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* = High risk condition

** = 24 hour referral needed

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Standard Postpartum Counseling

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

Assessment:

- Assess postpartum status, problems & concerns.

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

1. Be aware of the “blues.”
2. Rest when baby sleeps. Rest and relaxation are important for new moms.
3. Eat a varied diet, based on the Nutrition Guide for Postpartum Women.
4. Realistic and healthy weight loss is 1-2 pounds per week.
5. Eat breakfast and don't skip meals.
6. Aim for 5-9 servings of fruits & vegetables per day.
7. Drink water and low-fat milk. Limit fruit juice and sugar-sweetened drinks.
8. Keep portions reasonable.
9. Try to walk or exercise daily, when medically able (typically at 6 weeks postpartum).
10. Continue taking prenatal vitamins and/or iron per MD, and include foods high in folate.
11. Stay smoke-free.
12. Protect infant from secondhand smoke.
13. Know HIV status – don't breastfeed if HIV positive.
14. Schedule postpartum check-up with MD or clinic.
15. Discuss family planning with MD or family planning clinic.
16. Avoid over-the-counter (OTC) medications, herbal remedies, excessive vitamins and minerals unless recommended by MD.

Suggested referrals

- Family Planning

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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 not limited to:

- Dental caries, often referred to as “cavities” or “tooth decay”
- Periodontal diseases (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.
- 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.

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.
5. Encourage Vitamin C- and calcium-rich foods.
6. Encourage scheduling appointment with a dentist.

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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 dosages, 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 < 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant 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 disorder may be documented by the WIC RD/RN.

→ Refer to RD/RN

Assessment

- Assess for above symptoms.
- Assess weight and BMI.
- Ask if physician/care provider is aware of eating disorder.

Suggested counseling points

1. Review dietary needs to build back body stores and strength after pregnancy.
2. Point out need for new mother's rest, support and self-care.
3. Limit weight loss to 1-2 pounds per week.
4. Discuss signs of postpartum 'baby blues' and depression.
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 postpartum.
 - 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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Family Planning

Assessment

- Determine if participant has already chosen a birth control method with physician's help.

Suggested counseling points

1. Encourage participant to talk with physician or family planning clinic about the best family planning method for her.
2. In addition to planning for birth control, protection against AIDS and STDs is extremely important.
3. Spacing children at least 24 months apart allows the body to recover from pregnancy and provides more time to enjoy the new baby.
4. Begin taking prenatal vitamins when you know you are planning to conceive.

Suggested referral

- Family Planning clinic or physician

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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 for medical care.
4. 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 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 postpartum weight status.

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Encourage participant to take prenatal vitamins and iron as prescribed by MD.
3. Limit weight loss to 1 to 2 pounds a week.
4. 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
- Assess ability to care for baby
- Assess postpartum problems and concerns
- Assess adequacy of diet
- 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. Discuss benefits of no drug use and risk of illegal drug use for self and baby:
 - Impaired ability to care for baby
 - 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
 - Overdose
2. Advise to quit taking drugs.
3. Emphasize importance of normal diet for postpartum.
4. Encourage finishing prenatal vitamins.
5. Encourage keeping medical appointments for herself and infant, and talking with physician about his/her recommendations regarding illegal drug use.
6. Refer to cessation resources.
7. Refer to social worker.
8. Refer to mental health counselor.
9. Refer to RD/RN for high-risk counseling.

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Lactose Intolerance

NRF 355 Definition *LowRisk*:

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 postpartum status, problems and concerns.

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 and/or bloating.
3. Calcium is needed for mom's bones, teeth, blood clotting, muscles & nerves.
4. If not enough in the diet, this increases risk of osteoporosis later in life.
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 milk 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 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. Schedule postpartum check-up with MD or clinic.
8. Encourage scheduling appointment with MD to follow up on severely low hemoglobin.
9. 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/BMI.
- 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. If participant had Gestational Diabetes with the most recent pregnancy, provide the pamphlet *After Delivery: Gestational Diabetes* and refer to the Diabetes Prevention Program if available in area.
3. Refer to RD/RN for counseling on high-risk medical conditions.

Suggested Referrals

- Diabetes Prevention Program for women with a history of Gestational Diabetes

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Miscarriage/Loss of Baby

NRF 321C Definition *Low Risk*:

Medical Condition: History of Spontaneous Abortion, Fetal or Neonatal Loss: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy.

Note: Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.

Assessment

- Assess potential mental health concerns such as symptoms of “blues” or depression lasting more than a few weeks.
- Assess if mom has regained her appetite and ability to sleep well.
- Assess current home life and network of support.

Suggested counseling points

1. It is normal to feel sadness, guilt, anger, and fear after losing a baby.
2. Spending time resting, relaxing, talking with friends and family and exercising will help her state of mind.
3. Urge mom to share feelings with her family and friends.
4. Postpartum medical visits are very important.
5. Refer to mental health counselor/support group.

Suggested referrals

- Physician or mental health clinic
- Family planning clinic

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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.

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Postpartum “Blues”/ Depression*

Postpartum “Blues” or “Baby Blues” – not an NRF. Postpartum “Blues” or “Baby Blues” affects up to 80% of women, peaks at the fifth day postpartum, and is characterized by a let-down feeling, fatigue, insomnia, anxiety, sadness, and anger.

Postpartum Depression-

Postpartum depression is a form of depression that occurs in the year after having a baby. It affects about 10% of new mothers. Hormonal changes after pregnancy can sometimes affect a woman’s mood, leaving her feeling sad, depressed, panicky, overwhelmed, confused, or unable to sleep.

Postpartum depression is a serious condition and often starts 1-3 weeks after delivery. The feelings associated with postpartum depression last longer than two weeks.

NRF 361 Definition High Risk:

Medical condition: Depression: Presence of clinical depression, including postpartum depression, 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

- Assess participant’s symptoms and how long she has felt this way.
- Ask if she has discussed her feelings with her family, physician, or a mental health worker.
- Assess mom’s capability of taking care of baby, and refer if needed.

Suggested counseling points

1. Hormonal changes after delivery and being overtired are possible causes of “baby blues.” Symptoms can include crying easily, having trouble sleeping, feeling overwhelmed, irritable, exhausted, and anxious. Baby blues typically go away in a few days or a week after delivery.
2. Postpartum depression is a serious condition and often starts 1-3 weeks after delivery. The feelings associated with postpartum depression last longer than 2 weeks.
3. Urge participant to discuss her symptoms with her physician.
4. Urge sharing of feelings with family and friends.
5. Stress importance of rest, support and appropriate exercise.
6. Refer to RD/RN for high-risk counseling.
7. Refer to MD.
8. Refer to mental health counselor.

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Pregnancy at a Young Age*

NRF 331B Definition *Low Risk*:

16 to < 18 years of age at time of conception of most recent pregnancy

NRF 331A Definition *High Risk*:

Less than 16 years of age at the time of conception of most recent pregnancy.

→ Refer to RD/RN

Assessment

- Assess resources for caring for a child.
- Assess level of peer and family support.

Suggested counseling points

1. Importance of postpartum medical checkup.
2. Finish taking prenatal vitamins and iron, as prescribed by physician.
3. Emphasize importance of healthful diet for teen.
 - Encourage 4 servings of high calcium foods/day.
 - Encourage breakfast; discourage meal skipping.
 - Emphasize healthy snacks.
 - Healthy choices at fast food restaurants.
4. Discuss appropriate weight loss plan.
5. Know HIV status.
6. Discuss family planning with MD or family planning clinic.
7. Stay free of tobacco, alcohol and drugs.
8. Discuss second hand smoke risks to infant.
9. Refer to RD/RN for high-risk counseling for NRF 331A.