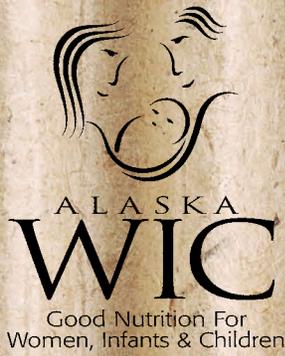




ALASKA WIC NUTRITION CARE PLANS



Alaska WIC Nutrition Care Plans

**ALASKA WIC PROGRAM AND
THE UNIVERSITY OF ALASKA ANCHORAGE**

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PURPOSE OF ALASKA WIC NUTRITION CARE PLANS:

WIC's goal is to promote and support healthy eating, positive nutrition, and lifestyle behaviors for participants. Though the risk factors themselves remain federally defined, the Alaska WIC Nutrition Care Plans (NCP's) have been revised to change their focus to determining nutrition education topics and issues important to the participant. The NCP's help promote interactive conversation between the CPA and participant, based on the participant's perceived needs and desires. The more individualized and participant focused process, supports positive health outcomes, as the participant sees the counseling discussions as relevant to their specific concerns. The NCP's move away from staff focused education through lectures to giving participant tips and tools to improve in ways that the participant sees as important.

The goals of the NCP are to:

- Provide a reference for suggested appropriate interventions for each risk.
- Guide the CPA's method of obtaining additional information from a participant regarding their risk(s).
- Further explore "where the participant is" in regard to their risk factor(s) (assessing readiness for change related to each risk).
- Identify counseling and education strategies and resources that are appropriate for the participant based on their stage of change in regards to the risk topic.
- Identify key referrals that should be considered for the risk(s).
- Remind CPA's to document participant's goals and plans for participant follow-up.

Uses for the NCP's:

- Risk reference- during an appointment:
 - May be used as a reference at certification or education appointments, anytime risks are discussed or education is given; when the CPA feels they need guidance or suggestions for a risk.
- Risk training- to increase knowledge:
 - A tool to help staff become more familiar with the risks; and to suggest key education points specific to each risk.
- To spark critical thinking:
 - Each participant contact (scenario and situation) is unique and should be handled as such- the NCP's provide key points. The CPA must determine which points are most appropriate and supportive for the individual participant.
- To practice using open-ended questioning:
 - Closed ended questions are questions that result in a "yes-no" response. They close the conversation because yes-no doesn't lend itself to any type of further detailed conversation. Open ended questions are questions in which the participant must give more information to provide an answer. They open the door for more discussion:
 - Example close ended: Do you eat well?
 - Example open ended: Tell me how eating is going for you?
- To provide legitimate evidence based references, websites and handouts for each risk:
 - It can be difficult to determine if a website or reference is a competent, reliable source of information. NCP's attempt to include sites deemed as appropriate, by reputable agencies.

Policy & Procedures Related to NCP's:

Procedures that continue with implementation of the revised NCP's:

- The certification process is still performed to determine eligibility through nutrition assessment and risk assignment, using the VENA approach and certification guidelines as in the *Alaska WIC Policy & Procedure Manual*.
- The participant is to be informed of the risk(s) assigned to them (made aware of the reason for their eligibility).
- High risk participants are referred to the WIC RD (Registered Dietician) when assigned risks that the state has designated as high risk.
- The frequency of nutrition education will be per *Alaska WIC Policy and Procedure Manual* guidelines.
- Nutrition education is to be documented in the participant's AKWIC computer record.
- Scope of practice: all staff should be aware of their defined scope of practice and be prepared to make appropriate referrals when they reach the limits of their comfort level. As with any health care professional, the CPA must recognize the extent of their nutrition knowledge. Anytime the CPA is unsure of their knowledge regarding a risk or nutrition topic, they should refer the participant to the RD. Even if a CPA feels comfortable with a particular high risk topic, they must refer all designated high risk participants to the WIC RD.

***“NCP's are a tool for staff
and are not intended to be
a 'form' given to participants.”***

Counseling process changes with implementation of the revised NCP's:

- NCP's are a tool for staff and are not intended to be a “form” given to participants:
 - For mail-out clinics, the NCP's should not be mailed to a participant. They are a tool that can be used for face-to-face or phone conversations.
- NCP's are a guide not a “script” (not to be “read” word-for-word directly to a participant).
- NCP's present only one sample participant scenario per risk:
 - They do not include every possible scenario one may experience at the clinic.
- NCP's present “suggested” key education points (messages and interventions) for each risk (based on the federal risk sheet descriptions and justifications).
 - Depending on the participant's needs the CPA may determine additional points that would be appropriate.
- Documentation of counseling should include patient centered goals based on the participant's readiness to change, input, and indication of follow-up needed at the next appointment.
- NCP's include examples using the “ruler” or “scale” counseling tool. These are used when asking participants to rate their feelings or knowledge:
 - For example, “On a scale of 1-10, how comfortable are you with making the change to whole milk?”

UNDERSTANDING TERMS:

The care plans incorporate participant focused methods and tools introduced to Alaska WIC in recent months, including:

- VENA
- PCE
- Motivational Interviewing
- Stages of Change
- Critical Thinking

What is VENA?

VENA is Value Enhanced Nutrition Assessment: The process of completing a comprehensive risk assessment- by streamlining dietary assessment tools to focus on individual nutrition education, support, follow-up, and documentation.

What is PCE?

PCE is Participant Centered Education: It is a framework for providing nutrition education that places the participant at the center of the nutrition education process. The certifier acts as a counselor or advisor who listens and helps guide the participant.

What is Motivational Interviewing?

Motivational Interviewing: Is a participant-centered counseling style for eliciting behavior change by helping participants to explore and resolve ambivalence. This means helping the participant consider and recognize that they have a problem, weigh the pros and cons of change, and decide to change (or not!).

What are Stages of Change?

Risk improvement depends on how motivated the participant is to change. Stages of Change are the cycles the participant goes through to decide if they want to change and deciding what the change will mean to them. Behavior change doesn't occur in one step; it progresses through several steps (stages). The formal Stages of Change Model identifies the following stages:

- *Precontemplation*- I'm not interested in change
- *Contemplation*- Someday I will change
- *Preparation*- I want to change but I am not sure I can
- *Action*- I am ready to change
- *Maintenance*- I am in the process of changing

For a more user friendly model, we have used a simplified version of the stages in our care plans, using the following “levels of readiness” to change:

- *Not Ready*- participant is not motivated & not ready to change:
 - Staff goal: raise awareness and determine participant’s areas of doubt.
- *Unsure*- participant has low confidence about changing:
 - Staff goal: raise awareness, identify barriers to participant’s change, and build participant’s confidence to change.
- *Ready*- participant is motivated to change and confident in ability to change:
 - Staff goal: help participant plan for change and support participant.

What is Critical thinking?

Critical Thinking is a skill in exploring and evaluating the participant’s situation and interpreting all the information provided. It involves pulling together all of the information available and evaluating it using one’s knowledge of evidence and experience. It includes:

- Gathering and assessing complete information.
- Evaluating alternatives and options.
- Recognizing issues and finding solutions.
- Assuring credibility, not just accepting information.
- Avoiding basing situation only on one’s own individual beliefs.
- A guide to action.

“The NCP then helps guide the CPA to determine what topic, if any, the participant is interested in and ways to redirect the conversation.”

HOW DO NCP’S FIT INTO APPOINTMENT FLOW?

As mentioned, WIC risks are assigned prior to use of the NCP’s. Once risks are assigned, the CPA may then use the NCP as a guide. The NCP helps the CPA lead the participant, using a participant-focused approach, to gather additional information on the participant’s feelings about their assigned risk. The intent of the NCP’s is not to repeat what is already on the WIC applications, but to assist in finding more information and determine the participant’s readiness to make changes to improve their risk. The NCP helps the CPA:

- Determine what issues the participant finds important.
- Decide what education (knowledge or action) is appropriate for the risk.
- Determine if the participant wants to change their risk status.

It may be that the participant doesn’t want to change. The NCP then helps guide the CPA to determine what topic, if any, the participant is interested in and ways to redirect the conversation. Once risks are determined, the NCP’s are on hand for the CPA as a reference to look up details for risk factors that the CPA may feel they need help with (i.e., the manual provides help with nutrition concepts, and provides references that will help guide “what to do” or “where to go” with the participant).

How do NCP's fit into the Participant Centered Education process?

Though the CPA determines the risk(s) that create a participant's eligibility status, in Participant Centered Education (PCE), the participant is involved in discussion of their risk(s) and determining what actions or topics are important to them. Information and education provided on an assigned risk depends on the participant's preferences and desires.

How do Stages of Change fit into NCP's?

Risk improvement depends on how motivated the participant is to change and what barriers the participant has to making changes. The Stages of Change is a model that describes stages people go through as they make behavior changes. People go from being unaware they have a problem, or not wanting to make a change, to knowing they have a problem and being ready to change, to the process of actually making changes and maintaining that behavior.

DESIGN OF NCP'S:

- Each risk code fits on one page.
- Information on the NCP is specific to the risk; it is not generic nutrition information:
 - For example, if the risk relates to folic acid, folic acid foods are noted, not every nutrient provided by WIC foods.
- They provide suggested open-ended questions for gathering information. These are not the only questions that could be used.

Layout of the NCP's:

Risk Definition:

The first section of each NCP, the *Description*, provides a description of the risk, based on the federal risk criteria. This is a brief synopsis. Additional definition, details and risk justification can be found in the Alaska WIC Risk Manual.

355 Lactose Intolerance (ALL)

- | | |
|--------------------|--|
| Description | <ul style="list-style-type: none">• Body is unable to break down lactose (milk sugar). Undigested lactose causes nausea, diarrhea, bloating and cramps• Lactose is in milk and milk products. Intolerance may be mild to severe |
|--------------------|--|

The second section of the NCP, *Assess Readiness for Change*, assists with the first step of WIC counseling; gathering more information from the participant to determine how they feel about their risk(s), what they know about the risk(s), determine how interested they are in the risk(s), and if they are ready or wanting to make any changes.

Assess Readiness for Change: with open ended questions

- "How severe is your lactose intolerance?"
- "What milk products do you have to avoid?"

From the participant's responses, the CPA will have an indication of how much the participant knows about the topic or condition and how ready they are to change. The client is either:

- Not Ready
- Unsure
- Ready

Once you determine the participant's level of readiness to change, follow that row across for guidance on continuing your counseling session based on the appropriate level.

Discussion, Counseling and Education		
If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>"I never really liked milk anyway."</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • "Since you don't really drink milk, what do you eat to make sure you get in your calcium?" • "How much dairy can you tolerate before it bothers you?" • "What about lactose intolerance can I answer for you today?" 	<ul style="list-style-type: none"> • "You are eligible for WIC because you have lactose intolerance. Some can tolerate small amounts of milk or can substitute other dairy products. Would you like a handout on things to try to reduce symptoms from lactose intolerance?" • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
Record Plan or Goal		
Mom feels she is doing fine with her lactose intolerance. No info desired. Re-assess next appointment.		
<p>Unsure →</p> <p>"I'm not sure how severe it is because I can drink some milk?"</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • "Yes, some people with lactose intolerance can drink small amounts of milk, can have milk when with other foods or have no problems with non-fluid dairy sources like cheese or yogurt. Which of those dairy products can you tolerate?" • "On a scale of 1-10, how concerned are you that you need to avoid all dairy products?" 	<ul style="list-style-type: none"> • Treatment is avoidance of dairy that is not tolerated • Tolerance varies by individual- some avoid all dairy, some tolerate minimal milk, cheese and yogurt • Assist with reading labels • Assist with recipe substitutions • Assure calcium and vit D needs are met • Tailor package (milk/cheese) as able • May require special formula for infants/young children
Record Plan or Goal		
Mom tolerates 1/2c milk & cheese. ENPR given for increasing cheese. Follow-up ENPR next appointment.		
<p>Ready →</p> <p>"I can't even do cheese. It is horrible"</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • "It sounds like you are pretty sensitive to dairy. WIC allows you to get lactose free milk. What is your experience with using it?" 	<ul style="list-style-type: none"> • "WIC allows lactose free milk. It is sweeter than regular milk. How would you feel about trying it?"
Record Plan or Goal		
Mom to try lactose free milk, never had before. Accepted lactose handout. Follow-up lactose free milk tolerance.		

For each of the three of levels of readiness (not ready, unsure, ready), the NCP provides counseling strategies under the *Try Counseling Strategies* column.

At this point the CPA's counseling strategies should be:

- Continue to gather information from the participant.
 - Their level of readiness will lead your conversation:
 - If not *ready*, you may find out why not or find out if there is another relevant topic that interests them.
 - If *unsure*, you may find out their hesitation, and how you can best help move them toward being more ready.
 - If *ready*, this opens the way for you to find out what they have tried, and what they would like you to help them with, whether it is information, support or referrals.
- Involve the participant in the discussion with open ended questions.
- Be empathetic to the participant's situation, feelings, and cultural beliefs.
- Incorporate, when appropriate, participant "education".
 - This is where many CPA's struggle with using PCE. This is not a time to lecture participants but is a time where the CPA can make the participant aware of something they aren't aware of. This can elicit more conversation and provide a clearer understanding of the participant's feelings, needs, and desires.

Your critical thinking skills help you decide when, or when not, to provide education. At times you may provide education because you:

- Feel that providing the education might affect the participant's readiness to change by increasing awareness (i.e. a mom who doesn't know bedtimes bottles can affect teeth just erupting).
- Feel the participant is in imminent danger (i.e. participant with a Hgb of 5.0 and hasn't seen a Dr.).
- Use it to continue discussion or to gather even more information (i.e. lactose intolerant avoiding all dairy; may not need to).

EXAMPLE: In our lactose risk, you can "inform" (educate) a participant, with a simple positive comment, that people with lactose intolerance can sometimes tolerate small amounts of milk products like cheese. It can be worded in a way that can then lead to more conversation- such as asking whether they have tried cheese, what happened when they tried it, or whether they would be interested in trying it if they haven't. Without lecturing you can make a statement that educates and also starts to open up further conversation!

You now have a pretty clear idea of what the participant thinks about the risk(s), what they want to do, and how you can support them. As you continue to follow across the rows you will find suggested education under the *Try Education* column.

Below we walk through suggested education at each of readiness levels using our lactose intolerance example:

Discussion, Counseling and Education		
If the answer is:	Try Counseling Strategies	Try Education
Not ready → “I never really liked milk anyway.” Raise awareness & personalize change	<ul style="list-style-type: none"> • “Since you don’t really drink milk, what do you eat to make sure you get in your calcium?” • “How much dairy can you tolerate before it bothers you?” • “What about lactose intolerance can I answer for you today?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have lactose intolerance. Some can tolerate small amounts of milk or can substitute other dairy products. Would you like a handout on things to try to reduce symptoms from lactose intolerance?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
Record Plan or Goal	Mom feels she is doing fine with her lactose intolerance. No info desired. Re-assess next appointment.	

Example *Not Ready*: participant is dealing with their intolerance or likes things as is and doesn’t desire any information:

- You are required federally, to let the participant know what risk(s) you assigned.
 - This can be a time to provide some brief thoughts on their risk(s) and see if it leads to any further discussion.
- Offer information on the risk(s) before assuming or giving them a handout.
- Ask if there is something else they would like help with or information about – they may have a worry or issue other than what you may want to talk about.
- If high risk, refer to the RD.

Unsure → “I’m not sure how severe it is because I can drink some milk?” Raise awareness & confidence & identify barriers to change	<ul style="list-style-type: none"> • “Yes, some people with lactose intolerance can drink small amounts of milk, can have milk when with other foods or have no problems with non-fluid dairy sources like cheese or yogurt. Which of those dairy products can you tolerate?” • “On a scale of 1-10, how concerned are you that you need to avoid all dairy products?” 	<ul style="list-style-type: none"> • Treatment is avoidance of dairy that is not tolerated • Tolerance varies by individual- some avoid all dairy, some tolerate minimal milk, cheese and yogurt • Assist with reading labels • Assist with recipe substitutions • Assure calcium and vit D needs are met • Tailor package (milk/cheese) as able • May require special formula for infants/young children
Record Plan or Goal	Mom tolerates 1/2c milk & cheese. ENPR given for increasing cheese. Follow-up ENPR next appointment.	

Example *Unsure*:

- Continue to ask questions to gather more information of where the participant is at:
 - Such as: they aren’t sure what to try, aren’t sure if it is important to them, they tried things that didn’t work, what barriers they have to overcome, etc.
- Education would be based on the participant’s interest.
 - Since there are many possible participant scenarios and responses, we placed the “meat” of the interventions under *Unsure-Try Education* section. There you will find the science based nutrition care concepts and treatment approaches suggested for the risk.
 - Related medical and clinical issues to be aware of (medication interactions, affect on weight, etc.).
 - Points to pursue or provide in the form of changes that would help improve the risk(s) (suggested foods, supplements, care of side effects of condition, etc.).

Note: for a participant desiring information, these are the appropriate education approaches for the risk. It is not to say, when appropriate, that these concepts don't also apply to participants who are at another level of readiness.

<p>Ready "I can't even do cheese. It is horrible"</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • "It sounds like you are pretty sensitive to dairy. WIC allows you to get lactose free milk. What is your experience with using it?" 	<ul style="list-style-type: none"> • "WIC allows lactose free milk. It is sweeter than regular milk. How would you feel about trying it?"
<p>Record Plan or Goal Mom to try lactose free milk, never had before. Accepted lactose handout. Follow-up lactose free milk tolerance.</p>		

Example Ready:

- You have a participant who desires help- emotional support, nutrition information or referrals.
- More open ended questions may be used to fine tune what the participant needs.

Record Plan or Goal:

A sample *chart note* is shown for each level of readiness. Education contacts should be documented in the participant's record:

- Following the patient centered philosophy, notes should reflect the participant's level and what they do or do not plan to do (change).
- Notes should indicate what follow-up is needed at the next appointment.
- You are not limited to these goals; again your notes will be individualized for your participant's scenario and situation.

Record Plan or Goal	Mom feels she is doing fine with her lactose intolerance. No info desired. Re-assess next appointment.
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Educational Resources:

In the final section of the NCP's are the *Education Resources*: references, learning tools, and handouts related to the risk. These may be materials for a CPA to gain self knowledge or may be handouts or sites that could be provided directly to interested participants.

Education Resources	<p>http://www.nichd.nih.gov/health/topics/lactose_intolerance.cfm Resource- <i>Lactose Intolerance</i></p> <p>http://digestive.niddk.nih.gov/ddiseases/pubs/lactoseintolerance/ Resource- <i>Lactose Intolerance</i></p> <p>http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance/15_WIClactose_E04L.pdf Handout- <i>WA WIC- Lactose or Dairy Intolerance</i></p>
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The NCP's provide a few, not the only, resources available. Resources used were those with easy access, typically handouts and websites. They do not include sources like text books, videos, etc. Many of the resources noted apply to multiple risks. If you find a resource listed for one risk that would also be helpful when counseling on another risk, you can certainly mix and match! For example, an "infant feeding guide" may be helpful for risk 428 *Diet Associated with Complementary Feeding Practices* as well as risk 411.4 *Developmentally Inappropriate Feeding*.

In the back of the NCP manual is a summary of all of the resources incorporated in the NCP's. The summary also includes additional resources not listed on the individual NCP's (due to space) that may be helpful.

KNOWLEDGE STATEMENTS:

Within the NCP's are Knowledge Statements. These comments are not intended to be made directly to participants; they just provide health or nutrition information to increase staffs' clinical knowledge.

<p>Unsure → "He hasn't had any recent reactions. I was thinking about trying cashew butter?"</p>	<ul style="list-style-type: none">• "Unfortunately WIC can't exchange peanut butter for a different nut butter. Check with your Dr before trying other types of nuts. In severe cases it is recommended all nuts be avoided."• "On a scale of 1-10, how severe do you think Sam's food allergy is?"• "What other substitute products have you thought about trying?"	<ul style="list-style-type: none">• Treatment is avoidance of problem food- assist with reading food label (identifying ingredients), finding alternative recipes, etc.• Tailor package as able to remove problem foods• Knowledge: 90% allergies from milk, egg, peanuts/nuts, fish/shellfish, soy, wheat; tests to diagnoses are skin prick or blood test (RAST or CAP ELISA); medications for reactions antihistamines & epinephrine, many outgrow allergies except for nut and fish allergies
<p>Raise awareness & confidence & identify barriers to change Record Plan or Goal Mom feels allergy is not severe. Plans to try cashew butter. Suggest talk to Dr. Check if other nuts allowed next appointment.</p>		

SUMMARY:

The NCP's are your guide for providing participant centered counseling and learning more about WIC risks and appropriate interventions. Involve your participants to experience a fulfilling appointment for both of you!

101 Underweight Women (PG/BF/NBF)

Description	<ul style="list-style-type: none"> • Underweight women: <ul style="list-style-type: none"> ○ Pregnant: prepregnancy BMI <19.8, NBF/BF: current BMI <18.5 ○ Underweight women at greater risk low birth weight infant; pregnancy complications, anemia, premature rupture membranes, C-sections
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Assessing Readiness for Change with open ended questions

- “When not pregnant, what weight do you feel best at? How do you feel about your weight now?”
- “How comfortable are you with gaining more weight?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I’ve been thin all my life.”</p> <p>Raise awareness & Personalize Change</p>	<ul style="list-style-type: none"> • “Thanks for sharing with me. Looking at today’s weight, you have gained xx pounds.” • “WIC suggests gaining about x* pounds a week at this point in your pregnancy. What has your Dr discussed with you?” <p style="text-align: center;">*****</p> <p>Postpartum & Breastfeeding:</p>	<ul style="list-style-type: none"> • “Your gain affects baby’s birth weight. If you are underweight, your baby could be born LBW. You could have more health problems during pregnancy.” • “Women should gain 28-40* lbs during pregnancy.” • Visual showing recommended/current weight gain • Knowledge: *1st tri 2-4lb, then 3/4 to 1lb per week • ***** • “After delivery, your body needs to replenish the nutrients and energy it used during pregnancy.”
Record Plan or Goal	Participant viewed her growth record. Will check weight and re-assess readiness for change at next appointment.	
<p>Unsure →</p> <p>“I worry about being too thin for my baby, but I have always been healthy.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are worried about your weight. Tell me how eating has changed now that you are pregnant?” • “On a scale of 1-10, how comfortable are you with gaining about x* pounds a week?” • “What made you choose that number?” 	<ul style="list-style-type: none"> • Suggestions to increase calories: <ul style="list-style-type: none"> ○ Add snacks (fit in more foods) ○ Increase high calorie dense foods (eggs, cheese, peanut butter, or add dry milk to foods) • Review foods eaten, ask about likes/dislikes, focus on food groups lacking
Record Plan or Goal	Mom might try adding a snack each day. Will continue to monitor weight at next appointment.	
<p>Ready →</p> <p>“I know I am thin. I want to gain whatever my baby needs.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Since you are worried about your weight, let’s talk about your concerns.” • “What changes do you think you would like to make in your eating?” 	<ul style="list-style-type: none"> • “That is a good start. Some women find it helpful to eat six small meals a day rather than eating just three.”
Record Plan or Goal	Reviewed mom’s concerns for not gaining weight. Participant plans to include cheese and peanut butter as snacks.	

Education Resources	<p>http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html Reference: <i>About Pregnancy Weight Gain</i></p> <p>http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf Handout: <i>Tips on Pregnancy-How Much Should I Gain?</i></p> <p>http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Weight_Gain.pdf Handout: <i>Weight Gain During Pregnancy</i></p>
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103 Underweight-At Risk Underweight (I/C)

H: I/C <5th%

- Description**
- Underweight or at risk of underweight: $\leq 10^{\text{th}}$ percentile BMI or weight-for-length
 - Poor nutrition can cause poor growth, more frequent illness, and affect organ & brain development

Assess Readiness for Change: with open ended questions

- “How do you feel about Sam’s weight?”
- “How would you feel about Sam gaining more weight?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“His dad is thin, he takes after his dad.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Genetics does play a part. A thin child may also not be eating enough.” • “Would you like to talk about Sam’s eating?” 	<ul style="list-style-type: none"> • “WIC’s $\leq 10\%$ cut-off is a preventive level. $\leq 10\%$ is normal for some children, but for others it may mean they are not eating enough.” • Share child’s plotted growth chart (growth consistent over time?) • “Poor eating in children can cause more illnesses and slower growth.”
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Record Plan or Goal	Participant viewed growth chart, but states child’s weight is normal. Will re-assess readiness for change at next appointment.	
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<p>Unsure →</p> <p>“Sometimes I think he is too thin, but the Dr said he is healthy.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are worried about Sam’s weight. Tell me what worries you the most?” • “On a scale of 1-10, how well you do you think Sam eats?” • “If you could change Sam’s eating, what would you change?” 	<ul style="list-style-type: none"> • Assess milk fat content for age • Suggestions for feeding: <ul style="list-style-type: none"> ○ Set snack times ○ Limit juice before meals so hungry at meals ○ Add high calorie dense foods (cheese, eggs, PB) ○ Avoid force feeding
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Record Plan or Goal	Parent to try limiting juice between meals. Will check weight and re-asses next appointment.	
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<p>Ready →</p> <p>“I worry about his weight. He is a picky eater.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me why you think he is a picky eater?” • “What is your biggest mealtime concern for Sam?” 	<ul style="list-style-type: none"> • “Many WIC parents say their child does not want to try new foods.” • Tips to offer new foods: <ul style="list-style-type: none"> ○ Provide choices (broccoli <u>or</u> carrots) ○ Provide small portions (child size) ○ Set a good example (parents eat well too)
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Record Plan or Goal	Discussed parents concerns. To try 1 veg at dinner. Mom wants to try whole milk to increase calories- began ENPR process.	
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Education Resources	<p>http://www.mypyramid.gov/preschoolers/HealthyHabits/PickyEaters/index.html Reference- <i>Try New Foods-Picky Eaters</i></p> <p>http://www.mypyramid.gov/preschoolers/HealthyHabits/PickyEaters/newfoods.html Reference-<i>Trying New Foods</i></p> <p>http://kidshealth.org/parent/growth/growth/growth_charts.html# Reference- <i>About Growth Charts</i></p>
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111 Overweight (Women) (PG/BF/NBF)

- Description**
- PG: pre-pregnancy BMI ≥ 26.1 , BF: < 6mo pre-pregnancy BMI ≥ 25 , BF: > 6mo current BMI ≥ 25 , NBF: pre-pregnancy BMI ≥ 25
 - Overweight at conception increases health risks such as: diabetes, high blood pressure and premature births

Assess Readiness for Change: with open ended questions

- “How did you feel about your weight before getting pregnant? How do you feel about your weight now?”
- “How much do you want to gain with this pregnancy?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I’ve always been heavy. I don’t even know what I weighed before I got pregnant.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Lots of women struggle with their weight. It looks like you have gained about xx pounds so far.” • “WIC suggests gaining about x* pounds a week at this point in your pregnancy. How comfortable are you with that number?” • “What has your Dr discussed with you?” <p>*****</p> <p>Postpartum:</p>	<ul style="list-style-type: none"> • “WIC checks your weight because pregnant women who are overweight have more health risks.” • “It’s recommended you gain 15-25 pounds during this pregnancy.” • Visual showing recommended*/current weight gain. ***** • “WIC is here to share information on food choices and activity if you would like to talk about them.”

Record Plan or Goal Participant viewed her growth record. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“I’ve always been heavy. It doesn’t matter what I eat.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you might be concerned about your weight. Tell me what your biggest frustration around eating is?” • “On a scale of 1-10, how comfortable are you with only gaining about x* pounds a week?” • “What made you choose that number?” 	<ul style="list-style-type: none"> • Suggestions, small steps to control weight gain: <ul style="list-style-type: none"> ○ Decrease juice, soda, sweets ○ Limit high fat foods: cheese, butter, etc. ○ Increase fruits & vegetable portions ○ Increase activity: like walking (approve w/ Dr)
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Record Plan or Goal Mom to try limiting cheese to once daily. Will continue to monitor weight at next appointment.

<p>Ready →</p> <p>“I have tried to not gain too much. But I do. I gained 50 lbs with my last baby.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “How has your eating changed since you got pregnant?” • “What changes would you like to make to help you control your weight gain this pregnancy?” 	<ul style="list-style-type: none"> • “That’s great. Some mom’s also find it’s helpful to drink more water between meals.”
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Record Plan or Goal Reviewed barriers limiting weight gain. Mom to try low fat cheese. Wants to talk about exercise ideas next appointment.

Education Resources	<p>http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm Reference- <i>Aim for a Healthy Weight</i></p> <p>http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=9 Handout #8- <i>Baby Legs- postpartum weight loss</i></p> <p>http://www.touchingheartstouchingminds.com/materials_content.php?p_num=27&p_set=6 Handout #27- <i>Top 10 Ways to Burn 100 Calories</i></p>
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113 Overweight Children 2-5 years (C ≥24mo)

- Description**
- Overweight: ≥ 95th percentile weight-for-height
 - Greater risk of being overweight as an adult & increased risk of obesity related diseases

Assess Readiness for Change: with open ended questions

- “Sam is above the 95% on the growth chart. That means he is heavier than most children. How do you feel about Sam’s weight?”
- “What has Sam’s Dr told you about his weight?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He was 9 ½ pounds at birth. He has always been just a big boy like his dad.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “He was born above average weight for an infant! When a child is over their recommended weight due to overeating, they are at risk for health problems.” • “Would you like to talk about Sam’s eating?” 	<ul style="list-style-type: none"> • “WIC’s ≥ 95th cut-off is a preventive level. ≥ 95th is normal for some children, but for others it may mean they are eating too much.” • Share child’s plotted growth chart • “Children who overeat may continue those poor eating habits later in life.”
<p>Record Plan or Goal Participant viewed growth chart, feels child’s weight is normal. No desire to change. Re-assess next appointment.</p>		
<p>Unsure →</p> <p>“Sometimes I think he is too heavy, but I let him eat whenever he asks.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are worried about Sam’s weight. Tell me what worries you the most?” • “If you could change his eating, what would you change?” • “On a scale of 1-10 how active do you think Sam is?” • “Describe Sam’s activity level? Inside & outside play?” 	<ul style="list-style-type: none"> • Asses milk fat, bottle use, and activity level • Provide suggestions based on mom’s concerns: <ul style="list-style-type: none"> ○ Set meal & snack times ○ Limit juice to 4oz daily & increase water ○ Fruit & vegs over higher calorie cheese/egg/PB ○ Increase playtime
<p>Record Plan or Goal Parent to try water except at mealtime and play outside at least 15 minutes. Will check weigh and re-asses next appointment.</p>		
<p>Ready →</p> <p>“I worry about his weight. He eats all the time. He cries if I don’t give him what he wants.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Why you think he wants to eat so often?” • “Have you noticed any reasons he cries for food besides being hungry (such as comfort)?” • “What is your biggest mealtime concern for Sam?” 	<ul style="list-style-type: none"> • “It can be hard to not give in when calming a fussy child.” • Tips to give attention without food: <ul style="list-style-type: none"> ○ Read to child ○ Go for a short walk ○ Offer water ○ Allow healthy low cal snack like fresh vegs
<p>Record Plan or Goal Discussed parents concerns. Mom plans to offer water & read a book when fussy close to mealtime.</p>		

Education Resources

WIC Theme: *WIC Playtime*

<http://internal.ific.org/publications/brochures/upload/overwtchild7-04.pdf> Handout (4pgs)- *Helping Your Overweight Child*

<http://www.aahperd.org/naspe/publications/teachingTools/upload/brochure.pdf> Resource & Handout- *Kids in Action* (15 pgs but activities by age)

http://www.nal.usda.gov/wicworks/Sharing_Center/UT/healthy_weight_eng.pdf Handout- *How Help Child Have Healthy Weight*

121 Short Stature or At Risk of Short Stature (I/C)

Description	<ul style="list-style-type: none"> • Stature \leq 10th percentile length or stature for age • Poor nutrition may affect height when there are not enough nutrients to support basic body/metabolic functions
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Assess Readiness for Change: with open ended questions

- “Sam is below the 10% for height when plotted on the growth chart. That means he is shorter than other children. How do you feel about Sam’s height?”
- “What has Sam’s Dr told you about how he is growing?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He is the same size as his brother was at that age. He runs and plays all day.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “That’s great he is active. Sometimes height can be affected when a child isn’t eating enough.” • “Would you like to talk about Sam’s eating?” 	<ul style="list-style-type: none"> • “WIC’s \leq 10th cut-off is a preventive level. \leq 10th is normal for some children, but for others it may mean they are not eating enough to support growth.” • Share child’s plotted growth chart
Record Plan or Goal	Participant viewed growth chart, but feels child’s growth is normal. Will re-assess readiness for change at next appointment.	
<p>Unsure →</p> <p>“Sometimes I worry because he is small. He eats a lot sometimes and other times he won’t eat much.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “On a scale of 1-10 how concerned are you about how he is growing?” • “It sounds like you are worried about how much Sam is eating. Tell me what worries you the most?” 	<ul style="list-style-type: none"> • “It’s normal for a child to eat more one day than another. And for them to ask for the same food over and over.” • Provide suggestions: <ul style="list-style-type: none"> ○ Offer set snacks ○ Sit at table with family, avoid distractions ○ Serve favorite food along with less desired food
Record Plan or Goal	Parent to try limiting child’s wandering while eating. Will review eating concerns next appointment.	
<p>Ready →</p> <p>“I worry about his height. He is the shortest one in the family. I don’t know if I am giving him the right foods.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “What kind of foods do you think Sam is missing out on?” • “What have you already tried to get Sam to eat more?” • “What is your biggest concern for Sam at mealtime?” 	<ul style="list-style-type: none"> • “Parents often worry their child is not eating enough.” • Show sample serving sizes for age • Tips to clarify servings needed: <ul style="list-style-type: none"> ○ Variety & choices ○ 3 meals & 2-3 snacks • Highlight foods from conversation
Record Plan or Goal	Mom accepted clarification serving sizes for age. To offer smaller age appropriate portions. Next appt follow-up on concerns.	

Education Resources	<p>http://kidshealth.org/parent/medical/endocrine/growth_disorder.html Reference- <i>growth disorder</i></p> <p>http://www.keepkidshealthy.com/welcome/conditions/short_stature.html Reference- <i>short stature/growth disorder</i></p>
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133 High Maternal Weight Gain (PG/BF/NBF)

- Description**
- Pregnant: >7lbs/mo, BF/NBF: total gain underweight >40lb, normal weight >35lb, overweight >25lb, obese >15lb
 - Greater risk high birth weight infant, prolonged labor, C-section & other complications. Later risk obesity & chronic health conditions

Assessing Readiness for Change with open ended questions

- “How do you feel about your gain so far?”
- “What concerns do you have today about your weight?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“I’m not worried, I’m eating for two.”</p> <p>Raise awareness & Personalize Change</p>	<ul style="list-style-type: none"> • “We do want your baby to get the nutrition it needs. Looking at today’s weight, you have gained xx pounds.” • “WIC suggests gaining about x* pounds a week at this point in your pregnancy. How comfortable are you with that?” <p>*****</p> <p>Postpartum</p>	<ul style="list-style-type: none"> • “WIC checks your weight because pregnant women with high weight gain can have babies with high birth weight and have other health or delivery problems.” • “Women should gain 15-40* pounds during pregnancy.” • Visual showing recommended*/current weight gain
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Record Plan or Goal	Participant viewed her growth record. Will check weight and re-assess readiness for change at next appointment.	
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<p>Unsure →</p> <p>“My Dr said my ultra sound was normal so I haven’t worried about my weight since the baby is ok.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are happy with you current weight. How do you feel about the weight you will gain for the rest of your pregnancy?” • “On a scale of 1-10 how concerned are about gaining too much weight?” • “Tell me how eating is going for you?” 	<ul style="list-style-type: none"> • Provide suggestions for controlling intake: <ul style="list-style-type: none"> ○ Foods eaten, food groups lacking ○ Consistent meals with snacks ○ Variety of foods ○ Limiting high fat low nutrient foods
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Record Plan or Goal	Mom doesn’t want to change her eating habits. Re-visit weight gain next appointment.	
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<p>Ready →</p> <p>“I know I gained a lot. I don’t want to gain any more. I’ll have too much to lose later.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “A lot of mom’s are worried about losing weight after the baby is born! What concerns you most?” • “What kind of changes do you think you should make?” • “On a scale of 1-10 how comfortable would you be in gaining at least 2lbs a month?” 	<ul style="list-style-type: none"> • “That would be a good change. Another thing you may want to try is to reduce the amount of soda you drink each day.”
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Record Plan or Goal	Mom says she can limit herself to two sodas daily. Follow-up on soda use next appointment.	
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Education Resources	<p>http://www.mypyramid.gov/mypyramidmoms/index.html Reference- <i>My Pyramid During Pregnancy</i> (repeat site)</p> <p>http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html Reference- <i>About Pregnancy Weight Gain</i> (repeat site)</p> <p>http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf Handout- <i>How Much Should I gain?</i> (repeat site)</p> <p>http://win.niddk.nih.gov/publications/choosing.htm Reference- <i>weight control information network</i></p>
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Description

- Diagnosed: wt consistently <3%, wt <80% ideal, progressive fall-off in wt to <3% expected, or decrease from expected normal curve
- FTT is a serious often complex growth problem- nutrition is poor, causing poor weight gain

Assess Readiness for Change: with open ended questions

- “What questions or concerns do you have about Sam today?”
- “How do you feel about Sam’s growth?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The Dr wants me to have him evaluated, but he is fine, he is a boy and boys develop slower.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Tell me more about your concerns in having Sam evaluated?” • “Does Sam have any other medical issues or problems swallowing?” • “Do you feel like your family has enough food?” • “What else did the Dr discuss with you? Any other recommendations?” 	<ul style="list-style-type: none"> • Share child’s plotted growth chart. • “Poor growth in children can happen when a child is not eating enough. But there may be other reasons like a medical problem. Can we help you find a referral agency that you would be comfortable with?” • “May I share some ideas that might help Sam?”

Record Plan or Goal Participant accepted referral, but does not want to take child. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“The Dr said he should be growing faster but he is growing like my first son did.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Tell me about your other son?” • “It sounds like you are worried about Sam’s weight. What worries you the most?” • “On a scale of 1-10, how well you do you think Sam eats?” • “What things have you tried to help Sam eat more? What have you tried that didn’t work?” 	<ul style="list-style-type: none"> • Suggestions for high calorie foods: <ul style="list-style-type: none"> ○ Set meal & snack times ○ Limit juice before meals so hungry at meals ○ Higher calorie foods: PB, shakes/CIB, dry milk added, fruit in heavy syrup, etc. ○ Avoid force feeding
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Record Plan or Goal Parent to try adding dry milk to liquids. One month issuance. Will check weigh and re-asses next appointment.

<p>Ready →</p> <p>“I’ve taken him to the Dr several times. They want me to feed him more.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “I can see you are worried since you have taken him to the Dr several times. What is the hardest part about feeding Sam?” • “What do you think you want to do for Sam?” • “What other concerns do you have for Sam today?” 	<ul style="list-style-type: none"> • “It can be stressful not knowing if your child is getting all that he needs. If you would like, we can talk about some ideas to help Sam get in more calories.”
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Record Plan or Goal Mom plans to talk to the Dr about Pediasure. Will use CIB for now. Re-asses ENPR status by next appointment.

Education Resources	<p>http://www.aafp.org/afp/20030901/879.html Reference- <i>FTT by AAFP</i></p> <p>http://www.keepkidshealthy.com/welcome/conditions/failure_to_thrive.html Reference- <i>FTT by Keep Kids Healthy</i></p>
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135 Inadequate Growth (I/C)

Description

- Inadequate Weight Gain: birth-1mo excess loss, not to birth weight 2wks, or weight gain less than risk average gain table
- A decrease in normal weight gain may indicate poor nutrition or disease

Assess Readiness for Change: with open ended questions

- “What concerns do you have about how Sam is growing?”
- “How do you feel about how much Sam is eating?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I just came from the Dr. They said it was normal for him to lose weight after birth.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Tell me more about what the Dr told you?” • “How is feeding going?” • “How do you know when Sam is hungry?” <p>*****</p> <p>Children:</p>	<ul style="list-style-type: none"> • “It’s normal for infants to lose after birth, if not more than 10%, and they are gaining again within 10-14 days. If not, they may not be eating enough.” • Share infant’s plotted growth chart ***** • “Children grow at a slower rate than infants. It can be harder to tell if slowed weight gain is a problem.”
Record Plan or Goal	Participant viewed growth chart, but feels child’s growth is normal. Will re-assess readiness for change at next appointment.	
<p>Unsure →</p> <p>“I’m not sure he is getting enough. My mom said to feed him every four hours?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “That’s nice you have your mom! It sounds like you are worried about feeding Sam. Tell me what worries you?” • “Tell me what kind of things he eats?” • “On a scale of 1-10 how well do you feel feeding is going?” 	<ul style="list-style-type: none"> • Feeding first month: 2-4oz per feed, 16-24oz per day • Hunger cues: <ul style="list-style-type: none"> ○ Active arms/legs & stretching ○ Lip motions (sucking) ○ Putting fingers/fist in their mouth ○ Rooting (turning head towards breast/food) ○ Crying
Record Plan or Goal	Parent to watch for hunger cues. Will check weigh and re-asses next appointment.	
<p>Ready →</p> <p>“I’m worried about his weight, he weighs less than at his last check-up.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “I can tell you are concerned. Shall we talk about feeding Sam?” • “How do you feel feeding is going?” • “What questions do you have about feeding Sam?” 	<ul style="list-style-type: none"> • “Your infant’s weight is the best indicator of growth. You can bring Sam in between appointments and we can check his weight!”
Record Plan or Goal	Mom to bring Sam back for a weight check next appointment. Follow-up on growth and feeding.	

Education Resources

<http://www.cdc.gov/nccdphp/dnpao/growthcharts/index.htm> Reference: *CDC Growth Chart Training*

<http://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/growthchart.pdf> Reference: *Interpreting Growth Charts*

<http://depts.washington.edu/growth/> Reference: *MCH Growth Chart Training*

141 Low Birth Weight (LBW) and Very Low Birth Weight (I/C <24mo)

HR: I <5#

- Description**
- LBW ≤5# 8oz (<2500 g)
 - LBW is predictor of growth in early childhood

Assess Readiness for Change: with open ended questions

- “Since Sam was LBW, what concerns do you have?”
- “How do you feel Sam is doing since he came home?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“Sam didn’t have to stay long at the hospital. He got to come home right away.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m sure you are relieved Sam is doing well so soon. Tell me about any problems you have feeding Sam?” • “What feeding instructions did they give you when you left the hospital?” • “May I share some information on how to know your baby is getting enough to eat?” <p>*****</p> <p>Children growth plots:</p>	<ul style="list-style-type: none"> • “LBW babies are babies < 5lb 8oz. They are at risk for feeding, health & dev problems as a child.” • “LBW infants need the best nutrition to complete and support growth.” • Share child’s plotted growth chart (use LBW chart) ***** • When plotting, adjust to correct for age until 24mo • Observe for catch-up growth

Record Plan or Goal Participant viewed growth chart, but feels infant is growing well. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“I think he is growing, He seems to be eating really well?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you may be worried about how Sam is growing. Tell me what worries you?” • “You said Sam eats really well, on a scale of 1-10 how well do you think he eats?” • “Tell me about his eating?” 	<ul style="list-style-type: none"> • Feeding concerns that may occur in LBW infants: <ul style="list-style-type: none"> ○ Small stomach can’t hold large amounts ○ Immature digestion- gagging and spitting up ○ Eating take energy- may fall asleep feeding ○ May be small for age- but watch proportions ○ May not like touching face, mouth
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Record Plan or Goal Parent concerned about growth. Would like to see plot each appointment. Will check weigh and share grid next appointment.

<p>Ready →</p> <p>“They told me to feed him Neocate. I want to make sure I give him enough, but he falls asleep.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “I can tell you are concerned. What did the hospital tell you about Neocate and feeding Sam?” • “What have you found that helps to keep Sam awake during feeding?” • “What other concerns do you have with feeding?” 	<ul style="list-style-type: none"> • “Eating (sucking) is hard work for an LBW infant. They may get tired quickly. You might want to try feeding less, more often.”
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Record Plan or Goal Mom to add two feeds and decrease others by 1oz. Bring Sam back for a weight check next appointment.

Education Resources	<p>http://www.marchofdimes.com/professionals/14332_1153.asp Reference- <i>March of Dimes: LBW</i></p> <p>http://depts.washington.edu/growing/Feed/Feed.htm Reference- <i>MCH- Feeding LBW Infants at Home</i></p> <p>http://www.dshs.state.tx.us/wichd/nut/pdf/fac7-s.pdf Fact Sheet- <i>Texas- Feeding LBW</i></p>
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- Description**
- Prematurity ≤ 37 weeks gestation
 - Premature infants may have nutrition problems; weak suck, poor swallowing, and poor digestion

Assess Readiness for Change: with open ended questions

- “Sam was premature, what concerns do you have?”
- “What concerns have had you since Sam came home?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“Sam was early but so was my last baby and he is doing fine.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “So you’ve experienced this before. What has been different for Sam?” • “Regarding feeding, what do you think is going well?” • “May I share a brochure on infant feeding?” <p>*****</p> <p>Children:</p>	<ul style="list-style-type: none"> • “Solids may need to be delayed for a preemie. Their digestion is not as mature. They may not be ready as early.” <p>*****</p> <ul style="list-style-type: none"> • When plotting, adjust to correct for age until 24mo • Observe for catch-up growth
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Record Plan or Goal	First child started cereal at night, plans same for Sam. Took feeding guide. Re-assess readiness at next appointment.	
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<p>Unsure →</p> <p>“He just had his Dr appointment and they said he was still small.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Tell me more about what the Dr said. Though he was small for age, did he feel Sam was lagging or gaining well?” • “On a scale of 1-10 how well do you think Sam is tolerating his formula?” • What questions do you have about his formula or feeding?” 	<ul style="list-style-type: none"> • “Premature infants may not plot exactly on the curve (line) of a growth chart, but an indication of good growth is when proportions are normal (weight for length) and they follow the progression (shape) of the curve.” • Important growth indications: <ul style="list-style-type: none"> ○ Tolerance of formula/feeding ○ Weight gain, catch-up growth
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Record Plan or Goal	Parent to try feeding more often, smaller amounts. Will check weigh and re-asses next appointment.	
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<p>Ready →</p> <p>“They told me to feed him this special formula. I gave my last child Similac so I have never used this before.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Yes, infants <34 wks may need a special formula designed for premies (until 9mo, corrected age, sometimes longer).” • “You sound concerned since you aren’t used to this formula. What are your concerns?” 	<ul style="list-style-type: none"> • “Some other things you can do to make feeding time easier for baby is avoid loud areas (loud radio/TV) & watch for early hunger cues.”
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Record Plan or Goal	Discussed formula preparation. Mom able to repeat back correctly. To bring Sam for a weight check next appointment.	
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Education Resources	<p>http://www.oregon.gov/DHS/ph/wic/docs/preterm.pdf Reference- Oregon- Nutrition Practice Care Guidelines for Preterm Infants</p>	
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151 Small for Gestational Age (SGA) (I/C <24mo)

H: I

- Description**
- Diagnosed by Provider
 - Infant may have slower growth & mental development and increased health problems

Assess Readiness for Change: with open ended questions

- “Since Sam was born SGA, what concerns do you have?”
- “Has Sam had any problems caused by his SGA (unable stay warm, low tolerance large feedings, motor/mental delays)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “Sam hasn’t had any problems, he is doing fine.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad Sam is doing well. How has feeding been going for him?” • “How do you feel about his growth and development?” 	<ul style="list-style-type: none"> • “WIC will re-check his weight at cert. If you have concerns about his SGA, we can refer you to agencies that can help you.” • Knowledge: SGA is a term used for babies smaller than usual, birth weight is <10%. They may not be able to tolerate large feedings, have trouble keeping warm & have motor & mental delays.
Record Plan or Goal	Participant viewed growth chart, but feels child’s weight & intake are normal. Will re-assess needs at next appointment.	
<p>Unsure → “So far he has been doing well. They want to test him for delays?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Tell me what delays they are concerned about?” • “What problems have you noticed?” • “You said Sam is doing well. On a scale of 1-10 how is feeding going?” 	<ul style="list-style-type: none"> • Discuss feeding and development issues of child • Explain normal development stages (if asked) • Refer for delays as appropriate
Record Plan or Goal	Parent accepted referral to PIC. Will follow-up on referral next appointment.	
<p>Ready → “They said he was catching up but he is still behind. I keep track of everything he eats for the Dr.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “That shows great dedication! How is that going for you?” • “What feeding issues can I help you with today?” 	<ul style="list-style-type: none"> • “It looks like you give him several snacks each day. I can share some ideas on creating snack using WIC foods if you’d like.”
Record Plan or Goal	Mom to bring Sam back for a weight check next appointment.	

Education Resources <http://www.americanpregnancy.org/pregnancycomplications/iugr.htm> Reference- *Small Gestational Age*
<http://www.aafp.org/afp/980800ap/peleg.html> Reference- *Small Gestational Age*

152 Low Head Circumference (I)

Description

- <5% head circumference
- Related to genetic, nutrition and health factors. Very low values may indicate future nutrition & health risks, especially poor brain function

Assess Readiness for Change: with open ended questions

- “Since they told you Sam’s head circumference is low, what concerns do you have?”
- “What health problems has Sam had recently?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“Sam hasn’t had any problems, he is doing fine.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad Sam is doing well. How has feeding been going for him?” 	<ul style="list-style-type: none"> • “Head circumference is measured because a smaller than normal head, may be a sign that their brain is developing slowly. Nutrition can be a factor.” • “May we talk more about Sam’s eating?”
<p>Unsure →</p> <p>“Sam is doing well. They said I should come back to have his head measured again in three months?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “You said Sam is doing well, what did the Dr’s say about his head circumference?” • “Have you had any problems feeding Sam? Tell me about his eating?” • “What other concerns do you have when feeding him?” • “On a scale of 1-10 how concerned are you about his eating?” 	<ul style="list-style-type: none"> • Discuss feeding and development issues of child • Explain normal development stages (if asked) • Refer for delays as appropriate
<p>Ready →</p> <p>“They said he could have problems developing. They didn’t say anything about his eating.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “What delays, if any, have you noticed?” • “How is feeding going?” • “What feeding issues can I help you with today?” 	<ul style="list-style-type: none"> • “It looks like his weight today is a little low but he has gained since his last weight check. You mentioned he is a picky eater. Let’s talk about your concern.”

Record Plan or Goal	Participant states child is fine. Accepted feeding guide. Will re-assess readiness for change at next appointment.	
<p>Record Plan or Goal</p>	Parent has no feeding concerns today. Has Dr appt next month. Will check weigh and re-asses next appointment.	

Record Plan or Goal	Parent has no feeding concerns today. Has Dr appt next month. Will check weigh and re-asses next appointment.	
<p>Record Plan or Goal</p>	Mom to not offer Sam less choices at mealtime. Follow-up on food choices next appointment.	

Record Plan or Goal	Parent has no feeding concerns today. Has Dr appt next month. Will check weigh and re-asses next appointment.	
<p>Record Plan or Goal</p>	Mom to not offer Sam less choices at mealtime. Follow-up on food choices next appointment.	

Record Plan or Goal	Parent has no feeding concerns today. Has Dr appt next month. Will check weigh and re-asses next appointment.	
<p>Record Plan or Goal</p>	Mom to not offer Sam less choices at mealtime. Follow-up on food choices next appointment.	

Record Plan or Goal	Parent has no feeding concerns today. Has Dr appt next month. Will check weigh and re-asses next appointment.	
<p>Record Plan or Goal</p>	Mom to not offer Sam less choices at mealtime. Follow-up on food choices next appointment.	

Education Resources	<p>http://depts.washington.edu/growth/module5/text/page5a.htm Reference- <i>MCH Head Circumference Module</i></p> <p>http://www.nlm.nih.gov/medlineplus/ency/article/003305.htm Reference- <i>increased head circumference</i></p> <p>http://www.mayoclinic.com/print/microcephaly/AN00236/METHOD=print Reference- <i>small head circumference</i></p>
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153 Large for Gestational Age (I)

Description	<ul style="list-style-type: none"> • Birth weight \geq 9 lbs (> 4000g) • Greater risk of birth injuries, and developmental and intellectual retardation, and obesity in childhood
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Assess Readiness for Change: with open ended questions

- “Sam was more than 9lbs at birth. What complications did he have at delivery?”
- “What has feeding been like so far?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He is healthy and a big boy. He drinks a whole bottle each feeding.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “He was born above average weight for an infant. An infant born over 9lbs can be at risk for health problems.” • “Would you like to talk about Sam’s appetite?” 	<ul style="list-style-type: none"> • “Infants \geq9lbs at birth can be at risk for developmental issues and may be obese as children.” • “WIC has a nice infant feeding guide I can share if you would like?”
Record Plan or Goal		
Mom viewed growth chart, but feels child’s weight is normal. Will re-assess readiness for change at next appointment.		
<p>Unsure →</p> <p>“No problems at delivery. It seems like he eats too fast?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are worried about how fast Sam is eating? On a scale of 1-10, how worried are you?” • “Tell me about Sam’s feedings; how often he eats and how much each feeding?” 	<ul style="list-style-type: none"> • Guide feeding and frequency: <ul style="list-style-type: none"> ○ Watch hunger cues ○ Evaluate amount breast/formula ○ Age affects ounces needed ○ Overfeeding: excess spitting?, tummy pain? ○ Avoid early solid intro
Record Plan or Goal		
Mom has started cereal in bottle Open to stopping practice. Follow-up cereal use next appointment.		
<p>Ready →</p> <p>“I worry about his size. I don’t want him to be overweight later.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Obesity in children is a concern; infants large at birth are at risk to be obese as children. It sounds like you’d like to talk about how much he should eat? How do you feel about the amount he eats?” • “What is your biggest concern for feeding Sam?” 	<ul style="list-style-type: none"> • “We also recommend waiting to add solids now until 6mo of age. How do you feel about waiting?”
Record Plan or Goal		
Mom asked about starting solids, states will wait till 6 mo. Follow-up on solid uses next appointment.		
Education Resources	<p>http://www.merck.com/mmhe/sec23/ch264/ch264f.html Reference- <i>Large for Gestational Age</i></p> <p>http://www.healthsystem.virginia.edu/uvahealth/peds_h newborn/lga.cfm Reference- <i>Large for Gestational Age</i></p>	

- Description**
- Low hemoglobin (Hgb) or hematocrit (Hct) screens for iron-deficiency anemia
 - People with low hemoglobin may be tired, fussy, have problems concentrating and get sick more often

Assess Readiness for Change: with open ended questions

- “Sam’s iron is low today. How has Sam’s iron been in the past?”
- “What has Sam’s Dr told you about iron?” or “What do you know about iron?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“The Dr didn’t say anything about his iron.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • WIC’s finger pokes screen for anemia. I’ll write down Sam’s Hgb from today so you can share with his Dr. WIC will recheck Sam’s iron at his next cert.” • “Eating high iron foods can help kids with low iron. May I share some information on foods that are high in iron?” ***** Pregnant 	<ul style="list-style-type: none"> • “Hgb measures the amount of iron in the body. The amount of iron you get from foods affects your Hgb. Low iron can affect your child’s ability to learn, to concentrate and mean more infections.” • Handout on foods high in iron ***** “Low iron in pregnancy can cause poor weight gain & affect the weight of your baby (may be LBW).”
<p>Record Plan or Goal Parent accepted recorded Hgb value & iron handout. Will re-assess readiness for change at next appointment.</p>		

<p>Unsure →</p> <p>“He doesn’t eat very well but I give him a children’s vitamin?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Since you’re giving vitamins, it sounds like you are worried Sam is not getting the nutrients he needs? Did Sam’s Dr recommend starting the vitamins?” or “Why did you decide to start vitamins?” • “On a scale of 1-10, how worried are you about Sam’s iron?” • “What is the biggest concern you have about Sam’s eating?” 	<ul style="list-style-type: none"> • “Not all children’s vitamins contain iron.” Show how to read label or offer to have mom bring her label in. • To increase iron in diet: <ul style="list-style-type: none"> ○ Meat, fish, poultry ○ Dried beans ○ Fortified WIC cereals
<p>Record Plan or Goal Parent to try using cereal a second time daily as a snack. Will follow-up on foods changes next appointment.</p>		

<p>Ready →</p> <p>“The Dr said it was low. I’m worried because my iron has always been low too.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “You both can enjoy the same great iron sources! What high iron foods are you already including in your meals?” • What other high iron foods do you think you might want to add?” 	<ul style="list-style-type: none"> • “Those would be great iron foods to add. You might also try serving a Vit C source when you have a high iron food as it helps more iron be absorbed.” • If beans are a new food offer WIC bean recipes
<p>Record Plan or Goal Mom new to beans, provided bean recipes. Mom requests iron be checked again next appointment.</p>		

Education Resources

<http://www.brightfutures.org/nutrition/> Reference- *Bright Futures in Practice Nutrition: Iron Deficiency Anemia (pg 196)*

http://here.doh.wa.gov/materials/iron-for-strong-blood/15_WICiron_E04L.pdf Handout- *WA WIC- Iron for Strong Blood*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac11-s.pdf> Fact Sheet- *Texas- Iron Deficiency*

<http://ods.od.nih.gov/factsheets/iron.asp> Resource- *Office Dietary Supplements- Iron fact Sheet*

211 Elevated Blood Lead Levels (ALL)

Description

- Blood lead level ≥ 10 $\mu\text{g}/\text{deciliter}$ (in past 12 mo)
- Lead affects a child's brain development and crosses the placenta in pregnancy. Adequate calcium & iron decreases absorption of lead.

Assess Readiness for Change: with open ended questions

- “Sam has high blood lead levels. Tell me how you found out about his lead problem?” “What was the source of lead?”
- “What did the Dr tell you you should do for Sam's high lead level?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“We just moved here so Sam is not around lead paint anymore.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> “I'm glad you are away from the lead paint. In Alaska, what concerns do you have that he could be exposed again?” “Would you like some information about lead in Alaska?” <p>*****</p> <p>Pregnant:</p>	<ul style="list-style-type: none"> “Any home built before 1978 may have lead-based paint. Other lead sources in Alaska can be soil, drinking water, fishing weights, toys, ceramics & folk remedies.” “Lead poisoning can hurt a child's IQ and cause anemia (lower their iron).” <p>*****</p> “Lead passes from mom to fetus & can affect unborn.”

Record Plan or Goal Participant did not want lead referral. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“He didn't give me any medicine, am I supposed to give him something?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> “Your Dr would prescribe treatment based on how much lead exposure there was. There are things you can do to reduce exposure. May I share them with you?” “On a scale of 1-10, how worried are you about Sam's treatment and further exposure?” “What questions can I answer today?” 	<ul style="list-style-type: none"> To limit lead exposure: <ul style="list-style-type: none"> Once source is known remove it/stay away Good hand washing and house cleaning Knowledge: chelation therapy is treatment where drug used to bind to the lead to remove from body
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Record Plan or Goal Parent may contact Dr to verify if treatment needed. Will follow-up on lead status next appointment.

<p>Ready →</p> <p>“The Dr told me to stop giving Greta to my baby.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> “Removing the source of the lead is important. How do you feel about stopping the Greta (fold remedy)?” “What other concerns would you like to talk about today?” 	<ul style="list-style-type: none"> “Another way to reduce lead is to increase calcium & iron in the diet. They are protective.” Knowledge: Greta & Azarcon are Hispanic remedies for upset stomach/constipation/diarrhea/teething, it's lead content can be 90%
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Record Plan or Goal Grandma suggested the Greta, mom plans to stop use. Follow-up on home remedy use next appointment.

Education Resources

- <http://www.epi.alaska.gov/eh/lead/default.htm> Resource- Alaska Lead Surveillance Program
- <http://www.cdc.gov/nceh/lead/tips/folkmedicine.htm> Resource- Folk Remedies & Lead Levels
- http://here.doh.wa.gov/materials/lead-can-poison-your-child/25_LeadCard_E07L.pdf Handout- WA WIC- Lead Can Poison
- <http://www.dshs.state.tx.us/wichd/nut/pdf/fac10-s.pdf> Fact Sheet- Texas- Lead Poisoning

301 Hyperemesis Gravidarum (PG)

- Description**
- Severe nausea & vomiting in pregnancy (diagnosed by provider)
 - At risk for weight loss, dehydration & metabolic imbalances

Assess Readiness for Change: with open ended questions

- “Tell me more about your nausea/vomiting?”
- “Have you talked to your Dr about the nausea/vomiting?”
- “What have you already tried to decrease the nausea/vomiting (self treated, medications, and hospitalization)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I get sick everyday but my sister said it would go away soon.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It’s nice to have a sister for help. What other suggestions did she have?” • “Would you like more information on coping with nausea/vomiting?” 	<ul style="list-style-type: none"> • “Unfortunately 50-80% of women experience some nausea/vomiting. If severe, it can lead to complications like weight loss & dehydration.” • “We can talk about some tips to decrease nausea/vomiting, but if it doesn’t improve by your 2nd trimester, I’d suggest talking to your Dr.”

Record Plan or Goal Mom didn’t want info, She will contact Dr if worsens. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“I talked to the Dr but he said it should go away?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “I’m sorry you haven’t been feeling well. Some nausea/vomiting is common, but for some, it can be severe. On a scale of 1-10, how bad do you think your nausea/vomiting is?” • “Why did you pick that number?” • “What helps your nausea/vomiting?” 	<ul style="list-style-type: none"> • To reduce nausea/vomiting: <ul style="list-style-type: none"> ○ Avoid foods know to be upsetting ○ Sense of smell increase in pregnancy- may trigger nausea/vomiting ○ Frequent meals- don’t get over hungry ○ Have a bedtime snack ○ Wear loose clothing
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Record Plan or Goal Mom to try more snacks, agrees hunger triggers. Will check tolerance & weigh and re-asses next appointment.

<p>Ready →</p> <p>“I feel so bad. I had to go to the ER one night.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like your nausea/vomiting is pretty severe?” • “What have you tried to help reduce the nausea/vomiting?” 	<ul style="list-style-type: none"> • “You’ve tried most of the common suggestions, some women also find it helpful to not over do; it’s ok to rest, lay down or ask someone to give you a ride if motion bothers you.”
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Record Plan or Goal Mom said her husband is supportive, he will help cook meals.

Education Resources	<p>http://www.hyperemesis.org/health-professionals/ Resource- <i>Hyperemesis Foundation</i></p> <p>http://www.hyperemesis.org/downloads/survival-guide.pdf Resource- <i>Hyperemesis Survival Guide</i></p>
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- Description**
- GDM: Diabetes not present before pregnancy but develops during pregnancy (diagnosed by provider)
 - Mother at risk for future Type II Diabetes. Infant at risk of high birth weight, injuries at birth due to size & low blood sugar (hypoglycemia)

Assess Readiness for Change: with open ended questions

- “What did your Dr tell you about your gestational diabetes?” or “Tell me why you feel you have gestational diabetes?” (if self reported, probing for info)
- “What are your concerns since the Dr told you that you have GDM?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“There is no way I can do shots. I have three children at home to keep up with.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I understand it can be overwhelming. There are risks to you and baby when GDM is not treated.” • “Talk to your Dr about other medications that could be used instead. Would you like some information on other things you can do to help control your GDM?” 	<ul style="list-style-type: none"> • “GDM causes problems for you and baby- baby can have extra fat, low blood sugar at birth and breathing problems.” • “WIC is here if you would like to talk about diet and GDM or if you need any referrals.”
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Record Plan or Goal	Participant not interested in info on GDM. Will re-assess readiness for change at next appointment.	
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<p>Unsure →</p> <p>“I had my glucose test. He said it was high but didn’t give my any insulin?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Insulin is not always needed. There are other changes used to control diabetes. What other instructions did your Dr give?” • “On a scale of 1-10, how comfortable are you with changing your diet to control your diabetes?” • “Have you seen a dietitian?” 	<ul style="list-style-type: none"> • Refer to RD/Dr for eating & activity plan <ul style="list-style-type: none"> ○ Consistent food plan (3 meals & 2-4 snacks) ○ Carbohydrates (sugar & starch) spaced throughout day ○ When allowed increased activity (like walking) • Increase fiber • Appropriate weight gain
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Record Plan or Goal	Mom scheduled to see WIC RD. Will check weigh and re-asses next appointment.	
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<p>Ready →</p> <p>“They told me my sugar test was high. I’m worried my baby won’t be ok”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Hearing that can be scary. There are things you can do to control your blood sugar.” • “What changes did the Dr tell you to make in your eating?” • “Since the Dr talked to you about your diet, how has that been going?” 	<ul style="list-style-type: none"> • “Another thing to try is to reduce your juice intake. It is high in sugar, low in nutrients. You mentioned you drink juice all day. It is important to spread starchy & sugary foods through the day.”
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Record Plan or Goal	Mom agrees juice intake is high. She will limit to one meal daily.	
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Education Resources	<p>http://www.nichd.nih.gov/health/topics/Gestational_Diabetes.cfm Resource- <i>Gestational Diabetes</i></p> <p>http://www.diabetes.org/gestational-diabetes.jsp Resource- <i>Gestational Diabetes</i></p> <p>http://internal.ific.org/publications/brochures/upload/gestationaldiabetes.pdf Handout- <i>Gestational Diabetes & Low Calorie Sweeteners</i></p> <p>http://www.nichd.nih.gov/publications/pubs/gest_diabetes/ Resource- <i>Managing Gestational Diabetes</i></p> <p>http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=162 Resource- <i>GDM</i></p> <p>http://www.nal.usda.gov/wicworks/Sharing_Center/UT/gestational_diabetes_eng.pdf Handout- <i>Utah- Thoughts On Gestational Diabetes</i></p>
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332 Closely Spaced Pregnancies (PG/BF/NBF)

- Description**
- Conception before 16 months postpartum (PG current pregnancy, BF/NBF most recent pregnancy)
 - Mother at nutritional risk as nutrition stores depleted from previous pregnancy

Assess Readiness for Change: with open ended questions

- “Your pregnancies are close together, how have you been feeling?”
- “What are your thoughts about gaining weight this pregnancy?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I am tired. My son Sam still wakes up at night.”</p>	<ul style="list-style-type: none"> • “That can be tiring. How has it affected your eating?” • “What can I share with you today?” <p>*****</p> <p>Breastfeeding</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because your pregnancies are close together. During pregnancy your body uses stored nutrients. When pregnancies are close together, your body does not have time to save up nutrients for the next pregnancy. So healthy eating is important.” • Offer information eating during pregnancy ***** <p>BF adds nutrient needs to already reduced maternal stores</p>

Raise awareness & personalize change

Record Plan or Goal Participant feels confident since pregnant before. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“I haven’t lost the weight from my last pregnancy. I don’t want to gain much more?”</p>	<ul style="list-style-type: none"> • “I hear your concern. How much would you feel comfortable gaining?” • “On a scale of 1-10, how comfortable are you with gaining xx pounds a month?” • “How different is your eating this pregnancy compared to your last?” 	<ul style="list-style-type: none"> • Supporting closely spaced pregnancies: <ul style="list-style-type: none"> ○ Nutrition to support depleted stores & new pregnancy ○ Adequate weight gain ○ Take prenatal vitamins ○ See a Dr early
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Raise awareness & confidence & identify barriers to change

Record Plan or Goal Mom concerned with gaining weight. Shared gain grid. Comfortable with xx gain. Check weigh, re-asses next appointment.

<p>Ready →</p> <p>“I know they are close. I just want to have a healthy baby.”</p>	<ul style="list-style-type: none"> • “You sound worried, what health concerns do you have?” • “Your pregnancies are close together. Weight gain and eating well are important. Based on what you experienced your last pregnancy, what can I answer for you today?” 	<ul style="list-style-type: none"> • “If you would feel comfortable with it, I can refer you to a public health nurse that may be able to visit you.”
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Help plan change-support

Record Plan or Goal Mom states overwhelmed with new pregnancy. Mom will contact PHN. Follow-up on referral.

- Education Resources**
- <http://www.webmd.com/baby/your-next-pregnancy> Resource- *Your next pregnancy (conception choices)*
 - http://www.acog.org/publications/patient_education/bp103.cfm Resource- *Especially for Teens Having a Baby- ACOG*
 - http://kidshealth.org/teen/sexual_health/girls/pregnancy.html# Resource- *Having a Healthy Pregnancy (teen site)*

333 High Parity at Young Age (PG/BF/NBF)

Description

- Women under age 20 at conception who have 3 or more previous pregnancies at least 20 weeks duration (PG current preg, BF/NBF most recent)
- Mother’s nutrition stores depleted from previous pregnancy, risk of delivering LBW infant

Assess Readiness for Change: with open ended questions

- “WIC would like to see you get the best nutrition, how do you feel this pregnancy?”
- “How well do you think you eat?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I’m heavy. I gained a little with each pregnancy. So I eat enough, and I eat lots of vegetables”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “You’re ahead. Lots of people don’t eat vegetables every day. What else do you eat most days?” • “You said you were heavy. How much do you think you should weigh?” • “What foods do you think you might not be getting enough of?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have 3 or more pregnancies before age 20. With a higher number, your body’s nutrient stores may be low, which increases your chances of having a LBW baby.” • Offer information on eating during pregnancy
Record Plan or Goal	Mom feels she eats ok. Does not want pregnancy handout. Will re-assess readiness for change at next appointment.	
<p>Unsure →</p> <p>“You said my weight gain was normal, so I think I am eating enough?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, your weight shows you are eating enough. It is important to also eat a variety of foods. On a scale of 1-10, how do you do at eating foods from every food group daily?” • “Describe what you eat in a typical day?” 	<ul style="list-style-type: none"> • Approximate daily pregnancy servings (MyPyramid): <ul style="list-style-type: none"> ○ 6-8oz grains (make half whole) ○ 2.5-3 cup vegetables ○ 1.5-2 cup fruit ○ 3 cup milk ○ 5-6.5oz meat
Record Plan or Goal	Mom doesn’t eat fruit daily, will try to add one time daily. Follow-up on fruit use and re-asses next appointment.	
<p>Ready →</p> <p>“I try to eat well, but sometimes I skip meals keeping up with the other kids.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “How would you eat differently if you had more time?” • “Have you tried time savers, like making double and freezing meals for later?” 	<ul style="list-style-type: none"> • “If you would like, I have some recipes using WIC foods that I could share with you.”
Record Plan or Goal	Mom interested in WIC recipes, especially for peanut butter and beans. Booklet provided. Follow-up on use.	

Education Resources

<http://www.merck.com/mmpe/sec18/ch259/ch259a.html?qt=parity&alt=sh> Resource- *description of the term “parity”*

<http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijgo/vol5n1/teenage.xml> Resource- *Update Teenage Pregnancy- Internet journal Gynecology & Obstetrics*

334 Lack of or Inadequate Prenatal Care (PG)

- Description**
- Prenatal care beginning after the 1st trimester, first visit in the 3rd trimester or limited visits (see risk sheet visit table)
 - Women who do not receive care are more likely to deliver premature, LBW or growth retarded infants

Assess Readiness for Change: with open ended questions

- “It looks like you haven’t seen a Dr yet. When did you plan on making your first appointment?”
- “What Dr have you chosen?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I haven’t called yet. My friend said the Dr wouldn’t see me until I was further along.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Most Dr’s would see you now. How would you feel about making an appointment anyway?” • “Have you had any concerns with this pregnancy so far?” 	<ul style="list-style-type: none"> • “Women who get prenatal care early are less likely to have premature or LBW infants. It is recommended you see a Dr as soon as you know you are pregnant. Your Dr will decide when to see you, but usually it is in the first trimester.”
Record Plan or Goal	Mom said she would call for appointment; her friend was just helping. Check if found Dr at next appointment.	
<p>Unsure →</p> <p>“I don’t have health insurance so I can’t go until I get some?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Where are you in the assistance application process? Would you like a list of the local assistance offices?” • “On a scale of 1-10, how comfortable would you be in starting care before your assistance is approved?” 	<ul style="list-style-type: none"> • Provide referral to Dr • Provide information on medical assistance • For moms with medical issues, providers usually prefer to see moms earlier in the pregnancy
Record Plan or Goal	Mom accepted Medicaid referral. Will apply. Wants to wait to see Dr until approved. Re-asses next appointment.	
<p>Ready →</p> <p>“I just moved here. I just went to get my Medicaid/DKC changed over. I haven’t found a Dr yet.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “You’re on top of it! Since you are new to town, would you like a list of local providers?” • “What other services can I direct you too today?” • “What other questions do you have for me today?” 	<ul style="list-style-type: none"> • “You have things very organized. When you see your Dr, we would suggest you talk to him about a prescription for prenatal vitamins, as I see you haven’t started those yet.”
Record Plan or Goal	Mom will make a Dr appointment. Follow-up on prenatal vitamins next appointment.	

- Education Resources**
- http://www.marchofdimes.com/pnhec/159_513.asp Resource- *Prenatal Care*
 - <http://hss.state.ak.us/dpa/programs/dkc/> Resource- *Alaska DKC Application*

Description

- More than one fetus (PG current pregnancy, BF/NBF most recent pregnancy)
- > 1 fetus have greater nutrient requirements and may have risks such as preeclampsia, anemia & LBW or FGR infants

Assess Readiness for Change: with open ended questions

- “So you are having twins! How are you feeling about that?”
- “Since you are having twins, how comfortable are you gaining 35-45 lbs for the pregnancy?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The pregnancy was a surprise, so I’m still getting used to it.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “You sound uneasy, what concerns do you have today?” • “What can I do to support you?” <p>*****</p> <p>Postpartum</p>	<ul style="list-style-type: none"> • “Carrying twins brings more risk of anemia and delivering a LBW infant. I’m here to help you with your nutrition during pregnancy. We can talk about eating well and weight gain when you are ready.” <p>*****</p> <ul style="list-style-type: none"> • Issues: time, support, BF milk supply, etc.

Record Plan or Goal Mom appeared overwhelmed today. Provided resource referral list. Will re-assess needs next appointment.

<p>Unsure →</p> <p>“I’m excited about having twins but am a little nervous?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “On a scale of 1-10, how nervous are you?” • “What are you most nervous about?” • “How has the rest of the pregnancy been going?” 	<ul style="list-style-type: none"> • For a healthy multifetal pregnancy: <ul style="list-style-type: none"> ○ See a Dr ○ Twin gain 35-45lbs (1.5 lb/wk 2nd & 3rd trimesters) ○ Balanced diet (variety and nutrient need) ○ Take prenatal vitamin
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Record Plan or Goal Mom anxious, but happy. Accepted twin pregnancy handout. Will re-asses next appointment.

<p>Ready →</p> <p>“There are several sets of twins in my family. I always wanted twins too.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “That’s exciting news. Tell me how eating has been going for you?” • “How do you feel about your weight gain so far?” 	<ul style="list-style-type: none"> • Focus on mom’s response, such as “You mentioned you have trouble drinking milk. How often do you use cheese, yogurt or cottage cheese?”
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Record Plan or Goal Mom has difficulty tolerating milk. Discussed substitutions. Mom plans to offer try yogurt daily.

Education Resources

<http://www.americanpregnancy.org/multiples/> Resource- *Multiples*

<http://www.lli.org/NB/NBmultiples.html> Resource- *Breastfeeding Multiples*

http://www.pennmedicine.org/health_info/pregnancy/000199.htm Resource- *Multiples*

336 Fetal Growth Restriction-FGR (PG)

Description

- Diagnosed by provider (fetal weight < 10th % for gestational age)
- May lead to LBW, other risks (low blood sugar, cerebral palsy, anemia, bone disease). Linked to prepregnancy weight, birth interval & smoking.

Assess Readiness for Change: with open ended questions

- “What has your Dr told you about FGR?”
- “Tell me how the Dr said he wants to treat the FGR?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He just said the baby isn’t growing and I would need to come in more often.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Yes, he may see you every 2-6 weeks and talk about baby’s growth and your weight gain. How is eating going for you?” • “Your baby needs good nutrition since he is small. Shall we talk about foods for pregnancy?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because your Dr has diagnosed you with FGR. That means your baby is small. I can share with you good foods to help your baby grow, if you would like?” • <i>Knowledge: FGR means fetal weight is <10%, measured by ultrasound or fundal (uterus) height</i>
<p>Record Plan or Goal Mom accepted eating in pregnancy handout, overwhelmed by diagnosis. Re-assess readiness for change at next appointment.</p>		
<p>Unsure →</p> <p>“I’m worried because I smoke. Do you think that is what caused it?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Smoking is a risk factor, but your Dr would be the best person to answer that question. On a scale of 1-10, how open would you be to trying to quit smoking?” • “What things have you already tried to reduce your smoking?” 	<ul style="list-style-type: none"> • Assisting with FGR: <ul style="list-style-type: none"> ○ Improve nutrition to support fetal growth ○ Decrease/stop smoking ○ Preventive: longer spacing between pregnancies • <i>Knowledge: treatment depends on weeks gestation; delaying delivery >34wks, monitoring amniotic fluid, may induce if concerned fetus’s wellbeing</i>
<p>Record Plan or Goal Provided smoking cessation referral. Mom says she doesn’t think she can quit. Re-asses next appointment.</p>		
<p>Ready →</p> <p>“The Dr said it was because I have high blood pressure (preeclampsia). He said eat less salt.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “How have you been doing with the Dr’s advice? What salty foods are you limiting?” • “What other foods have you been avoiding?” • “Would you like a list of other foods high in salt to take with you?” 	<ul style="list-style-type: none"> • “It sounds like you have heard about many high salt foods. Some others you may want to limit are: frozen dinners, soup broth, tomato juice and pickled products.”
<p>Record Plan or Goal Mom accepted sodium handout. Mom makes lots of soup; she plans to try low salt broth.</p>		
<p>Education Resources</p>	<p>http://www.americanpregnancy.org/pregnancycomplications/fetalgrowthrestriction.htm Resource- FGR</p> <p>http://www.aafp.org/afp/980800ap/980800a.html Resource- American Family Physicians-FGR</p>	

337 History of Birth of a Large Gestational Age Infant (PG/BF/NBF)

Description

- History of infant ≥ 9 lb (4000 g)
- Increased risk of delivering ≥ 9 lb infant & difficult labor; infant at risk for birth injuries and developing future diabetes

Assess Readiness for Change: with open ended questions

- “You had a baby ≥ 9 lb before, so this baby may be large too. How do you feel about that?”
- “How comfortable are you with only gaining about xx pounds this pregnancy?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“We are big people. All of my babies are big. It is good to have big babies.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Large babies are cherished in some cultures. We like to make sure you know the health risks large babies may have.” • “It sounds like you aren’t concerned about the size of the baby. Would you be interested in some information on eating during pregnancy?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have had an infant ≥ 9lbs at birth. Large babies can be at risk for developmental issues and may be obese as children. Mom’s of large babies have risks too; they may have a difficult delivery and may develop diabetes in the future.”
<p>Record Plan or Goal Mom’s culture desires large babies. Not interested in changing. Will re-assess next appointment.</p>		
<p>Unsure →</p> <p>“My last baby was ≥ 9lbs but he hasn’t had any problems and he is two.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “I’m glad he is healthy. Some problems due to high birth weight don’t show up until later. What has the Dr told you about your risk of having a large baby this pregnancy?” • “Your weight gain is a little high. On a scale of 1-10, how comfortable would you be in slowing your gain?” • “Has the Dr told you if have gestational diabetes?” 	<ul style="list-style-type: none"> • “Genetics and high weight gain during pregnancy affect an infant’s birth weight. Diabetes during pregnancy can also cause a baby to be large at birth.” • <i>Knowledge: treatment may include inducing early, planning a C-section, controlling mom’s diabetes and controlling weight gain</i>
<p>Record Plan or Goal Mom wasn’t aware of risks with a large baby. Mom will talk to Dr. Will re-asses next appointment.</p>		
<p>Ready →</p> <p>“I heard large babies could be caused by diabetes. The Dr hasn’t said if I have it?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “There are many causes, diabetes is one. Talk to your Dr about testing for gestational diabetes.” • “It looks like your weight gain is a little high. How do you feel about the amount you are eating?” 	<ul style="list-style-type: none"> • “We will check your weight each visit, and talk about food questions you have. If you had gestational diabetes, your Dr would help you control your weight, blood sugar and talk about exercise.”
<p>Record Plan or Goal Mom to talk to Dr about glucose test. Check on testing status next appointment. Reviewed mom’s weight gain.</p>		

Education Resources

<http://www.merck.com/mmhe/sec23/ch264/ch264f.html> Resource- Large for Gestational Age

<http://www.chw.org/display/PPF/DocID/23374/router.asp> Resource- Large for Gestational Age

338 Pregnant Women Currently Breastfeeding (PG)

- Description**
- Women breastfeeding during pregnancy must meet nutrition needs of her growing fetus as well as her nursing baby
 - Milk supply & composition for the nursing infant change during pregnancy; nursing can trigger premature labor

Assess Readiness for Change: with open ended questions

- “You are breastfeeding and pregnant. How is breastfeeding going now that you are pregnant?”
- “What concerns do you have with continuing to breastfeed?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He only feeds at night now and breastfeeding is going ok.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It sounds like your toddler is still wanting to breastfeed. If you have breastfeeding concerns later in your pregnancy let us know. We can refer you to a lactation consultant.” • “Some women get sore nipples & may see a decrease in milk supply around 4-5mo. Have you had any problems?” • “Any problems eating now that you are pregnant and breastfeeding?” 	<ul style="list-style-type: none"> • “WIC supports BF. It is safe to BF during a healthy pregnancy. Provider’s options on nursing when pregnant vary, but it is usually considered ok.” • <i>Knowledge: known as tandem nursing; no documented danger to healthy mom/fetus, contractions (Braxton Hicks) are a normal part of pregnancy</i>
<p>Record Plan or Goal Mom plans to continue to BF as long as toddler desires. Will re-assess next appointment.</p>		
<p>Unsure →</p> <p>“My mom says it is bad to breastfeed when I am pregnant so I have been trying to wean my toddler?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “A lot of people give that advice. It has been shown though, that breastfeeding during a healthy pregnancy is safe. Would you like a handout on breastfeeding during pregnancy?” • “On a scale of 1-10, how certain are you that you want to wean your toddler now?” • “What has your Dr said about continuing to breastfeed?” 	<ul style="list-style-type: none"> • Breastfeeding when pregnant: <ul style="list-style-type: none"> ○ Don’t force to wean: research shows BF ok ○ May have contractions; doesn’t increase risk premature labor unless a problem pregnancy ○ Sore nipples ○ Decreased milk supply (4-5mo) ○ 2nd & 3rd trimester need added 350-450 calories ○ Drink to thirst
<p>Record Plan or Goal Mom says she still plans to take her mom’s advice and stop BF. Check status of weaning next appointment.</p>		
<p>Ready →</p> <p>“I don’t want to wean. I breastfed all of my children until they wanted to stop.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Great, you’re an experienced breast feeder. What else can I answer for you today?” 	<ul style="list-style-type: none"> • “We would love to have you come to our breastfeeding class. It would help our other first time mothers to hear about your successes.”
<p>Record Plan or Goal Experienced BF. Mom plans to BF toddler for as long as he desires. Continue to monitor BF and weight gain.</p>		

Education Resources <http://www.llli.org/FAQ/bfpregnant.html> Resource- *Pregnant and Breastfeeding*

339 History of Birth with Nutrition Related Congenital or Birth Defect (PG/BF/NBF)

- Description**
- Recurrent birth defects related to mother’s personal-family history & poor nutrition (PG: current preg, BF/NBF: most recent preg)
 - Low zinc is linked to LBW; low folic acid and excess Vitamin A are linked to cleft palate

Assess Readiness for Change: with open ended questions

- “One of your children was born with a birth defect. How are you feeling about this pregnancy?”
- “What has your Dr said about the risk of this baby also having a birth defect?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I don’t believe in terminating a pregnancy, so I will accept what God gives me.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I respect your beliefs. Good nutrition, especially folic acid, is important in preventing birth defects. You are taking a vitamin. Does it contain folic acid?” • “How has eating been going for you?” <p>*****</p> <p>Postpartum:</p>	<ul style="list-style-type: none"> • “To prevent birth defects, it is recommended women take 400 micrograms folic acid & 30 milligrams iron daily. Most prenatal vits contain folic acid, but check the label. If helpful, bring your label, we can help you check the amount.” <p>*****</p> <p><i>Knowledge: Any woman who could become pregnant should take folic acid. Dr may prescribe extra for women with history of birth defects (4000 micrograms)</i></p>
<p>Record Plan or Goal</p>	<p>Mom taking prenatal vitamin. Will check label for folic acid content. Follow-up vitamin use next appointment.</p>	
<p>Unsure →</p> <p>“My Dr said it was ok because I am taking my vitamin?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Great, prenatal vitamins are important. Some foods have folic acid too. Good sources are cereal (enriched), beans/lentils or orange juice. How often do you eat those foods?” • “On a scale of 1-10, how likely are you to add foods high in folic acid into your diet?” • “What other questions do you have today?” 	<ul style="list-style-type: none"> • Other causes of birth defects: <ul style="list-style-type: none"> ○ Smoking ○ Exposure to toxins (lead, mercury, paint) ○ Genetics ○ Alcohol (FAS)
<p>Record Plan or Goal</p>	<p>Mom is taking prenatal vitamins. Plans to try beans/lentils weekly. Follow-up success beans/lentils next appointment.</p>	
<p>Ready →</p> <p>“My Dr did some genetic testing but the results aren’t back yet.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like they are taking good care of you. I see you are taking a vitamin. That is important so you get folic acid.” • “Tell me about any changes you have made in your eating?” 	<ul style="list-style-type: none"> • “You noted you sometimes have a glass of wine. How would you feel about eliminating all wine during your pregnancy?” • “Even small amounts of alcohol can harm the baby.”
<p>Record Plan or Goal</p>	<p>Mom to stop all alcohol use. Verify results of genetic testing next appointment.</p>	

- Education Resources**
- http://www.marchofdimes.com/pnhec/173_769.asp Resource- *Folic Acid*
 - <http://www.cdc.gov/ncbddd/bd/faq1.htm> Resource- *Birth defects*
 - <http://www.cdc.gov/ncbddd/bd/abc.htm> Resource- *Birth Defects- ABC’s of Healthy Pregnancy*
 - http://www.marchofdimes.com/pnhec/298_834.asp Resource- *Newborn-Genetic Screening Tests*

341 Nutrient Deficiency Diseases (ALL)

Description

- Diagnosis of nutritional deficiencies or disease caused by inadequate nutrient intake
- Such as protein energy malnutrition, scurvy (vit C), rickets (vit D), beri beri (vit B1 thiamine), hypocalcemia (low Ca) & osteomalacia (soft bone)

Assess Readiness for Change: with open ended questions

- “Sam was diagnosed with xx (i.e. specific disease). What did the Dr tell you about xx (i.e. specific disease)?”
- “Tell me how you knew Sam had a problem?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“Sam had trouble walking. The Dr said Sam was low in vitamin B (beri beri).”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Now that you know Sam has xx (i.e. specific disease), how do you feel about how the Dr wants to treat him?” • “Are you going to a specialty clinic or is your pediatrician treating him? How is that helping?” • “What feeding changes did the Dr suggest you to make?” • “How is that going?” 	<ul style="list-style-type: none"> • When food changes are recommended for a specific deficiency/disease, offer information as comfortable • Not high risk but refer to WIC RD if above your comfort level
<p>Record Plan or Goal</p>	<p>Mom not able to give details of treatment. Suggested bring in instructions. Will review next appointment.</p>	
<p>Unsure →</p> <p>“He said Sam was low in vitamin D (rickets). I breastfed. There was something wrong with my milk.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It was good you breastfed. It wasn’t your milk. All breast milk is naturally low in vitamin D. Vitamin D (400 IU/day) is recommended for all breastfed babies, and is added to formula too.” • “What did the Dr tell you to do for the rickets?” • “On a scale of 1-10, how comfortable are you with making the changes the Dr suggested?” 	<ul style="list-style-type: none"> • When food changes are recommended for a specific deficiency/disease, offer information as comfortable • Not high risk but refer to WIC RD if above your comfort level
<p>Record Plan or Goal</p>	<p>Assured mom her milk was best. Infant being treated. Has Dr appointment next month. Follow-up on treatment success.</p>	
<p>Ready →</p> <p>“The Dr said the xx (i.e. specific disease) was because Sam has xx (i.e. congenital heart disease). We are very careful when we feed him.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me what changes you have made since you found out he has xx (i.e. specific disease)?” • “So you are careful about what you feed him. What changes have you made?” 	<ul style="list-style-type: none"> • “Yes, it can be hard to feed him because he will tire easily. He may need smaller feedings more often. What did the specialty clinic at the hospital suggest for his feedings?”
<p>Record Plan or Goal</p>	<p>Attending hospital specialty clinic. Sees RD there. Interested in PHN visits. Referral made.</p>	

Not ready →

“Sam had trouble walking. The Dr said Sam was low in vitamin B (beri beri).”

Raise awareness & personalize change

- “Now that you know Sam has xx (i.e. specific disease), how do you feel about how the Dr wants to treat him?”
- “Are you going to a specialty clinic or is your pediatrician treating him? How is that helping?”
- “What feeding changes did the Dr suggest you to make?”
- “How is that going?”

- When food changes are recommended for a specific deficiency/disease, offer information as comfortable
- Not high risk but refer to WIC RD if above your comfort level

Record Plan or Goal

Mom not able to give details of treatment. Suggested bring in instructions. Will review next appointment.

Unsure →

“He said Sam was low in vitamin D (rickets). I breastfed. There was something wrong with my milk.”

Raise awareness & confidence & identify barriers to change

- “It was good you breastfed. It wasn’t your milk. All breast milk is naturally low in vitamin D. Vitamin D (400 IU/day) is recommended for all breastfed babies, and is added to formula too.”
- “What did the Dr tell you to do for the rickets?”
- “On a scale of 1-10, how comfortable are you with making the changes the Dr suggested?”

- When food changes are recommended for a specific deficiency/disease, offer information as comfortable
- Not high risk but refer to WIC RD if above your comfort level

Record Plan or Goal

Assured mom her milk was best. Infant being treated. Has Dr appointment next month. Follow-up on treatment success.

Ready →

“The Dr said the xx (i.e. specific disease) was because Sam has xx (i.e. congenital heart disease). We are very careful when we feed him.”

Help plan change-support

- “Tell me what changes you have made since you found out he has xx (i.e. specific disease)?”
- “So you are careful about what you feed him. What changes have you made?”

- “Yes, it can be hard to feed him because he will tire easily. He may need smaller feedings more often. What did the specialty clinic at the hospital suggest for his feedings?”

Record Plan or Goal

Attending hospital specialty clinic. Sees RD there. Interested in PHN visits. Referral made.

Education Resources

<http://www.merck.com/mmpe/sec01/ch004/ch004k.html#sec01-ch004-ch004i-428> Resource- *Vitamin D*

<http://www.merck.com/mmpe/sec01/ch004/ch004j.html> Resource- *Vit C*, <http://www.merck.com/mmpe/sec01/ch004/ch004f.html> Resource-*Thiamin*

342 Gastrointestinal Disorders (ALL)

Description

- Diseases/conditions that interfere with intake or absorption
- Such as stomach/intestinal ulcers, malabsorption syndromes, colitis/Crohn’s, liver/gallbladder disease, pancreatitis, gastroesophageal reflux GER

Assess Readiness for Change: with open ended questions

- “You have been seeing the Dr for Sam’s xx (i.e. GER-gastroesophageal reflux). What instructions did the Dr give for his GER?”
- “What has helped reduce his xx (i.e. spitting up)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I think it’s his formula. I tried several but the Dr wants to keep him on xx (formula). I like xxx better as my other son used it.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “All babies spit up. It can be hard to know when it is the formula. Your Dr feels xx formula is best for Sam. WIC requires a Dr’s approval to use xxx formula.” • “I can share some other ideas to help reduce the spitting up. Would you like me to share them?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has xx (i.e. GER) which affects how his body uses food.” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level • Refer to Dr/RD for special formula requests
Record Plan or Goal Mom determined to use noncontract formula. Doesn’t appear necessary. Referred to Dr. Follow-up on formula chosen.		

<p>Unsure →</p> <p>“My Dr said to add cereal to his bottle but WIC has said not too?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, WIC doesn’t suggest it. It is not proven to work. It can increase reflux, provide too many calories, interfere with BF and slow emptying of stomach. We want you to follow your Dr’s orders but be aware there are different solutions.” • “How do you feel the cereal has helped Sam?” • “On a scale of 1-10, how comfortable would you be in talking to the Dr about other options?” 	<ul style="list-style-type: none"> • Other suggestions for GER: <ul style="list-style-type: none"> ○ Avoid overfeeding- smaller feeds more often ○ Check nipple flow (hole size) ○ Sit infant up during feeding- burp often ○ Keep infant sitting up 30 minutes after feed ○ Avoid tight clothes ○ Refer to Dr/RD; thickened formula options
Record Plan or Goal Mom wants to use cereal as suggested by Provider. Offered other ideas for vomiting. Check decision next appointment.		

<p>Ready →</p> <p>“I did everything the Dr told me but it doesn’t seem to help the vomiting.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It does look like Sam is gaining weight. So he is getting enough food. Tell me what you tried and if you think it helped even a little?” 	<ul style="list-style-type: none"> • “Another thing you may try is when burping, sit Sam up and pat on his back rather than putting him over your shoulder. That will put less pressure on his tummy.”
Record Plan or Goal Mom will continue feeding plan and try alternate burping. Mom will call Dr if no improvement. Re-assess next appointment.		

Education Resources	<p>http://www.nlm.nih.gov/medlineplus/ency/article/000265.htm Resource- <i>Gastroesophageal reflux disease</i></p> <p>http://emedicine.medscape.com/article/931041-overview Resource- <i>Malabsorption Syndromes</i></p> <p>http://www.cff.org/ Resource- <i>Cystic Fibrosis Foundation</i></p>
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343 Diabetes Mellitus (ALL)

Description

- Diabetes mellitus diagnosed by provider
- Hyperglycemia (high blood sugar) from not enough or bodies poor use of insulin; can damage eyes, kidneys, nerves, heart & blood vessels

Assess Readiness for Change: with open ended questions

- “What do you do to control your diabetes?”
- “How do you feel about controlling your diabetes?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I don’t check my blood sugar. I eat everything.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “What did your Dr recommend? Why did you decide to not check your blood sugars?” • “How do you know if your diabetes is well controlled?” • “What kind of meal plan have you followed in the past?” 	<ul style="list-style-type: none"> • “Monitoring blood sugar, eating a balanced diet and getting exercise, help control diabetes. May I share the name of the diabetes educator in our area?” • Determine if has a diabetes provider • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
Record Plan or Goal Mom follows no eating plan, does not want to check blood sugars. Will re-assess readiness for change at next appointment.		
<p>Unsure →</p> <p>“The Dr said I was diabetic but didn’t tell me what to do?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “What changes have you made since you found out you were diabetic?” • “On a scale of 1-10, how comfortable would you be in making changes to your diet?” • “Would you be interested in attending a local diabetes clinic?” 	<ul style="list-style-type: none"> • Basic diabetic dietary practices <ul style="list-style-type: none"> ○ Don’t skip meals ○ Eat variety ○ Increase fiber, decrease fat ○ Spread out starches & sugars (may use “carbohydrate counting”) ○ Limit alcohol & eat with food
Record Plan or Goal Mom skips meals. Will stop practice. Referred to local diabetes clinic. Check if contacted next appointment.		
<p>Ready →</p> <p>“My blood sugar is always high. I don’t really know what I should eat.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “There used to be pretty strict diet plans. Now eating healthy choices and variety are recommended, while watching starches and sugars.” • “What kind of eating plans are you familiar with?” • “Tell me what you eat on a typical day?” 	<ul style="list-style-type: none"> • “It sounds like you have a good start. You eat a variety and avoid large amounts of starches and sugars at one time. You can eat starchy foods, portion size is important.”
Record Plan or Goal Mom would like to eat better. Referred to local outpatient clinic RD.		

Education Resources

- <http://www.diabetes.org/> Resource- *American Diabetes Association*
- <http://www.diabetes.org/food-and-fitness/food/planning-meals/create-your-plate/> Resource- *ADA Create Your Plate*
- <http://www.endocrineweb.com/diabetes/treatment.html> Resource- *Diabetes Treatment*
- <http://www.lillydiabetes.com/content/counting-carbohydrates.jsp> Resource- *Carbohydrate Counting*

344 Thyroid Disorders (ALL)

Description

- Hypothyroidism or hyperthyroidism diagnosed by provider
- Increased calorie needs with hyperthyroidism (too much thyroid) & weight management with hypothyroidism (too little thyroid)

Assess Readiness for Change: with open ended questions

- “What medication has the Dr prescribed for your thyroid problem?”
- “Tell me about any complications you have had due to your thyroid?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
Not ready “Now that I am on xx thyroid medication I feel much better.”	<ul style="list-style-type: none"> • “I’m glad you are feeling better. It sounds like the medication is working well for you. Do you have any other concerns today?” • “What changes have you made in your diet recently?” <p>*****</p> <ul style="list-style-type: none"> • Pregnancy • Breastfeeding 	<ul style="list-style-type: none"> • “Medication is the main treatment for thyroid disorders. There is no <i>thyroid diet</i> to follow. Eating healthy is still important. May I share a food guide with you?” • Offer feeding suggestions for disease/condition • Not high risk, refer to RD if above your comfort level <p>*****</p> <ul style="list-style-type: none"> • Medication may be adjusted to reduce risk miscarriage • Low thyroid can decrease milk production
Record Plan or Goal	Thyroid controlled by medication. Accepted food guide. Follow-up regular diet needs next appointment.	
Unsure “I gained a lot of weight due to my thyroid problem?”	<ul style="list-style-type: none"> • “Changes in your weight can be a side effect of thyroid problems. What weight do you want to be at?” • “On a scale of 1-10, how confident are you that you can get to that weight?” • “Where do you think you can make changes in what you eat?” 	<ul style="list-style-type: none"> • Thyroid imbalance and medication can affect: <ul style="list-style-type: none"> ○ Weight gain (hypo), weight loss (hyper) ○ Cholesterol (increases) ○ Bone density (loss) ○ Bowels (constipation) ○ Iron (decreases absorption)
Record Plan or Goal	Mom feels weight gain due to thyroid, not intake. Doesn’t feel needs diet changes. Check weight, re-asses next appointment.	
Ready “I know I can’t blame all of my weight gain on my thyroid.”	<ul style="list-style-type: none"> • “What else do you think has affected your weight?” • “What do you think you want to do differently?” 	<ul style="list-style-type: none"> • “Since you like using the internet you may want to look at the MyPyramid website. You can enter your information and print your own food plan.”
Record Plan or Goal	Mom likes the internet, plans to browse MyPyramid website. Next appointment discusses what mom found helpful on site.	

Education Resources

<http://www.endocrineweb.com/hypo1.html> Resource- Hypothyroidism

<http://www.webmd.com/a-to-z-guides/hypothyroidism-topic-overview> Resource- Hypothyroidism

<http://www.endocrineweb.com/hyper1.html> Resource- Hyperthyroidism

345 Hypertension Including Chronic & Pregnancy-Induced (ALL)

HR: ALL

- Description**
- Hypertension (high blood pressure-HTN) diagnosed by provider
 - Pregnancy risk; pre-eclampsia (pregnancy induced HTN), LBW, FGR, prematurity, Children; more likely high blood pressure as adults

Assess Readiness for Change: with open ended questions

- “How concerned was your Dr about your blood pressure?”
- “What treatment did the Dr recommend for your blood pressure?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“My blood pressure wasn’t that high. I didn’t need medication?”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “There are things besides medications to help lower your blood pressure. What other things did the Dr suggest?” • “How do you feel about making those changes?” <p>*****</p> <p>Pregnancy</p> <p>Postpartum</p>	<ul style="list-style-type: none"> • “The DASH eating plan also helps lower blood pressure. It really is a healthy plan for anyone. How interested would you be in learning more about it?” • High risk: refer to RD <p>*****</p> <ul style="list-style-type: none"> • Pre-eclampsia: no HTN before preg, but HTN with preg, goes away after birth • Obesity is risk for pre-eclampsia in next preg
Record Plan or Goal	Mom not interested in making diet changes. Will re-assess readiness for change at next appointment.	
<p>Unsure →</p> <p>“I understood that I didn’t need to eat anything special?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, with HTN that starts during your pregnancy, there is no special diet to follow. Low salt diets are usually not recommended. Salt is needed to support the baby.” • “How is eating going for you otherwise?” • “On a scale of 1-10, how are you with feeling now that you are on medication for your blood pressure?” 	<ul style="list-style-type: none"> • Pre-eclampsia treatment: <ul style="list-style-type: none"> ○ Medication ○ Decreased activity, bed rest or hospitalization ○ Normal salt intake (no low salt diets) • Hypertension treatment: <ul style="list-style-type: none"> ○ DASH diet (low fat and <2300mg sodium) ○ Weight loss and exercise ○ Stop smoking, limit alcohol ○ Medication
Record Plan or Goal	Mom feels she is doing ok on meds. Discussed consistency of meals. Re-asses next appointment.	
<p>Ready →</p> <p>“The Dr said I was confined to bed the rest of my pregnancy, but I need WIC.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “I’m glad your WIC is helpful. Pre-eclampsia is serious. If you haven’t delivered by your next appointment, call and we will make arrangements to get you your WIC.” • “What other concerns do you have today?” 	<ul style="list-style-type: none"> • “Yes, there is the risk for LBW or premature delivery when you have hypertension in pregnancy. So we want you to follow your Dr’s orders. Once you deliver, are you planning to breast or formula feed?”
Record Plan or Goal	Mom worried about delivering early. Reviewed WIC process once infant is born. Mail checks next appointment as needed.	

Education Resources	<p>http://www.marchofdimes.com/professionals/14332_1222.asp Resource- <i>High Blood Pressure in Pregnancy</i></p> <p>http://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-treatment-overview Resource- <i>Overview of High Blood Pressure</i></p> <p>http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf Reference- <i>DASH Diet</i></p>
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346 Renal Disease (ALL)

- Description**
- Any renal disease such as: pyelonephritis (kidney infection) or protein in urine (except urinary tract infection- UTI) diagnosed by provider
 - Pregnancy risks: limited fetal growth, pre-eclampsia (pregnancy induced HTN); Children’s risk: growth failure

Assess Readiness for Change: with open ended questions

- “How is your xx (i.e. kidney disease) being treated?”
- “Tell me about any diet restrictions you are following?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“It’s just because of my diabetes. I’m not worried about it.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “So it sounds like you aren’t treating your xx (i.e. kidney disease)? How about your diabetes, what kind of medications or diet changes are you doing to control it?” • “How do you feel about the treatments they have suggested for you?” • “It sounds like you don’t want to treat your xx (i.e. kidney disease), what is stopping you?” 	<ul style="list-style-type: none"> • “Diabetes is the main cause of kidney disease. High blood pressure contributes to it too. If you would like a referral to a diabetes educator we can help you find one.” • Offer feeding suggestions for disease/condition • Not high risk, refer to RD if above your comfort level

Record Plan or Goal Mom not interested in treating renal disease. Will re-assess readiness for change at next appointment.

<p>Unsure →</p> <p>“I’m on antibiotics for my kidney infection. I was in the hospital a couple of days.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “So you are being treated, how have you been feeling since you got out of the hospital?” • “On a scale of 1-10, how well is eating going for you now?” • “Any other things you would like to talk about today?” 	<ul style="list-style-type: none"> • Kidney infection treatment: <ul style="list-style-type: none"> ○ Antibiotics, possible IV fluids, hospitalization • Kidney disease treatment: <ul style="list-style-type: none"> ○ Treat underlying conditions (HTN, DM, etc.) ○ Medications and/or dialysis ○ Possible diet modifications: limiting water, salt, potassium, phosphorus & protein • Refer to RD as needed if out of comfort level
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Record Plan or Goal Mom says is talking her medication. Appetite not yet improved. Check weight and re-asses next appointment.

<p>Ready →</p> <p>“They want me to follow a renal diet but the list of foods is confusing.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me more about the foods on your list?” • “Which foods are you most confused about?” 	<ul style="list-style-type: none"> • “Yes, there can be a long list of foods to watch. Other foods that you didn’t mention that are high in potassium are dates, figs and raisins.”
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Record Plan or Goal Mom appears following her renal diet sheet and sees renal clinic RD. Mom wants to BF. Referred to lactation consultant.

Education Resources	<p>http://www.nichd.nih.gov/health/topics/urinary_tract_infections.cfm Resource- <i>Urinary Tract Infections</i></p> <p>http://www.medicinenet.com/kidney_failure/page4.htm Resource- <i>Diet and Renal Failure</i></p> <p>http://www.medicinenet.com/diabetes_and_kidney_disease/article.htm Resource- <i>Diabetes and Kidney Disease</i></p> <p>http://kidney.niddk.nih.gov/kudiseases/pubs/eatright/index.htm Resource- <i>Eat Right on Hemodialysis</i></p>
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347 Cancer (ALL)

- Description**
- Cancer (current condition or treatment must be affecting nutrition status)
 - Nutrition status affects treatment outcome; treatments may affect ability to eat

Assess Readiness for Change: with open ended questions

- “Tell me more about Sam’s cancer and how treatment is going?”
- “Cancer treatments can affect eating. What problems has Sam had eating?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“Sam had leukemia. It was in remission but it is back. We have been through this before. “</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m sorry to hear that. That must be tough on both of you. How have the new treatments affected Sam’s eating?” • “In your experience, what helped Sam’s eating the last time?” 	<ul style="list-style-type: none"> • “It sounds like you are familiar with the side effects of treatments. Children with cancer who eat well handle side effects and recovery better. If you would like to talk about eating, we would be happy to.” • Offer feeding suggestions for disease/condition • Not high risk, but refer to RD if above comfort level • Knowledge: leukemia is most common childhood cancer- after treatment & remission, chemotherapy is repeated over next 2-3 years to prevent reoccurrence
<p>Unsure →</p> <p>“Sam’s doing well, some nausea and vomiting. The Dr said he has fewer side effects than most kids?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<p>Parents feel confident they know what to do for cancer related feeding issues. Re-view treatment changes next appointment.</p> <ul style="list-style-type: none"> • “That is good to hear. What have you found helps the nausea/vomiting?” • “On a scale of 1-10, how much do you think the nausea/vomiting effects his eating?” • “Would you like some other ideas that might help with nausea/vomiting?” 	<p>Address nutrition side effects caused by treatments:</p> <ul style="list-style-type: none"> ○ Nausea, vomiting ○ Weight gain/loss ○ Dry mouth, poor swallowing, sore throat ○ Reduced taste or smell ○ Poor appetite ○ Constipation/diarrhea
<p>Ready →</p> <p>“The biggest problem is nausea & vomiting. Some days I don’t know what to do.”</p> <p>Help plan change-support</p>	<p>Printed American Cancer Society side affects handout for parent. Check weight and re-asses next appointment.</p> <ul style="list-style-type: none"> • “Tell me what you have already tried to reduce the nausea/vomiting?” • “What do you think helps the most?” • “Would you like to talk about some other ideas to try?” 	<p>“Those are good ideas. If Sam needs to rest, you might try having him sit up with his head raised for an hour after he eats.”</p>
<p>Record Plan or Goal</p>	<p>Mom interested in any information. To try sitting up after eating. Follow-up on N/V next appointment.</p>	

- Education Resources**
- <http://www.cancer.org/docroot/home/index.asp> Resource- American Cancer Society
 - http://www.cancer.org/docroot/MBC/MBC_6_1_nutrition_for_children_with_cancer.asp Resource- Nutrition Children with Cancer
 - http://www.cancer.org/docroot/MBC/content/MBC_6_2X_Possible_Side_Effects_7.asp?sitearea=MBC Resource- Side Affects & What to do

348 Central Nervous System Disorders (ALL)

Description

- Central nervous disorder such as: epilepsy, cerebral palsy, neural tube defect, Parkinson’s, multiple sclerosis
- Disorders and treatments affect ability to eat (inadequate growth, drug interactions, difficulty chewing/swallowing & movements)

Assess Readiness for Change: with open ended questions

- “Tell me how Sam’s xx (i.e. cerebral palsy) affects his eating?”
- “What feeding changes have you made for Sam’s medical problem?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He is a little behind the other kids but the Dr said he is doing ok.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “What is Sam behind in? Anything related to feeding; like swallowing or using a spoon?” • “What foods have you removed or added to his diet due to his condition?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has xx (i.e. cerebral palsy). WIC is here to help you with feeding issues. What can we help you with today?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level • Knowledge: epilepsy & ketogenic diet; low calorie high fat diet, requires close supervision, usually begun in hospital, forces body to use fat instead of glucose. MS; possibly benefit of low fat added Omega 3 & 6 diet (other diets not evidence based)
Record Plan or Goal Parent feels no info is needed. Regularly sees provider. Re-assess next appointment.		
<p>Unsure →</p> <p>“He has been seeing a therapist so he is doing well?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “What has the therapist been working on, any feeding issues?” • “On a scale of 1-10, how comfortable are you with Sam’s eating?” • “What changes are you planning to make to Sam’s food/meals?” 	<ul style="list-style-type: none"> • Address side effect medications- sore throat, loss appetite • Address side effects of condition: <ul style="list-style-type: none"> ○ poor swallowing, choking ○ loss bowel control, diarrhea/constipation ○ decreased motor skills, seizures ○ poor growth, obesity • Address fad diets used for treatment
Record Plan or Goal Parent wants to increase texture of child’s food. Discussed choking concerns. Revisit textures next appointment.		
<p>Ready →</p> <p>“I heard about a diet that helps cerebral palsy but I’m not sure I should try it?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me more about what the diet is- foods allowed, not allowed, where you heard about it?” • “What does your Dr think about putting Sam on that diet?” 	<ul style="list-style-type: none"> • “Many diets that claim to help xx (central nervous system condition) are not medically safe. Ask your Dr before starting to make sure it supports growth, doesn’t interfere with medications and has all the nutrients Sam needs.” • “How do you feel about talking to your Dr about it?”
Record Plan or Goal Parent to talk to Dr about safety of CP diet. Follow-up if parent decided to try diet.		

Education Resources

http://www.ucp.org/ucp_generaldoc.cfm/1/9/37/37-37/447 Resource- *Cerebral Palsy*

http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2642327/k.5899/FAQ_About_Spina_Bifida.htm Resource- *Spina Bifida*

<http://www.nationalmssociety.org/index.aspx> Resource- *MS Society*

349 Genetic and Congenital Disorders (ALL)

Description

- Genetic or congenital birth conditions that affect ability to use or eat food such as: cleft pallet, Down’s syndrome, sickle cell anemia, MS
- Disorders affect growth, absorption, ability to eat

Assess Readiness for Change: with open ended questions

- “What concerns do you have for Sam’s xx (i.e. cleft pallet)?”
- “How is feeding going with his xx (i.e. cleft pallet)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“We have feeding down now after lots of trying. He has his surgery next month.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad you found some tricks that work. What have you found most helpful?” • “Any concerns that Sam is not getting what he needs?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has xx (i.e. cleft pallet) which can affect his ability to eat. What can WIC can help you with today?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level • Knowledge: Downs; plot on CDC growth chart and also down syndrome growth chart, Cleft lip/pallet: surgery usually at 3-6mo & 9-14mo, sickle cell: pain controlled by medication, prone to anemia
<p>Record Plan or Goal Infant gaining. Mom happy with feedings. Offered referral. None desired. Re-assess status next appointment.</p>		
<p>Unsure →</p> <p>“The Dr said he was doing ok but I am worried about his weight?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Let’s look at his weight. I can show you his growth chart. What worries you about his weight?” • “On a scale of 1-10, how concerned are you about his weight?” • “Tell me more about how feedings are going?” 	<ul style="list-style-type: none"> • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
<p>Record Plan or Goal Mom to bring for monthly weight checks. Show mom growth grid each month. Re-asses next appointment.</p>		
<p>Ready →</p> <p>“The nurse told me about special bottles for cleft pallet but I can’t find them.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “You may want to try xx (i.e. store) as they may have them. What other suggestions did the nurse make?” 	<ul style="list-style-type: none"> • “Until you find one, you can try using a premie nipple that has an “X” cut where the hole is. Make the x small at first, try it, and increase the size if needed.”
<p>Record Plan or Goal Mom to try to make a cross cut nipple temporarily. Will help mom find supplier and call her with location.</p>		

Education Resources

- http://www.cleftline.org/parents/feeding_your_baby Resource- *Cleft Pallet Feedings (excellent videos*)*
- http://www.ndss.org/index.php?option=com_content&view=category&id=35&Itemid=57 Resource- *About Down Syndrome*
- http://www.ndss.org/index.php?option=com_content&view=article&id=71:growth-charts&catid=38:healthcare&Itemid=91 *Downs Growth Charts*
- http://www.nhlbi.nih.gov/health/dci/Diseases/Sca/SCA_Treatments.html Resource- *Sickle Cell Treatment*

- Description**
- Gastrointestinal obstruction affecting nutritional status diagnosed by provider
 - Associated with projectile vomiting, constipation, weight loss, dehydration; commonly requires surgery

Assess Readiness for Change: with open ended questions

- “How did the Dr decide Sam had pyloric stenosis (felt for lump, ultrasound, barium x-ray)?”
- “Now that Sam has had his surgery, how is feeding going?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“Feeding has been going well since his surgery.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad he is better. Let’s check his weight and see how his gain is today.” • “Has the Dr said if he can return to normal feedings yet?” • “What feeding questions do you have today?” 	<ul style="list-style-type: none"> • “Typically surgery is the cure for pyloric stenosis. He may spit up a day or two after his surgery, but that should subside. If you notice return symptoms, call your Dr. Now that he is eating normally again, may I share an infant feeding guide with you?” • High risk refer to RD • <i>Knowledge: food unable to move from stomach to small intestine, symptoms differs from other GI problems as vomiting is projectile, constipation vs diarrhea, usually occurs 2wk to 2mo of age</i>
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Record Plan or Goal	Surgery completed. Child’s weight normal. Accepted infant feed guide. Follow-up feeding next appointment.	
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<p>Unsure →</p> <p>“He was dehydrated and in the hospital. Feeding stresses me now even though he had surgery?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “I’m sure feedings were stressful for you. What is stressing you now that he has had his surgery?” • “On a scale of 1-10, how well do you think feedings are going now?” 	<ul style="list-style-type: none"> • Support post surgery feeds • Monitor feeding tolerance- contact Dr if new symptoms • Monitor weight gain • Support normal infant feeding/progression post recovery
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Record Plan or Goal	Mom feeling stressed but says infant has no symptoms. To call Dr as needed. Check weight next appointment.	
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<p>Ready →</p> <p>“He is drinking ok. The Dr said I can feed him normally now. Should I start cereal?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “So it sounds like he is taking his formula well and the Dr said he can eat normally for his age? Why are you wanting to add cereal now?” 	<ul style="list-style-type: none"> • “It’s a little early to start cereal. Cereal is started now at 6mo. Let’s look at an infant feeding guide and talk about adding solids!”
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Record Plan or Goal	Infant only 3mo. Mom agrees to hold cereal till 6mo. Gave feed guide. Follow-up solid introduction next appointment.	
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Education Resources	<p>http://kidshealth.org/parent/medical/digestive/pyloric_stenosis.html Resource- <i>Pyloric Stenosis</i></p> <p>http://www.merck.com/mmpe/sec19/ch275/ch275b.html?qt=pyloric%20stenosis&alt=sh Resource- <i>Pyloric Stenosis</i></p>	
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- Description**
- Genetic disorders affecting breakdown and use of food such as: PKU, maple syrup urine disease, galactosemia, diagnosed by provider
 - Special diets and special formula may be needed

Assess Readiness for Change: with open ended questions

- “How is Sam tolerating his special formula for his xx (i.e. PKU)?”
- “What other meal instructions did the Dr give you for Sam’s xx (i.e. PKU)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“We see the Dr again next week. He has been taking his formula.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “What questions do you have for the Dr next week?” • “Are you attending any PKU specialty clinics?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because Sam has xx (i.e. PKU), which affects what he can eat. Your ENPR is approved. We will schedule your next appointment with the RD. She will work with you to assure his WIC foods fit with his medical condition. What else can I help you with today?” • High risk, refer to RD
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Record Plan or Goal	Child attending specialty clinic at hospital. ENPR approved. High risk, scheduled with RD for next appointment.	
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<p>Unsure →</p> <p>“They gave me instructions on how to mix his special formula but it is hard to do?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Tell me more about the trouble you are having mixing the formula?” • “On a scale of 1-10, how comfortable are you with mixing his formula since the instructions are different than the can says?” • “Excuse me for a minute; let me see if the RD can see you today.” 	<ul style="list-style-type: none"> • Treatment: <ul style="list-style-type: none"> ○ Remove problem item from diet- usually a protein or sugar in food, restriction is for life ○ May require specialty formula (and ENPR) or altered mixing instructions even in children ○ May require medication ○ Disorder may affect person’s thinking, language and behavior
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Record Plan or Goal	RD able to see client to review mixing instructions. RD wants to see again next appointment as follow-up.	
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<p>Ready →</p> <p>“I give him special formula. We go to the specialty clinic monthly.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me about the specialty clinic. What recommendations have they given you?” • “How is that going?” 	<ul style="list-style-type: none"> • “Your next appointment will be with our WIC RD. She will be approving all of your special formula requests.”
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Record Plan or Goal	Attending PKU specialty clinic. To see WIC RD next appointment.	
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Education Resources	<p>http://www.aafp.org/afp/20060601/1981.html Resource- <i>IEM Update (see table 4 for therapies)</i></p> <p>http://www.medicinenet.com/phenylketonuria/article.htm Resource- <i>PKU</i></p> <p>http://www.nlm.nih.gov/medlineplus/ency/article/007257.htm Resource- <i>Newborn Screening Tests</i></p> <p>http://www.galactosemia.org/ Resource- <i>Galactosemia</i></p> <p>http://www.rarediseases.org/search/rdbdetail_abstract.html?disname=Maple%20Syrup%20Urine%20Disease Resource- <i>Maple Syrup Disease</i></p>
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352 Infectious Disease (ALL)

Description

- Microorganisms in body affecting nutritional status such as: TB, pneumonia, meningitis, parasites, bronchiolitis (3x in 6mo), HIV/AIDS
- Infections increases energy & nutrient needs

Assess Readiness for Change: with open ended questions

- “Tell me about your treatments for xx (i.e. TB)?”
- “How is eating going for you?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I’m on medications. I am eating normally.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Describe what you mean by normal?” • “Were you given any suggestions for changing your eating?” • “How are you feeling about your weight?” • <i>Knowledge: bronchitis is inflammation of large airways in the chest, pneumonia inflammation of lung, bronchiolitis inflammation of smaller airways connecting the two & occurs in infants usually by RSV virus</i> <p>*****</p> <p>Breastfeeding</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because you have xx (i.e. TB) that affects your nutrition. May I share a food guide with you?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level <p>*****</p> <ul style="list-style-type: none"> • Breastfeeding is not recommended for women with HIV/AIDS but is permitted for women with hepatitis
<p>Record Plan or Goal Client normal weight due to TB. Accepted food guide. Follow-up status next appointment.</p>		
<p>Unsure →</p> <p>“I thought I was eating ok but my Dr says I am too thin?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “How do you feel about your weight?” • “Why is your Dr concerned about your weight?” • “On a scale of 1-10, how comfortable are you with what you are eating?” 	<ul style="list-style-type: none"> • Follow universal precautions with infected clients! • Chronic infection affect on nutrition: <ul style="list-style-type: none"> ○ Decreases ability to eat and body’s use of nutrients (monitor weight for loss) ○ Medication side effects (disrupts food intake) ○ Disease side effects (makes intake difficult)
<p>Record Plan or Goal Weight below normal. Mom agrees should gain. Will add a snack daily. Check weigh and re-asses next appointment.</p>		
<p>Ready →</p> <p>“I need to gain some weight but I don’t seem to be able to keep it on.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me more about what you are doing to put on weight?” 	<ul style="list-style-type: none"> • “It sounds like you have made changes to gain weight. How would you feel about trying a high calorie beverage like carnation instant breakfast? We could talk about what we need to do for WIC to provide it.”
<p>Record Plan or Goal Mom to try CIB, will get on own instead of using an ENPR. Weight and tolerance check next appointment.</p>		

Education Resources

http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=278&topic_id=1380 Reference-*HIV Diet Guidelines*

<http://www.cdc.gov/tb/> Resource- *TB*

<http://www.cdc.gov/HEPATITIS/> Resource- *Hepatitis*

<http://kidshealth.org/parent/infections/lung/bronchiolitis.html> Resource- *Bronchiolitis*

- Description**
- The body’s immune reaction to a food or something in a food
 - To avoid a reactions the food is eliminated from the diet

Assess Readiness for Change: with open ended questions

- “With your allergy, what foods have you had problems avoiding?”
- “When Sam has had reactions to xx (i.e. peanuts) how severe has the reaction been?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The Dr said he is allergic to xx (i.e. peanuts) but he doesn’t seem to have problems with them.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “How often does Sam have xx (i.e. peanuts)?” • “When have you noticed a reaction to xx (i.e. peanuts)?” • “What about allergies can I help you with today?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has a food allergy. Symptoms may be mild (rashes, hives, itching, etc.) or severe (trouble breathing, loss consciousness, etc.). A food allergy can be life-threatening. We suggest talking to your Dr if you question the allergy.” • High risk refer to WIC RD
<p>Record Plan or Goal Child positive allergy skin test, but mom feeds items anyway. Referred back to Dr & RD. Re-assess status next appointment.</p>		
<p>Unsure →</p> <p>“He hasn’t had any recent reactions. I was thinking about trying cashew butter?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Unfortunately WIC can’t exchange peanut butter for a different nut butter. Check with your Dr before trying other types of nuts. In severe cases it is recommended all nuts be avoided.” • “On a scale of 1-10, how severe do you think Sam’s food allergy is?” • “What other substitute products have you thought about trying?” 	<ul style="list-style-type: none"> • Treatment is avoidance of problem food- assist with reading food label (identifying ingredients), finding alternative recipes, etc. • Tailor package as able to remove problem foods • Knowledge: 90% allergies from milk, egg, peanuts/nuts, fish/shellfish, soy, wheat; tests to diagnoses are skin prick or blood test (RAST or CAP ELISA); medications for reactions antihistamines & epinephrine, many outgrow allergies except for nut and fish allergies
<p>Record Plan or Goal Mom feels allergy is not severe. Plans to try cashew butter. Suggest talk to Dr. Check if other nuts allowed next appointment.</p>		
<p>Ready →</p> <p>“We do ok at home but out it is hard. I carry an epi pen.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like he has pretty severe reactions to xx (i.e. peanuts). Where have you had the most problems avoiding xx (i.e. peanuts), daycare, friends?” 	<ul style="list-style-type: none"> • “Some daycares are “peanut free”. Others allow you to bring in food for your child. How do you think your daycare would feel about those options?”
<p>Record Plan or Goal Mom to talk to daycare about allergies. Provided info allergy network. Follow-up daycare food issues next appointment.</p>		

- Education Resources**
- <http://www.foodallergy.org/section/education> Resource- *Food Allergy Network*
 - <http://www.foodallergy.org/downloads/DoyouhaveFA.pdf> Handout- *Do you have a food allergy*
 - <http://www.foodallergy.org/downloads/HTRLsheet.pdf> Handout-*Reading food labels for allergies*

Description

- Inflammation of the small intestine when eating wheat or foods containing wheat. Causing diarrhea, weight loss, FTT and poor absorption
- To avoid a reaction all wheat is eliminated from diet

Assess Readiness for Change: with open ended questions

- “What type of diet changes have you made since your diagnosis of celiac disease?”
- “What problems have you had trying to change to a gluten free diet?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I’ve been avoiding gluten for a long time. I pretty much know what I can have.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “That’s great. What has been the best resource for you?” • “How often would you say you have problems finding the products you need?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have celiac disease. If you need help with your gluten free diet we are here to help you. Your next appointment will be with the RD. What questions do you have today?” • High risk refer to RD

Record Plan or Goal Mom feels familiar with gluten free diet. No info desired. Referred to RD. Reassess needs next appointment.

<p>Unsure →</p> <p>“The Dr gave me a list of foods to avoid. I’m not sure if I have it down yet?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are unsure about some things. What are you having the most problems with?” • “On a scale of 1-10, how well do you think you understand what diet changes you need to make?” • “How can I best help you today?” 	<ul style="list-style-type: none"> • Treatment is avoidance of all gluten in the diet <ul style="list-style-type: none"> ○ Assist with determining gluten foods ○ Assist with recipes and label reading ○ Assist with finding specialty food products • May have other food allergies to address • Knowledge: grains to avoid wheat (einkorn, durum, faro, graham, kamut, semolina, spelt), barley, rye, triticale, and malt
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Record Plan or Goal Offered handout on gluten foods. Mom not ready to read labels yet. Follow-up on label reading next appointment.

<p>Ready →</p> <p>“I have the hardest time with reading food labels. There is just so much hidden wheat.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “There are. Here is a card you can take to the store when you read labels that shows hidden wheat ingredients. What else might help you in reading labels?” 	<ul style="list-style-type: none"> • “You can also look at the kidswithfoodallergies.org website. It has information on adjusting recipes and using other substitutions that might help you.”
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Record Plan or Goal Gave gluten shopping card. Mom to explore suggested website for substitution info. Follow-up resources next appointment.

Education Resources	<p>http://www.celiac.org/cd-main.php Resource- <i>Celiac Disease Foundation</i></p> <p>http://www.celiac.org/downloads/QuickStart-Diet-Guide-April-2009.pdf Handout- <i>Diet Guide Celiac Disease</i></p> <p>http://www.kidswithfoodallergies.org/docs/Wheat Allergy Read Label Travel Cards.pdf Handout- <i>Carry card reading wheat food labels</i></p> <p>http://www.kidswithfoodallergies.org/resourcespre.php?id=89&title=Basic_recipe_substitutions_for_wheat_allergy#wheat Resource- <i>substitute recipe</i></p>
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355 Lactose Intolerance (ALL)

- Description**
- Body is unable to break down lactose (milk sugar). Undigested lactose causes nausea, diarrhea, bloating and cramps
 - Lactose is in milk and milk products. Intolerance may be mild to severe

Assess Readiness for Change: with open ended questions

- “How severe is your lactose intolerance?”
- “What milk products do you have to avoid?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “I never really liked milk anyway.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Since you don’t really drink milk, what do you eat to make sure you get in your calcium?” • “How much dairy can you tolerate before it bothers you?” • “What about lactose intolerance can I answer for you today?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have lactose intolerance. Some can tolerate small amounts of milk or can substitute other dairy products. Would you like a handout on things to try to reduce symptoms from lactose intolerance?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
<p>Record Plan or Goal Mom feels she is doing fine with her lactose intolerance. No info desired. Re-assess next appointment.</p>		
<p>Unsure → “I’m not sure how severe it is because I can drink some milk?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, some people with lactose intolerance can drink small amounts of milk, can have milk when with other foods or have no problems with non-fluid dairy sources like cheese or yogurt. Which of those dairy products can you tolerate?” • “On a scale of 1-10, how concerned are you that you need to avoid all dairy products?” 	<ul style="list-style-type: none"> • Treatment is avoidance of dairy that is not tolerated • Tolerance varies by individual- some avoid all dairy, some tolerate minimal milk, cheese and yogurt • Assist with reading labels • Assist with recipe substitutions • Assure calcium and vit D needs are met • Tailor package (milk/cheese) as able • May require special formula for infants/young children
<p>Record Plan or Goal Mom tolerates 1/2c milk & cheese. ENPR given for increasing cheese. Follow-up ENPR next appointment.</p>		
<p>Ready → “I can’t even do cheese. It is horrible”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like you are pretty sensitive to dairy. WIC allows you to get lactose free milk. What is your experience with using it?” 	<ul style="list-style-type: none"> • “WIC allows lactose free milk. It is sweeter than regular milk. How would you feel about trying it?”
<p>Record Plan or Goal Mom to try lactose free milk, never had before. Accepted lactose handout. Follow-up lactose free milk tolerance.</p>		

Education Resources

- http://www.nichd.nih.gov/health/topics/lactose_intolerance.cfm Resource- *Lactose Intolerance*
- <http://digestive.niddk.nih.gov/ddiseases/pubs/lactoseintolerance/> Resource- *Lactose Intolerance*
- http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance/15_WIClactose_E04L.pdf Handout- *WA WIC- Lactose or Dairy Intolerance*

356 Hypoglycemia (ALL)

Description

- Low blood sugar, complication of diabetes or other condition, such as in early pregnancy, prolonged fasting, strenuous exercise or SGA infants
- Managed by frequent meals, support growth, balanced diet, low carbohydrates and exercise

Assess Readiness for Change: with open ended questions

- “What is the cause of your hypoglycemia; diabetes or some other condition?”
- “What did the Dr tell you to do to treat your hypoglycemia?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I don’t have diabetes. I just need to eat more often, I can’t get too hungry.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Tell me more about how you keep your blood sugar from getting to low?” • “How do you feel you are managing your hypoglycemia?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have hypoglycemia. Would you be interested in some information on preventing low blood sugar?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
<p>Record Plan or Goal Mom feels she is in control of hypoglycemia. Will re-assess next appointment.</p>		
<p>Unsure →</p> <p>“It seems to be ok. I have some sugar when I feel shaky?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “That is good. When you have symptoms, ½ cup juice is a good choice. How often do you have symptoms?” • “On a scale of 1-10, how worried are you about your hypoglycemia?” • “What other changes do you think you should make?” • <i>Knowledge: low blood sugar, commonly a side effect of diabetes, for a non-diabetic some causes still debated, may be related to medicine, disease, hormones, tumor; symptoms hunger, shaky, nervous, sweating</i> 	<ul style="list-style-type: none"> • Treatment if diabetic; control diabetes: <ul style="list-style-type: none"> ○ Take meds ○ Don’t skip meals ○ Food in relation to insulin/meds ○ Limit alcohol ○ Limit strenuous activity • Treatment if no underlying condition: <ul style="list-style-type: none"> ○ Small frequent meals ○ Healthy diet, variety & fiber ○ Be active ○ Limit high sugar foods ○ Infant/child small freq feeds to support growth
<p>Record Plan or Goal Mom states knows should not skip meals. Plans to try to have consistent meals. Re-asses next appointment.</p>		
<p>Ready →</p> <p>“I feel funny more often than I think I should so there must be something else to do?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “When do you usually have symptoms? Have you noticed any pattern?” • “How often do you eat?” 	<ul style="list-style-type: none"> • “It sounds like you like sweets. If you have to have sweets, it helps to include them with meals rather than having them on an empty stomach.”
<p>Record Plan or Goal Mom having sweets daily. To limit to mealtime. Follow-up control next appointment.</p>		

Education Resources

<http://diabetes.niddk.nih.gov/dm/pubs/hypoglycemia/> Resource- *Hypoglycemia*

<http://www.nlm.nih.gov/medlineplus/tutorials/hypoglycemia/htm/index.htm> Resource- *Hypoglycemia Interactive Tutorial*

357 Drug Nutrient Interactions (ALL)

Description	<ul style="list-style-type: none"> • Use of prescription or over-the-counter medications that interfere with nutritional status • Side effects: altered taste, stomach irritation, decreased appetite, changes in absorption or use of nutrients
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Assess Readiness for Change: with open ended questions

- “Sam’s xx (i.e. medication: Ritalin) for (i.e. condition: ADHD) can cause xx (i.e. loss appetite & weight loss). What side effects have you noticed?”
- “What side effects from xx (i.e. medication: Ritalin) did the Dr tell you to watch for?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The Dr didn’t say anything. He seems to be eating fine.”</p>	<ul style="list-style-type: none"> • “I’m glad you feel he is eating well. It can be hard to tell sometimes since children’s appetites vary. It looks like he is gaining, but not as steadily as he was. How has his eating changed?” • “How often does he eat? How does he do at sitting at the table with the family and finishing his food at mealtime?” <p>*****</p> <p>Breastfeeding & Pregnancy</p>	<ul style="list-style-type: none"> • “It would be a good idea to check his weight next appointment. Would you be interested in a feeding guide? If he is still losing, we can talk about some ideas to increase calories. How would that be?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level <p>*****</p> <ul style="list-style-type: none"> • Some medications not safe in pregnancy or BF- Consult: <i>Medications in Mother’s Milk</i> or <i>PDR</i> <ul style="list-style-type: none"> ○ When meds interfere with BF, temporality pump, dispose of milk until may resume BF
<p>Record Plan or Goal</p>	Mom feels child is eating fine. Slowed growth but is unconcerned.	Weigh and re-assess next appointment.
<p>Unsure →</p> <p>“It seems like he isn’t as hungry as before but the Dr said it was normal?”</p>	<ul style="list-style-type: none"> • “xx (i.e. Ritalin) can decrease his appetite. We will want to watch his weight. When you said he wasn’t as hungry as before, what changes have you noticed?” • “On a scale of 1-10, how much has his appetite decreased?” 	<ul style="list-style-type: none"> • Assure Dr knows of any nonprescription meds • As able assist with nutrition related side effects: <ul style="list-style-type: none"> ○ Weight loss/gain ○ Nausea, vomiting ○ Constipation, diarrhea ○ Vitamin/mineral loss ○ Foods to avoid (absorption blockers)
<p>Record Plan or Goal</p>	Mom expressed concern not eating as much, but not wanting to make any changes.	Check weight, re-asses next appointment.
<p>Ready →</p> <p>“I need to get him to eat more. He needs his medicine.”</p>	<ul style="list-style-type: none"> • “What have you already tried to do to get him more calories?” • “When could you sneak in another snack?” 	<ul style="list-style-type: none"> • “You might also try foods that are higher in calories like cheese, peanut butter or eggs as part of his snacks.”
<p>Record Plan or Goal</p>	Child already has snacks. Will try high calorie substitutions.	Check weight and follow-up food choices next appointment.

Education Resources	<p>http://www.merck.com/mmhe/sec02/ch013/ch013c.html Resource- <i>Drug Interactions</i></p> <p>http://www.womenshealth.gov/breastfeeding/medicines/index.cfm Resource- <i>Medications and Breastfeeding</i></p> <p>http://www.pharmacistelink.com/naturalmedicine/pdfs/P4880x1204DrugChart.pdf Resource- <i>Drug Nutrient Interaction Chart</i></p>
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358 Eating Disorders (PG/BF/NBF)

- Description**
- Abnormal eating patterns with a fear if becoming fat (anorexia & bulimia)
 - Self-induced vomiting, purging, starvation, use of appetite suppressants or diuretics

Assess Readiness for Change: with open ended questions

- “You noted you have an eating disorder. What treatment have you considered or participated in?”
- “How are you feeling about having to eat more and gain weight now that you are pregnant?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I can control it now that I am pregnant. I can eat.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Tell me more about how you have been dealing with your eating disorder now that you are pregnant?” • “What has been the most challenging for you?” • “How can I best support you?” 	<ul style="list-style-type: none"> • “Pregnancy puts added stress on you emotionally. If you would like to talk about your eating disorder, we can refer you? Would you be comfortable talking about eating during pregnancy? I can share a pregnancy eating guide that talks about foods for a healthy pregnancy?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level
Record Plan or Goal	Mom feels she doesn’t have a problem currently. Offered referral.	Re-approach next appointment.
<p>Unsure →</p> <p>“I think I am ok. I have been in treatment before. As long as I don’t gain more than xx pounds?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “How did you feel your treatment program went?” • “What is helping you the most now that you are pregnant?” • “You sound worried about gaining weight. On a scale of 1-10, how comfortable are you with gaining more than the xx pounds?” 	<ul style="list-style-type: none"> • Treatment is team approach (Dr, RD, counseling) of: <ul style="list-style-type: none"> ○ Healthy weight ○ Balanced intake ○ Avoid purging, vomiting, laxatives ○ Resolve behavior/emotional/self image issues • Be sensitive and non judgmental • Focusing on pounds of weight gain and food records may trigger problems. Focus on healthy baby & mom.
Record Plan or Goal	Mom gaining. Expresses concern due to eating disorder. Unsure if will	call counselor. Check wt. Re-asses next appointment.
<p>Ready →</p> <p>“I see a counselor but I am scared about gaining weight even though my baby needs it.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “I’m glad you sought help. How can I help you follow the eating plan your counselor has suggested?” • “What triggers your eating disorder?” • “What does your counselor suggest regarding frequency of weight checks and food records?” 	<ul style="list-style-type: none"> • “Instead of keeping food records we can talk about healthy choices. Since cheese is a food that concerns you. Let’s talk about other substitutions that provide similar nutrients but would be less stressful for you to eat.”
Record Plan or Goal	Mom wants to do monthly weight checks. She will talk to counselor about weighing schedule. One month issued.	

Education Resources	<p>http://www.nationaleatingdisorders.org/ Resource- <i>Eating Disorders</i></p> <p>http://www.edtreatmentcenters.com/alaska.php Resource- <i>Alaska Referrals for Eating Disorders</i></p> <p>http://www.alaskaregional.com/healthcontent.asp?form=1&page=/transfer/search/processSearchRequest&featureid=HGConsumerContent&siteid= AK Regional</p>
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359 Recent Major Surgery, Trauma, Burns (ALL)

- Description**
- Surgery, trauma or burns affecting nutrition (includes C- sections) in past two months, or >2 mo when continued nutrition support needed
 - Can lead to malnutrition; changes in energy needs, glucose, protein and fat metabolism

Assess Readiness for Change: with open ended questions

- “You recently had xx (i.e. C-section surgery). What special instructions did the Dr give related to eating and healing?”
- “How has eating been going since your xx (i.e. C-section surgery)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He just said eat normally. It is still painful so I haven’t been hungry.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “What has the Dr given you for pain? How helpful has that been in increasing your appetite?” • “When you don’t have an appetite, tell me what you have found that you can eat?” • “What besides the pain affects your appetite?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because surgery puts added stress on your body. Eating well is important for healing. May I share with you some ideas for quick foods when you are tired?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level

Record Plan or Goal Mom accepted quick food ideas. Monitor weight. Re-assess needs next appointment.

<p>Unsure →</p> <p>“I’ve been eating but it is hard with the other kids and a new baby?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “You have a lot going on now. What kind of help do you have at home?” • “What kind of meals are you able to fit in for yourself?” • “On a scale of 1-10, how well do you think you eat now compared to when you first had your surgery?” 	<ul style="list-style-type: none"> • Address nutrition related aspects of the trauma: <ul style="list-style-type: none"> ○ Weight loss ○ Impaired wound healing (increased nutrient need) ○ Less resistant to infections ○ Side effects of condition or medications
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Record Plan or Goal Husband good help at home. Mom able to get meals and snacks with help. Re-asses next appointment.

<p>Ready →</p> <p>“The Dr said eat what I want but I have had such horrible gas since delivery.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Gas is a common side effect with a C-section. Have you found anything that helps reduce the gas?” • “How familiar are you with foods that cause gas?” 	<ul style="list-style-type: none"> • “People tolerate foods differently, but some foods that may cause gas are broccoli, cabbage, and cauliflower. Talk to your Dr about allowed activity, as walking may also help.”
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Record Plan or Goal Mom to temporarily limit gas forming foods. To walk, as says not a limited activity. Follow-up gas issue next appointment.

- Education Resources**
- <http://www.merck.com/mmpe/sec22/ch335/ch335f.html> Resource- *post surgery care*
 - <http://www.merck.com/mmpe/sec21/ch315/ch315a.html> Resource- *burns*
 - http://www.burnsurgery.com/index_4x.htm Resource- *metabolism and nutrition in burn patient*

Description

- Diagnosed conditions not included in other risks affecting nutritional status
- Such as: juvenile rheumatoid arthritis, lupus, cardiorespiratory & heart disease, cystic fibrosis, persistent asthma (requiring daily medication)

Assess Readiness for Change: with open ended questions

- “Tell me about the treatment Sam is getting for his xx (i.e. juvenile rheumatoid arthritis)?”
- “How is his xx (i.e. juvenile rheumatoid arthritis) affecting his eating or his bowels?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“Sam’s Dr has him on medication and we do exercises for his joints.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “How has the joint pain interfered with his eating?” • “It looks like his weight is consistent today. How do you and the Dr feel about his weight?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has xx (i.e. juvenile rheumatoid arthritis) which can affect his eating. It sounds like you and the Dr have a good treatment plan going. WIC can help answer questions about feeding issues. What can I answer today?” • High risk, refer to RD
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Record Plan or Goal	Mom feels Dr’s plan is working. No info desired. Re-assess status next appointment.
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<p>Unsure →</p> <p>“They have his pain controlled but I worry about all the medications he is on?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Medications can have side effects. What problems have you seen since he has been on the medications?” • “On a scale of 1-10, how much do you think the medications interfere with his eating or bowels?” • “How would you feel about talking to the Dr about your concerns for Sam’s medications?” 	<ul style="list-style-type: none"> • Juvenile rheumatoid arthritis joint pain: <ul style="list-style-type: none"> ○ Exercise- joint mobility (may affect jaw joint) ○ Medication side affects ○ Calcium & Vit D for bones ○ Keep normal body weight • CF affects lungs and digestion <ul style="list-style-type: none"> ○ Support normal growth (extra fat & calories) ○ Vitamin & mineral supplementation; A,D, E, K • Asthma- colds & allergens trigger <ul style="list-style-type: none"> ○ Treatment: medications, avoid triggers ○ Shortness breath, tiredness, may affect eating ○ Medication side affects
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Record Plan or Goal	Mom to talk to Dr about meds. No specific side affects noted but is still concerned. Re-asses med changes next appointment.
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<p>Ready →</p> <p>“It’s hard when he is in pain. He has trouble with utensils.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “What has the Dr said about the level of comfort he can get for Sam?” • “What have you tried to do to make meals easier for him?” 	<ul style="list-style-type: none"> • “You mentioned he does a little better with finger foods. What kinds of foods are easiest for him?”
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Record Plan or Goal	Mom to try new finger foods. Check weight and follow-up on medications and finger foods tried next appointment.
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Education Resources	Resources: http://www.cff.org/ CF, http://www.arthritis.org/disease-center.php?disease_id=38&df=treatments Juvenile Arthritis, http://www.lupus.org/webmodules/webarticlesnet/templates/new_aboutaffects.aspx?articleid=103&zzoneid=17 Lupus http://www.aaaai.org/patients/topicofthefmonth/0107/ Asthma
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361 Depression (PG/BF/NBF/C)

Description

- Depression diagnosed by provider
- May see appetite changes, increased smoking, and in pregnancy less provider visits & delivery of LBW infant

Assess Readiness for Change: with open ended questions

- “How long have you felt depressed? What medications are you taking? Are you seeing a counselor?”
- “Depression can cause changes in eating. How has your eating been affected?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The Dr said depression was normal after pregnancy. He didn’t give me medication.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Depression after delivery can be normal, but not if it affects your ability to cope and function. How are you coping with your depression?” • “What things do you have trouble doing when you are depressed?” <p>*****</p> <p>Postpartum (PPD: postpartum depression)</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because you have depression. How interested would you be in seeking help from a counselor or Dr?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level <p>*****</p> <p><i>Knowledge: sadness and hopelessness beyond “baby blues” (lasts >2wks and affects ability to function), treated with counseling and medication</i></p>
<p>Record Plan or Goal</p>	<p>Mom feels she is coping and not interested in meds or counseling referral. Re-assess next appointment.</p>	
<p>Unsure →</p> <p>“It’s overwhelming right now. It’s hard to even think about what I’m supposed to be eating.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like it is really hard for you right now. You said you can’t think about eating. How are you doing getting in meals and snacks of some kind?” • “On a scale of 1-10, how desperate do you feel today?” 	<ul style="list-style-type: none"> • Appetite changes common- anorexia, bulimia, wt loss • Medication side effects (weight gain) • Nutrition related treatments: <ul style="list-style-type: none"> ○ Healthy diet & exercise ○ Limit caffeine, alcohol, drugs ○ Get sunlight ○ Assure safety of fad or herbal treatments
<p>Record Plan or Goal</p>	<p>Not on meds or counseling. Encouraged to talk to again Dr as depression seems severe. Re-asses next appointment.</p>	
<p>Ready →</p> <p>“I just started medications. I feel so guilty as I so wanted this baby.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Postpartum depression isn’t something you cause. It’s treated like any other medical condition. How would you feel about asking someone to come in and help you at home for awhile?” 	<ul style="list-style-type: none"> • “It sounds like you don’t have family support in town I can give you a referral to the public health nurse?” • <i>Knowledge: St John’s Wort not been proven effective & can interfere with medications. Folic acid, omega-3-fatty acids and carbohydrates show promise</i>
<p>Record Plan or Goal</p>	<p>Mom started depression meds. Gave referral to PHN. Mom prefers to stay with three month vs shorter pickup cycle.</p>	
<p>Education Resources</p>	<p>http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml Resource- <i>Depression</i></p> <p>http://www.womenshealth.gov/faq/depression-pregnancy.cfm Resource- <i>Post Partum Depression</i></p> <p>http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/ppd/ppdbrochure.pdf Handout- <i>Post Partum Depression</i></p>	

Description

- Developmental, sensory or motor disabilities that limit eating, chewing, swallowing or that require a tube feeding
- Such as: pervasive development disorder (delay in socialization & communication, includes autism), birth injury, head trauma, brain damage

Assess Readiness for Change: with open ended questions

- “xx (i.e. autism) can affect a child’s eating. What changes have you noticed in Sam?”
- “What changes have you made in what you offer/serve Sam’s due to his xx (i.e. autism)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
Not ready “We let him eat what he wants. He is a picky eater but he does fine in the end.”	<ul style="list-style-type: none"> • “With autism, being picky is sometimes different than in other children. It can be because a certain foods or textures upset them. What foods is Sam picky about?” • “What are your concerns about his eating?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has xx (i.e. autism) which can affect his eating. You mentioned he refuses to eat raw vegetables. Would you like to talk about ways to get vegetables in his diet?” • High risk, refer to RD • Knowledge: <i>gluten and casein free diet is controversial, if used assure adequate fiber, vitamin and mineral intake; other non-proven causes of autism include immunizations and food allergies</i>
Record Plan or Goal	Mom feels she is able to get him to eat so not worried about low vegetable intake. Re-assess variety next appointment.	
Unsure “He sees a therapist every week. So I try to follow what she tells me to do.”	<ul style="list-style-type: none"> • “What kinds of things did she suggest you do at mealtime?” • “On a scale of 1-10, how difficult is mealtime for the family?” • “How do you feel about the suggestions the therapist has made?” 	<ul style="list-style-type: none"> • Treatment involves a team (therapist, PT, OT, Dr, RD) • Feeding problems may involve: <ul style="list-style-type: none"> ○ Difficulty chewing, swallowing ○ Food aversions ○ Tube feedings ○ Medication side affects ○ Weight loss, poor nutrition • WIC can support with referrals, and basic nutrition ed
Record Plan or Goal	Mom working on variety as child has only 5 accepted foods. Prefers to work with OT. Re-asses next appointment.	
Ready “Meals are stressful. He sometimes throws his plate.”	<ul style="list-style-type: none"> • “What have you found triggers him to get upset at mealtime?” • “How can I best assist you and stay within the guides his therapist has for the family?” 	<ul style="list-style-type: none"> • “So it sounds like strawberries are a favorite food. He may be more likely to accept a new food if it also has a similar strawberry flavor. What do you think about trying strawberry yogurt?”
Record Plan or Goal	Mom to try new foods by adding related items. Plans to offer strawberry yogurt first. Assess acceptance next appointment.	

Education Resources

<http://www.cdc.gov/ncbddd/index.html> Resource- CDC- links to National Center Birth Defects & Developmental Disabilities

<http://www.cdc.gov/ncbddd/actearly/index.html> Resource- CDC- Developmental milestone charts

<http://www.ninds.nih.gov/disorders/pdd/pdd.htm> Resource- Pervasive Development Disorder

<http://www.cdc.gov/ncbddd/autism/index.html> Resource- Autism

371 Maternal Smoking (PG/BF/NBF)

Description

- Any smoking (cigarettes, pipes or cigars)
- Women smokers; more health risks for themselves, their fetus and children (LBW, preemie, SIDS, cancer, cardiovascular & pulmonary disease)

Assess Readiness for Change: with open ended questions

- “You noted on your application that you smoke. How are you feeling about smoking now that you are pregnant?”
- “What can I share with you about smoking today?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “I should quit but I can’t. It just isn’t going to happen.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Being a non-smoker, I can only share what others have said about the difficulties of stopping. How would you feel about trying to cut down on the number you smoke a day?” <p>*****</p> <p>Breastfeeding</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because you smoke. Which can affect your pregnancy, delivery and baby’s health. I have information on smoking cessation assistance should you decide to try.” <p>*****</p> <p>Smoking linked to fussy baby, shorter BF duration, & for some decreased milk supply & letdown. Increased risk nicotine in milk >15 cigarettes a day. May continue to BF, but suggest smoke after BF to reduce affect on milk</p>
Record Plan or Goal		
Mom says she can’t quit or reduce smoking, too stressful. Will re-assess readiness next appointment.		

<p>Unsure → “I have cut down on smoking but haven’t been able to quit?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “That’s great you cut back. Even light smoking can increase risks of miscarriage and pregnancy problems. You cut back some, what did you do to accomplish that successfully?” • “On a scale of 1-10, how interested are in you in stopping smoking?” 	<ul style="list-style-type: none"> • Any smoking is harmful- no safe limit • Provide smoking cessation referral • Smokers may be deficient in vitamin A & C and folic acid
Record Plan or Goal		
Mom feels cutting back on smoking is all she can do now. Re-asses next appointment.		

<p>Ready → “I tried to stop smoking cold turkey for my baby, but I started again.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “You sound concerned about your baby. You tried on your own. What kind of help have you sought to try to stop smoking?” • “How interested would you be in contacting a smoking cessation group?” 	<ul style="list-style-type: none"> • “That’s’ great. Here is the smoking cessation hotline. They have the expertise to help you. Can I answer anything else for you today?”
Record Plan or Goal		
Mom will call smoking hotline though says unsure she can stop smoking. Check if made contact next appointment.		

Education Resources	<p>http://www.alaskatca.org/ Resource- <i>Alaska Quit Line</i></p> <p>http://www.smokefree.gov/ Resource- <i>Government Quit Smoking</i></p> <p>http://www.marchofdimes.com/professionals/14332_1171.asp Resource- <i>Smoking in Pregnancy</i></p> <p>http://www.Illi.org/FAQ/smoking.html Resource- <i>Smoking & Breastfeeding</i></p>
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372 Alcohol and Illegal Drug Use (PG/BF/NBF)

Description

- PG: any alcohol or illegal drug use, BF/NBF: routine, binge or heavy drinking or any illegal drug use
- Alcohol during pregnancy: LBW, birth defects, retardation, Illegal drugs: still birth, miscarriage, fetal abnormalities

Assess Readiness for Change: with open ended questions

- “What do you know about xx (i.e. drinking alcohol) during pregnancy?”
- “How would you feel about stopping all xx (i.e. alcohol) until after the baby is born?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I drank a few with my last baby and he is fine.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad he is healthy. Every pregnancy is different. If you don’t feel like you want to stop, how would you feel about decreasing the amount you drink?” <p>*****</p> <p>Breastfeeding</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because you xx (i.e. drink alcohol). Alcohol can harm the baby at anytime during the pregnancy. There is no known safe level. I can share information on stopping if you decide too.” • Limited alcohol compatible with BF (AAP). Alcohol does pass into milk, large amounts can cause infant drowsiness & poor weight gain & affect letdown. • Drugs (marijuana, cocaine, heroin) are contradicted in BF, significant amounts pass into milk.
Record Plan or Goal	Mom not interested in stopping alcohol. Warned of negative effects on baby. Re-assess next appointment.	
<p>Unsure →</p> <p>“I read as long as I didn’t binge drink that a couple beers a day wouldn’t hurt?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “That is incorrect information. Any drinking can affect the baby. There is no known safe limit. On a scale of 1-10, how comfortable are you with drinking, now that you have more information?” • “What help do you need to reduce/stop drinking?” 	<ul style="list-style-type: none"> • Make needed cessation referrals • Drug users often also use tobacco & alcohol • Alcohol: no safe level in pregnancy • Illegal drugs: no safe level in pregnancy <ul style="list-style-type: none"> ○ Infant may suffer post birth withdrawals • If used before knew pregnant encourage stopping now
Record Plan or Goal	Mom now aware of alcohol affects in pregnancy. Says she can quit on own. Re-asses next appointment.	
<p>Ready →</p> <p>“I know I shouldn’t drink but it’s only way I can relax.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like life is pretty stressful for you. What would help reduce your stress?” • “How ready are you to seek help for your stress?” 	<ul style="list-style-type: none"> • “Let me pull out our referral booklet. It sounds like there are several agencies that might be able to help you with your current situation.”
Record Plan or Goal	Mom reports drinks due to stress. Referred to assistance. Re-asses next appointment.	

Education Resources

<http://dasis3.samhsa.gov/> Resource- *Locate substance abuse treatment by state*

<http://ncadi.samhsa.gov/about/aboutncadi.aspx> Resource- *National Clearing House for Alcohol & Drug Use*

<http://www.nofas.org/> Resource- *National Organization of FAS*

<http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf> Handout- *FASD What Everyone Should Know*

http://www.marchofdimes.com/professionals/14332_1170.asp http://www.marchofdimes.com/pnhec/159_4427.asp http://www.marchofdimes.com/professionals/14332_1169.asp

381 Dental Problems (ALL)

Description

- Dental problems diagnosed by provider such as: baby bottle mouth (BBTD), tooth loss, pregnancy gingivitis
- Pregnancy dental disease can lead to preterm delivery & LBW infant

Assess Readiness for Change: with open ended questions

- “What did the dentist say caused Sam’s xx (i.e. baby bottle tooth decay)?”
- “What recommendations did the dentist suggest to treat his xx (i.e. decay)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“It was the bottle. They capped his teeth. He gets the bottle or he cries.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It sounds like he still gets his bottle. How worried are you that the bottle could hurt his permanent teeth too?” • “What thoughts do you have about trying to get rid of his bottles now?” • When does he see the dentist again? ***** <p>Pregnancy</p>	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has BBTD. Tooth damage can affect his eating and continued bottle use can damage his permanent teeth. If you decide to stop the bottle we can share some ideas on how to make it easier for Sam.” ***** <p>Gingivitis can lead to premature labor. Prevention is proper hygiene and dental care</p>
<p>Record Plan or Goal Child is 4 and still on bottle. BBTD, teeth capped. Parents have no desire to stop. Follow-up dental care next appointment.</p>		
<p>Unsure →</p> <p>“I didn’t know the bottle could do that, as I always took it away once he fell asleep.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, unfortunately there is still milk left around his teeth. How do you think you want to deal with his bedtime bottles now?” • “On a scale of 1-10, how hard do you think it would be to stop his bedtime bottle?” 	<ul style="list-style-type: none"> • Children <ul style="list-style-type: none"> ○ See dentist early (between age 6mo to a 1 year) ○ Hygiene (wipe infant gums, brush kids teeth) ○ No bedtime bottles ○ Balanced diet (helps resist infection, controls sugar around teeth) • Women: <ul style="list-style-type: none"> ○ See dentist for proper cleanings ○ Balanced diet
<p>Record Plan or Goal Mom worried removing bottle will upset child. Unsure she is ready for the upset. Re-asses bottle use next appointment.</p>		
<p>Ready →</p> <p>“I’ve tried to stop the bottle but he really wants it.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Removing the bottle can be a hard thing for some children. Tell me what you have tried so far and what did and didn’t work?” 	<ul style="list-style-type: none"> • “It sounds like you have tried some good things. Keep it up. You mentioned he gets fussy with the nighttime bottle; you might try substituting a story or toy in place of the bottle. And just water if he must have the bottle.”
<p>Record Plan or Goal Mom to put to bed with favorite toy and bottle of water only. Ask about success of removing bottle next appointment.</p>		

Education Resources

- http://www.ada.org/public/topics/decay_childhood.asp Resource- *pictures of decay*
- <http://www.mchoralhealth.org/pdfs/babybrochure.pdf> Handout- *Healthy Smile for Your Baby*
- http://www.msdh.state.ms.us/msdhsite/_static/resources/1345.pdf Handout- *Healthy First Teeth*
- http://www.hmhb.org/pdf/brush-for-two_brochure.pdf Handout- *Brush for Two (pregnancy)*

- Description**
- Permanent birth defects caused by a women drinking during pregnancy
 - Abnormal facial features and mental retardation

Assess Readiness for Change: with open ended questions

- “Children with FAS often have problems feeding. What issues have you had feeding Sam?”
- “Sam is growing a little slower than other children. What concerns do you have about his growth?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“His case is mild. I don’t have problems feeding him.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Severity is different for each child. I’m glad feeding is going well. What kind of things does he eat the most?” • “FAS children can have problems with coordination and behavior. How do you feel he is doing at feeding himself and accepting what you serve?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he was diagnosed with FAS. It sounds like you feel comfortable with his eating and growth. We are here to answer questions about children and food if any concerns come up.” • High risk, refer to RD
<p>Record Plan or Goal Mom feels eating well. Not interested in any info other than standard feeding guide. Re-assess next appointment.</p>		
<p>Unsure →</p> <p>“He just came to us as a foster child. We don’t know how severe his mom’s drinking was.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are still learning about his needs. What does the Dr have set up for him in terms of therapy and medical needs?” • “On a scale of 1-10, how concerned are you with his feeding at this point?” <p><i>Knowledge: FAS is group of conditions: Fetal Alcohol Syndrome-FAS most serious. Others w/ lower alcohol intake: Alcohol-Related Neurodevelopmental Disorder (ARND) & Partial Fetal Alcohol Syndrome (pFAS). Other terms Alcohol-Related Birth Defects-ARBD & Fetal Alcohol Effects-FAE</i></p>	<ul style="list-style-type: none"> • No cure. Treatment is management of physical, mental and behavioral issues and learning disabilities • Behavior issues may affect feeding/mealtimes: <ul style="list-style-type: none"> ○ Poor weight gain, short stature ○ Troubled by distractions or food textures ○ Poor coordination (motor skills) • Alcoholic caregiver may give poor care-refer to DFYS as needed
<p>Record Plan or Goal Foster parent just received child. Currently learning his needs. Re-asses next appointment.</p>		
<p>Ready →</p> <p>“He is my sister’s son. She drank so much. I have Sam’s sister. I have trouble getting him to sit down and eat.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “They are lucky to have an aunt who cares. What kind of support do you have?” • “What have you already tried to do to make mealtime easier for Sam and your family?” 	<ul style="list-style-type: none"> • “It sounds like he gets really distracted with the other children at mealtime. His weight is a little low today. What would you think about trying to get him a couple of snacks each day in a quiet place alone with you?”
<p>Record Plan or Goal Aunt will try snack when sibling is asleep to decrease distractions. Referred to Providence Neurodevelopment Clinic.</p>		

- Education Resources**
- <http://fascenter.samhsa.gov/> Resource- FAS
 - http://fascenter.samhsa.gov/documents/WYNK_Effects_Fetus.pdf Handout- Effects Alcohol Fetus
 - <http://www.cdc.gov/ncbddd/fasd/freematerials.html> Resource- free handouts/materials
 - <http://www.hss.state.ak.us/fas/> Resource- FAS services in Alaska

401 Failure to Meet Dietary Guidelines for Americans (PG/BF/NBF/C)

- Description**
- Presumed dietary risk; eating fewer than recommended servings from one or more food groups (women & children >2yrs)
 - Assigned only when no other risks are found

Assess Readiness for Change: with open ended questions

- “What concerns do you have regarding what you eat?”
- “How familiar are you with the Food Pyramid and basic food groups?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I don’t think about it. We don’t eat a lot of junk food.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It sounds like you watch some foods. Which foods do you limit?” • “What foods do you think you should fit in more often?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because most people don’t fit in every food group every day. WIC is here to answer nutrition questions and provide additional food. How would you feel about looking over a food pyramid together, or is there something else that interests you more?”
<p>Record Plan or Goal Participant accepted MyPyramid brochure. Offer MyPyramid review next appointment.</p>		
<p>Unsure →</p> <p>“I learned about food groups in school but I don’t really think about them much.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “That’s pretty common since your day is probably busy! What do you think about talking about the food groups today?” • “On a scale of 1-10, how do you think you do at getting in foods from each food group every day?” • “Which foods do you think you want to add more of?” 	<ul style="list-style-type: none"> • Offer awareness of recommended food groups (i.e. MyPyramid & Dietary Guidelines) • Offer suggestions on foods client feels lacking in • To determine lacking foods, rather than completing a food frequency, ask questions to find client’s preferences and concerns
<p>Record Plan or Goal Mom says low fruit/veg intake is costly. To try canned and watch for seasonal specials. Check on success next appointment.</p>		
<p>Ready →</p> <p>“I want a healthy baby. I’m not sure I am eating what I should?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “You sound concerned. Tell me about the foods you are concerned about?” 	<ul style="list-style-type: none"> • “You are right about milk. Three servings a day are suggested. You might like to look at the MyPyramid website. You can enter your own pregnancy information and print off a guide fit for you!”
<p>Record Plan or Goal Mom likes surfing web, to access MyPyramid site. Follow-up on next appointment.</p>		

- Education Resources**
- http://here.doh.wa.gov/materials/feeding-your-3-to-5-year-old/15_WIC3to5_E05L.pdf Handout- WA WIC Feeding 3-5yr
 - <https://ellynsatter.com/resources.jsp> Resource- Ellyn Satter’s Division of Responsibility
 - http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/foods_child1-3.pdf Handout- Foods Your Child 1-3yr
 - http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/foods_child4-6.pdf Handout- Foods Your Child 4-6yr
 - http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/eating_right_pregnancy.pdf Handout- Eating Right During Pregnancy
 - http://www.nal.usda.gov/wicworks/Sharing_Center/MO/MyPyramid_Steps_Preg.pdf Handout- MyPyramid for Pregnancy
 - http://www.nal.usda.gov/wicworks/Sharing_Center/MO/MyPyramid_Kids.pdf Handout- MyPyramid for Kids

411 Inappropriate Nutrition Practices for Infants (I)

411.1 Inappropriate Breast/Formulas Substitutes

Description • Often uses substitute for breast milk or formula as main milk source:
 ○ Low-iron formula, cow, goat, evaporated milk, or other “homemade concoctions”

Assess Readiness for Change: with open ended questions

- “Why did you decide to give Sam xx (low-iron formula) instead of his usual formula?”
- “How does the Dr feel about changing formula?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “Sam is constipated. I changed because iron is constipating.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “That is a common belief. But, it actually contains some iron too. It is not iron free and has not been found to be more constipating. What changes have you noticed since you changed formula?” • “What other things have you tried for constipation?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he is on low iron formula. Low iron formula does not provide enough iron and can lead to iron deficiency. WIC does not provide low iron formula so we need to talk about optional formulas. What did the Dr say about his constipation?”
Record Plan or Goal	Mom determined to use low-iron. WIC unable to provide. Offered other options. Referred to Dr. One month with iron issued.	
<p>Unsure → “My whole family has a history of not tolerating iron. I’m anemic, I can’t take iron either.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “What kind of problems does the iron cause your family?” • “How did you decide it was the iron that was causing the problem?” • “On a scale of 1-10, how willing are you to try regular formula again?” • “How can I help you as WIC is not allowed to give low iron formula?” 	<ul style="list-style-type: none"> • Formula or breast milk is recommended for first 12 mo • Address reasons for substitution (i.e. constipation) • Asses & monitor weight gain • Offer suggested substitution (if to change formula) • <i>Knowledge: low iron formula leads to iron deficiency (affects learning & behavior); cow’s milk is low in iron, can cause hidden blood loss & puts stress on kidneys; evap and goat low in needed nutrients</i>
Record Plan or Goal	Mom convinced all family has iron issues. Due to money will take formula. Referred to Dr. Check status next appointment.	
<p>Ready → “Sam has been colicky; it was my last resort, suggested by a friend.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Some babies are more colicky. That must be stressful. You said this was your last resort, what else have you tried for the colic?” 	<ul style="list-style-type: none"> • “It sounds like you tried the common remedies for colic. WIC can’t give low iron formula. How would you feel about contacting your Dr, as the fussiness could be caused by something else like an infection or allergy?”
Record Plan or Goal	Mom has not contacted Dr yet for colic. Explained WIC iron formula rules. One month issued. Referred to Dr.	

Education Resources	<p>http://aappolicy.aappublications.org/cgi/content/full/pediatrics;104/1/119 Reference- AAP policy statement iron</p> <p>http://www.hss.state.ak.us/dpa/programs/nutri/downloads/EducationMaterials/HighRiskCaseStudies/QA32.pdf Resource- AK QA evaporated milk</p>
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411 Inappropriate Nutrition Practices for Infants (I)

411.10 Excess Vit/Mineral/Herb Supplements

Description

- Feeding potentially harmful supplements (above recommended levels may be toxic):
 - Such as single or multi-vitamins, mineral supplements & herbal or botanical supplements, remedies or teas

Assess Readiness for Change: with open ended questions

- “You give Sam xx (i.e. xx tea). Why do you give him xx (i.e. xx tea)?”
- “How did you decide the xx (i.e. xx tea) should be given?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I give it for colic. My mom gave it to us as kids.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It can be hard sometimes to decide what is best for your baby. What does your Dr think about using tea?” • “Where do you get your tea?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because xx (i.e. xx tea) can be harmful to infants. Some teas cause reactions like jitters, vomiting and even seizures or liver damage. How would you feel about trying other things to reduce the colic?”
Record Plan or Goal	Use of tea is Hispanic and family cultural. Mom feels acceptable. Made aware of risks. Plans to continue use.	
<p>Unsure →</p> <p>“It is the first time I used it. My friend suggested it because Sam was getting a cold.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “How familiar are you with the side effects xx (i.e. tea remedy) can cause?” • “On a scale of 1-10, how comfortable are you using the xx (i.e. tea)?” 	<ul style="list-style-type: none"> • Be sensitive to cultural preferences • Offer information on risk of remedy/supplement • Products may contain toxins, interfere w/ medications, side effects from vomiting to liver damage • Some harmful teas: wormwood, chamomile, star anise, yerba Buena, licorice, comfrey leaves, foxglove, yohimbe bark, gotu kola, buckhorn bark
Record Plan or Goal	Friend recommended tea. Warned of side effects. Mom says will discontinue use. Follow-up next appointment.	
<p>Ready →</p> <p>“It was in the store with the baby products so I thought it would be ok for his colic.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “They do sell a lot of products. Our concern is that some teas and herbal remedies can cause severe reactions in infants. Have you noticed any changes in Sam since giving the tea?” 	<ul style="list-style-type: none"> • "Let me pull out the xx (i.e. <i>PRD for Herbal Supplements</i>) and we can look up the tea.” • “How do you feel about continuing to use the tea now that we have talked about some of the problems it can cause?”
Record Plan or Goal	Mom unaware of risk. Will discontinue tea. Will try other methods to help with colic. Follow-up colic next appointment.	
Education Resources	<p>http://www.nationalchildrensstudy.gov/research/workshops/Pages/herbal_122003.aspx Resource- <i>Use of herbal products</i></p> <p>http://dietary-supplements.info.nih.gov/health_information/information_about_individual_dietary_supplements.aspx Resource- <i>Office Dietary Supplements (repeat source)</i></p>	

- Description**
- Often not providing supplements recommended as essential:
 - Infants >6mo 0.25mg fluoride, 200 IU Vit D for BF & non-BF infants receiving <16.9oz formula daily

Assess Readiness for Change: with open ended questions

- “What have you heard about vitamin D supplements for infants?”
- “What concerns do you have about giving vitamin D supplements to Sam?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“I’m breastfeeding and that is the healthiest for Sam so I want to keep breastfeeding.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Yes, breast is best. The main source of vitamin D for breastfed infants is sunshine. Breast milk does not contain large amounts of Vit D. Living in Alaska; sun exposure is lower so supplements are recommended to prevent rickets. What do you know about rickets?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he does not take a Vit D supplement. WIC provides Vit D for breastfeeding infants. Here is package of Vit D drops & handout on Vit D. How does starting the drops sound to you?”
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Record Plan or Goal	Mom unaware of need for Vit D. Accepted drops and will start using. Follow-up on breastfeeding next appointment.	
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<p>Unsure →</p> <p>“Since I give him some formula I thought he was getting Vit D.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, Vit D is added to formula but unless an infant drinks about 16oz a day it does not provide enough. How long do you plan to continue breastfeeding as you are?” • “On a scale of 1-10, how committed are you to continue breastfeeding without adding more formula?” 	<ul style="list-style-type: none"> • Breast is best- milk doesn’t contain adequate Vit D • Vit D added to formula- but infant needs additional Vit D unless consumes >17oz formula daily • Instruct on use of Vit D supplement: <ul style="list-style-type: none"> ○ Vit D started at 6wks of age ○ Do not give second dose if spits out • If stock available may give to Medicaid/DKC infants • If water for formula fluoridated check with Dr prior
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Record Plan or Goal	Mom Bf & formula (only 8oz/day). Says will start Vit D. check formula volume & need for D next appointment.	
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<p>Ready →</p> <p>“I heard WIC had Vit D they could give me?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “We do, depending on funding. Unfortunately we don’t have any currently. I can give you a handout on using Vit D. Medicaid and DKC will cover it. How would you feel about obtaining it through them?” 	<ul style="list-style-type: none"> • “Yes, the drops are available over the counter if you would prefer to do that. What other questions do you have on giving Vit D?”
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Record Plan or Goal	No Vit D in stock. Mom to get on own. Took Vit D handout. Review use next appointment.	
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Education Resources	<p>http://www.cdc.gov/breastfeeding/recommendations/vitamin_d.htm Resource- <i>Vit D</i></p> <p>http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/5/1142 Resource- <i>AAP Policy Statement Vit D</i></p> <p>http://www.aap.org/family/vitdpatients.htm Resource- <i>Vit D FAQ’s</i></p>	
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411 Inappropriate Nutrition Practices for Infants (I)

411.2 Inappropriate Use Bottle or Cup

Description

- Often uses bottle or cups improperly:
 - Juice in bottle, sugary fluids, bottle in bed, propping bottle, wandering with cup, food (i.e. cereal) in bottle

Assess Readiness for Change: with open ended questions

- “Sam takes his bottle to bed. How does he do if you don’t give him a bedtime bottle?”
- “How familiar are you with the term baby bottle mouth?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“He can hold it now by himself so I let him. My other kids did too.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “We don’t recommend bottles in bed, since it can damage their teeth, called baby bottle tooth decay (BBTD). How strongly do you feel about continuing the night bottle even if your other kids did?” • “May I share some BBTD information with you?” • “What other times does he hold the bottle himself or do you find you need to prop the bottle?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because your baby takes a bottle to bed. When an infant/child takes a bottle to bed it can cause tooth decay. It sounds like you want to continue his bottle. What other things would you like to talk about today?”
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Record Plan or Goal	Child with bottle at appointment. Mom looked at handout but appears hesitant to stop bottles. Re-assess next appointment.	
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<p>Unsure →</p> <p>“I never thought about it. I always give him a bottle so he sleeps better.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you haven’t heard about dental concerns from putting a child to bed with a bottle. How open would you be talking about that?” • “On a scale of 1-10, now that you have heard about BBTD, how concerned are you about your child’s teeth?” 	<ul style="list-style-type: none"> • Offer warning of BBTD & carries risk <ul style="list-style-type: none"> ○ From bedtime or wandering with bottle/cup ○ Offer all juice in cup ○ No bottles to bed (unless water only) • Infant feeding habits may continue into childhood <ul style="list-style-type: none"> ○ Decay may damage permanent teeth underneath • Propping bottles deprives infant of nurturing, leads to ear infections, choking and tooth decay • Food in bottle leads to force or overfeeding, limits developmental experiences and risk of choking
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Record Plan or Goal	Mom says teeth show no problems. Took brochure. Will think about bedtime bottles. Re-assess next appointment.	
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<p>Ready →</p> <p>“Am I not supposed to let him have his bottle at night? He doesn’t have any teeth yet.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “We don’t recommend it even if they don’t have teeth yet. It makes it harder to get rid of the bottle when they are older. And can damage teeth that are just breaking through. What other methods have you used to get your child to sleep?” 	<ul style="list-style-type: none"> • “It sounds like you want to try weaning him off the bedtime bottles. One thing you can try is to give the bottle but just use plain water. That won’t damage his teeth. How does that sound?”
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Record Plan or Goal	Mom to try water only bottle at night. Follow-up level of success next appointment.	
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Education Resources	http://here.doh.wa.gov/materials/time-for-a-cup-6-to-8-months/15_WICcup_E04L.pdf Handout- WA WIC- Time for Cup http://www.fns.usda.gov/TN/Resources/feedinginfants-ch5.pdf Resource (or long handout)- How to feed using a baby bottle	
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- Description**
- Often feeds diet low in calories or essential nutrients:
 - Such as vegan or macrobiotic diet or other very low calorie or essential nutrient diet

Assess Readiness for Change: with open ended questions

- “Tell me more about your family’s xx (i.e. macrobiotic diet), foods you eat and foods you limit?”
- “Since you follow a xx (i.e. macrobiotic diet) what foods do you plan to feed Sam (6mo old) to make sure he gets enough food for growth?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“We eat mostly fruits, vegs and grains. But no meat, dairy or fish.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Some following xx (i.e. macrobiotic diets) do eat limited beans, legumes and tofu. Which of those do you include?” • “Since you don’t eat beans, legumes or tofu, it may be difficult to get Sam enough protein as he weans. How would you feel about allowing him to have those items?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because your family follows a strict xx (i.e. macrobiotic diet). Sam may not get enough nutrients and calories, which can affect his growth and development. What substitutes do you think you are willing to make for Sam?”
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Record Plan or Goal	Does not consume legumes/tofu. Question Sam’s nutrient/caloric intake as starts solids. Weight check next appointment.	
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<p>Unsure →</p> <p>“I breastfed him and he grew fine. He should be able to eat what we eat.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “I’m glad you breastfeed. Even if your diet is low in certain areas, the body protects your milk so Sam gets what he needs. Now he is mostly eating solid foods and may be low in nutrients since on limited foods. What are your thoughts about his change to solid foods?” • “On a scale of 1-10, how willing are to make some compromises in his food choices?” 	<ul style="list-style-type: none"> • Assess restricted food groups: <ul style="list-style-type: none"> ○ Offer substitutions for missing nutrients ○ Possible vitamins/minerals deficiencies? ○ Dr aware of strict adherence? • Knowledge: macrobiotic diet based on balancing foods (Yin & Yang’s well being), avoids “toxins” in dairy, meat, oily foods; consumes grains & fruit/vegs, can lead to B12 deficiency (B12 only in animal products), some fruit/vegs are avoided, susceptible to low Ca, fatty acids and dehydration
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Record Plan or Goal	Mom not sure she wants to change food choices. Follow-up on food choices next appointment.	
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<p>Ready →</p> <p>“We include legumes. We avoid processed stuff, I want him to have healthy foods.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Great, Sam needs iron and protein for his growth. Beans and legumes provide those. Vitamin B12 can be low when no meat, dairy or eggs are used. What supplements or fortified foods do you give Sam?” 	<ul style="list-style-type: none"> • “Some soy products and cereals are fortified with B12, but you should check the food labels to be sure. Do you know if your xx is fortified?”
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Record Plan or Goal	Mom didn’t know B12 is of concern. Will check labels. Follow-up on B12 adequacy next appointment.	
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Education Resources	<p>http://www.webmd.com/diet/features/macrobiotic-diet Resource- <i>Description Macrobiotic Diet</i></p> <p>http://www.bidmc.org/YourHealth/HolisticHealth/FoodandNutrition.aspx?ChunkID=202719 Resource- <i>food list from macrobiotic diet</i></p> <p>http://www.veganhealth.org/articles/everyvegan/ Resource- <i>Vegan and B12</i></p>
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411 Inappropriate Nutrition Practices for Infants (I)

411.9 Lack of Sanitation

Description

- Often uses inappropriate sanitation preparing, handling or storing breastmilk or formula:
 - Such as unsafe water supply, no heat source for sanitizing, no refrigeration, or improper preparation, handling or storage of milk/formula

Assess Readiness for Change: with open ended questions

- “You mentioned you put partially used bottles back in the refrig. What do you think about making smaller bottles, just what Sam will drink at a feeding?”
- “What is your biggest concern for storing formula once it is mixed?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I can’t afford to waste formula so I never throw any out. I don’t always know how much he will want.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m sure you don’t want to waste formula. The concern is, once Sam drinks from the bottle, his saliva comes into contact with it and bacteria can grow. How much does he usually drink each feeding compared to what you make?” • “If you threw out the remaining formula, how much formula do you think would be wasted?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because returning used bottles to the refrigerator for later, can cause bacteria to grow and lead to vomiting and diarrhea. If we can limit formula waste, how open would you be to altering the way you prepare and store formula?”
Record Plan or Goal	Mom accepted info on storage issues but didn’t verbalize desire to change. Check storage/preparation next appointment.	
<p>Unsure →</p> <p>“Usually I get the ounces right. I thought it was ok, as long as I put it back in the refrigerator within two hours?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, once formula is made, two hours is the rule. But, once he drinks from it, the recommendations change. Bacteria can grow in the bottle and cause stomach and intestinal problems like vomiting and diarrhea. How would you feel about tossing the leftover formula once the bottle is used?” • “On a scale of 1-10, how hard would it be for you to make a change?” 	<ul style="list-style-type: none"> • Formula storage guidelines: <ul style="list-style-type: none"> ○ Prepare with safe water source only ○ Room temperature not >2hrs ○ Held in refrigerator not >48hrs ○ Once bottle used, don’t hold >1hr, nor reuse • Breastmilk storage guidelines: <ul style="list-style-type: none"> ○ Room temperature not >4 to 6hrs ○ Held in refrigerator not >72hrs (freezer 6mo) ○ Don’t thaw in microwave ○ Don’t add fresh to already frozen breastmilk ○ Once bottle drunk from, don’t reuse later
Record Plan or Goal	Mom didn’t know reusing was a concern. Mom says she will stop reusing. Address formula use next appointment.	
<p>Ready →</p> <p>“I like concentrate but hate to make all bottles at once.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “We could change your checks to powder. It might be easier since you wouldn’t have to mix a whole can at once. How would that work for you?” 	<ul style="list-style-type: none"> • “The powder formula is also easier when you are away from the house. You can wait to add the formula to the water until you are ready to use it. Then you don’t have to worry about the formula sitting out too long. How would that work for you?”
Record Plan or Goal	Mom will try powder. Will return for reissue if does not like. Review preference next appointment.	

Education Resources	<p>http://njaes.rutgers.edu/pubs/publication.asp?pid=FS950 Handout- <i>Keeping Formula Germ Free- Rutgers</i></p> <p>http://njaes.rutgers.edu/pubs/publication.asp?pid=FS949 Handout- <i>Keeping Breastmilk Germ Free- Rutgers</i></p>
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Description	<ul style="list-style-type: none"> • Often feeds inappropriate beverages as main milk source: <ul style="list-style-type: none"> ○ Non-fat or reduced-fat milk for 1-2 year old ○ Sweetened condensed, imitation or substitute milks: unfortified rice/soy beverages, non-dairy creamer or other “homemade concoctions”
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Assess Readiness for Change: with open ended questions

- “You said you are giving Sam (under 2yrs) xx (i.e. low fat milk). Have you thought about using xx (i.e. whole milk)?
- “How would you feel about trying xx (i.e. whole milk)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The whole family drinks low fat. Everyone is ok. It doesn’t seem like I need to switch.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It can be awkward using and storing two milks. Children under 2 yrs need whole milk for growth. What have you heard about changing to lower fat milk when child is 2 yrs?” • “May I share with you, the differences between lower fat milk and whole milk?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he gets xx (i.e. low fat milk) and it is best he have xx (i.e. whole milk). What concerns do you have about his milk?” • Offer visual or handout showing fat content of milk
Record Plan or Goal	Participant accepted milk brochure. Will re-assess readiness for change at next appointment.	
<p>Unsure →</p> <p>“I’ve heard something about it, but I wasn’t sure it really made a difference.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “If you were to try whole milk, on a scale of 1-10, how confident are you that he could change?” • “Why did you choose that number?” • “It sounds like last time you tried switching milk he really didn’t like it. Tell me more about that.” 	<ul style="list-style-type: none"> • Provide suggestions using small steps: <ul style="list-style-type: none"> ○ Changing to 2% first, then on to whole, or ○ Transitioning by mixing some low fat milk with some whole (3/4+1/4 then 1/2+1/2, etc.) • >2yrs can safely drink low fat milk. All the nutrition but less fat • 1-2yrs need extra fat for brain development. Whole milk is their main fat source • Milk substitutes don’t have nutrition for growth & development
Record Plan or Goal	Parent to try mixing whole with 2% milk. If accepted, to use only whole. If child resists, will continue mixing whole & 2%.	
<p>Ready →</p> <p>“I would like to. I’ve done it a few times, but not every time.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like you might have had some problems changing, what were those?” • “How do you think you might make this change?” 	<ul style="list-style-type: none"> • “That sounds like a great plan. Some parents also find it’s helpful to put the milk in a pitcher so their kids don’t see the container. How do you think that would work?”
Record Plan or Goal	Reviewed barriers to changing fat content. Participant identified steps to help her do this on a consistent basis.	

Education Resources	<p>http://www.mypyramid.gov/preschoolers/Plan/milk.html Resource- <i>Help Preschooler Consume Milk</i></p> <p>http://www.nationaldairycouncil.org/SiteCollectionDocuments/education_materials/wic/WhichMilkisHealthiestHandout.pdf Handout- <i>Which Milk</i></p> <p>http://www.nationaldairycouncil.org/SiteCollectionDocuments/education_materials/wic/LowFatMilkEducationalHandout.pdf Handout-<i>LF Milk</i></p>
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Description

- Often feeds sugar containing fluids:
 - Soda, gelatin water, added corn syrup, sweetened tea

Assess Readiness for Change: with open ended questions

- “You noted that Sam has xx (i.e. soda) every day. Tell me more about that?”
- “What reasons does Sam have xx (i.e. soda) each day?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He just has some of mine every day. He doesn’t get his own can.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Mommy has it why not me! Isn’t that how kids learn! How comfortable are you with the amount of soda he gets?” • “How often do you try to stop him from taking your drink?” • “How do you feel about either stopping or reducing his soda intake?” 	<ul style="list-style-type: none"> • “Sam is edible for WIC because he drinks xx (i.e. soda) often. Sugary beverages are a major cause of dental carries. You said you don’t feel like stopping the soda. What other concerns do you have about what he is eating or drinking?”
Record Plan or Goal		
Mom thinks soda amount is fine. Did have question about milk fat. Gave milk fat info for age. Follow-up next appointment.		
<p>Unsure →</p> <p>“He gets really thirsty and he already drinks all the WIC juice and milk we get.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like he drinks a lot. What concerns do you have with the amount he drinks?” • “How well does he eat at mealtime when he drinks so much during the day?” • “On a scale of 1-10, how do you think he would do if you offered extra water instead?” 	<ul style="list-style-type: none"> • Sugary drinks can lead to dental carries & decay • Offer suggestions for substitutions (i.e. plain water) • May need to assist/evaluate other connected risks as: <ul style="list-style-type: none"> ○ Overweight (from too many sweet drinks) ○ Beverages replacing healthy foods (i.e. sweet drinks replacing veggies)
Record Plan or Goal		
Parent to try offering water in place of soda. Check acceptance of water next appointment.		
<p>Ready →</p> <p>“I don’t give it to him at home, but his grandmother does.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “What did she say when you asked her to not give him soda?” • “How do you handle other childcare issues with her?” 	<ul style="list-style-type: none"> • “It can be tough when you want to raise your child differently than your mother. How would feel about talking to her again?” • “It sounds like your mother isn’t going to change. How can I help you with his eating when at home?”
Record Plan or Goal		
Mom says grandma won’t change soda use. She asked about brushing teeth. Discussed. Made dental referral.		

Education Resources	http://www.ada.org/prof/resources/pubs/jada/patient/patient_13.pdf Handout- <i>Diet and Tooth Decay</i> http://kidshealth.org/parent/nutrition_fit/nutrition/caffeine.html# Resource- <i>Sweet tea drinks</i> http://www.ada.org/prof/resources/positions/statements/caries.asp Resource- <i>ADA statement childhood carries</i>
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Description • Often using bottles, cups or pacifiers improperly:
 ○ Juice/cereal in bottle, bottle in bed, walking with bottle, bottle >14mo, pacifier dipped in sweets, carrying sippy cup all day

Assess Readiness for Change: with open ended questions

- “How often will Sam use a cup instead of his bottle?”
- “What are you doing to try to change over to a cup?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “Rarely, I let all my kids have a bottle until they wanted to stop.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Bottles in bed aren’t recommended, as it can damage a child’s teeth. How strongly do you feel about continuing the bottles now that he is two?” • “How would you feel about trying to use the cup more often in place of the bottle?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because Sam takes a bottle to bed, as well throughout the day; which can cause tooth decay. We are here to let you know that BBTD can happen and answer any questions for preventing it. Since you aren’t worried about his bottle use, what other concerns do you have today?”
Record Plan or Goal		
Child with bottle at appointment. Mom hesitant to stop bottle. Re-assess next appointment.		
<p>Unsure → “My sister said to just take it away and let him cry. It makes me feel like a horrible mom.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “You sound like you want to stop the bottle but it has been upsetting? Lots of moms express that frustration. How do you think you could make the change easier on both of you?” • “On a scale of 1-10, how hard is it to let him cry and replace the bottle with a cup or something else soothing?” • “What other suggestions did your sister give you? How did they work for you?” 	<ul style="list-style-type: none"> • Prolonged or bedtime bottles and pacifiers dipped in sweets- risk of tooth decay • Propping bottles- risk ear infections, choking, tooth decay • Cereal in bottle- risks force feeding, limits process of self feeding • Start cup prior to 1yr, wean bottle by 12-14 mo
Record Plan or Goal		
Mom to try cup between bottles when less hungry & fusses less. If child resists, will distract with a toy & try later.		
<p>Ready → “He mostly just uses the bottle at night and naptime.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “You’ve made progress since he doesn’t use the bottle 100% of the time! How have you been able to make the change?” • “When are your biggest struggles?” 	<ul style="list-style-type: none"> • “The bedtime bottle can be the hardest. You’ve tried some great things. Some parents find it helpful to transition to smaller bottles; say 4-6oz instead of the full 8oz. How would that work for you?”
Record Plan or Goal		
Reviewed barriers to stopping last bottles. Mom to try less volume in the bedtime bottles for now.		

Education Resources http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=7 Handout- #7 *Other Uses Bottle-Weaning*
http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=20 Handout- #20 *Magic Cup- Weaning*
http://www.aapd.org/media/pressreleases.asp?NEWS_ID=640 Resource- *ADA release sippy cup use*

- Description**
- Often feeds inappropriately for child’s developmental stage:
 - Missing hunger cues, using foods of inappropriate texture/size/shape, not allowing self feeding

Assess Readiness for Change: with open ended questions

- “You mentioned you spoon feed Sam instead of letting him feed himself, tell me more about that?”
- “What are your thoughts about how meal time is going? (How many different entrees/main dishes do you cook? Eating at the table?)”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He just likes me to feed him. It’s our time.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Mealtime should be family time. How well does he eat if you don’t spoon feed him and you let him feed himself?” • “How would you feel about not hand feeding him as often?” 	<ul style="list-style-type: none"> • “Mealtime is a time for children to learn and develop. Allowing them to feed themselves helps them gain motor skills (like picking things up) and learn how much to eat (learning when they are hungry or when they have had enough). What other things do you do to spend time together?”
Record Plan or Goal	Mom wants to feed him. Not concerned about learning self eating. Check readiness next appointment.	
<p>Unsure →</p> <p>“I do that so he will eat what I cook. I don’t have time to make him something different.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you cook him special meals. Parents are responsible for offering healthy meals. It is the child’s choice to decide how much to eat. What do you think about only offering what you are serving the rest of the family?” • “On a scale of 1-10, how concerned are you that Sam would not eat enough if you didn’t make him what he wants?” 	<ul style="list-style-type: none"> • Children should eat based on their appetite • Controlling intake may interfere with the child’s ability to learn to control their own intake • Parent to offer nutritious choices, child to decide if and how much to eat • Self feeding milestones: <ul style="list-style-type: none"> ○ Continued progression infancy’s puree to finger foods (manage most food types by age 2yr) ○ Routine cup use by 15mo (may still spill) ○ Ability to put food in own mouth 16-17 mo ○ Ability to use spoon mostly 18-24 mo
Record Plan or Goal	Mom unsure can deal with mealtime battles. Plans to continue to feed him when he doesn’t eat. Re-assess next appointment.	
<p>Ready →</p> <p>“He choked on a hotdog. I am scared. So I feed him.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “That sounds like a scary experience. Hot dogs are a common food that causes choking. What other problems has he had chewing or swallowing?” 	<ul style="list-style-type: none"> • “We would recommend holding off on hotdogs until he is older. Other foods that cause choking are popcorn, grapes and raisins. Choking may happen more often when the child is walking around with food so we would suggest he sit when eating.”
Record Plan or Goal	Mom more aware of choking hazards. Will have eat all food at the table. Check if further food issues next appointment.	

Education Resources	<p>http://www.speechlanguagefeeding.com/feeding-milestones-for-children/ Resource- <i>Feeding Millstones</i></p> <p>http://www.childdevelopmentinfo.com/development/normaldevelopment.shtml Resource- <i>Stages of Development</i></p> <p>http://www.aap.org/healthtopics/stages.cfm#early Resource- <i>AAP Developmental Milestones</i></p> <p>http://www.nal.usda.gov/wicworks/Sharing_Center/WA/intro_foods.pdf Handout (long)- <i>Feeding family food to baby</i></p>
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Description • Feeding foods that could be contaminated with microorganisms/toxins:
 ○ Unpasteurized juice, dairy products, soft cheese, raw or undercooked meat, fish, poultry, eggs, vegetable sprouts, tofu, deli meats, hotdogs

Assess Readiness for Change: with open ended questions

- “You mentioned you give Sam xx (i.e. hot dogs). What would you think about heating those before serving?”
- “What have you heard about using xx (i.e. hot dogs) in children?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “They are already precooked and I cut them so he can’t choke. He likes them cold.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It wasn’t talked about before, but they discovered that xx (i.e. hot dogs) can contain bacteria even though they are a processed food. The new recommendation for children is to re-heat them. How willing would you be to start re-heating them before serving?” • “How familiar are you with foods that may cause food poisoning (illness)?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he eats raw hot dogs, a food that should be reheated to destroy bacteria on them. Unheated hotdogs have been found to be a problem in children and pregnant women. What do you know about the dangers of listeria?”
<p>Record Plan or Goal Mom doesn’t agree with re-heating hotdogs. Says is aware of dangers from other foods- uncooked eggs and chicken.</p>		
<p>Unsure → “Sometimes I heat them, depends on if we are in a hurry.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “You would think since processed, they would be safe. It is now recommended though, that for children, they be re-heated to prevent food poisoning. How extreme do you think that sounds?” • “On a scale of 1-10, how comfortable are you using unheated hotdogs, now that you heard of the dangers?” 	<ul style="list-style-type: none"> • Avoid unpasteurized juice, cheese, milk, and tofu, undercooked foods and raw sprouts- may contain bacteria and cause food poisoning. <ul style="list-style-type: none"> ○ Only purchase pasteurized products ○ Cook all foods to proper temperatures ○ Deli meats & hotdogs re-heated before served ○ Always follow safe handling practices
<p>Record Plan or Goal Mom says never had problem serving unheated, but now aware of danger. Will reheat now. Follow-up next appointment.</p>		
<p>Ready → “I know they say to watch because of choking. Is it not ok to eat them cold?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “They now suggested xx (i.e. hot dogs) only be served when re-heated. What do you think about the new recommendations?” 	<ul style="list-style-type: none"> • “You don’t hear about it as much as other food borne illnesses like salmonella, but there are cases that have ended in death. Bacteria remain alive even when refrigerated and is most dangerous to children, pregnant women and those with lower immune systems.”
<p>Record Plan or Goal Mom will no longer serve uncooked hot dogs. She also asked about lunch meat. Follow-up on concerns next appointment.</p>		

Education Resources	http://here.doh.wa.gov/materials/fish-facts-for-good-health/25_FishFact_E05L.pdf Handout- WA WIC- Fish Facts http://www.fightbac.org/ Resource- Fight BAC Food Safety
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- Description**
- Consuming potentially harmful supplements (above recommended levels may be toxic):
 - Such as single or multi-vitamins, mineral supplements & herbal or botanical supplements, remedies or teas

Assess Readiness for Change: with open ended questions

- “You’re taking extra xx (i.e. zinc) along with your prenatal vitamin. Why did you decide to take more xx (i.e. zinc)?”
- “What supplements (and amounts) does your Dr support taking?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“I take extra zinc because it helps colds and I get colds a lot?”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Zinc is important in pregnancy. There is controversy over how effective it is for colds. As with any supplement, too much can have unwanted affects (>50mg zinc). The Dr said only take a prenatal vitamin? How do you feel about that?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because extra supplements could have harmful side effects. Zinc is found in food too. How interested would you be in talking about foods that are good sources of zinc?” • <i>Knowledge: botanical is a plant/part of plant used for medicinal/therapeutic purpose; herbs are a subset of botanicals</i>
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Record Plan or Goal	Mom told Dr she would stop zinc. Still taking prenatal. Talked about zinc in foods. Check supplement use next appointment.	
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<p>Unsure →</p> <p>“It is supposed to help with cold sores (herpes). There is probably a medication but I don’t have insurance.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Supplements can be helpful for some conditions but high amounts can have side effects. What other treatments or medications did your Dr suggest?” • “You might be eligible for Medicaid, on a scale of 1-10, how comfortable would you be in applying for it?” 	<ul style="list-style-type: none"> • Supplements (dietary, herbal or botanical) may: <ul style="list-style-type: none"> ○ Have toxic side effects (preterm labor, nausea, vomiting, etc.) ○ Interfere with absorption of other nutrients (iron, etc.) ○ Interfere with medications • In breastfeeding: may cross into milk or affect supply • Vitamins/minerals: check RDA (daily allowances) • Assess Dr’s support of use
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Record Plan or Goal	Mom to apply for Medicaid. To stop zinc use until talks to Dr. Check status next appointment.	
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<p>Ready →</p> <p>“I have eczema. It helps my skin. It is guaranteed. Zinc is in cough drops, isn’t it ok?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “There are lots of products that make claims that may not be proven or may be helpful but at lower doses. It sounds like you haven’t talked to a Dr or dermatologist? How important do you think seeing one would be?” 	<ul style="list-style-type: none"> • “They would let you know what safe levels are for your condition. What other supplements do you take?”
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Record Plan or Goal	Mom to see a provider about eczema. Will stop extra zinc use until then. Made referral to local provider.	
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Education Resources	<p>http://www.marchofdimes.com/pnhec/159_529.asp Resource- <i>Drugs, herbs, supplements in pregnancy</i></p> <p>http://www.nal.usda.gov/wicworks/WIC_Learning_Online/support/job_aids/harmful.pdf Handout- <i>Harmful Substances WIC WORKS</i></p> <p>http://ods.od.nih.gov/pubs/partnersbrochure.asp Resource- <i>Office Dietary Supplements- What supplements you taking?</i></p> <p>http://www.skincarephysicians.com/eczemanet/dietary_supplements.html Resource- <i>American Academy Dermatology- Eczema</i></p>
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Description

- Often consuming diet low in calories or essential nutrients:
 - Such as vegan, macrobiotic, low-carbohydrate high-protein diet, or other very low calorie or essential nutrient diet, or post bariatric surgery

Assess Readiness for Change: with open ended questions

- “You said you were continuing your xx diet (i.e. low carb/high protein). What adjustments are you making so your baby gets the nutrients he/she needs?”
- “How supportive is your Dr of your xx diet (i.e. low carb/high protein) since you are xx (i.e. pregnant)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I follow low-carb or I get too hungry and I can’t control my weight.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Tell me more about how the diet has worked for you?” • “How comfortable are you with your weight gain so far?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because your xx diet (i.e. low carb/high protein) may not provide nutrients for a healthy xx (i.e. pregnancy). A balanced diet supports pregnancy. What should we talk about today?” • Knowledge: low carb/high protein- is low in fiber, often high in fat; leads to ketosis as body must use fat instead of glucose for calories, which can suppress hunger, cause nausea, fatigue, dehydration, etc.
<p>Record Plan or Goal</p>	<p>Mom committed to low carb diet. Does not want to change during pregnancy. Re-assess next appointment.</p>	
<p>Unsure →</p> <p>“I started low-carb before I got pregnant. I don’t want to go backwards?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “The pregnancy adds a new twist. How would you feel about increasing xx (i.e. carbs) just during your pregnancy?” • “On a scale of 1-10, how important is it for you to stay on this diet during your pregnancy?” 	<ul style="list-style-type: none"> • Restrictive diet risks: <ul style="list-style-type: none"> ○ Low calories- poor maternal weight gain, too rapid weight loss in breastfeeding ○ Low iron intake-anemia ○ Low folic acid- birth defects & IUGR ○ Low Vit D, Ca, B12-
<p>Record Plan or Goal</p>	<p>Mom will try to add at least one grain serving a day. One month issue. Weight check next appointment.</p>	
<p>Ready →</p> <p>“I was doing low-carb to control my weight. Maybe I should wait until after baby?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “That would be a healthy choice for the baby! What do you think you want to change first?” 	<ul style="list-style-type: none"> • “Yes, adding back grains will help you get more fiber, plus iron and folic acid. You are concerned about your weight, how do you feel about limiting higher fat foods instead?”
<p>Record Plan or Goal</p>	<p>Mom willing to stop diet during pregnancy- was on for weight control. Follow-up diet regimen next appointment.</p>	

Education Resources

- <http://www.lli.org/FAQ/lowcarb.html> Resource- *Carbohydrates in Breastfeeding*
- <http://www.vrg.org/nutrition/pregnancy.htm> Resource- *Vegan Nutrition in Pregnancy and Childhood*
- http://www.touchingheartstouchingminds.com/materials_content.php?p_set=5&p_num=32 Handout- #32 *Vegetarian Magic-Bean Recipes*
- http://www.dshs.state.tx.us/wichd/nut/pdf/13_06_12139.pdf Resource- *Popular Diets TX WIC*

- Description**
- Often consuming nonfood items:
 - Such as ashes, cigarette butts, clay, dust, soil, starch

Assess Readiness for Change: with open ended questions

- “You have been told you have pica. How has this been affecting you?”
- “Tell me about your Dr’s treatment plan and how that has been going for you?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“I eat starch but I don’t eat that much and the baby is doing ok. It is just a craving.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “If your Dr diagnosed pica, it is more than a craving. Tell me how you been dealing with your craving?” • “How would you feel about avoiding starch and getting help?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you have pica which can be dangerous for you and your baby. It sounds like you don’t feel the pica will affect your baby. If you would like to talk about it in the future let us know. What other concerns do you have today?”
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Record Plan or Goal	Mom feels pica/starch is not a problem and will go away. Did ask about prenatal Vits. Says will begin prenataals.	
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<p>Unsure →</p> <p>“The Dr referred me to a therapist but I can’t afford to go.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “How would you feel about applying for assistance so you can get treatment?” • “On a scale of 1-10, how confident are you that you can make some changes on your own?” 	<ul style="list-style-type: none"> • Differs from normal cravings (i.e. pickles, ice cream) <ul style="list-style-type: none"> ○ Is “persistent” ingestion (one month or more) • Cause unknown but theories: nutrition deficiencies (controversial), physiological issues or cultural practices • Can lead to: lead poisoning, anemia, and problems with bowels, teeth or parasites, and poor nutrition for supporting fetus/baby • Treatment: behavior therapy (counselor & eating disorder specialist) and addressing side effects (such as anemia and lead levels)
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Record Plan or Goal	Mom has pica. Can’t afford counseling. Does not want to apply for assistance. Unsure if can change on her own.	
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<p>Ready →</p> <p>“I just can’t stop eating starch. I’m worried about my baby.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like you have tried to stop. What have you already tried?” • “Where do you think you could go for some help/counseling?” 	<ul style="list-style-type: none"> • "I'd feel more comfortable if you saw the dietitian. Let me get the referral list (mental health) and see if we can get you in with their RD.”
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Record Plan or Goal	Mom has no help for her pica. She feels she can’t avoid on her own. Made referral to counselor and RD.	
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Education Resources	<p>http://www.adajournal.org/article/S0002-8223(01)00082-7/abstract Resource- <i>How do I help Patients with Pica?</i> American Dietetic Association</p> <p>http://www.americanpregnancy.org/pregnancyhealth/unusualcravingspica.html Resource- <i>Pica in Pregnancy</i></p>
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Description • Often not consuming supplements recommended as essential:
 ○ PG: 30mg iron, BF/NBF: 400mcg folic acid

Assess Readiness for Change: with open ended questions

- “You are not taking xx (i.e. folic acid). What is the reason?”
- “What have you heard about xx (i.e. folic acid)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “I had my baby and I’m not breastfeeding so I don’t need it anymore.”</p> <p>Raise awareness & personalize change</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “It is recommended, any women who could get pregnant, take folic acid. It is most needed taken early, even before you know you are pregnant. How would you feel about taking folic acid since you could become pregnant again?” <p>Mom to take folic acid. Didn’t know needed to continue. Check supplement use next appointment.</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because it is recommended that women take folic acid. Folate is also present in foods. Would you mind if I shared some of those foods?” • <i>Knowledge: folic acid and foliate are interchangeable, folic acid is the manmade form (used in supplements), folate is the from found in foods (dark green veg, oranges)</i>
<p>Unsure → “I eat well so it doesn’t seem like I need to take a vitamin. It would just be wasted.”</p> <p>Raise awareness & confidence & identify barriers to change</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “Folic acid is still recommended as most of us don’t eat perfectly everyday! What other reasons do you have for not including it as part of your day?” • “On a scale of 1-10, how willing are you to take folic acid?” • “You mentioned you feel like you eat well, what do you eat to get in your folic acid?” <p>Mom eats cereal daily. She decided doesn’t need folic acid. Shared reading labels.</p>	<ul style="list-style-type: none"> • Folic acid: for pregnant and women who could get pregnant, to prevent birth defects of spine/brain <ul style="list-style-type: none"> ○ Sources: prenatal vitamin (or folic acid supplement) & foods • Iron: prevents anemia <ul style="list-style-type: none"> ○ Sources: prenatal vitamin & foods
<p>Ready → “I should be taking a prenatal vitamin but I don’t have a prescription yet.”</p> <p>Help plan change-support</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “We would like to see you start your vitamin soon. When do you think you will have your prescription?” <p>Encouraged Vit even if gets on her own. Reviewed folic acid in foods. Mom says will include a folic acid food daily for now.</p>	<ul style="list-style-type: none"> • "Until you get your prescription, how about making sure you get in a good folic acid food source every day?"

Not ready →
 “I had my baby and I’m not breastfeeding so I don’t need it anymore.”

Raise awareness & personalize change

Record Plan or Goal

- “It is recommended, any women who could get pregnant, take folic acid. It is most needed taken early, even before you know you are pregnant. How would you feel about taking folic acid since you could become pregnant again?”

Mom to take folic acid. Didn’t know needed to continue. Check supplement use next appointment.

- “You are eligible for WIC because it is recommended that women take folic acid. Folate is also present in foods. Would you mind if I shared some of those foods?”
- *Knowledge: folic acid and foliate are interchangeable, folic acid is the manmade form (used in supplements), folate is the from found in foods (dark green veg, oranges)*

Unsure →
 “I eat well so it doesn’t seem like I need to take a vitamin. It would just be wasted.”

Raise awareness & confidence & identify barriers to change

Record Plan or Goal

- “Folic acid is still recommended as most of us don’t eat perfectly everyday! What other reasons do you have for not including it as part of your day?”
- “On a scale of 1-10, how willing are you to take folic acid?”
- “You mentioned you feel like you eat well, what do you eat to get in your folic acid?”

Mom eats cereal daily. She decided doesn’t need folic acid. Shared reading labels.

- Folic acid: for pregnant and women who could get pregnant, to prevent birth defects of spine/brain
 - Sources: prenatal vitamin (or folic acid supplement) & foods
- Iron: prevents anemia
 - Sources: prenatal vitamin & foods

Ready →
 “I should be taking a prenatal vitamin but I don’t have a prescription yet.”

Help plan change-support

Record Plan or Goal

- “We would like to see you start your vitamin soon. When do you think you will have your prescription?”

Encouraged Vit even if gets on her own. Reviewed folic acid in foods. Mom says will include a folic acid food daily for now.

- "Until you get your prescription, how about making sure you get in a good folic acid food source every day?"

Education Resources	http://womenshealth.gov/faq/folic-acid.pdf Handout- <i>Folic Acid FAQ's (4pgs)</i> http://womenshealth.gov/faq/folic-acid.cfm Resource- <i>Folic Acid Quiz</i> http://www.utextension.utk.edu/publications/spfiles/sp505-a.pdf Handout- <i>Folic Acid for Healthy Babies</i>
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Description • Consuming foods that could be contaminated with microorganisms/toxins:
 ○ Unpasteurized juice/dairy/soft cheese, raw or undercooked fish/shellfish/meat/fish/poultry/eggs/sprouts/tofu, unheated deli meats or hotdogs

Assess Readiness for Change: with open ended questions

- “You eat sandwiches at lunch. How would you feel about avoiding xx (i.e. cold cut sandwiches) during your pregnancy?”
- “What have you heard about food borne illness from listeria?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“That’s crazy, they are already cooked and fast food uses.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It isn’t something we typically think about. Pregnant women are more susceptible to food poisoning from unheated lunch meat. How would it be for you to choose an alternate hot sandwich, like French dip or meatball instead?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because unheated deli meats can be contaminated with bacteria. It is recommended, pregnant women avoid cold cuts unless they are reheated. What other foods concern you?” • <i>Knowledge: listeria, a bacteria, can cause food poisoning especially in pregnant women; can lead to miscarriage, fetal death</i>
Record Plan or Goal		
<p>Unsure →</p> <p>“I never would have thought about reheating deli meats.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, we mention it, since pregnant, you more susceptible to listeria, a bacteria which causes food poisoning. Where do you eat deli meats (home, restaurant, fast food)?” • “On a scale of 1-10, how concerned are you with safe handling of food to prevent food poisoning?” 	<ul style="list-style-type: none"> • Avoid unpasteurized juice, cheese, milk, and tofu, undercooked foods and raw sprouts- may contain bacteria and cause food poisoning. In pregnancy: <ul style="list-style-type: none"> ○ Only purchase pasteurized products ○ Cook all foods to proper temperatures ○ Reheat deli/lunch meat before serving ○ Follow safe handling practices ○ Wash all fruit/vegs before eating ○ Don’t eat raw/rare meat or seafood
Record Plan or Goal		
<p>Ready →</p> <p>“Are you serious, heating up lunch meat?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “That is safest. Pregnant women and young children are most susceptible to food poisoning. What do you think is the best way to prevent food poisoning?” 	<ul style="list-style-type: none"> • "Sounds like you are good about hand washing. Another thing is when you are thawing meat, do it in the refrigerator, not on the counter.”
Record Plan or Goal		
<p>Mom accepted alert and listeria handout though doesn’t seem concerned. Follow-up nest appointment.</p>		
Record Plan or Goal		
<p>Mom not overly concerned but accepted handout. At minimum will be more cautious of food storage.</p>		
Record Plan or Goal		
<p>Mom hadn’t heard of listeria. Accepted handout. Says will be more cautious of where she eats lunch meats.</p>		

Not ready →

“That’s crazy, they are already cooked and fast food uses.”

Raise awareness & personalize change

- “It isn’t something we typically think about. Pregnant women are more susceptible to food poisoning from unheated lunch meat. How would it be for you to choose an alternate hot sandwich, like French dip or meatball instead?”

- “You are eligible for WIC because unheated deli meats can be contaminated with bacteria. It is recommended, pregnant women avoid cold cuts unless they are reheated. What other foods concern you?”
- *Knowledge: listeria, a bacteria, can cause food poisoning especially in pregnant women; can lead to miscarriage, fetal death*

Record Plan or Goal

Unsure →

“I never would have thought about reheating deli meats.”

Raise awareness & confidence & identify barriers to change

- “Yes, we mention it, since pregnant, you more susceptible to listeria, a bacteria which causes food poisoning. Where do you eat deli meats (home, restaurant, fast food)?”
- “On a scale of 1-10, how concerned are you with safe handling of food to prevent food poisoning?”

- Avoid unpasteurized juice, cheese, milk, and tofu, undercooked foods and raw sprouts- may contain bacteria and cause food poisoning. In pregnancy:
 - Only purchase pasteurized products
 - Cook all foods to proper temperatures
 - Reheat deli/lunch meat before serving
 - Follow safe handling practices
 - Wash all fruit/vegs before eating
 - Don’t eat raw/rare meat or seafood

Record Plan or Goal

Ready →

“Are you serious, heating up lunch meat?”

Help plan change-support

- “That is safest. Pregnant women and young children are most susceptible to food poisoning. What do you think is the best way to prevent food poisoning?”

- "Sounds like you are good about hand washing. Another thing is when you are thawing meat, do it in the refrigerator, not on the counter.”

Record Plan or Goal

Education Resources

<http://www.fda.gov/downloads/Food/ResourcesForYou/Consumers/UCM182158.pdf> Handout- *What Need Know Mercury in Fish*

http://www.fshn.caahs.colostate.edu/extension/files/Listeria_tearsheet.pdf Handout- *Listeriosis and Pregnancy- What is your risk?*

http://www.pbchd.com/pdfs/prevention_pointers/listeriosis.pdf Handout- *What is listeria- how prevented?*

<http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm094783.htm> Resource- *Food Safety Mom’s to Be*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac26-s.pdf> Resource- *Food Safety During Pregnancy*

428 Dietary Risk Associated with Complementary Feeding Practices (I 4-12mo, C 12-23mo)

Description

- Presumed diet risk 4-23mo, complementary feeding; begins solid food, self feeding, weaning, transition from infant food to Dietary Guidelines
- When no other risks are found

Assess Readiness for Change: with open ended questions

- “Sam is growing well and you are doing a great job starting new foods. What feeding questions do you have today?”
- “A lot of parents say their biggest concern is that their child is picky. “What is your biggest worry about feeding Sam?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“None. He eats fine, eats everything. And tires to grab food by himself.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Great, he is a good eater! When children learn good eating habits, they eat healthier later in life. As a family what do you think you could do differently at mealtime?” • “What would you want to change about his eating if you could?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has no other risk and he is an age where he is learning eating habits to last a lifetime. WIC can help with feeding decisions. It’s time to start a cup, may I share tips on using?” • <i>Knowledge: complementary feeding is gradual addition of food/beverages to a child’s diet, to assure nutrition meets child’s physical, intellectual and behavioral stages</i>
<p>Record Plan or Goal</p>	<p>Mom accepted cup info. Plans to try by next appointment. Check cup success.</p>	
<p>Unsure →</p> <p>“Sometimes I worry that I am not giving him the right foods.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “We can talk about that. Tell me more about the foods you are worried about?” • “On a scale of 1-10, how worried are you that he is not getting the right foods?” • “What reasons make you unsure he is getting the right foods (i.e. money, knowledge, acceptance)?” 	<ul style="list-style-type: none"> • WIC role of prevention (deficiencies and obesity) and promotion (assisting with feeding decisions) • Assist successful feeding: <ul style="list-style-type: none"> ○ offering nutritious foods, meeting energy needs ○ parents deciding what, when, where, how ○ teaching healthy lifelong eating habits ○ considering child’s ability, independence • Nutrients low (12-23mo): iron, Vit E, fiber, potassium • Nutrients in excess: zinc, Vit A, sodium, energy
<p>Record Plan or Goal</p>	<p>Mom worried that child spits out food. Discussed reasons. Mom to offer problem foods again with a liked food.</p>	
<p>Ready →</p> <p>“I think I am doing ok but my mom thinks I should feed him table foods already?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Tell me what concerns you have with starting table foods?” • “When do you want to start table foods?” 	<ul style="list-style-type: none"> • "How would it be if we talk about some ways to know if Sam is ready to try table foods?"
<p>Record Plan or Goal</p>	<p>Intro table foods would be age appropriate for Sam. Mom fearful. Discussed possible foods. Mom to try soft potatoes.</p>	

Not ready →

“None. He eats fine, eats everything. And tires to grab food by himself.”

Raise awareness & personalize change

Try Counseling Strategies

- “Great, he is a good eater! When children learn good eating habits, they eat healthier later in life. As a family what do you think you could do differently at mealtime?”
- “What would you want to change about his eating if you could?”

Try Education

- “Sam is eligible for WIC because he has no other risk and he is an age where he is learning eating habits to last a lifetime. WIC can help with feeding decisions. It’s time to start a cup, may I share tips on using?”
- *Knowledge: complementary feeding is gradual addition of food/beverages to a child’s diet, to assure nutrition meets child’s physical, intellectual and behavioral stages*

Record Plan or Goal Mom accepted cup info. Plans to try by next appointment. Check cup success.

Unsure →

“Sometimes I worry that I am not giving him the right foods.”

Raise awareness & confidence & identify barriers to change

Try Counseling Strategies

- “We can talk about that. Tell me more about the foods you are worried about?”
- “On a scale of 1-10, how worried are you that he is not getting the right foods?”
- “What reasons make you unsure he is getting the right foods (i.e. money, knowledge, acceptance)?”

Try Education

- WIC role of prevention (deficiencies and obesity) and promotion (assisting with feeding decisions)
- Assist successful feeding:
 - offering nutritious foods, meeting energy needs
 - parents deciding what, when, where, how
 - teaching healthy lifelong eating habits
 - considering child’s ability, independence
- Nutrients low (12-23mo): iron, Vit E, fiber, potassium
- Nutrients in excess: zinc, Vit A, sodium, energy

Record Plan or Goal Mom worried that child spits out food. Discussed reasons. Mom to offer problem foods again with a liked food.

Ready →

“I think I am doing ok but my mom thinks I should feed him table foods already?”

Help plan change-support

Try Counseling Strategies

- “Tell me what concerns you have with starting table foods?”
- “When do you want to start table foods?”

Try Education

- "How would it be if we talk about some ways to know if Sam is ready to try table foods?"

Record Plan or Goal Intro table foods would be age appropriate for Sam. Mom fearful. Discussed possible foods. Mom to try soft potatoes.

Education Resources

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=11 Handout- #11 Vegetable Baby Face- intro vegs

http://here.doh.wa.gov/materials/feeding-your-1-to-2-year-old/15_WIC1to2_E05L.pdf Handout- WA WIC- Feeding Your 1-2yr

http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf Handout- WA WIC- Feeding Your Baby 6-12mo

501 Possibility of Regression (ALL)

Description • Participant previously at risk, has since improved & no longer at risk; if they did not continue WIC, they may not maintain their improved status (they may “regress” back to having the original risk again)

Assess Readiness for Change: with open ended questions

- “Your xx (i.e. their past risk such as low iron) has improved. Why do you think it improved?”
- “What health or eating concerns do you have today?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “I don’t have any concerns. Everything is fine.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad you are doing well. Since you started WIC, how do you think your eating has changed?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because you had a health or nutrition risk that has improved. We want to continue your WIC to make sure you stay healthy.” • “We offer these xx nutrition classes. Which one sounds most interesting to you?”
Record Plan or Goal Participant chose xx class for next nutrition ed class. Will re-assess preferred classes next appointment.		
<p>Unsure → “I didn’t think my xx (i.e. iron) had improved. I still feel so tired?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Your xx (i.e. hgb) has improved, but having a new baby is tiring. How much rest are you able to get each day?” • “You may not be getting enough to eat? How often do you eat?” • “On a scale of 1-10, how concerned are you that your xx (i.e. iron) will be low again?” 	<ul style="list-style-type: none"> • Risk improvement may be just above the cut-off level. Ask questions related to their risk, to assess possibility of regressing back to having that risk again.
Record Plan or Goal Mom skipping breakfast. Will try to eat breakfast every day. Re-asses complaint of tiredness next appointment.		
<p>Ready → “Before WIC, I didn’t know which foods were high in iron, but now I do. When will you check my iron again?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “We were happy to have helped you learn about iron! Since your iron was normal, we will re-check it again in xx (i.e. a year).” • “What high iron foods have you added to your diet?” 	<ul style="list-style-type: none"> • “Those are great iron foods. We do the finger stick at cert but if you want us to check it more often let us know.”
Record Plan or Goal Mom would like iron checked in two months. Re-asses iron status next appointment.		

Education Resources	<p>http://www.health.gov/DietaryGuidelines/dga2005/document/default.htm Resource- <i>Dietary Guidelines for Americans (repeat source)</i></p> <p>http://www.mypyramid.gov/ Resource- <i>MyPyramid (repeat source)</i></p> <p>http://kidshealth.org/classroom/index.jsp?Grade=cc&Section=hhfl Resource- <i>Healthy Habits for Life (tool kit- Sesame Street)</i></p> <p>http://www.americanheart.org/presenter.jhtml?identifier=1200009 Resource- <i>Healthy Lifestyle- American Heart Association</i></p>
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502 Transfer of Certification (ALL)

Description		<ul style="list-style-type: none"> Participant with a valid cert may transfer to another WIC agency. Their cert must be considered valid at the new agency until that cert expires Relate nutrition education to individual risks that were assigned for that certification period
Assess Readiness for Change: with open ended questions		
<ul style="list-style-type: none"> “Your certification from xx (i.e. their state) shows you were on WIC because of xx (i.e. their risks). Which risk concerns you the most?” “What questions do you have about Alaska WIC?” 		
Discussion, Counseling and Education		
If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I didn’t know I had a risk.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> “Yes, to be eligible for WIC you must have a health or nutrition risk. What questions do you have about your xx (i.e. their risk/topic)?” 	<ul style="list-style-type: none"> As accepted, offer nutrition ed related to their risk(s) Review Alaska WIC foods/procedures (Alaska may differ from other states)
Record Plan or Goal		Participant unaware of risk process. Explained risks. Re-assess readiness for change at next appointment.
<p>Unsure →</p> <p>“They said his iron was low?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> “Yes, so we will check Sam’s iron again at his next cert. Fill me in on what xx (her state) told you about iron and iron in food?” “What feeding concerns do you have for Sam?” “On a scale of 1-10, how concerned are you with Sam’s iron?” 	<ul style="list-style-type: none"> As accepted, offer nutrition ed related to their risk/risks
Record Plan or Goal		Parent aware iron was low. Accepted iron in foods handout. Will check Hgb next appointment.
<p>Ready →</p> <p>“They said he didn’t eat enough vegetables. I still can’t get him to eat any.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> “It sounds like you have tried to get Sam to eat more vegetables. What have you tried that has worked to get Sam to eat more vegetables?” 	<ul style="list-style-type: none"> “That is a good way to start. You might also want to try using dips, children love to dip things.”
Record Plan or Goal		Discussed parent’s concerns for vegetable acceptance. Mom plans to try dips at lunch when they have raw vegetables.
Education Resources	http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Admin_PandP_Ch1.pdf Resource- AK WIC Policy & Procedure Manual- Accepting VOC’s	

503 Presumptive Eligibility for Pregnant Women (PG)

Description • A pregnant woman who meets WIC income guidelines, can be certified without evaluating her risk (as “presumed eligible”); a full nutrition assessment with risk assignment must then be completed within 60 days

Assess Readiness for Change: with open ended questions

- “Have you been on WIC before?” “What do you already know about WIC?”
- “How is the pregnancy going so far?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready → “I don’t really know what WIC is. My health nurse told me to come.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad you came. WIC gives you vouchers to take to the store to buy food. We also talk about eating for a healthy pregnancy.” • “Would you like a handout on eating during pregnancy? We can talk about it more at your next appointment.” 	<ul style="list-style-type: none"> • “WIC wants to help you eat well. Since you meet WIC’s income guidelines, we can start your WIC now. You’ll come back to finish the rest of your application. That way you can get your WIC foods today!” • “Let’s go over the WIC Food List so you know how to use your WIC vouchers.”
Record Plan or Goal	Mom accepted eating in pregnancy handout. One month presumptive issued. Will assess risks/needs next appointment.	
<p>Unsure → “Isn’t WIC welfare? I don’t want to be on welfare”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “WIC is different. We provide specific healthy foods. And we offer nutrition education, like information on eating during pregnancy & infant feeding. You aren’t required to be on any assistance programs to receive WIC.” • “On a scale of 1-10, how concerned are you that you are receiving WIC?” • “What other concerns do you have today?” 	<ul style="list-style-type: none"> • Share reasoning behind WIC foods: <ul style="list-style-type: none"> ○ Follows MyPyramid ○ Calcium: milk, cheese ○ Iron: cereal, beans ○ Protein: bean, PB, cheese ○ Vitamin A & C: fruit & vegs • Inform of services your clinic offers
Record Plan or Goal	Mom decided to accept WIC. One month presumptive issued. Will evaluate nutrition needs next appointment.	
<p>Ready → “You don’t know how much WIC helps my family, especially now that I am pregnant again.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “I’m glad we can help your family. Since you are familiar with WIC, what can I answer for you today?” 	<ul style="list-style-type: none"> • “Sam is almost 5 yrs now so it has been awhile since you were pregnant. To answer your question, it is recommended that you have 3 cups milk a day. Is that something you think you can do?”
Record Plan or Goal	Mom wanted reminder milk needs for pregnancy. One month presumptive. Complete risk assessment next appointment.	
Education Resources	<p>http://www.merck.com/mmhe/sec22/ch258/ch258b.html Resource- <i>risk factors prepregnancy, during pregnancy and pregnancy complications</i></p> <p>http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Admin_PandP_Ch2.pdf</p> <p>Resource- <i>AK WIC Policy & Procedure Manual- Presumptive Eligibility</i></p>	

601 Breastfeeding Mother of Infant at Nutritional Risk (BF)

- Description**
- A women whose breastfeed infant has a nutrition risk
 - Infant is dependent on mother for nutrition, mom needs adequate nutrition to support nutrient content of breast milk (added 500 kcal daily)

Assess Readiness for Change: with open ended questions

- “How can I support your breastfeeding?”
- “How has your eating changed now that you are breastfeeding?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“Feeding is going fine. He took the breast easily.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I’m glad nursing is going well. Your baby has special needs since he is xx (i.e. infant’s risk; such as prematurity). I see from your application that Sam is feeding 7 times a day. How do you feel about the amount he is eating?” 	<ul style="list-style-type: none"> • “You need an extra 500 calories a day to produce healthy breast milk for your baby. To give an idea, that equals about 1 fruit, 1 veg, 1 cup milk and a sandwich each day. How does that fit into how you usually eat?” • “May I share with you information on eating while breastfeeding?”

Record Plan or Goal Mom states happy with BF. Infant weight gain normal. Re-check weight and assess readiness for change at next appointment.

<p>Unsure →</p> <p>“I don’t think I have enough milk so I was thinking I may add formula?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “You have been breastfeeding. That is the best food for Sam, especially since he is at risk for xx. Tell me more about why you feel you need to add formula?” • “On a scale of 1-10, how strongly do you feel you should add formula now?” 	<ul style="list-style-type: none"> • Address mom’s related concerns: <ul style="list-style-type: none"> ○ Formula request? ○ Infant weight gain? ○ Infant’s medical needs (i.e. cleft pallet, LBW)? ○ Milk supply, feeding schedule, etc.? ○ Pumping? ○ Lactation consultant referral?
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Record Plan or Goal Mom still wants formula. Partial formula issued. Will check weigh and re-asses next appointment.

<p>Ready →</p> <p>“I know breastfeeding is best for my baby. I hope I can breastfeed longer than my sister was able too?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like you really want to keep breastfeeding. How long were you wanting to breastfeed? Tell me why you are concerned you might have the same breastfeeding problem your sister had?” • “You sound concerned about being able to continue breastfeeding. Why are you hesitant about your ability to continue breastfeeding?” 	<ul style="list-style-type: none"> • “Premature infants may tire easily, so you may want to try feeding more often for shorter periods.”
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Record Plan or Goal Mom concerned about milk supply. Discussed increasing supply. One month issued. Check infant weight next appointment.

Education Resources	<p>http://www.healthyarkansas.com/breastfeeding/pamphlets.html Resource- <i>Arkansas WIC BF handouts (“Yes I’m going to breastfeed”)</i></p> <p>http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFResource.aspx Resource- <i>California WIC BF handouts(“What to expect 1st week BF”)</i></p>
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602 Breastfeeding Complications or Potential complications (Women) (BF)

HR: BF

Description • A breastfeeding women with any of the following or potential complications:
 • Severe engorgement, plugged ducts, mastitis, inverted nipples, cracked/bleeding nipples, \geq age 40, failure milk come in by 4 days, tandem nursing

Assess Readiness for Change: with open ended questions

- “You mentioned that xx (i.e. your breasts are hard and tender). Tell me a little more about how that is affecting your breastfeeding?”
- “What is your biggest concern for your baby today?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“My breasts are better. They aren’t as sore. I use cold packs and just feed him anyway.”</p>	<ul style="list-style-type: none"> • “It sounds like cold packs are helping your engorgement, but you still feel pain breastfeeding? May I share some other ideas that might help you be more comfortable?” 	<ul style="list-style-type: none"> • “You might try warm compresses just before feeding. And putting Sam to breast more frequently. That helps get the milk out and help reduce the engorgement.” • “Would you be interested in seeing a lactation consultant? I can make a referral for you.”
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Raise awareness & personalize change

Record Plan or Goal	Mom wants to wait to see LLC since she is not as sore. Re-asses level of engorgement at next appointment.
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<p>Unsure →</p> <p>“I saw the lactation consultant at the hospital. She told me to feed more often.”</p>	<ul style="list-style-type: none"> • “Yes, that helps when your breasts are engorged. What other suggestions did she have for you? Which other suggestions have you tried?” • “On a scale of 1-10, how comfortable would you be seeing the lactation consultant again?” 	<ul style="list-style-type: none"> • Offer recommended solutions for breastfeeding issue • Refer to LLC as needed • Monitor infant’s weight gain
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Raise awareness & confidence & identify barriers to change

Record Plan or Goal	Mom plans to put baby to breast every two hours. Will call mom in three days. Check infant’s weight next appointment.
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<p>Ready →</p> <p>“I don’t want to add formula but with the pain I don’t know if I can keep breastfeeding.”</p>	<ul style="list-style-type: none"> • “We want to help you continue to breastfeed. Let’s talk about ways to reduce your pain. Talk me through when the pain occurs and how long it lasts?” 	<ul style="list-style-type: none"> • “I’d suggest we make an appointment with the lactation consultant. I can give you some basic pointers but she has more experience helping breastfeeding women with your concerns.”
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Help plan change-support

Record Plan or Goal	Able to get appointment with LLC for tomorrow. Issued one month only. Follow-up results LLC visit next appointment.
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Education Resources	<p>http://www.llli.org/resources.html?m=0 Resource- <i>La Leche League- links to general topics</i></p> <p>http://www.nal.usda.gov/wicworks/Learning_Center/Breastfeeding_educational.html Resource- <i>WIC Works BF Materials</i></p> <p>http://www.leron-line.com/ Resource- <i>Lactation Education Resources- handouts and CE training (free)</i></p>
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603 Breastfeeding Complications or Potential Complications (Infant)

HR: I

- Description**
- A breastfeeding infant with any of the following or potential complications:
 - Jaundice, weak suck, difficulty latching, inadequate stools or wet diapers

Assess Readiness for Change: with open ended questions

- “Sam is having problems xx (i.e. latching onto your breast). Tell me more about that. Has this always been a problem or is this a change?”
- “What do you think might be causing Sam’s problem xx (i.e. latching)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
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<p>Not ready →</p> <p>“He had a little trouble in the hospital. We are just getting used to each other.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “So it sounds like this isn’t a new problem? What things have you tried to do to make it easier for Sam to feed?” • “What do you think is going well?” 	<ul style="list-style-type: none"> • “I’m glad you are still breastfeeding. Would you be interested in a referral to the lactation consultant who has more experience with your breastfeeding needs?”
<p>Record Plan or Goal Mom does not want to see LLC. Will re-assess readiness for change at next appointment.</p>		

<p>Unsure →</p> <p>“The nurse said he was feeding ok. But I never felt like I was doing it right?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “So the nurse helped you at the hospital. Did the lactation consultant come see you too?” • “It sounds like it has been difficult to continue breastfeeding? Why do you feel breastfeeding isn’t going right?” • “On a scale of 1-10, how concerned are you that breastfeeding is not going as you expected?” 	<ul style="list-style-type: none"> • Offer solutions for causes of mom’s concern (i.e. poor latch) or: <ul style="list-style-type: none"> ○ Flat/inverted nipples ○ Engorgement ○ Incorrect positioning ○ Early bottle use (nipple confusion) • Referral to LLC as needed • Monitor infant’s weight gain
<p>Record Plan or Goal Infant weight gain good. Mom referred to LLC. Follow-up referral and re-asses next appointment.</p>		

<p>Ready →</p> <p>“I want to breastfeed. Can you tell me what to do for xx (i.e. inverted nipples)?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Sometimes using nipple shields or a pump to pull out the nipple is suggested. How familiar are you with either of those ideas?” 	<ul style="list-style-type: none"> • “I can share this handout that talks about breastfeeding with inverted nipples. I’d suggest you see the lactation consultant so she can provide you more individual assistance? How does that sound?”
<p>Record Plan or Goal Mom wants to continue BF. Able to make appointment for LLC. Follow-up referral and re-asses BF status next appointment.</p>		

Education	http://www.nlm.nih.gov/medlineplus/ency/article/001559.htm Resource- <i>Newborn Jaundice</i>
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Resources	http://www.womenshealth.gov/breastfeeding/learning/ Resource- <i>Learning to Breastfeed</i>
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701 Infant up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy (I)

- Description**
- Infant <6mo whose mother receives WIC or who would have qualified for WIC during her pregnancy
 - Participating in WIC during pregnancy is linked to improved pregnancy outcomes; infants on WIC have less anemia and better growth

Assess Readiness for Change: with open ended questions

- “It looks like Sam is doing really well. What concerns do you have today?”
- “Sam’s weight gain is good. How are his feedings going?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He eats a lot. He hasn’t had any problems.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Tell me how Sam lets you know he is hungry?” • “So feeding is going well. When do you plan on adding solid foods like infant cereal?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because you were on WIC during your pregnancy. By continuing WIC we can help Sam eat well too!” • “May I share our infant feeding guide with you?”
Record Plan or Goal	Mom accepted feeing guide. Plans to add cereal 4 mo. Encouraged to wait until 6mo. Re-assess solid intro next appointment.	
<p>Unsure →</p> <p>“I think I feed him enough?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “You sound a little hesitant. Is there something that is worrying you?” • “You said you feed Sam about xx ounces formula each day. Tell me more about how often he eats and how much he takes at each feeding?” • “On a scale of 1-10, how worried are you that he is not getting enough to eat?” 	<ul style="list-style-type: none"> • Offer infant feeing information: <ul style="list-style-type: none"> ○ Hunger cues ○ Formula/breast milk volume ○ Age & method solid intro ○ Age cup intro
Record Plan or Goal	Mom says she feels better after talking. Offered to check weight next appointment.	
<p>Ready →</p> <p>“It has been a few years between babies. I don’t remember when to add cereal.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “WIC moms have said that when there are a few years between siblings! Cereal used to be started at 4mo. The recommendations have changed. It is now suggested that solids be introduced at 6 mo. How do you feel about waiting with Sam?” 	<ul style="list-style-type: none"> • “The 6 mo recommendation is based on new, current research. We have a feeding guide that includes the new age for introduction.”
Record Plan or Goal	Mom said she would probably wait until 6 mo for solids. Follow-up on mom’s feeding plan next appointment.	

Education Resources

<http://www.fns.usda.gov/oane/MENU/Published/WIC/FILES/NHANES-WICSummary.pdf#xml=http://65.216.150.153/teaxis/search/pdfhi.txt?query=health+outcomes&pr=FNS&prox=page&rorder=500&rprox=500&rdfreq=500&rwfreq=500&rlead=500&rdepth=0&sufs=0&order=r&cq=&id=4ace9e6735> Resource- *summary- WIC participant dietary quality*

<http://ddr.nal.usda.gov/dspace/bitstream/10113/33688/1/CAT31012177.pdf> Resource- *Effect WIC Participation on Child Outcomes*

702 Breastfeeding Infant of Woman at Nutritional Risk (Infant)

- Description**
- An infant whose breastfeeding mother has a nutrition risk
 - Infant is dependent on mother’s milk; mother’s poor nutrition may decrease nutrient content of her milk

Assess Readiness for Change: with open ended questions

- “Sam’s lucky to have your breast milk! What you eat can affect your milk. How is eating going for you?”
- “What concerns do you have with your breast milk or breastfeeding?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I haven’t had any problems eating. I can eat anything now.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It’s good to hear things are going well. How are you eating differently now that you are breastfeeding?” • “So breastfeeding is going well, and you don’t have any concerns?” • “Is there any part of breastfeeding not going quite the way you hoped?” 	<ul style="list-style-type: none"> • “Your infant is eligible for WIC because you are at risk for xx (i.e. Failure Meet Dietary Guidelines). As a breastfeeding mom, you need extra calories and nutrition to support your breast milk!” • “May I share a handout on eating during breastfeeding?”
<p>Record Plan or Goal Mom states BF is going fine, no concerns. Accepted food guide handout. Will re-assess needs at next appointment.</p>		
<p>Unsure →</p> <p>“I’m so busy; I don’t eat like I should.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Time does fill up with a new baby around! What do you think you should be eating that you aren’t?” • “What changes have you wanted to make? Can I help you with them, maybe some ideas on quick foods or easy meals?” • “On a scale of 1-10, how much do you think eating affects your breastfeeding?” 	<ul style="list-style-type: none"> • Nutrition in breastfeeding: <ul style="list-style-type: none"> ○ Well balanced & variety ○ Eat to hunger ○ Drink to thirst ○ Folic acid (since childbearing age) ○ Caffeine in moderation ○ Alcohol in moderation
<p>Record Plan or Goal Discussed quick foods like nuts, hardboiled eggs, yogurt. Mom may try quick foods. Re-asses meal plan at next appointment.</p>		
<p>Ready →</p> <p>“My iron is low, maybe that is why I don’t have enough milk?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Your body has a wonderful way of protecting your milk so Sam gets what he needs! But your iron stores can get used up. We can talk about ways to increase the iron you eat?” • “There are other things that affect the amount of milk you make. Tell me more about how often Sam feeds?” 	<ul style="list-style-type: none"> • “Check with your Dr about continuing your prenatal vitamins as long as you are breastfeeding. They provide nutrients to support breastfeeding, like iron and folic acid.”
<p>Record Plan or Goal Sam falls asleep BF. Discussed feed more often to increase supply. Mom to offer breast more often.</p>		
<p>Education Resources</p>	<p>http://www.womenshealth.gov/breastfeeding/concerns/ Resource- <i>Common Breastfeeding Concerns</i></p>	

703 Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse (I)

Description • Infants born to mothers with mental retardation, alcohol or drug use may be at risk of poor bonding and parenting skills between mother and infant and be at risk for failure to thrive, abuse, neglect and other social risks

Assess Readiness for Change: with open ended questions

- “What is your day like for you and Sam?”
- “Do you feed Sam yourself, or do you have help at home?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
Not ready “My boyfriend helps me. But I stay with Sam mostly.” Raise awareness & personalize change	<ul style="list-style-type: none"> • “So it sounds like you are the one who feeds Sam most of the time. How is feeding going for both of you?” • “What concerns you most about taking care of Sam?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because you have xx (i.e. a disability or drug/alcohol abuse) that can affect the way you care for Sam?” • “We can help you find services that are available to help you if you feel like you need some assistance?”
Record Plan or Goal	Mom acknowledges drug use but feels she is dealing with Sam ok. Check child’s weight & re-assess next appointment.	
Unsure “I feed him usually as I am trying to breastfeed?” Raise awareness & confidence & identify barriers to change	<ul style="list-style-type: none"> • “I hear a little hesitation. You said “trying” to breastfeed. What concerns do you have with how breastfeeding is going?” • “On a scale of 1-10, how worried are you that you won’t be able to keep breastfeeding?” 	<ul style="list-style-type: none"> • Be sensitive but aware of possible neglect of infant: <ul style="list-style-type: none"> ○ Report suspected abuse ○ Refer to assistance programs as needed ○ Offer information on infant feeding as needed
Record Plan or Goal	Mom states she wants to continue BF. Made referral to LLC. Re-asses BF status next appointment.	
Ready “I was messed up before I got pregnant. Now I go to counseling. I want to be a good mom.” Help plan change-support	<ul style="list-style-type: none"> • “How has counseling helped you the most?” • “WIC focuses on feeding and foods. What concerns about food do you have?” • “What else can I help you with today?” 	<ul style="list-style-type: none"> • “Infants often have fussy times of the day. It may not be because they are hungry. I have a crisis hot line number I can share with you for the times you get frustrated and you think you might need to talk to someone?”
Record Plan or Goal	Mom said when baby cries it stresses her. Provided crisis hotline number. Mom’s friend can take baby. Follow-up stressors.	

Education Resources	http://kidshealth.org/parent/pregnancy_newborn/communicating/bonding.html# Resource- <i>Bonding with Baby</i> http://teacher.scholastic.com/professional/bruceperry/bonding.htm#author Resource- <i>Bonding and Attachment in Maltreated Children</i>
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801 Homeless (All)

Description		
<ul style="list-style-type: none"> • Participants who do not have a regular nighttime residence: live in shelters, temporary institutions or temporary accommodations • Homeless are at risk and have special needs 		
Assess Readiness for Change: with open ended questions		
<ul style="list-style-type: none"> ▪ “Tell me more about your living situation.” ▪ “What is your biggest concern today?” 		
Discussion, Counseling and Education		
If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I live out of my car. I just take it a day at a time.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “That must be really hard. Tell me where you have gone for help?” • “Would you like me to share some agencies that can help you find shelter and food?” 	<ul style="list-style-type: none"> • “WIC can give you food packed in individual servings that need less cooking. Would that be helpful or do you prefer fluid milk & fresh eggs?” • Provide info on homeless package options (UHT milk, juice packs, hard boiled eggs, etc.) • Provide referrals that fit client situation
Record Plan or Goal		
Participant preferred HOM package. Not ready to contact a shelter. Will re-assess readiness referrals next appointment.		
<p>Unsure →</p> <p>“I live in a hotel. I cook with an electric skillet and have an ice chest?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you are able to store and cook simple foods. Tell me about the kinds of foods you have been preparing and eating recently.” • “How long do you think you will be able to stay at the hotel? What do you plan to do after that?” 	<ul style="list-style-type: none"> • Provide info on homeless package options (UHT milk, juice packs, hard boiled eggs, etc.). • Offer referrals that fit client situation • Offer recipe/food ideas for situation
Record Plan or Goal		
Parent prefers regular package. Provided recipes. Will check changes in living situation next appointment.		
<p>Ready →</p> <p>“I’m at the shelter but I don’t like having to take my children there.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It must be scary for your children. How has the staff helped you in finding permanent shelter?” • “Tell me how the children have been eating since you have been at the shelter?” 	<ul style="list-style-type: none"> • “WIC is allowed to provide you with WIC foods if you are able to keep your foods separated from other residents.”
Record Plan or Goal		
Parent feels shelter is helping find a permanent place. Follow-up on housing next appointment.		
Education Resources	<p>http://www.hud.gov/local/index.cfm?state=ak&topic=homeless Resource- <i>Homeless Services in Alaska</i></p> <p>http://www.homelessshelterdirectory.org/alaska.html Resource- <i>Directory Alaska Shelters & Services</i></p> <p>http://www.nationalhomeless.org/factsheets/ Resource- <i>National Coalition for Homeless</i></p>	

802 Migrancy (All)

- Description**
- Participant whose family works in agriculture on a seasonal basis and has temporary housing (within the last 24mos)
 - Migrant participants may have more infant death, malnutrition and parasites

Assess Readiness for Change: with open ended questions

- “I see you move a lot due to work. How does that affect how your family eats?”
- “Where are you staying now? Tell me do you have refrigeration and a place to cook?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“My family is used to it. We move between fish camp and town.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “It sounds like you are able to make it work wherever you are. How would you say meals are going for you here?” • “How has Sam’s health been with all the moves?” 	<ul style="list-style-type: none"> • “You are eligible for WIC because migrant workers have more risk of poor nutrition. I can share some local resources that might be of help to you?”
<p>Record Plan or Goal Mom says they have been healthy, just no money. Referred to local assistance. Re-assess status next appointment.</p>		
<p>Unsure →</p> <p>“It’s harder here in town as we live in a camper for such a short period of time. But we have a stove & frig.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “So it sounds like you don’t bring much back with you to town? How does eating differ in the camp versus here in town?” • On a scale of 1-10, how easy is it for you to get the supplies you need in town?” 	<ul style="list-style-type: none"> • Risks for migrant: <ul style="list-style-type: none"> ○ Health problems due to poor nutrition ○ More parasites in children • Refer as needed to local assistance • Offer nutrition services for medical needs
<p>Record Plan or Goal Parents say they like their lifestyle other than the money. Local referrals made. Re-asses needs next appointment.</p>		
<p>Ready →</p> <p>“It is the only work I have. I worry my kids aren’t getting enough to eat.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “That is a big worry. Tell me more about what you usually have available to eat and what you think is lacking?” • “How would you feel about going to the local food bank for assistance?” 	<ul style="list-style-type: none"> • “You may also want to contact this list of local churches that also have food and household supplies.”
<p>Record Plan or Goal Parents say kids eat first. Accepted food bank referrals. Will move back to fish camp by next appointment.</p>		

Education Resources	<p>http://www.ncfh.org/docs/00-10%20-%20monograph.pdf Resource- <i>Migrant Health Issues</i></p> <p>http://www.migrantclinician.org/migrant_info/health_problems.html Resource- <i>Migrants</i></p>
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901 Recipient of Abuse past 6mo (All)

Description

- Battering or child abuse or neglect
- Violence in pregnancy is related to LBW & preterm delivery; neglect in children is related to poor growth and failure to thrive

Assess Readiness for Change: with open ended questions

- “You said you were in a relationship where you felt threatened. How safe do you feel at home?”
- “What do you think you want to do to protect yourself?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“He just got mad at me last night. I just need to go home after WIC as he will call to check on me”</p> <p>Raise awareness & personalize change</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “I’m worried you may not be safe. Is there something I can do to help you?” • “Do you feel like you want to talk to someone about your situation? Would you like the number to the shelter or domestic violence hotline?” 	<ul style="list-style-type: none"> • “It sounds like you are worried about getting home right away so we won’t keep you. There is a violence help line that can talk to you confidentially when you feel ready. If you are afraid to take it now, we can give it to you later.” <p>Mom fearful of partner, worried about getting home, not ready to call abuse hotline. Offer referral again next appointment.</p>
<p>Unsure →</p> <p>“My friend said I should leave but I don’t have any money or anywhere to go?”</p> <p>Raise awareness & confidence & identify barriers to change</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “I’m sure you are worried about your children. I can give you the shelter number. They have counselors that can help you, even if you aren’t ready to leave yet, to decide what you can do. How do you feel about calling the shelter at some point?” • “On a scale of 1-10, how comfortable are you in calling the shelter?” 	<ul style="list-style-type: none"> • Be aware of client’s safety • Be sensitive of client’s fears • Provide appropriate referrals: <ul style="list-style-type: none"> ○ Domestic violence agency ○ Local abuse hot line ○ Legal support ○ Housing or shelter <p>Mom took referral card. Not ready to call shelter but has friend to call. Re-asses next appointment.</p>
<p>Ready →</p> <p>“My friend brought me here. I brought the children. I can’t go back home today.”</p> <p>Help plan change-support</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “That must have been a hard decision. Would you like to call the shelter from here now?” • “How else can I help you today?” 	<ul style="list-style-type: none"> • “We can also remove your partner as your WIC alternate. And I’ll flag your record so no information will be provided to him.” <p>Mom called shelter from WIC office. Friend will drive her there. Removed partner as alternate. Flagged chart as confidential.</p>

Education Resources

http://www.alaskawomensnetwork.org/domestic_violence.html Resource- Alaska Women’s Network Abuse Hotline

<http://www.andvsa.org/> Resource- Alaska Network on Domestic Violence & Sexual Assault (link to local AK numbers)

http://www.marchofdimes.com/pnhec/159_528.asp Resource-Abuse During Pregnancy

902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food (All)

- Description**
- Primary caregiver is unable to make good feeding decisions or to prepare food
 - ≤17 yrs old, mentally delayed, mental illness, physically disabled, using or having history alcohol or drug abuse

Assess Readiness for Change: with open ended questions

- “What kind of things do you usually make Sam to eat?”
- “How do you feel you are doing with Sam?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I can make macaroni and cheese and top-ramen. Sam likes those”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Sounds like you really know what he likes. What other foods does he eat?” • “How is care, like changing diapers and bathing Sam going?” • “Do you have anyone at home who helps you with Sam?” 	<ul style="list-style-type: none"> • “It sounds like you aren’t sure how to change Sam’s diaper when he has a rash. Would you like to have a home health nurse visit you to talk about that and other things like giving Sam a bath?”
<p>Record Plan or Goal Child’s weight normal but appears mom has trouble w/ simple tasks. Referral made to PHN. Check weight next appointment.</p>		
<p>Unsure →</p> <p>“Sam drinks a whole bottle. I’m not sure why he cries after he eats?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It is hard when a baby can’t tell you what is wrong. When he cries, what do you do to calm him?” • “Tell me how you make his bottle? And how you feed him?” • “On a scale of 1-10, how concerned are you that something is wrong with Sam?” 	<ul style="list-style-type: none"> • Offer to address parent’s stated concerns • Make referrals as needed • If child safety a concern alert child services
<p>Record Plan or Goal Feeds in car seat and is not burping Sam. Talked about holding and burping. Re-asses crying next appointment.</p>		
<p>Ready →</p> <p>“I just give formula because I don’t know how to make baby food.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “WIC now gives jarred baby food on your WIC vouchers. They are the right texture for Sam. Would you like to talk about how to also make your own baby food?” 	<ul style="list-style-type: none"> • “If you run out of baby food, since you already serve cooked vegetables every night, you can smash them with a fork for Sam.”
<p>Record Plan or Goal Mom will relay on jarred foods. Evaluate variety and advancing to finger feeing next appointment.</p>		
<p>Education Resources</p>	<p>http://www.hss.state.ak.us/ocs/publications/ReportingChildAbuse.htm Resource- <i>Reporting Abuse in Alaska</i></p> <p>http://www.hss.state.ak.us/dph/nursing/locations.htm Resource- <i>Public Health Nursing Locator for Alaska</i></p>	

903 Foster Care (All)

Description

- Being in foster care or moving from one foster home to another within the last 6mo
- Foster children have more mental & physical problems, chronic conditions (asthma & diabetes), more likely have birth defects and poor nutrition

Assess Readiness for Change: with open ended questions

- “How familiar are you with WIC as a foster parent?”
- “How long has Sam been with you? Have you noticed any problems with his eating?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I’ve taken care of foster children for years. We even adopted one foster child on top of our three, so we have mealtime down.”</p> <p>Raise awareness & personalize change</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “Being a foster parent is a wonderful gift. What have you found is most successful in helping children eat well?” • “How are things going since Sam joined your family?” 	<ul style="list-style-type: none"> • “WIC has classes and handouts on many children’s topics if you would find them helpful. What topic would be interesting to you?”
<p>Unsure →</p> <p>“Our children are all grown. This is our first foster experience.”</p> <p>Raise awareness & confidence & identify barriers to change</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “Sounds like it has been awhile since you had little ones at home. How has Sam been interacting with you?” • “On a scale of 1-10, how well do you think Sam eats?” • “What concerns you most about Sam’s eating or how he is growing?” 	<ul style="list-style-type: none"> • Often little is known of child’s habits or history: <ul style="list-style-type: none"> ○ Offer referrals as needed ○ Offer education on issues as determined ○ Monitor anthropometrics frequently (single measure may miss problem growth patterns)
<p>Ready →</p> <p>“Sam is my sister’s boy. I am fostering until her life changes.”</p> <p>Help plan change-support</p> <p>Record Plan or Goal</p>	<ul style="list-style-type: none"> • “You’re ahead of many foster parents since you know Sam. How do you think he is growing? Eating?” • “What changes have you seen in Sam since he has been with you?” 	<ul style="list-style-type: none"> • “Here is one of our WIC Playtime activity sheets. It has ideas on how to make playtime fun and might help Sam feel involved in your family activities.”

Not ready →

“I’ve taken care of foster children for years. We even adopted one foster child on top of our three, so we have mealtime down.”

Raise awareness & personalize change

Record Plan or Goal

- “Being a foster parent is a wonderful gift. What have you found is most successful in helping children eat well?”
- “How are things going since Sam joined your family?”

- “WIC has classes and handouts on many children’s topics if you would find them helpful. What topic would be interesting to you?”

Raise awareness & personalize change

Record Plan or Goal Parent appears confident, experienced in foster role. No information desired. Re-assess needs next appointment.

Unsure →

“Our children are all grown. This is our first foster experience.”

Raise awareness & confidence & identify barriers to change

Record Plan or Goal

- “Sounds like it has been awhile since you had little ones at home. How has Sam been interacting with you?”
- “On a scale of 1-10, how well do you think Sam eats?”
- “What concerns you most about Sam’s eating or how he is growing?”

- Often little is known of child’s habits or history:
 - Offer referrals as needed
 - Offer education on issues as determined
 - Monitor anthropometrics frequently (single measure may miss problem growth patterns)

Record Plan or Goal Child thin, parent to bring child for weight check next appointment. Re-assess next appointment.

Ready →

“Sam is my sister’s boy. I am fostering until her life changes.”

Help plan change-support

Record Plan or Goal

- “You’re ahead of many foster parents since you know Sam. How do you think he is growing? Eating?”
- “What changes have you seen in Sam since he has been with you?”

- “Here is one of our WIC Playtime activity sheets. It has ideas on how to make playtime fun and might help Sam feel involved in your family activities.”

Record Plan or Goal Aunt says Sam is withdrawn, but does well with her kids. Provided Playtime materials. Assess benefit next appointment.

Education Resources

<http://www.hss.state.ak.us/ocs/FosterCare/moreinfo.htm> Resource- *Alaska Foster Care Resources*

904 Environmental Tobacco Smoke Exposure (All)

Description

- Exposure to second hand smoke
- Women are at risk for lung cancer and heart disease; children are at risk of SIDS, respiratory infection, asthma & LBW

Assess Readiness for Change: with open ended questions

- “It looks like from your application that you have tried to stop smoking. How has that worked or not worked for you?”
- “You noted you usually smoke outside. How hard is it to go outside to smoke?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I try to go outside but I can’t leave the baby inside alone.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “I understand your concern for your baby’s safety. Smoking outside is the safest way to prevent smoke exposure. How often are you able to smoke outside instead of near the baby?” • “Tell me more about your attempts to stop smoking?” 	<ul style="list-style-type: none"> • “Even smoking in the next room can expose your baby to smoke. Infants exposed to smoke have more SIDS, asthma, ear infections and bronchitis.” • Offer referral to smoking cessation programs/assistance
Record Plan or Goal Participant unsuccessful at stopping smoking. No interested in trying again now. Will re-assess readiness next appointment.		
<p>Unsure →</p> <p>“I have been afraid to try to stop smoking. I don’t think I can do it.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like you want to try to stop. What makes you most afraid to try?” • “On a scale of 1-10, how willing are you to call a smoking cessation program for help?” 	<ul style="list-style-type: none"> • Ability to quit smoking depends on client’s readiness • Give support and encouragement • Refer to smoking cessation program to: <ul style="list-style-type: none"> ○ Learn to handle stress and urge to smoke ○ Obtain medication (if applicable) ○ Prepare for relapses
Record Plan or Goal Mom took smoking cessation referral but still hesitant to call. Encourage next appointment if hasn’t made contact.		
<p>Ready →</p> <p>“I know I should stop smoking. I tried on my own but I can’t stick to it?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It sounds like you want to try to stop smoking again, but would like help this time? How would you feel about contacting the local smoking cessation program?” 	<ul style="list-style-type: none"> • “You talked about wanting to try nicotine patches. Your Dr or cessation program would be the best ones to talk to about how they work and if they are appropriate for you.”
Record Plan or Goal Mom said she is ready to call the quit line. Follow-up on success next appointment.		

Education Resources

<http://www.epa.gov/smokefree/> Handout & Resource- *Smoke Free Homes*

<http://www.aklung.org/tobacco-control/quit-smoking/quit-smoking-today/> Resource- *Smoking Cessation Help in Alaska*

<http://familydoctor.org/online/famdocen/home/common/addictions/tobacco/191.html> Resource- *About Nicotine Patch*

Summary of all NCP Education Resources by Risk 1-29-10

An asterisk (*) indicates reference is included on one of the NCP's

No (*) indicates this is an additional reference, which is not any of the NCP's

101 Underweight Women

Reference & Handout- *MyPyramid.Gov-During Pregnancy* (can enter mom's own preg info)
<http://www.mypyramid.gov/mypyramidmoms/index.html>

*Reference- *American Pregnancy Association: About Pregnancy Weight Gain*

<http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html>

*Handout- *University Tennessee Extension- Tips on Pregnancy: How Much Should I Gain?*

<http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf?>

*Handout- *Missouri Dept Health- Weight Gain During Pregnancy*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Weight_Gain.pdf

103 Underweight Infant/Child

*Reference- *Try New Foods-Picky Eaters*

<http://www.mypyramid.gov/preschoolers/HealthyHabits/PickyEaters/index.html>

*Reference- *Trying New Foods*

<http://www.mypyramid.gov/preschoolers/HealthyHabits/PickyEaters/newfoods.html>

*Reference- *About Growth Charts*

http://kidshealth.org/parent/growth/growth/growth_charts.html#

Reference- *Texas WIC High RD Risk Protocol for Underweight Infant/Child*

<http://www.dshs.state.tx.us/wichd/nut/pdf/UnderweightBackground.pdf>

Handout- *Boosting Calories Kansas WIC*

<http://www.kdheks.gov/nws->

[wic/handouts/Boosting_Calories_As_Easy_As_123_English.pdf](http://www.kdheks.gov/nws-wic/handouts/Boosting_Calories_As_Easy_As_123_English.pdf)

111 Overweight Women

*Reference- *Aim for a Healthy Weight*

http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

*Handout #8- *Baby Legs- postpartum weight loss*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=9

*Handout #27- *Top 10 Ways to Burn 100 Calories*

http://www.touchingheartstouchingminds.com/materials_content.php?p_num=27&p_set=6

113 Overweight Child

*WIC Theme: *WIC Playtime*

<http://www.hss.state.ak.us/dpa/programs/nutri/downloads/WIC/PresentationPlaytime.pdf>

Handout- #25- *Seesaw- Healthy Childhood Weight*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=4&p_num=25

*Handout- *Helping Your Overweight Child* (4pgs)

<http://internal.ific.org/publications/brochures/upload/overwtchild7-04.pdf>

Resources: *SuperKids Fitness & Family*

http://www.superkidsnutrition.com/nutrition_answers/fitness.php

*Resource & Handout- *Kids in Action* (15pg but activities by age)

<http://www.aahperd.org/naspe/publications/teachingTools/upload/brochure.pdf>

Handout- *Lets Move & Play*

http://www.humec.ksu.edu/fnp/displays/lets_move_and_play/letsmove.pdf

Resource & handouts- *Wisconsin- Walk Dance Play Campaign*

<http://www.nutrisci.wisc.edu/NUTRINET/WDPmaterials.html#tipsheets>

*Handout- *How Help Child Have Healthy Weight?*

http://www.nal.usda.gov/wicworks/Sharing_Center/UT/healthy_weight_eng.pdf

Resource- *Your Child's Weight*

http://kidshealth.org/parent/nutrition_fit/nutrition/childs_weight.html

Resource book- *Satter, Ellyn, How to get Your Kid to Eat, But Not Too Much, or Your Child's Weight-Helping without Harming*

<http://www.ellynsatter.com/>

121 Short Stature

*Reference- *growth disorder*

http://kidshealth.org/parent/medical/endocrine/growth_disorder.html

*Reference- *short stature/growth disorder*

http://www.keepkidshealthy.com/welcome/conditions/short_stature.html

131 Low Maternal Weight Gain

Reference- *My Pyramid During Pregnancy* (repeat site)

<http://www.mypyramid.gov/mypyramidmoms/index.html>

Reference- *About Pregnancy Weight Gain* (repeat site)

<http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html>

Handout- *How Much Should I gain?* (repeat site)

<http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf>

*Reference- *Pregnancy Weight Gain: What's Healthy?*

<http://www.mayoclinic.com/health/pregnancy-weight-gain/PR00111>

*Reference- *Weight Gain During Pregnancy*

http://www.marchofdimes.com/pnhec/159_153.asp

*Reference- *Texas- Nutrition Fact Sheet- Gestational Weight Gain*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac6-s.pdf>

132 Maternal Weight Loss

- *Reference- *My Pyramid During Pregnancy* (repeat site)
<http://www.mypyramid.gov/mypyramidmoms/index.html>
- *Reference- *About Pregnancy Weight Gain* (repeat site)
<http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html>
- *Handout- *How Much Should I gain?* (repeat site)
<http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf>

133 High Maternal Weight Gain

- *Reference- *My Pyramid During Pregnancy* (repeat site)
<http://www.mypyramid.gov/mypyramidmoms/index.html>
- *Reference- *About Pregnancy Weight Gain* (repeat site)
<http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html>
- *Handout- *How Much Should I gain?* (repeat site)
<http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf>
- Handout #12- *Pregnant Belly- prenatal weight gain*
http://www.touchingheartstouchingminds.com/materials_content.php?p_set=2&p_num=12
- Handout #27- *Sensible Weight Loss- Top 10 Ways* (repeat site)
http://www.touchingheartstouchingminds.com/materials_content.php?p_set=4&p_num=27
- *Reference- *weight control information network*
<http://win.niddk.nih.gov/publications/choosing.htm>

134 FTT

- *Reference- *FTT by AAFP*
<http://www.aafp.org/afp/20030901/879.html>
- *Reference- *FTT by Keep Kids Healthy*
http://www.keepkidshealthy.com/welcome/conditions/failure_to_thrive.html

135 Inadequate Growth

- *Reference- *Growth chart training*
CDC- <http://www.cdc.gov/nccdphp/dnpao/growthcharts/index.htm>
Maternal & child Health- <http://depts.washington.edu/growth/>
- *Reference (handout)- *Interpreting Growth Charts*
<http://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/growthchart.pdf>
- *Reference: *MCH Growth Chart Training*
<http://depts.washington.edu/growth/>

141 LBW

- *Reference- *March of Dimes: LBW*
http://www.marchofdimes.com/professionals/14332_1153.asp
- *Reference- *MCH- Feeding LBW Infants at Home*
<http://depts.washington.edu/growing/Feed/Feed.htm>
- *Fact Sheet- *Texas- Feeding LBW*
<http://www.dshs.state.tx.us/wichd/nut/pdf/fac7-s.pdf>

142 Prematurity

- *Reference- *Oregon- Nutrition Practice Care Guidelines for Preterm Infants*
<http://www.oregon.gov/DHS/ph/wic/docs/preterm.pdf>

151 Small Gestational Age

- *Reference- *Small Gestational Age*
<http://www.americanpregnancy.org/pregnancycomplications/iugr.htm>
- *Reference- *Small Gestational Age*
<http://www.aafp.org/afp/980800ap/peleg.html>

152 Low Head Circumference

- *Reference- *MCH Head Circumference Module*
<http://depts.washington.edu/growth/module5/text/page5a.htm>
- *Reference- *increased head circumference*
<http://www.nlm.nih.gov/medlineplus/ency/article/003305.htm>
- *Reference- *small head circumference*
<http://www.mayoclinic.com/print/microcephaly/AN00236/METHOD=print>

153 Large for Gestational Age

- *Reference- *Large for Gestational Age*
<http://www.merck.com/mmhe/sec23/ch264/ch264f.html>
- *Reference- *Large for Gestational Age*
http://www.healthsystem.virginia.edu/uvahealth/peds_hrnewborn/lga.cfm

201 Low Hemoglobin

- Reference- *Dietary Guidelines-Appendix B3 Food List*

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2005/2005DGPolicyDocument.pdf>

Resource- *What Causes Iron Deficiency Anemia?*

http://www.nhlbi.nih.gov/health/dci/Diseases/ida/ida_causes.html

*Reference- *Bright Futures in Practice Nutrition: Iron Deficiency Anemia* (pg 196)

<http://www.brightfutures.org/nutrition/>

*Handout- *WA WIC- Iron for Strong Blood*

http://here.doh.wa.gov/materials/iron-for-strong-blood/15_WICiron_E04L.pdf

Resource- *Anemia in Pregnancy*

http://www.marchofdimes.com/pnhec/188_1049.asp

*Fact Sheet- *Texas- Iron Deficiency*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac11-s.pdf>

*Resource- *Office Dietary Supplements- Iron fact Sheet*

<http://ods.od.nih.gov/factsheets/iron.asp>

Handouts- *Facts About Iron- UF Extension*

<http://edis.ifas.ufl.edu/pdffiles/FY/FY21700.pdf>

211 High Lead

*Resource- *Alaska Lead Surveillance Program*

<http://www.epi.alaska.gov/eh/lead/default.htm>

*Resource- *Folk Remedies & Lead Levels*

<http://www.cdc.gov/nceh/lead/tips/folkmedicine.htm>

*Handout- *WA WIC- Lead Can Poison*

http://here.doh.wa.gov/materials/lead-can-poison-your-child/25_LeadCard_E07L.pdf

*Fact Sheet- *Texas- Lead Poisoning*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac10-s.pdf>

301 Hyperemesis

*Resource- *Hyperemesis Foundation*

<http://www.hyperemesis.org/health-professionals/>

*Resource- *Hyperemesis Survival Guide (or long handout)*

<http://www.hyperemesis.org/downloads/survival-guide.pdf>

302 Gestational Diabetes

*Resource- *Gestational Diabetes*

http://www.nichd.nih.gov/health/topics/Gestational_Diabetes.cfm

*Resource- *Gestational Diabetes*

<http://www.diabetes.org/gestational-diabetes.jsp>

*Handout- *Gestational Diabetes & Low Calorie Sweeteners*

<http://internal.ific.org/publications/brochures/upload/gestationaldiabetes.pdf>

Resource- *Gestational Diabetes*

<http://diabetes.niddk.nih.gov/dm/pubs/gestational/>

Resource- *GDM*

<http://familydoctor.org/online/famdocen/home/women/pregnancy/complications/075.html#ArticleParsysMiddleColumn0001>

*Resource- *Managing Gestational Diabetes*

http://www.nichd.nih.gov/publications/pubs/gest_diabetes/

*Resource- *GDM*

<http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=162>

*Handout- *Utah- Thoughts On Gestational Diabetes*

http://www.nal.usda.gov/wicworks/Sharing_Center/UT/gestational_diabetes_eng.pdf

303 Hx Gestational Diabetes

*Handout- *Am I at Risk for GDM*

<http://www.nichd.nih.gov/publications/pubs/upload/GestationalDiabetesBrochure.pdf>

*Resource- *Gestational Diabetes* (repeat source)

<http://www.diabetes.org/gestational-diabetes.jsp>

311 Hx Preterm Delivery

*Article- *Preterm Labor*

<http://emedicine.medscape.com/article/260998-overview>

*Article- *Preterm Labor*

<http://www.aafp.org/afp/990201ap/593.html>

312 Hx LBW

*Resource- *LBW* (repeat source)

http://www.marchofdimes.com/professionals/14332_1153.asp

*Resource- *LBW*

<http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/hrnewborn/lbw.html>

321 Hx Fetal/Neonatal Loss

*Resource- *Miscarriage*

<http://www.nichd.nih.gov/health/topics/Miscarriage.cfm>

*Resource- *Miscarriage*

<http://www.merck.com/mmpe/sec18/ch263/ch263l.html>

*Resource- *Stillbirth*

<http://www.americanpregnancy.org/pregnancyloss/sbtryingtounderstand.html>

*Resource- *Grieving after miscarriage*

<http://www.americanpregnancy.org/pregnancyloss/mcsurvivingemotionally.html>

331 Pregnant \leq 17yrs

- *Resource- *Teen Pregnancy*
http://www.marchofdimes.com/professionals/14332_1159.asp
- *Resource- *Having a Healthy Teen Pregnancy*
http://kidshealth.org/teen/sexual_health/girls/pregnancy.html#
- *Resource- *Specially for Teens, Having a Baby*
http://www.acog.org/publications/patient_education/bp103.cfm
- *Reference- *Nutrition & Pregnant Adolescent- Practical Reference Guide*
<http://www.epi.umn.edu/let/pubs/nmpa.shtm>
- Resource- *Teen Parents: Nutrition Curriculum (lesson plans)*
<http://extension.missouri.edu/publications/DisplayPub.aspx?P=N715>

332 Conception Before 16mo

- *Resource- *Your next pregnancy (conception choices)*
<http://www.webmd.com/baby/your-next-pregnancy>
- *Resource- *Especially for Teens Having a Baby- ACOG*
http://www.acog.org/publications/patient_education/bp103.cfm
- *Resource- *Having a Healthy Pregnancy (teen site)*
http://kidshealth.org/teen/sexual_health/girls/pregnancy.html#
- Resource- *Healthy Teen Network*
<http://www.healthyteennetwork.org/>

333 Preg <20 & \geq 3pregs

- *Resource- *description of the term "parity"*
<http://www.merck.com/mmpe/sec18/ch259/ch259a.html?qt=parity&alt=sh>
- *Resource- *Update on Teenage Pregnancy- Internet journal Gynecology & Obstetrics*
<http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijgo/vol5n1/teenage.xml>

334 Lack Prenatal Care

- *Resource- *Prenatal Care*
http://www.marchofdimes.com/pnhec/159_513.asp
- *Resource- *Alaska DKC Application*
<http://hss.state.ak.us/dpa/programs/dkc/>

335 Multifetal Gestation

*Resource- *Multiples*

<http://www.americanpregnancy.org/multiples/>

*Resource- *Breastfeeding Multiples*

<http://www.lli.org/NB/NBmultiples.html>

*Resource- *Multiples*

http://www.pennmedicine.org/health_info/pregnancy/000199.htm

336 Fetal Growth Restriction

*Resource- *FGR*

<http://www.americanpregnancy.org/pregnancycomplications/fetalgrowthrestriction.htm>

*Resource- *American Family Physicians-FGR*

<http://www.aafp.org/afp/980800ap/980800a.html>

337 Large Gestational Age (woman)

*Resource- *Large for Gestational Age*

<http://www.merck.com/mmhe/sec23/ch264/ch264f.html>

*Resource- *Large for Gestational Age*

<http://www.chw.org/display/PPF/DocID/23374/router.asp>

338 Pregnant & Breastfeeding

*Resource- *Pregnant and Breastfeeding*

<http://www.lli.org/FAQ/bfpregnant.html>

339 Hx Birth Defects

*Resource- *Folic Acid*

http://www.marchofdimes.com/pnhec/173_769.asp

*Resource- *Birth defects*

<http://www.cdc.gov/ncbddd/bd/faq1.htm>

*Resource- *Birth Defects- ABC's of Healthy Pregnancy*

<http://www.cdc.gov/ncbddd/bd/abc.htm>

*Resource- *Newborn-Genetic Screening Tests*

http://www.marchofdimes.com/pnhec/298_834.asp

341 Nutrient Deficiency Diseases

*Resource- *Vitamin D*

<http://www.merck.com/mmpe/sec01/ch004/ch004k.html#sec01-ch004-ch004l-428>

*Resource- *Vitamin C*

<http://www.merck.com/mmpe/sec01/ch004/ch004j.html>

*Resource- *Thiamin*

<http://www.merck.com/mmpe/sec01/ch004/ch004f.html>

342 Gastro-Intestinal Disorders

*Resource- *Gastroesophageal reflux disease*

<http://www.nlm.nih.gov/medlineplus/ency/article/000265.htm>

*Resource- *Malabsorption Syndromes*

<http://emedicine.medscape.com/article/931041-overview>

*Resource- *Cystic Fibrosis Foundation*

<http://www.cff.org/>

Handout- *Parent's Take Home Guide for GERD (but does mention adding cereal in bottle)*

<http://www.aap.org/healthtopics/gastroenterology.cfm>

Handout- *WA WIC- Relief from Constipation (GI symptom)*

http://here.doh.wa.gov/materials/relief-from-constipation/15_WICrelief_E04L.pdf

343 Diabetes

*Resource- *American Diabetes Association*

<http://www.diabetes.org/>

*Resource- *ADA Create Your Plate*

<http://www.diabetes.org/food-and-fitness/food/planning-meals/create-your-plate/>

*Resource- *Diabetes Treatment*

<http://www.endocrineweb.com/diabetes/treatment.html>

*Resource- *Carbohydrate Counting*

<http://www.lillydiabetes.com/content/counting-carbohydrates.jsp>

344 Thyroid Disorder

*Resource- *Hypothyroidism*

<http://www.endocrineweb.com/hypo1.html>

*Resource- *Hypothyroidism*

<http://www.webmd.com/a-to-z-guides/hypothyroidism-topic-overview>

*Resource- *Hyperthyroidism*

<http://www.endocrineweb.com/hyper1.html>

345 Hypertension

*Resource- *High Blood Pressure in Pregnancy*

http://www.marchofdimes.com/professionals/14332_1222.asp

Resource- *Preeclampsia*

<http://www.webmd.com/baby/guide/preeclampsia-eclampsia>

*Resource- *Overview of High Blood Pressure*

<http://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-treatment-overview>

*Reference- *DASH Diet (64pgs)*

http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf

Resource- *HTN in children*

<http://www.americanheart.org/presenter.ihtml?identifier=4609>

346 Renal Disease

*Resource- *Urinary Tract Infections*

http://www.nichd.nih.gov/health/topics/urinary_tract_infections.cfm

*Resource- *Diet and Renal Failure*

http://www.medicinenet.com/kidney_failure/page4.htm

*Resource- *Diabetes and Kidney Disease*

http://www.medicinenet.com/diabetes_and_kidney_disease/article.htm

*Resource- *Eat Right on Hemodialysis*

<http://kidney.niddk.nih.gov/kudiseases/pubs/eatright/index.htm>

347 Cancer

*Resource- *American Cancer Society*

<http://www.cancer.org/docroot/home/index.asp>

Resource- *National Cancer Institute*

<http://www.cancer.gov/>

*Resource- *Nutrition Children with Cancer*

http://www.cancer.org/docroot/MBC/MBC_6_1_nutrition_for_children_with_cancer.asp

*Resource- *Side Affects & What to Do*

http://www.cancer.org/docroot/MBC/content/MBC_6_2X_Possible_Side_Effects_7.asp?sitearea=MBC

348 Central Nervous System Disorders

Resource- *Ketogenic Diet*

<http://www.epilepsyfoundation.org/about/treatment/ketogenicdiet/>

*Resource- *Cerebral Palsy*

http://www.ucp.org/ucp_generaldoc.cfm/1/9/37/37-37/447

Resource- *Feeding Cerebral Palsy Child*

<http://www.caringforcerebralpalsy.com/feeding.html>

*Resource- *Spina Bifida*

http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2642327/k.5899/FAQ_About_Spina_Bifida.htm

*Resource- *MS Society*

<http://www.nationalmssociety.org/index.aspx>

349 Genetic and Congenital Disorders

*Resource- *Cleft Palate Feedings (excellent videos*)*

http://www.cleftline.org/parents/feeding_your_baby

Resource- *Cleft Lip and Palate*

http://kidshealth.org/parent/medical/ears/cleft_lip_palate.html#

*Resource- *About Down Syndrome*

http://www.ndss.org/index.php?option=com_content&view=category&id=35&Itemid=57

*Resource- *Down Syndrome Growth Charts*

http://www.ndss.org/index.php?option=com_content&view=article&id=71:growth-charts&catid=38:healthcare&Itemid=91

Resource- *Down Syndrome Resource List*

http://www.ndss.org/index.php?option=com_content&view=article&id=77%3Ainformation-for-healthcare-professionals&catid=38%3Ahealthcare&Itemid=98&limitstart=1

*Resource- *Sickle Cell Treatment*

http://www.nhlbi.nih.gov/health/dci/Diseases/Sca/SCA_Treatments.html

350 Pyloric Stenosis

*Resource- *Pyloric Stenosis*

http://kidshealth.org/parent/medical/digestive/pyloric_stenosis.html

*Resource- *Pyloric Stenosis*

<http://www.merck.com/mmpe/sec19/ch275/ch275b.html?qt=pyloric%20stenosis&alt=sh>

351 Inborn Errors

*Resource- *IEM Update (see table 4 for therapies)*

<http://www.aafp.org/afp/20060601/1981.html>

*Resource- *PKU*

<http://www.medicinenet.com/phenylketonuria/article.htm>

Resource- *IEM*

<http://www.nlm.nih.gov/medlineplus/ency/article/002438.htm>

Resource- *PKU*

<http://www.pkunews.org/>

*Resource- *Newborn Screening Tests*

<http://www.nlm.nih.gov/medlineplus/ency/article/007257.htm>

*Resource- *Galactocemia*

<http://www.galactosemia.org/>

*Resource- *Maple Syrup Disease*

http://www.rarediseases.org/search/rdbdetail_abstract.html?disname=Maple%20Syrup%20Urine%20Disease

Resource- *Birth Defects and Genetic Conditions*

<http://www.marchofdimes.com/pnhec/4439.asp>

352 Infectious Diseases

Reference- *AIDS/HIV*

http://www.nichd.nih.gov/health/topics/aids_hiv.cfm

Reference- *HIV treatments*

http://aidsinfo.nih.gov/contentfiles/HIVandItsTreatment_cbrochure_en.pdf

*Reference- *HIV Diet Guidelines*

http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=278&topic_id=1380

*Resource- *TB*

<http://www.cdc.gov/tb/>

*Resource- *Hepatitis*

<http://www.cdc.gov/HEPATITIS/>

Resource- *BF and Hepatitis*

<http://www.cdc.gov/breastfeeding/disease/hepatitis.htm>

Resource- *HIV and BF*

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/hiv_transmission.pdf

*Resource- *Bronchiolitis*

<http://kidshealth.org/parent/infections/lung/bronchiolitis.html>

353 Food Allergies

*Resource- *Food Allergy Network*

<http://www.foodallergy.org/section/education>

*Handout- *Do you have a food allergy*

<http://www.foodallergy.org/downloads/DoyouhaveFA.pdf>

*Handout- *Reading food labels for allergies*

<http://www.foodallergy.org/downloads/HTRLsheet.pdf>

Handout- *Living with allergies*

<http://www.foodallergy.org/downloads/WhatYouShoudKnowBrochure.pdf>

Resource- *Food Allergies*

<http://www.aaaai.org/patients/gallery/foodallergy.asp>

Resource- *Milk Allergies*

<http://foodallergylist.org/allergens/milk.html>

Resource- *Food Allergies*

http://kidshealth.org/parent/growth/feeding/food_allergies.html

Resource- *Food Allergies*

http://www.ucsfchildrenshospital.org/education/managing_food_allergies/index.html

Resource- *Food Allergies*

http://my.clevelandclinic.org/disorders/allergies/hic_special_diets_for_food_allergies.aspx
X

Handout- *Food Allergies or Fussiness*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Food_Allergies.pdf

Resource- *Reading Food Labels Various Allergens*

<http://www.kidswithfoodallergies.org/resourcetopic.php?topic=food-allergens>

354 Celiac Disease

*Resource- *Celiac Disease Foundation*

<http://www.celiac.org/cd-main.php>

Resource- *National Foundation for Celiac Awareness*

<http://www.celiaccentral.org/>

*Handout- *Diet Guide Celiac Disease*

<http://www.celiac.org/downloads/QuickStart-Diet-Guide-April-2009.pdf>

*Handout- *Carry card reading wheat food labels*

http://www.kidswithfoodallergies.org/docs/Wheat_Allergy_Read_Label_Travel_Cards.pdf

*Resource- *Substituting wheat recipes*

http://www.kidswithfoodallergies.org/resourcespre.php?id=89&title=Basic_recipe_substitutions_for_wheat_allergy#wheat

355 Lactose Intolerance

*Resource- *Lactose Intolerance*

http://www.nichd.nih.gov/health/topics/lactose_intolerance.cfm

*Resource- *Lactose Intolerance*

<http://digestive.niddk.nih.gov/ddiseases/pubs/lactoseintolerance/>

*Handout- *WA WIC- Lactose or Dairy Intolerance*

http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance/15_WIClactose_E04L.pdf

-available in multiple languages at

<http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance>

Handout- *Dairy Council- Lactose Intolerance*

http://www.nationaldairycouncil.org/SiteCollectionDocuments/health_wellness/lactose_intolerance/NDCLactosebrochure_6.pdf

356 Hypoglycemia

*Resource- *Hypoglycemia*

<http://diabetes.niddk.nih.gov/dm/pubs/hypoglycemia/>

*Resource- *Hypoglycemia Interactive Tutorial*

<http://www.nlm.nih.gov/medlineplus/tutorials/hypoglycemia/htm/index.htm>

Resource- *Hypoglycemia*

<http://www.merck.com/mmpe/sec12/ch158/ch158f.html#sec12-ch158-ch158f-1262>

357 Drug-Nutrient Interactions

*Resource- *Drug Interactions*

<http://www.merck.com/mmhe/sec02/ch013/ch013c.html>

*Resource- *Medications and Breastfeeding*

<http://www.womenshealth.gov/breastfeeding/medicines/index.cfm>

*Resource- *Drug Nutrient Interaction Chart*

<http://www.pharmacistelink.com/naturalmedicine/pdfs/P4880x1204DrugChart.pdf>

Resource- *Drug Interactions*

<http://dir.pharmacy.dal.ca/drugprobinteraction.php>

Resource- *Drug Interactions*

http://www.medicinenet.com/drug_interactions/article.htm

Resource- *Drug Interactions*

<http://www.fda.gov/Drugs/ResourcesForYou/ucm163354.htm>

358 Eating Disorders

*Resource- *Eating Disorders*

<http://www.nationaleatingdisorders.org/>

Resource- *Bulimia*

<http://www.bulimiaguide.org/>

*Resource- *Alaska Referrals for Eating Disorders*

<http://www.edtreatmentcenters.com/alaska.php>

*Resource- *Alaska Regional- Eating Disorders*

<http://www.alaskaregional.com/healthcontent.asp?form=1&page=/transfer/search/processSearchRequest&featureid=HGConsumerContent&siteid=>

Handout- *Your Child's Weight- Helping without harming*

<http://www.ellynsatter.com/pdfs/4953.pdf>

359 Recent Surgery, Trauma, Burns

*Resource- *post surgery care*

<http://www.merck.com/mmpe/sec22/ch335/ch335f.html>

*Resource- *burns*

<http://www.merck.com/mmpe/sec21/ch315/ch315a.html>

*Resource- *metabolism and nutrition in burn patient*

http://www.burnsurgery.com/index_4x.htm

360 Other Medical Conditions

*Resource- *Cystic Fibrosis Foundation*

<http://www.cff.org/>

Resource- *Juvenile Arthritis*

<http://kidshealth.org/parent/medical/arthritis/jra.html>

*Resource- *Juvenile Arthritis & Diet*

http://www.arthritis.org/disease-center.php?disease_id=38&df=treatments

Resource- *CF and diet*

http://kidshealth.org/parent/medical/digestive/cf_nutrition.html?tracking=P

*Resource- *Lupus*

http://www.lupus.org/webmodules/webarticlesnet/templates/new_aboutaffects.aspx?articleid=103&zoneid=17

*Resource- *Asthma*

<http://www.aaaai.org/patients/topicofthefirst/0107/>

361 Depression

*Resource- *Depression*

<http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml>

Resource- *Depression*

<http://www.webmd.com/depression/default.htm>

Resource- *Depression*

<http://www.medicinenet.com/depression/article.htm>

Resource- *St John's Wort*

<http://nccam.nih.gov/health/stjohnswort/sjw-and-depression.htm#science>

Resource- *Post Partum Depression*

<http://www.webmd.com/depression/postpartum-depression/understanding-postpartum-depression-basics>

Resource- *Post Partum Depression Tests*

<http://www.webmd.com/depression/postpartum-depression/postpartum-depression-exams-and-tests>

Resource- *Diet & Depression*

<http://www.webmd.com/depression/guide/diet-recovery>

*Resource- *Post Partum Depression*

<http://www.womenshealth.gov/faq/depression-pregnancy.cfm>

*Handout- *Post Partum Depression*

<http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/ppd/ppdbrochure.pdf>

Handout- *Post Partum Depression*

http://www.mededppd.org/pdf/brochure_eng.pdf

Handout- *Postpartum Depression #10- Watch for signs*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=10

362 Developmental Disabilities

*Resource- *CDC- links to National Center Birth Defects & Developmental Disabilities*

<http://www.cdc.gov/ncbddd/index.html>

*Resource- *CDC- Developmental milestone charts*

<http://www.cdc.gov/ncbddd/actearly/index.html>

*Resource- *Pervasive Development Disorder*

<http://www.ninds.nih.gov/disorders/pdd/pdd.htm>

*Resource- *Autism*

<http://www.cdc.gov/ncbddd/autism/index.html>

Resource- *Children Special Health Care Needs*

http://www.mchlibrary.info/KnowledgePaths/kp_CSHCN.html

Resource- *CE Modules (cost) Nutrition Children Special Health Care Needs*

<http://depts.washington.edu/pwdlearn/web/credits.php>

Resource- *Occupational Therapy for Children*

http://focusforchildren.com/treatment_services/services/occupational_therapy.asp

Resource- *Autism Gluten Free Diet (controversial)*

<http://www.webmd.com/brain/autism/gluten-free-casein-free-diets-for-autism>

371 Smoking

*Resource- *Alaska Quit Line*

<http://www.alaskatca.org/>

* Resource- *Government quit smoking resources*

<http://www.smokefree.gov/>

* Resource- *Smoking in pregnancy*

http://www.marchofdimes.com/professionals/14332_1171.asp

* Resource- *Smoking & Breastfeeding*

<http://www.illi.org/FAQ/smoking.html>

Resource- *MA WIC handout mom who quit smoking*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=2&p_num=15

Resource- *National Cancer Institute- help quit smoking*

<http://www.cancer.gov/cancerinfo/tobacco>

372 Alcohol- Drugs

*Resource- *Locate substance abuse treatment by state*

<http://dasis3.samhsa.gov/>

*Resource- *National Clearing House for Alcohol & Drug Use*

<http://ncadi.samhsa.gov/about/aboutncadi.aspx>

*Resource- *National Organization of FAS*

<http://www.nofas.org/>

*Handout- *FASD What Everyone Should Know*

<http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf>

*Resource- *Alcohol pregnancy*

http://www.marchofdimes.com/professionals/14332_1170.asp

Resource- *Marijuana pregnancy*

http://www.marchofdimes.com/pnhec/159_4427.asp

Resource- *Drugs pregnancy*

http://www.marchofdimes.com/professionals/14332_1169.asp

Resource- *National Institute of Drug Use- look up individual drugs*

<http://www.nida.nih.gov/>

Resource- *Alcohol & Lactation*

<http://pubs.niaaa.nih.gov/publications/arh25-3/230-234.htm>

Handout- *Drinking and Pregnancy*

http://pubs.niaaa.nih.gov/publications/DrinkingPregnancy_HTML/pregnancy.pdf

381 Dental Problems

Reference- *American Dental Association*

<http://www.ada.org/>

*Resource- *pictures of decay*

http://www.ada.org/public/topics/decay_childhood.asp

Resource- *baby tooth care*

<http://www.aapd.org/publications/brochures/babycare.asp>

Handout- *Brushing Amount Toothpaste*

<http://www.ksheadstart.org/pdfs/Brushing%20is%20Important.pdf>

*Handout- *Healthy Smile for Your Baby*

<http://www.mchoralhealth.org/pdfs/babybrochure.pdf>

Handout- *Healthy Mouth for Your Baby*

<http://www.nidcr.nih.gov/NR/rdonlyres/EE63DFE7-8656-49A9-A280-203DA17AAE1C/0/healthybabyFactsheet0103.pdf>

*Handout- *Healthy First Teeth*

http://www.msdh.state.ms.us/msdhsite/_static/resources/1345.pdf

Handout- *Two Healthy Smiles (pregnancy)*

<http://www.mchoralhealth.org/PDFs/PregnancyBrochure.pdf>

*Handout- *Brush for Two (pregnancy)*

http://www.hmhb.org/pdf/brush-for-two_brochure.pdf

Resource- *Pregnancy gum and teeth*

http://www.marchofdimes.com/pnhec/159_15293.asp

382 Fetal Alcohol Syndrome

*Resource- *FAS*

<http://fascenter.samhsa.gov/>

*Handout- *affects alcohol on fetus*

http://fascenter.samhsa.gov/documents/WYNK_Effects_Fetus.pdf

*Resource- *free handouts/materials*

<http://www.cdc.gov/ncbddd/fasd/freematerials.html>

*Resource- *FAS services in Alaska*

<http://www.hss.state.ak.us/fas/>

401 Fail Meet Dietary Guidelines (\geq 2yr child & women)

Handout- *Healthy Kids Snacks*

http://www.eatright.org/ada/files/25_Healthy_Snacks_for_Kids.pdf

Handout- #18 *Grow Happy Kids- child nutrition*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=18

Handout- #21 *Food Fights- Picky Eater*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=21

*Handout- *WA WIC Feeding 3-5yr*

http://here.doh.wa.gov/materials/feeding-your-3-to-5-year-old/15_WIC3to5_E05L.pdf

*Resource- *Ellyn Satter's Division of Responsibility*

<https://ellynsatter.com/resources.jsp>

*Handout- *Foods Your Child 1-3yr*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/foods_child1-3.pdf

*Handout- *Foods Your Child 4-6yr*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/foods_child4-6.pdf

*Handout- *Eating Right During Pregnancy*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/eating_right_pregnancy.pdf

*Handout- *MyPyramid for Pregnancy*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/MyPyramid_Steps_Preg.pdf

*Handout- *MyPyramid for Kids*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/MyPyramid_Kids.pdf

Handout- *Enjoying Family Meals*

<http://www.fns.usda.gov/TN/Resources/Nibbles/enjoying.pdf>

Resource- *Dietary Guidelines (includes children >2rs)*

<http://www.health.gov/DietaryGuidelines/dga2005/document/default.htm>

411.1 Inappropriate Breast/Formula Substitutions (Infant)

*Reference- *AAP policy statement iron*

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;104/1/119>

*Resource- *AK QA evaporated milk*

<http://www.hss.state.ak.us/dpa/programs/nutri/downloads/EducationMaterials/HighRiskCaseStudies/QA32.pdf>

411.2 Inappropriate Use Bottle/Cup (Infant)

*Handout- *WA WIC- Time for Cup*

http://here.doh.wa.gov/materials/time-for-a-cup-6-to-8-months/15_WICcup_E04L.pdf

*Resource (or long handout)- *How to feed using a baby bottle*

<http://www.fns.usda.gov/TN/Resources/feedinginfants-ch5.pdf>

Handout- *Stress Free Feeding (various handouts)*

<http://www.choa.org/default.aspx?id=3320>

411.3 Inappropriate Complementary Foods (Infant)

Resource- *use of karo syrup*

<http://www.mayoclinic.com/health/karo-syrup-for-constipation/AN01826>

Resource- *Starting Solid Foods Infancy*

<http://www.uptodate.com/patients/content/topic.do?topicKey=~dXXWrqHRAtEHC4W>

Handouts- #1 "No Cereal Zone"

#2 "The Airplane-6mo feeding

#3 "Teaching Colors- 6-8mo guide"

#4 "Smiley Face- 8-12mo guide"

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=1

*Handout- *WA WIC- Feeding Baby 6-12mo*

http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf

Resource- *SuperKids Nutrition- Food Safety for Infants*

http://www.superkidsnutrition.com/infants_toddlers/bff_foodsafety.php

Handout- *Tips Introducing Solids*

http://www.superkidsnutrition.com/infants_toddlers/bff_tipsintrosolids.php

Handout- *Intro Solid Foods Infants Colorado Extension*

<http://www.ext.colostate.edu/pubs/foodnut/09358.pdf>

Resource- *Infant Feeding*

<http://www.childrenshospital.org/az/Site1147/mainpageS1147P0.html>

*Handout- *Time to Eat- Oregon WIC*

http://www.nal.usda.gov/wicworks/Sharing_Center/OR/Time_to_Eat.pdf

*Handout (2)- *Infant Feeding Birth to 8-12mo- and birth to 8mo- NJ WIC*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/infant%20feeding%20guide.pdf

Handout- *Food Safety for Infants- Superkids*

http://www.superkidsnutrition.com/infants_toddlers/bff_foodsafety.php

411.4 Developmentally Inappropriate Feedings (Infant)

*Resource- *Developmental Milestones*

<http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

*Resource- *Developmental Milestones*

<http://health.state.ga.us/publications/growthdev/months.asp>

*Resource- *Finger Foods*

http://kidshealth.org/parent/food/infants/finger_foods.html

*Resource- *WA WIC- Infant Hunger & Feeding Cues*

<http://www.doh.wa.gov/cfh/WIC/materials/clinic/newfoods/infant-cues.pdf>

*Resource- *Choking Prevention*

<http://www.med.umich.edu/yourchild/topics/choking.htm>

Handout- *Starting Solids 6-18mo*

[http://www.foodinsight.org/Resources/Detail.aspx?topic=Starting Solids Nutrition Guide for Infants and Children 6 to 18 Months of Age](http://www.foodinsight.org/Resources/Detail.aspx?topic=Starting_Solids_Nutrition_Guide_for_Infants_and_Children_6_to_18_Months_of_Age)

411.5 Harmful Foods (Infant)

*Resource- *Dangers of raw milk- FDA*

<http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079516.htm>

*Resource- *Food Safety for Infants*

http://www.superkidsnutrition.com/infants_toddlers/bff_foodsafety.php

Resource- *Honey for Infants*

http://kidshealth.org/parent/infections/bacterial_viral/botulism.html#

411.6 Inappropriate Dilution Formula (Infant)

*Handout- *Preparing formula for your baby*

http://www.nal.usda.gov/wicworks/Sharing_Center/RI/formula_foodguide.pdf

*Resource- *Similac products- storage and mixing*

<http://similac.com/baby-formula/bottle-preparation-and-storage>

411.7 Limited Frequency Nursing (Infant)

*Resource- *Breastfeeding How Often?*

http://kidshealth.org/parent/growth/feeding/breastfeed_often.html

*Resource- *Breastfeeding Frequency*

<http://www.llli.org/NB/NBfrequency.html>

411.8 Diet Low Essential Nutrients (Infant)

*Resource- *Description Macrobiotic Diet*

<http://www.webmd.com/diet/features/macrobiotic-diet>

*Resource- *food list from macrobiotic diet*

<http://www.bidmc.org/YourHealth/HolisticHealth/FoodandNutrition.aspx?ChunkID=202719>

Resource- *affect vegan diet on BF- LLL*

<http://www.llli.org/llleaderweb/LV/LVOctNov98p102.html>

*Resource- *Vegan and B12*

<http://www.veganhealth.org/articles/everyvegan/>

411.9 Lack Sanitation (Infant)

- *Handout- *Keeping Formula Germ Free- Rutgers*
<http://njaes.rutgers.edu/pubs/publication.asp?pid=FS950>
- *Handout- *Keeping Breastmilk Germ Free- Rutgers*
<http://njaes.rutgers.edu/pubs/publication.asp?pid=FS949>

411.10 Excess Vitamin/Mineral/Herb (Infant)

- *Resource- *Use of herbal products*
http://www.nationalchildrensstudy.gov/research/workshops/Pages/herbal_122003.aspx
- *Resource- *Office Dietary Supplements (repeat source)*
http://dietary-supplements.info.nih.gov/health_information/information_about_individual_dietary_supplements.aspx

411.11 Inadequate Dietary Supplements- (Vit D, fluoride) (Infant)

- *Resource- *Vit D*
http://www.cdc.gov/breastfeeding/recommendations/vitamin_d.htm
- *Resource- *AAP Policy Statement Vit D*
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/5/1142>
- *Resource- *Vit D FAQ's*
<http://www.aap.org/family/vitdpatients.htm>

425.1 Inappropriate Milk Substitution (Child)

- *Resource- *Help Preschooler Consume Milk*
<http://www.mypyramid.gov/preschoolers/Plan/milk.html>
- *Handout- *Which Milk*
http://www.nationaldairycouncil.org/SiteCollectionDocuments/education_materials/wic/WhichMilkisHealthiestHandout.pdf
- *Handout- *LF Milk*
http://www.nationaldairycouncil.org/SiteCollectionDocuments/education_materials/wic/LowFatMilkEducationalHandout.pdf
- Resource- *WIC Health Ed Tool Kit*
<http://www.nationaldairycouncil.org/EducationMaterials/HealthProfessionalsEducationKits/Pages/WIC.aspx>

425.2 Sugar Containing Fluids (Child)

- *Handout- *Diet and Tooth Decay*
http://www.ada.org/prof/resources/pubs/jada/patient/patient_13.pdf
- *Resource- *Sweet tea drinks*

http://kidshealth.org/parent/nutrition_fit/nutrition/caffeine.html#

*Resource- *ADA statement childhood carries*

<http://www.ada.org/prof/resources/positions/statements/caries.asp>

425.3 Improper Use Bottle/Cup/Pacifier (Child)

*Handout- #7 *Other Uses Bottle-Weaning*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=7

*Handout- #20 *Magic Cup- Weaning*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=20

*Resource- *ADA release sippy cup use*

http://www.aapd.org/media/pressreleases.asp?NEWS_ID=640

425.4 Developmentally Inappropriate Feeding (Child)

*Resource- *Feeding Millstones*

<http://www.speechlanguagefeeding.com/feeding-milestones-for-children/>

*Resource- *Stages of Development*

<http://www.childdevelopmentinfo.com/development/normaldevelopment.shtml>

*Resource- *AAP Developmental Milestones*

<http://www.aap.org/healthtopics/stages.cfm#early>

*Handout (long)- *Feeding family food to baby*

http://www.nal.usda.gov/wicworks/Sharing_Center/WA/intro_foods.pdf

425.5 Feeding Harmful Foods (Child)

*Handout- *WA WIC- Fish Facts*

http://here.doh.wa.gov/materials/fish-facts-for-good-health/25_FishFact_E05L.pdf

*Resource- *Fight BAC Food Safety*

<http://www.fightbac.org/>

425.6 Diet Low Essential Nutrients (Child)

*Resource- *Vegan and Vegetarian Nutrition*

<http://www.vrg.org/nutshell/vegan.htm#what>

*Resource- *Vit B12*

<http://ods.od.nih.gov/factsheets/vitaminb12.asp>

*Resource- *Vegetarian in Kids*

http://kidshealth.org/parent/nutrition_fit/nutrition/vegetarianism.html#

Handout- *Healthful Choices Vegetarian Families*

http://www.fns.usda.gov/tn/Resources/Nibbles/healthful_choices.pdf

Resource- *Vegan Nutrition*

<http://www.vegsoc.org/info/vegan-nutrition.html>

Resource- *Vegetarian Pregnancy-Babies*

<http://www.vegsoc.org/info/VegSoc-Infant%20Diet.pdf>

*Resource- *Vegan ADA Practice Group*

<http://www.veganhealth.org/>

*Resource- *Soy Food Guide*

<http://www.soybean.org/sfg.pdf>

Resource- *Soy Foods Infant & Children*

http://www.soyconnection.com/health_nutrition/pdf/Soy_for_Infants_Children_and_Adolescence_2009.pdf

*Resource- *Soy Connection*

<http://www.soyconnection.com/>

*Resource- *Dangers of Raw Milk*

<http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079516.htm>

425.7 Excess Vitamin/mineral/herbs (Child)

*Resource- *NIH Fact Sheets Individual Botanicals*

http://dietary-supplements.info.nih.gov/Health_Information/Botanical_Supplements.aspx

*Resource- *NIH Alternative Medicine*

<http://nccam.nih.gov/health/children/>

*Resource- *NIEH (environmental health)*

<http://www.niehs.nih.gov/>

*Resource- *FDA Dietary Supplements*

<http://www.fda.gov/Food/DietarySupplements/default.htm>

*Resource- *Nutrition.Gov- Herbal Supplements*

http://www.nutrition.gov/nal_display/index.php?info_center=11&tax_level=2&tax_subject=393&topic_id=1763&placement_default=0

425.8 Inadequate Dietary Supplements- (Fluoride) (Child)

*Resource- *Fluoridation Facts- ADA*

http://www.ada.org/public/topics/fluoride/facts/fluoridation_facts.pdf

*Resource- *Fluoridation*

http://www.cdc.gov/FLUORIDATION/fact_sheets/index.htm

Resource- *Fluoridation Links*

<http://www.cdc.gov/FLUORIDATION/links.htm>

*Resource- *Fluoride and Kids*

<http://kidshealth.org/parent/general/teeth/fluoride.html#>

425.9 Pica (Child)

*Resource- *Pica and Kids*

<http://kidshealth.org/parent/emotions/behavior/pica.html>

*Resource- *Pica*

<http://emedicine.medscape.com/article/914765-overview>

427.1 Excess Vitamin/Mineral/Herb (PG/BF/NBF)

*Resource- *Drugs, herbs, supplements in pregnancy*

http://www.marchofdimes.com/pnhec/159_529.asp

*Handout- *Harmful Substances WIC WORKS*

http://www.nal.usda.gov/wicworks/WIC_Learning_Online/support/job_aids/harmful.pdf

*Resource- *Office Dietary Supplements- What supplements you taking?*

<http://ods.od.nih.gov/pubs/partnersbrochure.asp>

Resource- *Office Dietary Supplements- Zinc*

<http://ods.od.nih.gov/FactSheets/Zinc.asp#h8>

*Resource- *American Academy Dermatology- Eczema*

http://www.skincarephysicians.com/eczemanet/dietary_supplements.html

Resource- *Medline- search for individual herb/supplement*

http://www.nlm.nih.gov/medlineplus/druginfo/herb_All.html

427.2 Diet Low Essential Nutrients (PG/BF/NBF)

*Resource- *Carbohydrates in Breastfeeding*

<http://www.lli.org/FAQ/lowcarb.html>

*Resource- *Vegan Nutrition in Pregnancy and Childhood*

<http://www.vrg.org/nutrition/pregnancy.htm>

*Handout- #32 *Vegetarian Magic- Bean Recipes*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=5&p_num=32

*Resource- *Popular Diets TX WIC*

http://www.dshs.state.tx.us/wichd/nut/pdf/13_06_12139.pdf

427.3 Pica (PG/BF/NBF)

*Resource- *How do I help Patients with Pica? American Dietetic Association*

[http://www.adajournal.org/article/S0002-8223\(01\)00082-7/abstract](http://www.adajournal.org/article/S0002-8223(01)00082-7/abstract)

*Resource- *Pica in Pregnancy*

<http://www.americanpregnancy.org/pregnancyhealth/unusualcravingspica.html>

Resource- *Pica (repeat source)*

<http://emedicine.medscape.com/article/914765-overview>

427.4 Inadequate Diet Supplement (Iron, Folic Acid) (PG/BF/NBF)

*Handout- *Folic Acid FAQ's (4pgs)*

<http://womenshealth.gov/faq/folic-acid.pdf>

*Resource- *Folic Acid Quiz*

<http://womenshealth.gov/faq/folic-acid.cfm>

*Handout- *Folic Acid for Healthy Babies*

<http://www.utextension.utk.edu/publications/spfiles/sp505-a.pdf>

427.5 Feeding Harmful Foods (PG/BF/NBF)

*Handout- *What Need Know Mercury in Fish*

<http://www.fda.gov/downloads/Food/ResourcesForYou/Consumers/UCM182158.pdf>

*Handout- *Listeriosis and Pregnancy- What is your risk?*

http://www.fshn.caahs.colostate.edu/extension/files/Listeria_tearsheet.pdf

Resource- *Listeria & Pregnancy*

<http://www.americanpregnancy.org/pregnancycomplications/listeria.html>

*Handout- *What is listeria- how prevented?*

http://www.pbchd.com/pdfs/prevention_pointers/listeriosis.pdf

*Resource- *Food Safety Mom's to Be*

<http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm094783.htm>

Resource- *Mercury levels in fish*

<http://www.americanpregnancy.org/pregnancyhealth/fishmercury.htm>

*Resource- *Food Safety During Pregnancy*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac26-s.pdf>

428 Diet Associated Complementary Feeding Practices (I-C 4-24mo)

*Handout- *#11 Vegetable Baby Face- intro vegs*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=11

*Handout- *WA WIC- Feeding Your 1-2yr*

http://here.doh.wa.gov/materials/feeding-your-1-to-2-year-old/15_WIC1to2_E05L.pdf

*Handout- *WA WIC- Feeding Your Baby 6-12mo*

http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf

501 Regression

*Resource- *Dietary Guidelines for Americans (repeat source)*

<http://www.health.gov/DietaryGuidelines/dga2005/document/default.htm>

*Resource- *MyPyramid (repeat source)*

<http://www.mypyramid.gov/>

*Resource- *Healthy Habits for Life (tool kit- Sesame Street)*

<http://kidshealth.org/classroom/index.jsp?Grade=cc&Section=hhfl>

*Resource- *Healthy Lifestyle- American Heart Association*

<http://www.americanheart.org/presenter.jhtml?identifier=1200009>

502 Transfer Certification

*Resource- *AK WIC Policy & Procedure Manual- Accepting VOC's*

http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Admin_PandP_Ch1.pdf

503 Pregnant Presumptive Eligibility

*Resource- *risk factors pre-pregnancy, during pregnancy and pregnancy complications*

<http://www.merck.com/mmhe/sec22/ch258/ch258b.html>

*Resource- *AK WIC Policy & Procedure Manual- Presumptive Eligibility*

http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Admin_PandP_Ch2.pdf

601 Breastfeeding Mother of Infant at Risk

*Resource- *Arkansas WIC BF - series of handouts ("Yes I'm going to breastfeed")*

<http://www.healthyarkansas.com/breastfeeding/pamphlets.html>

*Resource- *California WIC BF – series of handouts ("What to expect 1st week BF")*

<http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFResource.aspx>

602 Breastfeeding Complications (woman)

*Resource- *La Leche League- links to general topics*

<http://www.llli.org/resources.html?m=0>

*Resource- *WIC Works BF Materials*

http://www.nal.usda.gov/wicworks/Learning_Center/Breastfeeding_educational.html

*Resource- *Lactation Education Resources- handouts and CE training (free)*

<http://www.leron-line.com/>

Handouts:

Mastitis- http://www.leron-line.com/handouts/Mastitis_and_Plugged_Duct.pdf

Engorgement- <http://www.leron-line.com/handouts/Engorgement.pdf>

Sore Nipples- http://www.leron-line.com/handouts/Sore_Nipples.pdf

Supply- http://www.leron-line.com/handouts/Increasing_Supply.pdf

Latch- http://www.leron-line.com/handouts/Positioning_Latch-on.pdf

On-line CE training:

<http://www.leron-line.com/ContinuingEducationCourses.htm>

Resource- *La Leche League- general topics and issues links*

<http://www.llli.org/nb.html>

Resource- *American Academy of Pediatrics breastfeeding*

<http://www.aap.org/healthtopics/breastfeeding.cfm>

603 Breastfeeding Complications (infant)

*Resource- *Newborn Jaundice*

<http://www.nlm.nih.gov/medlineplus/ency/article/001559.htm>

*Resource- *Learning to Breastfeed*

<http://www.womenshealth.gov/breastfeeding/learning/>

701 Infant of WIC Mom

*Resource- *summary- WIC participant dietary quality*

<http://www.fns.usda.gov/oane/MENU/Published/WIC/FILES/NHANES-WICSummary.pdf#xml=http://65.216.150.153/txis/search/pdfhi.txt?query=health+outcomes&pr=FNS&prox=page&rorder=500&rprox=500&rdfreq=500&rwfreq=500&rlead=500&rdepth=0&sufs=0&order=r&cq=&id=4ace9e6735>

*Resource- *Effect WIC Participation on Child Outcomes*

<http://ddr.nal.usda.gov/dspace/bitstream/10113/33688/1/CAT31012177.pdf>

702 Breastfeeding Infant of Women at Risk

*Resource- *Common Breastfeeding Concerns*

<http://www.womenshealth.gov/breastfeeding/concerns/>

703 Infant Born Woman with Mental Retardation, Alcohol, Drug Abuse

*Resource- *Bonding with Baby*

http://kidshealth.org/parent/pregnancy_newborn/communicating/bonding.html#

*Resource- *Bonding and Attachment in Maltreated Children*

<http://teacher.scholastic.com/professional/bruceperry/bonding.htm#author>

801 Homelessness

*Resource- *Homeless Services in Alaska*

<http://www.hud.gov/local/index.cfm?state=ak&topic=homeless>

*Resource- *Directory Alaska Shelters & Services*

<http://www.homelessshelterdirectory.org/alaska.html>

*Resource- *National Coalition for Homeless*

<http://www.nationalhomeless.org/factsheets/>

802 Migrancy

*Resource- *Migrant Health Issues*

<http://www.ncfh.org/docs/00-10%20-%20monograph.pdf>

*Resource- *Migrants*

http://www.migrantclinician.org/migrant_info/health_problems.html

Resource- *Migrants*

<http://bphc.hrsa.gov/nacmh/default.htm>

901 Recipient of Abuse

*Resource- *Alaska Women's Network Abuse Hotline*

http://www.alaskawomensnetwork.org/domestic_violence.html

*Resource- *Alaska Network on Domestic Violence & Sexual Assault*

<http://www.andvsa.org/>

http://www.andvsa.org/?page_id=8 (aide in Alaska by community)

*Resource- *Abuse During Pregnancy March of Dimes:*

http://www.marchofdimes.com/pnhec/159_528.asp

Resource- *Alaska Bar Association- Pro Bono (free) Legal Services*

https://www.alaskabar.org/servlet/content/pro_bono_resources.html

Resource- *National Coalition Against Domestic Violence*

http://www.ncadv.org/protect_yourself/GettingHelp.php

902 Primary Caregiver Limited Ability Feeding Decisions

*Resource- *Reporting Abuse in Alaska*

<http://www.hss.state.ak.us/ocs/publications/ReportingChildAbuse.htm>

*Resource- *Public Health Nursing Locator for Alaska*

<http://www.hss.state.ak.us/dph/nursing/locations.htm>

903 Foster Care

*Resource- *Alaska Foster Care Recourses*

<http://www.hss.state.ak.us/ocs/FosterCare/moreinfo.htm>

904 Environmental Tobacco Smoke Exposure

*Handout & Resource- *Smoke Free Homes*

<http://www.epa.gov/smokefree/>

*Resource- *Smoking Cessation Help in Alaska*

<http://www.aklung.org/tobacco-control/quit-smoking/quit-smoking-today/>

*Resource- *About Nicotine Patch*

<http://familydoctor.org/online/famdocen/home/common/addictions/tobacco/191.html>

Additional Sites by Topic: General WIC nutrition related resources not related to a specific risk (*portions of some sites have been incorporated into the NCP's).

WIC Standards- PCE

WIC Nutrition Services Standards- USDA 2001

Standards for development and implementation of individual care plans (high and low risk)

<http://www.nalusda.gov/wicworks/Topics/WICnutStand.pdf>

Participant- Centered Nutrition Education Tool Kit- Altarum Institute-5/15/09

To assist with readiness and use of PCE

<http://www.altarum.org/publications-resources-health-systems-research/WICPCEtools>

Infant & Child Nutrition & Development

***Ellyn Satter-** author

Resource feeding relationships between parent and child

<http://www.ellynsatter.com/>

National Network for Child Care- Iowa State University

Articles and resources early childhood nutrition and diet

<http://cyfernet.ces.ncsu.edu/nbcc/index.php?mode=b&c=115>

***Healthy Children-** American Academy Pediatrics

Articles and resources prenatal and early childhood nutrition, diet, ages and stages, etc.

<http://www.healthychildren.org/English/Pages/default.aspx>

Zero to Three-

Resources early childhood development, nutrition, diet, etc.

http://www.zerotothree.org/site/PageServer?pagename=key_health

University of Nebraska Extension-

Resource parenting, feeding, development, etc.

<http://lancaster.unl.edu/family/babies.shtml>

Michigan State University- TIFS Infant Feeding series

Lesson plans and training family and infant feeding series

http://www.nursing.msu.edu/tifs/indexed_curriculum.asp

US Department of Education- Healthy Start Grow Smart Series

Booklets infant care, feeding and relationships (printable, bit long but informative)

<http://www.ed.gov/parents/earlychild/ready/healthystart/index.html>

Comeunity- Children Disabilities & children Special Health Care Needs-

Resource children with disabilities

<http://www.comeunity.com/disability/speclists.html>

Maternal & Child Health Library- Georgetown University-

Resource children with disabilities

http://www.mchlibrary.info/KnowledgePaths/kp_CSHCN.html

“Help me be healthy” series- Maryland WIC

Series of infant/child health issues for WIC counseling

http://www.nal.usda.gov/wicworks/Sharing_Center/MD/birthto6.pdf

Infant Nutrition and Feeding- a Guide for Use in WIC & CSF Programs

Reference book- overview of topics- infant feeding and infant issues

http://www.nal.usda.gov/wicworks/Topics/Infant_Feeding_Guide.html

University of Michigan Health System

Resource child development & behavior topics

<http://www.med.umich.edu/yourchild/topics/index.htm>

***Kidshealth.org**

Resource children’s health and development

<http://kidshealth.org/>

***SuperKids.com**

Resource nutrition issues of children

<http://www.superkidsnutrition.com/>

***Nation Institute of Health- Child Health and Human Development**

Resource health and human development

<http://www.nichd.nih.gov/>

***American Academy of Pediatrics**

Resources policy statements and children health issues

<http://www.aap.org/>

Medical-Disease States-Conditions
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***Merck Manual-** online medical library

Resource to look up medical conditions, vitamins/minerals, terms, etc.

<http://www.merck.com/mmpe/sec01/ch005/ch005f.html>

***Merck Source** (Publishers of Merck Manual)

Resource health information, medical dictionary, condition descriptions, etc.

http://www.mercksource.com/pp/us/cns/cns_home.jsp

***National Heart Lung & Blood Institute**

Resource information, publications heart lung and blood diseases

<http://www.nhlbi.nih.gov/>

Supplements

***Office of Dietary Supplements**

Resource dietary supplements

<http://ods.od.nih.gov/>

Prenatal- Pregnancy Nutrition & Issues

***American Congress of Obstetricians and Gynecologists-**

Resource prenatal care, childbirth, pregnancy issues

http://www.acog.org/publications/patient_education/bp103.cfm

***American Pregnancy Association-**

Resource prenatal care, childbirth, pregnancy issues

<http://www.americanpregnancy.org/pregnancyhealth/illegaldrugs.html>

***March of Dimes**

Resource pregnancy health and preventing birth defects

<http://www.marchofdimes.com/>

***Womenshealth.org- US Dept Health Human Service**

Resource women's health issues

<http://www.womenshealth.gov/>

Breastfeeding

***LeLeche League**

Resources breastfeeding

<http://www.lli.org/>

***Lactation Education Resources**

Resource- breastfeeding handouts and training

<http://www.leron-line.com/>

General Nutrition

***Dietary Guidelines for Americans-**

<http://www.cnpp.usda.gov/Dietaryguidelines.htm>

***WIC Works- topic Food Pyramid-**

Food pyramid and topics formatted specifically towards WIC participants

http://www.nal.usda.gov/wicworks/Topics/MyPyramid_Resources.html

***CDC- Nutrition Basics**

Resource nutrition- food groups, nutrients

<http://www.cdc.gov/nutrition/everyone/basics/index.html>

Family Nutrition

***Kansas State University- Family Nutrition Program**

Resources and handouts family nutrition issues

http://www.humec.k-state.edu/fnp/displays/nutrition_label.html

***Bright Futures- Georgetown University and Academy of Pediatrics**

<http://www.brightfutures.org/>

***Touching Hearts Touching Minds-**

Emotional based handouts- infant, child, women

<http://www.touchingheartstouchingminds.com/materials.php>

WIC WORKS sharing gallery

Various WIC agencies nationwide share their materials

http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/wic_fam5.htm#

***American Academy of Family Physicians**

Resource family health issues

<http://www.aafp.org/online/en/home.html>

Dairy

***National Dairy Council- WIC Health Education Kit**

Research, handouts and materials about dairy and WIC

<http://www.nationaldairycouncil.org/EducationMaterials/HealthProfessionalsEducationKits/Pages/WIC.aspx>

Food Labels

***Colorado State University Extension-**

Resource understanding food labels

<http://www.ext.colostate.edu/pubs/foodnut/09365.html>

Miscellaneous

University of Florida Extension-

Resource food science and human nutrition publications

http://edis.ifas.ufl.edu/department_food_science_and_human_nutrition

<http://edis.ifas.ufl.edu/pdffiles/FY/FY21700.pdf> iron handout

Tufts University- Nutrition Navigator-

Provides reviews of various websites indicating validity of information

<http://navigator.tufts.edu/>

WICHealth.org-

On line nutrition education for participants

<http://wichealth.org/>

Summary of Handouts & Tools Used in NCP's by Risk 1-29-10

101

Handout- *University Tennessee Extension- Tips on Pregnancy: How Much Should I Gain?*

<http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf?>

Handout- *Missouri Dept Health- Weight Gain During Pregnancy*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Weight_Gain.pdf

103

Handout- *Boosting Calories Kansas WIC*

<http://www.kdheks.gov/nws->

[wic/handouts/Boosting_Calories_As_Easy_As_123_English.pdf](http://www.kdheks.gov/nws-wic/handouts/Boosting_Calories_As_Easy_As_123_English.pdf)

111

Handout #8- *Baby Legs- postpartum weight loss*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=9

Handout #27- *Top 10 Ways to Burn 100 Calories*

http://www.touchingheartstouchingminds.com/materials_content.php?p_num=27&p_set=6

113

Handout- #25- *Seesaw- Healthy Childhood Weight*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=4&p_num=25

Handout- *Helping Your Overweight Child* (4pgs)

<http://internal.ific.org/publications/brochures/upload/overwtchild7-04.pdf>

Resource & Handout- *Kids in Action* (15pg but activities by age)

<http://www.aahperd.org/naspe/publications/teachingTools/upload/brochure.pdf>

Handout- *Lets Move & Play*

http://www.humec.ksu.edu/fnp/displays/lets_move_and_play/letsmove.pdf

Resource & handouts- *Wisconsin- Walk Dance Play Campaign*

<http://www.nutrisci.wisc.edu/NUTRINET/WDPmaterials.html#tipsheets>

Handout- *How Help Child Have Healthy Weight?*

http://www.nal.usda.gov/wicworks/Sharing_Center/UT/healthy_weight_eng.pdf

131-132-133

Handout- *How Much Should I gain?* (repeat site)

<http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf>

Reference- *Texas- Nutrition Fact Sheet- Gestational Weight Gain*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac6-s.pdf>

133

Handout #12- *Pregnant Belly- prenatal weight gain*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=2&p_num=12

See risk 111- Handout #27- *Sensible Weight Loss- Top 10 Ways* (repeat site)

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=4&p_num=27

135

Reference (handout)- *Interpreting Growth Charts*

<http://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/growthchart.pdf>

141

Fact Sheet- *Texas- Feeding LBW*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac7-s.pdf>

142

Reference- *Oregon- Nutrition Practice Care Guidelines for Preterm Infants*

<http://www.oregon.gov/DHS/ph/wic/docs/preterm.pdf>

201

Handout- *WA WIC- Iron for Strong Blood*

http://here.doh.wa.gov/materials/iron-for-strong-blood/15_WICiron_E04L.pdf

Fact Sheet- *Texas- Iron Deficiency*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac11-s.pdf>

Handouts- *Facts About Iron- UF Extension*

<http://edis.ifas.ufl.edu/pdffiles/FY/FY21700.pdf>

211

Handout- *WA WIC- Lead Can Poison*

http://here.doh.wa.gov/materials/lead-can-poison-your-child/25_LeadCard_E07L.pdf

Fact Sheet- *Texas- Lead Poisoning*

<http://www.dshs.state.tx.us/wichd/nut/pdf/fac10-s.pdf>

301

Resource- *Hyperemesis Survival Guide (or long handout)*

<http://www.hyperemesis.org/downloads/survival-guide.pdf>

302

Handout- *Gestational Diabetes & Low Calorie Sweeteners*

<http://internal.ific.org/publications/brochures/upload/gestationaldiabetes.pdf>

Handout- *Utah- Thoughts On Gestational Diabetes*

http://www.nal.usda.gov/wicworks/Sharing_Center/UT/gestational_diabetes_eng.pdf

303

Handout- *Am I at Risk for GDM*

<http://www.nichd.nih.gov/publications/pubs/upload/GestationalDiabetesBrochure.pdf>

342

Handout- *Parent's Take Home Guide for GERD (but does mention adding cereal in bottle)*

<http://www.aap.org/healthtopics/gastroenterology.cfm>

Handout- *WA WIC- Relieved from Constipation (GI symptom)*

http://here.doh.wa.gov/materials/relief-from-constipation/15_WICrelief_E04L.pdf

345

Reference- *DASH Diet (64pgs)*

http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf

353

Handout- *Do you have a food allergy*

<http://www.foodallergy.org/downloads/DoyouhaveFA.pdf>

Handout- *Reading food labels for allergies*

<http://www.foodallergy.org/downloads/HTRLsheet.pdf>

Handout- *Living with allergies*

<http://www.foodallergy.org/downloads/WhatYouShoudKnowBrochure.pdf>

Handout- *Food Allergies or Fussiness*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Food_Allergies.pdf

354

Handout- *Diet Guide Celiac Disease*

<http://www.celiac.org/downloads/QuickStart-Diet-Guide-April-2009.pdf>

Handout- *Carry card reading wheat food labels*

http://www.kidswithfoodallergies.org/docs/Wheat_Allergy_Read_Label_Travel_Cards.pdf

355

Handout- *WA WIC- Lactose or Dairy Intolerance*

http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance/15_WIClactose_E04L.pdf

-available in multiple languages at

<http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance>

Handout- *Dairy Council- Lactose Intolerance*

http://www.nationaldairycouncil.org/SiteCollectionDocuments/health_wellness/lactose_intolerance/NDCLactosebrochure_6.pdf

357

Resource- *Drug Nutrient Interaction Chart*

<http://www.pharmacistelink.com/naturalmedicine/pdfs/P4880x1204DrugChart.pdf>

358

Handout- *Your Child's Weight- Helping without harming*

<http://www.ellynsatter.com/pdfs/4953.pdf>

361

Handout- *Post Partum Depression*

<http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/ppd/ppdbrochure.pdf>

Handout- *Post Partum Depression*

http://www.mededppd.org/pdf/brochure_eng.pdf

Handout- *Postpartum Depression #10- Watch for signs*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=10

371

Resource- *MA WIC handout mom who quit smoking*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=2&p_num=15

372

Handout- *FASD What Everyone Should Know*

<http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf>

Handout- *Drinking and Pregnancy*

http://pubs.niaaa.nih.gov/publications/DrinkingPregnancy_HTML/pregnancy.pdf

381

Handout- *Brushing Amount Toothpaste*

<http://www.ksheadstart.org/pdfs/Brushing%20is%20Important.pdf>

Handout- *Healthy Smile for Your Baby*

<http://www.mchoralhealth.org/pdfs/babybrochure.pdf>

Handout- *Healthy Mouth for Your Baby*

<http://www.nidcr.nih.gov/NR/ronlyres/EE63DFE7-8656-49A9-A280-203DA17AAE1C/0/healthybabyFactsheet0103.pdf>

Handout- *Healthy First Teeth*

<http://www.msdh.state.ms.us/msdh/site/static/resources/1345.pdf>

Handout- *Two Healthy Smiles (pregnancy)*

<http://www.mchoralhealth.org/PDFs/PregnancyBrochure.pdf>

Handout- *Brush for Two (pregnancy)*

http://www.hmhb.org/pdf/brush-for-two_brochure.pdf

382

Handout- *Affects alcohol on fetus*

http://fascenter.samhsa.gov/documents/WYNK_Effects_Fetus.pdf

401

Handout- *Healthy Kids Snacks*

http://www.eatright.org/ada/files/25_Healthy_Snacks_for_Kids.pdf

Handout- #18 *Grow Happy Kids- child nutrition*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=18

Handout- #21 *Food Fights- Picky Eater*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=21

Handout- *WA WIC Feeding 3-5yr*

http://here.doh.wa.gov/materials/feeding-your-3-to-5-year-old/15_WIC3to5_E05L.pdf

Handout- *Foods Your Child 1-3yr*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/foods_child1-3.pdf

Handout- *Foods Your Child 4-6yr*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/foods_child4-6.pdf

Handout- *Eating Right During Pregnancy*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/eating_right_pregnancy.pdf

Handout- *MyPyramid for Pregnancy*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/MyPyramid_Steps_Preg.pdf

Handout- *MyPyramid for Kids*

http://www.nal.usda.gov/wicworks/Sharing_Center/MO/MyPyramid_Kids.pdf

Handout- *Enjoying Family Meals*

<http://www.fns.usda.gov/TN/Resources/Nibbles/enjoying.pdf>

Handout- *Eating Right During Pregnancy NJ WIC*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/eating_right_pregnancy.pdf

411.2

Handout- *WA WIC- Time for Cup*

http://here.doh.wa.gov/materials/time-for-a-cup-6-to-8-months/15_WICcup_E04L.pdf

Resource (or long handout)- *How to feed using a baby bottle*

<http://www.fns.usda.gov/TN/Resources/feedinginfants-ch5.pdf>

Handout- *Stress Free Feeding (various handouts)*

<http://www.choa.org/default.aspx?id=3320>

411.3

Handouts- #1 *"No Cereal Zone"*

#2 *"The Airplane-6mo feeding"*

#3 *"Teaching Colors- 6-8mo guide"*

#4 *"Smiley Face- 8-12mo guide"*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=1

Handout- *WA WIC- Feeding Baby 6-12mo*

http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf

Handout- *Tips Introducing Solids*

http://www.superkidsnutrition.com/infants_toddlers/bff_tipsintrosolids.php

Handout- *Intro Solid Foods Infants Colorado Extension*

<http://www.ext.colostate.edu/pubs/foodnut/09358.pdf>

Handout- *Time to Eat Oregon WIC*

http://www.nal.usda.gov/wicworks/Sharing_Center/OR/Time_to_Eat.pdf

Handout (2)- *Infant Feeding Birth to 8-12mo- and birth to 8mo- NJ WIC*

http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/infant%20feeding%20guide.pdf

Handout- *Food Safety for Infants- Superkids*

http://www.superkidsnutrition.com/infants_toddlers/bff_foodsafety.php

411.4

Handout- *Starting Solids 6-18mo*

http://www.foodinsight.org/Resources/Detail.aspx?topic=Starting_Solids_Nutrition_Guide_for_Infants_and_Children_6_to_18_Months_of_Age

411.6

Handout- *Preparing formula for your baby*

http://www.nal.usda.gov/wicworks/Sharing_Center/RI/formula_foodguide.pdf

411.9

Handout- *Keeping Formula Germ Free- Rutgers*

<http://njaes.rutgers.edu/pubs/publication.asp?pid=FS950>

Handout- *Keeping Breastmilk Germ Free- Rutgers*

<http://njaes.rutgers.edu/pubs/publication.asp?pid=FS949>

425.1

Handout- *Which Milk*

http://www.nationaldairycouncil.org/SiteCollectionDocuments/education_materials/wic/WhichMilkisHealthiestHandout.pdf

Handout- *LF Milk*

http://www.nationaldairycouncil.org/SiteCollectionDocuments/education_materials/wic/LowFatMilkEducationalHandout.pdf

425.2

Handout- *Diet and Tooth Decay*

http://www.ada.org/prof/resources/pubs/jada/patient/patient_13.pdf

425.3

Handout- *#7 Other Uses Bottle-Weaning*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=7

Handout- *#20 Magic Cup- Weaning*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=3&p_num=20

425.4

Handout (long)- *Feeding family food to baby*

http://www.nal.usda.gov/wicworks/Sharing_Center/WA/intro_foods.pdf

425.5

Handout- *WA WIC- Fish Facts*

http://here.doh.wa.gov/materials/fish-facts-for-good-health/25_FishFact_E05L.pdf

425.6

Handout- *Healthful Choices Vegetarian Families*

http://www.fns.usda.gov/tn/Resources/Nibbles/healthful_choices.pdf

Resource- *Vegetarian Pregnancy-Babies (20 pgs)*

<http://www.vegsoc.org/info/VegSoc-Infant%20Diet.pdf>

Resource- *Soy Food Guide (24 pgs)*

<http://www.soybean.org/sfg.pdf>

Resource- *Soy Foods Infant & Children*

http://www.soyconnection.com/health_nutrition/pdf/Soy_for_Infants_Children_and_Adolescence_2009.pdf

425.8

Resource- *Fluoridation Facts- ADA*

http://www.ada.org/public/topics/fluoride/facts/fluoridation_facts.pdf

427.1

Handout- *Harmful Substances WIC WORKS*

http://www.nal.usda.gov/wicworks/WIC_Learning_Online/support/job_aids/harmful.pdf

427.2

Handout- *#32 Vegetarian Magic- Bean Recipes*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=5&p_num=32

Resource- *Popular Diets TX WIC*

http://www.dshs.state.tx.us/wichd/nut/pdf/13_06_12139.pdf

427.4

Handout- *Folic Acid FAQ's (4pgs)*

<http://womenshealth.gov/faq/folic-acid.pdf>

Handout- *Folic Acid for Healthy Babies*

<http://www.utextension.utk.edu/publications/spfiles/sp505-a.pdf>

427.5

Handout- *What Need Know Mercury in Fish*

<http://www.fda.gov/downloads/Food/ResourcesForYou/Consumers/UCM182158.pdf>

Handout- *Listeriosis and Pregnancy- What is your risk?*

http://www.fshn.cahs.colostate.edu/extension/files/Listeria_tearsheet.pdf

Handout- *What is listeria- how prevented?*

http://www.pbchd.com/pdfs/prevention_pointers/listeriosis.pdf

428

Handout- *#11 Vegetable Baby Face- intro vegs*

http://www.touchingheartstouchingminds.com/materials_content.php?p_set=1&p_num=11

Handout- *WA WIC- Feeding Your 1-2yr*

http://here.doh.wa.gov/materials/feeding-your-1-to-2-year-old/15_WIC1to2_E05L.pdf

Handout- *WA WIC- Feeding Your Baby 6-12mo*

http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf

501

Resource- *Healthy Habits for Life (tool kit- Sesame Street)*

<http://kidshealth.org/classroom/index.jsp?Grade=cc&Section=hhfl>

601

Resource- *Arkansas WIC BF - series of handouts ("Yes I'm going to breastfeed")*

<http://www.healthylarkansas.com/breastfeeding/pamphlets.html>

Resource- *California WIC BF – series of handouts ("What to expect 1st week BF")*

<http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFResource.aspx>

602

Resource- *Lactation Education Resources- handouts and CE training (free)*

<http://www.leron-line.com/> Handouts:

Mastitis- http://www.leron-line.com/handouts/Mastitis_and_Plugged_Duct.pdf

Engorgement- <http://www.leron-line.com/handouts/Engorgement.pdf>

Sore Nipples- http://www.leron-line.com/handouts/Sore_Nipples.pdf

Supply- http://www.leron-line.com/handouts/Increasing_Supply.pdf

Latch- http://www.leron-line.com/handouts/Positioning_Latch-on.pdf

904

Handout & Resource- *Smoke Free Homes*

<http://www.epa.gov/smokefree/>

Miscellaneous

Bright Futures- Georgetown University and Academy of Pediatrics

Reference book-

<http://www.brightfutures.org/>

Infant Nutrition and Feeding- a Guide for Use in WIC & CSF Programs

Reference book- overview of topics- infant feeding and infant issues

http://www.nal.usda.gov/wicworks/Topics/Infant_Feeding_Guide.html