatty foods. Cook by baking, broiling, or steaming.
 - Fatty foods allow the body to absorb lead faster.
 - Filling up on high fat foods doesn't allow enough room for foods with iron, calcium and vitamins.
4. Encourage normal nutrition for pregnancy.
 - Individuals who eat healthy foods are less likely to get lead poisoning.
5. Don't store food or liquid in lead crystal glassware or imported or old pottery.
6. Refer to RD/RN for high-risk counseling.

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Food Allergies*

NRF 353 Definition High Risk:

Medical Condition: Food Allergies: Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

- Find out what foods are bothering the participant and assess if it comprises an entire food group.
- Find out what reaction she has to the foods.
- Assess how long the participant been allergic to the specific foods.
- Determine if allergy has been diagnosed by a physician or allergist and if she is currently receiving care/treatment for the food allergies.

Suggested counseling points

1. Follow health care provider's recommendations regarding avoidance of food (s) that cause allergic reaction.
2. Tailor food package to avoid allergy causing foods.
3. Refer to physician.
4. Refer to RD/RN for high-risk counseling.

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Food Safety

NRF 427E Definition *Low Risk*:

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

Potentially harmful foods:

- Raw fish or shellfish including oysters, clams, mussels, and scallops
- Refrigerated smoked seafood unless it is an ingredient in a cooked dish, such as a casserole
- Raw or undercooked meat or poultry
- Hot dogs, luncheon (cold cuts), fermented and dry sausage and other deli-style meat or poultry products **unless reheated until steaming hot**
- Refrigerated pâté or meat spreads
- Unpasteurized milk or foods containing unpasteurized milk
- Soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela **unless labeled as made with pasteurized milk**
- Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog
- Raw sprouts (alfalfa, clover, and radish)
- Unpasteurized fruit or vegetable juice

Assessment

- Find out if participant is consuming any of the above foods.

Suggested counseling points

1. During pregnancy hormone changes lower women's immune system, so it's harder to fight off infections. Pregnant women are especially at risk for food-borne illness.
2. Fully cook meat, poultry and seafood. Use a meat thermometer to ensure meats are cooked to safe temperatures.
3. Heat hot dogs, luncheon and deli meats to steaming hot before eating.
4. Do not eat soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless made with pasteurized milk.
5. Do not eat refrigerated pâté or meat spreads. Canned and shelf-stable pâté and meat spreads are OK.
6. Do not eat refrigerated smoked seafood unless it is cooked.
7. Do not drink raw milk or eat foods made with unpasteurized milk.
8. Do not eat raw or undercooked eggs or foods containing them such as certain salad dressings, cookie and cake batter, sauces, and beverages such as unpasteurized eggnog.
9. Do not eat raw sprouts.
10. Do not drink unpasteurized fruit or vegetable juices.
11. Avoid pre-prepared or stored salads such as those found in a deli or salad bar.
12. Wash hands with soap and water before handling food.

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13. Avoid cross contamination. Keep uncooked meats separate from cooked foods; wash knives, cutting boards with hot soapy water after handling uncooked foods.
14. Use precooked or ready-to-eat perishables within 3 to 5 days.
15. Keep foods at safe temperatures. Store eggs and perishable raw foods in the refrigerator. Thaw foods in the refrigerator or microwave; don't defrost on the counter at room temperature.
16. Use a thermometer to make sure refrigerator stays at 40°F or below.
17. Have someone else clean cat litter box.
18. Pathogens can be transferred to the unborn baby and can cause miscarriage, stillbirth or health problems.
19. Symptoms of food poisoning may include diarrhea, nausea/vomiting, stomachache, headache, fever, and chills.
20. Advise to consult health care provider if she has symptoms of food-borne illness.

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High Maternal Weight Gain*

NRF 133 Definition High Risk:

At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy category.

→ Refer to RD/RN

Assessment

- Check if reported pre-gravid weight was correct.
- Check if physician/care provider has diagnosed any problems in pregnancy (i.e. high blood pressure, gestational diabetes, etc.).
- Ask about any recent changes in activity level, appetite or food choices.
- Check food availability.

Suggested counseling points

1. Review current weight gain and over all weight gain recommendations with client.
2. Review nutrition practices and suggest alternative foods that have lower calories and fat.
3. Discuss Nutrition Guide and serving sizes.
4. Encourage fruits and vegetables for snacks.
5. Discuss activity level and suggest appropriate physical activities.
 - Encourage participant to discuss physical activity with MD before starting.
6. Issue low fat food package.
7. Refer to RD/RN for high-risk counseling.

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Highly Restrictive Diets

NRF 427B Definition *Low Risk*:

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

Examples include:

- Strict vegan diet
- Low carbohydrate, high-protein diet
- Macrobiotic diet
- Any other diet restricting calories and/or essential nutrients

Assessment

- Find out what foods are restricted and assess adequacy of diet.
- Assess reason for the food restriction (i.e. medical condition, food allergy, weight loss/gain, religious beliefs, animal rights, etc.).
- Assess how long the participant has been on the highly restrictive diet.
- Determine if physician/care provider is aware of restrictive dietary practices and recommend that participant inform MD if not already aware.
- Assess progress on assigned weight gain curve.

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Discuss easing up on food restrictions, if possible, while pregnant.
3. Encourage participant to take prenatal vitamins and iron as prescribed by MD.
4. Discuss need for regular weight gain throughout pregnancy.
5. Recommend that participant discuss her restrictive dietary practices with MD.

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Illegal Drug Use**

NRF 372B Definition High Risk:

Medical Condition: Illegal Drug Use: Any current illegal drug use

- Refer to RD/RN
- RD/RN must provide high risk counseling within 24 hours
- If RD/RN not available to counsel participant within 24 hours, refer to physician

Assessment

- Ask and document what drugs have been used and how frequently during pregnancy
- Assess adequacy of diet
- Assess prenatal concerns
- Assess and counsel using the 5 A's
 - ✓ Ask – if she uses illegal drugs
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to drug abuse/cessation resources
 - ✓ Arrange – assessment at follow-up visits

Suggested counseling points

1. Point out benefits of no drug use and risk of illegal drug use for self and fetus:
 - Benefits of no drug use: healthier mom and baby
 - Risks to mom
 - ✓ Heart attack or irregular heart beat
 - ✓ Stroke
 - ✓ Kidney and liver failure
 - ✓ Bleeding in the brain
 - ✓ Seizures
 - ✓ Breathing problems
 - ✓ Panic/anxiety attacks, impaired judgment and paranoia, depression
 - ✓ Risk of miscarriage and premature labor
 - ✓ Impaired ability to care for baby
 - Risks to baby
 - ✓ Birth defects and deformities
 - ✓ Damage to heart and nervous system
 - ✓ Brain damage
 - ✓ Premature birth, low birth weight, growth retardation.
 - ✓ Addicted to drugs taken by mother and may go through severe withdrawal discomfort (shakiness, crying all the time, not able to sleep, high pitched crying, not able to be calmed even if being held all the time)
 - ✓ Have more illnesses as an infant with a greater chance of death
 - ✓ Slower physical and cognitive development. Walking, talking and physical coordination may be delayed and child may have problems learning in school
2. Advise to quit taking drugs.
3. Refer to cessation resources.
4. Encourage keeping prenatal appointments and talking with MD about drug use.
5. Discuss importance of prenatal vitamins and a healthy diet during pregnancy.
6. Refer to RD/RN for high-risk counseling.
7. Refer to physician.
8. Refer to cessation program.

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Inadequate Weight Gain*

NRF 131 & 132 Definition High Risk:

NRF 131: Low maternal weight gain:

- Low weight gain at any time during pregnancy. Assign anytime a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.

NRF 132: Maternal weight loss during pregnancy:

- Any weight loss below pregravid weight during the 1st trimester **-OR-**
- Weight loss of 2 pounds or more in the 2nd or 3rd trimesters (14-40 weeks gestation)

→ Refer to RD/RN

Assessment

- Verify pre-gravid weight.
- Assess progress on assigned weight gain curve.
- Check if client has any newly diagnosed medical conditions/concerns with pregnancy.
- Check food supply and refer to food bank, food stamps, if necessary.

Suggested counseling points

1. Reinforce importance of appropriate weight gain.
2. Suggest high nutrient and calorie-dense additions to diet.
3. Counsel on controlling nausea and/or vomiting.
4. Suggest 3 meals and 2 snacks with at least 2 hours between.
5. Refer to RD/RN for high risk counseling.

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Lactose Intolerance

NRF 355 Definition *Low Risk*:

Medical Condition: Lactose Intolerance:

The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after lactose ingestion.

The presence of lactose intolerance must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

Assessment

- What symptoms does client have when consuming dairy products?
- What dairy products (if any) are tolerated?
- Has participant ever used Lactaid milk or Lactaid drops?
- Assess progress on assigned prenatal weight gain grid.

Suggested counseling points

1. Lactose intolerance is not an allergy, but an inability to digest lactose, milk sugar.
2. Symptoms of lactose intolerance are stomach ache, cramping, diarrhea, gas, bloating.
3. Calcium is needed for mom & baby's bones, teeth, blood clotting, muscles & nerves.
4. If not enough in the diet, baby's needs pull from mother's bones, risking osteoporosis later.
5. Sometimes milk or dairy products can be tolerated better when combined with other foods, in small amounts (cereal with milk, for example).
6. Lactaid, Dairy Ease and soy beverage and tofu are lactose-free and available on WIC.
7. Review other non-dairy sources of calcium.

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Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low hematocrit/low hemoglobin

A hemoglobin value below those listed in *Hemoglobin Levels Indicating NRF#201* table (found in the Mini Manual).

→ If no medical care, RD/RN may recommend rechecking hemoglobin/hematocrit in 1-3 months.

NRF 201B Definition High Risk:

Severely low hematocrit/hemoglobin

A hemoglobin level low enough to necessitate a medical referral as listed in the *Standards for Severely Low Hemoglobin* table (found in the Mini Manual).

→ Refer to RD/RN

→ If permission granted to contact medical provider, MD must be sent printout of hemoglobin values with RD/RN contact information within 24 hours. Then schedule appointment with RD/RN within the next 30 days.

→ If no medical care or no permission to contact medical provider, RD/RN must be notified within 24 hours and contact the participant within 7 days to schedule a high risk counseling appointment within the next 30 days.

→ If no medical care, may recommend rechecking hemoglobin/hematocrit in 1-2 months

Assessment

- Assess accuracy of value; WIC staff may choose to retake hemoglobin/hematocrit if accuracy is in question.
- Assess for excessive intake of coffee, tea and/or milk or indications of pica.
- Check use of prenatal vitamins and iron supplements.
- Check food availability, especially red meat.
- Check if health care provider is aware of low hemoglobin/severely low hemoglobin.

Suggested counseling points

1. Discuss risks of low hemoglobin/hematocrit.
2. Continue taking iron and prenatal vitamins as prescribed by MD.
3. Eat high-iron foods.
4. Eat foods high in Vitamin C along with iron supplement or high-iron foods to increase iron absorption.
5. Avoid drinking coffee and tea with meals since they decrease iron absorption.
6. Limit excessive milk.
7. Encourage scheduling appointment with MD to follow up on severely low hemoglobin.
8. Refer to RD/RN for counseling on severely low hemoglobin.

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Medical Conditions*

NRF 300 series Definition High Risk or Low Risk:

Medical Conditions: Refer to *Medical Conditions* listed in the General section. Only the medical conditions listed can be used as nutrition risk factors. All medical conditions are high risk unless indicated as low risk. Medical conditions must be diagnosed documented, or reported by a physician or someone working under a physician's order, or as self-reported by applicant/participant/caregiver unless otherwise noted. Two medical conditions: Lactose Intolerance and Oral Health Conditions can be documented by the WIC educator; one medical condition, Eating Disorders, can be documented by the RD/RN.

→ Refer to RD/RN, if high risk

Assessment

- Assess height/weight/growth.
- Determine how medical condition impacts participant's health and eating habits.

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. Refer to RD/RN for counseling on high risk medical conditions.

Nutrition Education Counseling Guide

Prenatal Woman Section

Morning Sickness/Hyperemesis Gravidarum*

Morning Sickness – not an NRF

Typical nausea and/or vomiting associated with changing hormonal levels during pregnancy, generally subsiding by or before 16 weeks gestation.

NRF 301 Definition High Risk:

Medical Condition: Hyperemesis Gravidarum

Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. The presence of hyperemesis gravidarum must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

- Check ability to eat and frequency of eating meals and snacks.
- Check ability to eat foods that participant ate before becoming pregnant.
- Check for weight loss and symptoms like dizziness or passing out.
- Check if participant has been hospitalized for hyperemesis gravidarum

Suggested counseling points

1. The nausea is due to hormonal changes in early pregnancy.
2. An empty stomach tends to allow symptoms of nausea and vomiting to worsen.
3. Eat a little more during the times of the day when she feels best and eat whatever food will stay down.
4. Drink only small sips, frequently throughout day (some lemon in water may help).
5. Try popsicles or sherbet.
6. Have a snack before bedtime.
7. Eat some dry crackers before getting out of bed in the morning (a bit of jam or jelly helps). Rest a few minutes and get up slowly.
8. Munch on crunchy, somewhat sweet snacks or fruit during the day.
9. Eat small meals with frequent nutritious snacks throughout the day.
10. Stay away from cooking odors; eat room temperature or cool foods.
11. Advise to contact health care provider if vomiting continues.
12. Refer to RD/RN for high-risk counseling.

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Prenatal Woman Section

Multi-fetal Gestation

NRF 335 Definition Low Risk:

Medical Condition: Multi-fetal gestation: More than one fetus in a current pregnancy

Note: A woman with a multi-fetal gestation does not qualify to be risked for high maternal weight gain, as her weight gain needs are greater than a woman with a single fetus.

Assessment

- Check if carrying twins, triplets, quadruplets, etc.
- Check if physician/care provider has put participant on bed rest or other precautions that will impact WIC appointments. Change WIC endorser if needed.
- Assess weight status and progress on assigned weight gain curve.
 - ✓ A pregnant woman with a multi-fetal gestation needs to gain more weight than a woman with a singleton pregnancy.
 - Twins: 35-45 lbs. (at a rate of 1.5 pounds/week for normal weight women during the second half of pregnancy)
 - Triplets: aim for 50 lbs.

Suggested counseling points

1. Review weight gain recommendations.
2. Discuss high calorie foods to increase weight gain.
3. Discuss the Nutrition Guide and serving sizes.
4. Follow health care provider's recommendations regarding physical activity and prenatal vitamins/minerals.
5. Encourage breastfeeding. Many women of multiples successfully breastfeed.
6. Recommend requesting visit from lactation consultant during hospital stay.
7. Inform client about breast pump loan program.

Nutrition Education Counseling Guide

Prenatal Woman Section

Pica

NRF 427 Definition *Low Risk*:

NRF 427C: Compulsively ingesting non-food items (pica) including but not limited to:

- Ashes
- Baking soda
- Burnt matches
- Carpet fibers
- Chalk
- Cigarettes
- Clay
- Dust
- Large quantities of ice and/or freezer frost
- Paint chips
- Soil
- Starch (laundry and cornstarch)

Assessment

- Determine what types of non-edible items the participant is eating.
- If possible, assess reasons for eating non-edible items (i.e., cultural beliefs, iron or other nutritional deficiencies, relief of nausea and/or diarrhea, in response to stress, oral fixation, or other reasons).
- Assess if there is a family history of pica, if the woman ate non-edible items before she was pregnant, or during childhood.
- Assess hemoglobin/hematocrit levels to determine iron adequacy.
- Refer to RD/RN if needed.

Suggested counseling points

1. Discourage participant from eating non-edible items.
2. Discuss health problems and risks from pica
 - Lead poisoning (from eating paint chips)
 - Dental injury (from eating hard substances that could harm the teeth)
 - Poor nutrition (from eating non-food items that take the place of nutritious food)
 - Bowel problems (from consuming indigestible substances like hair, cloth, etc.)
 - Intestinal obstruction or perforation (from objects that could get lodged in the intestines)
 - Parasitic infections (from eating dirt)
 - Toxicity leading to death (from eating mothballs or paint chips)
3. Encourage healthy foods and snacks to replace non-food items.
4. Encourage taking prenatal vitamins and iron as prescribed by physician.
5. Encourage participant to talk with physician about the items she is eating.

Nutrition Education Counseling Guide

Prenatal Woman Section

Pregnancy at a Young Age*

NRF 331B Definition *Low Risk*:

Conception at 16 to <18 years of age.

NRF 331A Definition *High Risk*:

Conception at less than 16 years of age.

→ Refer high risk to RD/RN

Assessment

- Assess level of peer and family support.
- Assess progress on assigned weight gain curve.

Suggested counseling points

1. Emphasize importance of prenatal care.
2. Encourage her to take prenatal vitamins and iron, as prescribed by physician.
3. Emphasize importance of adequate/appropriate weight gain.
4. Counsel on appropriate diet for prenatal teen.
 - Increased calcium needs; 4 cups milk/day.
 - Increased energy needs.
 - Serving sizes.
 - Encourage breakfast; discourage meal skipping.
 - Emphasize healthy snacks.
 - Healthy choices at fast food restaurants.
5. Refer to RD/RN for high-risk counseling for NRF 331A.