ALASKA WIC NUTRITION CARE PLANS

ALASKA WIC
Good Nutrition For
Women, Infants & Children

STATE of ALASKA
Department of Health and Social Services
Alaska WIC Nutrition Care Plans

ALASKA WIC PROGRAM AND THE UNIVERSITY OF ALASKA ANCHORAGE

January 29, 2010
ACKNOWLEDGEMENT

The State of Alaska WIC Program and the University of Alaska Anchorage are thankful to the Alaska WIC Coordinators Association (AKWICA) Nutrition Education Committee who provided valuable input for the development of the Nutrition Care Plans. We are grateful and extend our appreciation to the Western Regional Office, United States Department of Agricultural, Food and Nutrition Services, and WIC Program for providing us with the opportunity to complete this project, via Operational Adjustment Funds.

Project Team Members

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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.

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.

**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.

<table>
<thead>
<tr>
<th>355 Lactose Intolerance (ALL)</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
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</table>

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.

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“Since you don’t really drink milk, what do you eat to make sure you get in your calcium?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“I never really liked milk anyway.”</td>
<td>“How much dairy can you tolerate before it bothers you?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>“What about lactose intolerance can I answer for you today?”</td>
<td>Not high risk but refer to RD if above comfort level</td>
</tr>
</tbody>
</table>

**Record Plan or Goal**: Raise awareness & personalize change

**Unsure**

- “I’m not sure how severe it is because I can drink some milk?”
- “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?”

**Record Plan or Goal**: Raise awareness & confidence & identify barriers to change

**Ready**

- “I can’t even do cheese. It is horrible”
- “It sounds like you are pretty sensitive to dairy. WIC allows you to get lactose free milk. What is your experience with using it?”

**Record Plan or Goal**: Help plan change-support

**Mom**: Tolerates 1/2c milk & cheese. ENPR given for increasing cheese. Follow-up ENPR next appointment.

For each of the three 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:

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<td></td>
<td>“What about lactose intolerance can I answer for you today?”</td>
<td>Not high risk but refer to RD if above comfort level</td>
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</table>

**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.

<table>
<thead>
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<th>If the answer is:</th>
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</thead>
<tbody>
<tr>
<td><strong>Unsure</strong></td>
<td>“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?”</td>
<td>Treatment is avoidance of dairy that is not tolerated</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how concerned are you that you need to avoid all dairy products?”</td>
<td>Tolerance varies by individual- some avoid all dairy, some tolerate minimal milk, cheese and yogurt</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Ready</th>
<th>• “It sounds like you are pretty sensitive to dairy. WIC allows you to get lactose free milk. What is your experience with using it?” • “WIC allows lactose free milk. It is sweeter than regular milk. How would you feel about trying it?”</th>
</tr>
</thead>
</table>

Help plan change-support

| Record Plan or Goal | Mom to try lactose free milk, never had before. Accepted lactose handout. Follow-up lactose free milk tolerance. |

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. |

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 | http://www.nichd.nih.gov/health/topics/lactose_intolerance.cfm Resource- Lactose Intolerance  

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.

**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!
### Underweight Women (PG/BF/NBF)

#### Description
- Underweight women:
  - 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

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>• “Thanks for sharing with me. Looking at today’s weight, you have gained xx pounds.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “WIC suggests gaining about x* pounds a week at this point in your pregnancy. What has your Dr discussed with you?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postpartum &amp; Breastfeeding:</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; Personalize Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record Plan or Goal</td>
<td>Participant viewed her growth record. Will check weight and re-assess readiness for change at next appointment.</td>
<td></td>
</tr>
</tbody>
</table>

| Unsure            | • “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?” |
| Raise awareness & confidence & identify barriers to change | Suggestions to increase calories:
  - o Add snacks (fit in more foods)
  - o Increase high calorie dense foods (eggs, cheese, peanut butter, or add dry milk to foods) |
| Record Plan or Goal | Review foods eaten, ask about likes/dislikes, focus on food groups lacking |

| Ready             | • “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?” |
| Help plan change-support | “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
### Underweight: At Risk Underweight (I/C)

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

#### Assess Readiness for Change:
- "How do you feel about Sam’s weight?"
- "How would you feel about Sam gaining more weight?"

#### Discussion, Counseling and Education

<table>
<thead>
<tr>
<th>If the answer is:</th>
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</tr>
</thead>
</table>
| **Not ready**     | • “Genetics does play a part. A thin child may also not be eating enough.”
|                   | • “Would you like to talk about Sam’s eating?”
| **Unsure**        | • “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 do you think Sam eats?”
|                   | • “If you could change Sam’s eating, what would you change?”
| **Ready**         | • “Tell me why you think he is a picky eater?”
|                   | • “What is your biggest mealt ime concern for Sam?”

| Raise awareness & personalize change |

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
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<tbody>
<tr>
<td>Participant viewed growth chart, but states child’s weight is normal. Will re-assess readiness for change at next appointment.</td>
</tr>
<tr>
<td>Parent to try limiting juice between meals. Will check weight and re-assess next appointment.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Resources</th>
</tr>
</thead>
</table>
### Alaska WIC Program Nutrition Care Plan

#### Version 1/29/10

**Description**
- 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

<table>
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</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“Lots of women struggle with their weight. It looks like you have gained about xx pounds so far.”</td>
<td>“WIC checks your weight because pregnant women who are overweight have more health risks.”</td>
</tr>
<tr>
<td>“I’ve always been heavy. I don’t even know what I weighed before I got pregnant.”</td>
<td>“WIC suggests gaining about x* pounds a week in your pregnancy. How comfortable are you with that number?”</td>
<td>“It’s recommended you gain 15-25 pounds during this pregnancy.”</td>
</tr>
<tr>
<td></td>
<td>“What has your Dr discussed with you?”</td>
<td>Visual showing recommended*/current weight gain.</td>
</tr>
</tbody>
</table>

**Postpartum:**

### Record Plan or Goal

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

### Unsure

| | “It sounds like you might be concerned about your weight. Tell me what your biggest frustration around eating is?” | Suggestions, small steps to control weight gain: |
| “I’ve always been heavy. It doesn’t matter what I eat.” | “On a scale of 1-10, how comfortable are you with only gaining about x* pounds a week?” | o Decrease juice, soda, sweets |
| | “What made you choose that number?” | o Limit high fat foods: cheese, butter, etc. |

**Raise awareness & personalize change**

### Record Plan or Goal

Mom to try limiting cheese to once daily. Will continue to monitor weight at next appointment.

### Ready

| | “How has your eating changed since you got pregnant?” | “That’s great. Some mom’s also find it’s helpful to drink more water between meals.” |
| “I have tried to not gain too much. But I do. I gained 50 lbs with my last baby.” | “What changes would you like to make to help you control your weight gain this pregnancy?” | |

### Help plan change-support

### 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

### Alaska WIC Program Nutrition Care Plan

**Version 1/29/10**

#### Overweight Children 2-5 years (C ≥ 24mo)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overweight: ≥ 95th percentile weight-for-height</td>
</tr>
<tr>
<td>• Greater risk of being overweight as an adult &amp; increased risk of obesity related diseases</td>
</tr>
</tbody>
</table>

#### Assess Readiness for Change:

- “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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>• “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.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Would you like to talk about Sam’s eating?”</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>• “It sounds like you are worried about Sam’s weight. Tell me what worries you the most?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “If you could change his eating, what would you change?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “On a scale of 1-10 how active do you think Sam is?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Describe Sam’s activity level? Inside &amp; outside play?”</td>
<td></td>
</tr>
<tr>
<td>Record Plan or Goal</td>
<td>Participant viewed growth chart, feels child’s weight is normal. No desire to change. Re-assess next appointment.</td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>• “Why you think he wants to eat so often?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Have you noticed any reasons he cries for food besides being hungry (such as comfort)?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “What is your biggest mealtime concern for Sam?”</td>
<td></td>
</tr>
<tr>
<td>Help plan change-support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Record Plan or Goal | Discussed parents concerns. Mom plans to offer water & read a book when fussy close to mealtime. |

<table>
<thead>
<tr>
<th>Education Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Theme: WIC Playtime</td>
</tr>
<tr>
<td>Handout (4pgs)- Helping Your Overweight Child</td>
</tr>
<tr>
<td>Resource &amp; Handout- Kids in Action (15 pgs but activities by age)</td>
</tr>
<tr>
<td>Handout- How Help Child Have Healthy Weight</td>
</tr>
</tbody>
</table>
### Short Stature or At Risk of Short Stature (I/C)

**Description**
- Stature ≤ 10<sup>th</sup> percentile length or stature for age
- Poor nutrition may affect height when there are not enough nutrients to support basic body/metabolic functions

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“That’s great he is active. Sometimes height can be affected when a child isn’t eating enough.”</td>
<td>“WIC’s &lt; 10&lt;sup&gt;th&lt;/sup&gt; cut-off is a preventive level. &lt; 10&lt;sup&gt;th&lt;/sup&gt; is normal for some children, but for others it may mean they are not eating enough to support growth.”</td>
</tr>
<tr>
<td></td>
<td>“Would you like to talk about Sam’s eating?”</td>
<td>Share child’s plotted growth chart</td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th>Participant viewed growth chart, but feels child’s growth is normal. Will re-assess readiness for change at next appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsure</strong></td>
<td>“On a scale of 1-10 how concerned are you about how he is growing?”</td>
</tr>
<tr>
<td></td>
<td>“It sounds like you are worried about how much Sam is eating. Tell me what worries you the most?”</td>
</tr>
</tbody>
</table>

Raise awareness & confidence & identify barriers to change

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th>Parent to try limiting child’s wandering while eating. Will review eating concerns next appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ready</strong></td>
<td>“What kind of foods do you think Sam is missing out on?”</td>
</tr>
<tr>
<td></td>
<td>“What have you already tried to get Sam to eat more?”</td>
</tr>
<tr>
<td></td>
<td>“What is your biggest concern for Sam at mealtime?”</td>
</tr>
</tbody>
</table>

Help plan change-support

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th>Mom accepted clarification serving sizes for age. To offer smaller age appropriate portions. Next appt follow-up on concerns.</th>
</tr>
</thead>
</table>

**Education Resources**
## 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“We do want your baby to get the nutrition it needs. Looking at today’s weight, you have gained xx pounds.”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“WIC suggests gaining about x* pounds a week at this point in your pregnancy. How comfortable are you with that?”</td>
<td>“Women should gain 15-40* pounds during pregnancy.”</td>
</tr>
<tr>
<td></td>
<td>************************************************************</td>
<td>Visual showing recommended*/current weight gain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Participant viewed her growth record. Will check weight and re-assess readiness for change at next appointment.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Unsure</th>
<th>“It sounds like you are happy with your current weight. How do you feel about the weight you will gain for the rest of your pregnancy?”</th>
<th>Provide suggestions for controlling intake:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“On a scale of 1-10 how concerned are about gaining too much weight?”</td>
<td>o Foods eaten, food groups lacking</td>
</tr>
<tr>
<td></td>
<td>“Tell me how eating is going for you?”</td>
<td>o Consistent meals with snacks</td>
</tr>
<tr>
<td></td>
<td>Provide suggestions for controlling intake:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Variety of foods</td>
<td>o Limiting high fat low nutrient foods</td>
</tr>
<tr>
<td></td>
<td>o Limiting high fat low nutrient foods</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom doesn’t want to change her eating habits. Re-visit weight gain next appointment.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ready</th>
<th>“A lot of mom’s are worried about losing weight after the baby is born! What concerns you most?”</th>
<th>“That would be a good change. Another thing you may want to try is to reduce the amount of soda you drink each day.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“What kind of changes do you think you should make?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10 how comfortable would you be in gaining at least 2lbs a month?”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Help plan change-support</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Education Resources</th>
<th>Reference- My Pyramid During Pregnancy (repeat site)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reference- About Pregnancy Weight Gain (repeat site)</td>
</tr>
<tr>
<td></td>
<td>Handout- How Much Should I gain? (repeat site)</td>
</tr>
<tr>
<td></td>
<td>Reference- weight control information network</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.mypyramid.gov/mypyramidmoms/index.html">http://www.mypyramid.gov/mypyramidmoms/index.html</a></td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>• “Tell me more about your concerns in having Sam evaluated?”</td>
<td>• Share child’s plotted growth chart.</td>
</tr>
<tr>
<td></td>
<td>• “Does Sam have any other medical issues or problems swelling?”</td>
<td>• “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?”</td>
</tr>
<tr>
<td></td>
<td>• “Do you feel like your family has enough food?”</td>
<td>• “May I share some ideas that might help Sam?”</td>
</tr>
<tr>
<td></td>
<td>• “What else did the Dr discuss with you? Any other recommendations?”</td>
<td></td>
</tr>
</tbody>
</table>

**Raise awareness & personalize change**

**Record Plan or Goal**

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

<table>
<thead>
<tr>
<th>Unsure</th>
<th>• “Tell me about your other son?”</th>
<th>• Suggestions for high calorie foods:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• “It sounds like you are worried about Sam’s weight. What worries you the most?”</td>
<td>o Set meal &amp; snack times</td>
</tr>
<tr>
<td></td>
<td>• “On a scale of 1-10, how well do you think Sam eats?”</td>
<td>o Limit juice before meals so hungry at meals</td>
</tr>
<tr>
<td></td>
<td>• “What things have you tried to help Sam eat more? What have you tried that didn’t work?”</td>
<td>o Higher calorie foods: PB, shakes/CIB, dry milk added, fruit in heavy syrup, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Avoid force feeding</td>
</tr>
</tbody>
</table>

**Raise awareness & confidence & identify barriers to change**

**Record Plan or Goal**

- Parent to try adding dry milk to liquids. One month issuance. Will check weigh and re-asses next appointment.

<table>
<thead>
<tr>
<th>Ready</th>
<th>• “I can see you are worried since you have taken him to the Dr several times. What is the hardest part about feeding Sam?”</th>
<th>• “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.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• “What do you think you want to do for Sam?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “What other concerns do you have for Sam today?”</td>
<td></td>
</tr>
</tbody>
</table>

**Help plan change-support**

**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
- [http://www.aafp.org/afp/20030901/879.html](http://www.aafp.org/afp/20030901/879.html) Reference- *FTT by AAFP*
- [http://www.keepkidshealthy.com/welcome/conditions/failure_to_thrive.html](http://www.keepkidshealthy.com/welcome/conditions/failure_to_thrive.html) Reference- *FTT by Keep Kids Healthy*
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>• “Tell me more about what the Dr told you?”</td>
<td>• “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.”</td>
</tr>
<tr>
<td>“I just came from the Dr. They said it was normal for him to lose weight after birth.”</td>
<td>• “How is feeding going?”</td>
<td></td>
</tr>
<tr>
<td>• “How do you know when Sam is hungry?”</td>
<td>• Share infant’s plotted growth chart</td>
<td></td>
</tr>
<tr>
<td><strong>Raise awareness &amp; personalize change</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Record Plan or Goal | Participant viewed growth chart, but feels child’s growth is normal. Will re-assess readiness for change at next appointment. |

| **Unsure** | • “That’s nice you have your mom! It sounds like you are worried about feeding Sam. Tell me what worries you?” | Feeding first month: 2-4oz per feed, 16-24oz per day |
| “I’m not sure he is getting enough. My mom said to feed him every four hours?” | • “Tell me what kind of things he eats?” |
| • “On a scale of 1-10 how well do you feel feeding is going?” | • Hunger cues: |
| **Raise awareness & confidence & identify barriers to change** | o Active arms/legs & stretching |
| **Record Plan or Goal** | | o Lip motions (sucking) |
| Parent to watch for hunger cues. Will check weigh and re-asses next appointment. | o Putting fingers/fist in their mouth |
| | o Rooting (turning head towards breast/food) |
| | o Crying |

| **Ready** | • “I can tell you are concerned. Shall we talk about feeding Sam?” | • “Your infant’s weight is the best indicator of growth. You can bring Sam in between appointments and we can check his weight!” |
| “I’m worried about his weight, he weighs less than at his last check-up.” | • “How do you feel feeding is going?” |
| • “What questions do you have about feeding Sam?” | **Record Plan or Goal** |

<table>
<thead>
<tr>
<th>Education Resources</th>
<th>Mom to bring Sam back for a weight check next appointment. Follow-up on growth and feeding.</th>
</tr>
</thead>
</table>
### Alaska WIC Program Nutrition Care Plan

**Version 1/29/10**

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

| 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:

<table>
<thead>
<tr>
<th>Not ready</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| “Sam didn’t have to stay long at the hospital. He got to come home right away.” | • “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?” | • “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) |

**Raise awareness & personalize change**

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

<table>
<thead>
<tr>
<th>Unsure</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| “I think he is growing. He seems to be eating really well?” | • “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?” | • Feeding concerns that may occur in LBW infants:  
  - 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 |

**Raise awareness & confidence & identify barriers to change**

| Record Plan or Goal | Parent concerned about growth. Would like to see plot each appointment. Will check weigh and share grid next appointment. |

<table>
<thead>
<tr>
<th>Ready</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| “They told me to feed him Neocate. I want to make sure I give him enough, but he falls asleep.” | • “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?” | • “Eating (sucking) is hard work for an LBW infant. They may get tired quickly. You might want to try feeding less, more often.” |

**Help plan change-support**

| 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

[http://depts.washington.edu/growing/Feed/Feed.htm](http://depts.washington.edu/growing/Feed/Feed.htm) **Reference: MCH- Feeding LBW Infants at Home**  
[http://www.dshs.state.tx.us/wichd/nut/pdf/fac7-s.pdf](http://www.dshs.state.tx.us/wichd/nut/pdf/fac7-s.pdf) **Fact Sheet- Texas- Feeding LBW**
### Prematurity (I/C <24mo)

**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 you since Sam came home?”

**Discussion, Counseling and Education**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| Not ready         | • “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?” |
|                   | **************************|
|                   | Children: |
|                   | "Solids may need to be delayed for a preemie. Their digestion is not as mature. They may not be ready as early.” |
|                   | **************************|
|                   | "When plotting, adjust to correct for age until 24mo
|                   | Observe for catch-up growth |
| Unsure            | • “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?” |
|                   | "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:
|                   | o Tolerance of formula/feeding
|                   | o Weight gain, catch-up growth |
| Record Plan or Goal | First child started cereal at night, plans same for Sam. Took feeding guide. Re-assess readiness at next appointment. |
| Ready             | • “Yes, infants <34 wks may need a special formula designed for preemies (until 9mo, corrected age, sometimes longer).”
|                   | • “You sound concerned since you aren’t used to this formula. What are your concerns?”
|                   | "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.” |
| Record Plan or Goal | Parent to try feeding more often, smaller amounts. Will check weigh and re-asses next appointment. |
| Record Plan or Goal | Discussed formula preparation. Mom able to repeat back correctly. To bring Sam for a weight check next appointment. |

**Education Resources**
- Reference- Oregon- Nutrition Practice Care Guidelines for Preterm Infants
### Small for Gestational Age (SGA) (I/C <24mo)

**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 to stay warm, low tolerance large feedings, motor/mental delays)?”

**Discussion, Counseling and Education**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“I’m glad Sam is doing well. How has feeding been going for him?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“Sam hasn’t had any problems, he is doing fine.”</td>
<td>“How do you feel about his growth and development?”</td>
<td>Knowledge: SGA is a term used for babies smaller than usual, birth weight is &lt;10%. They may not be able to tolerate large feedings, have trouble keeping warm &amp; have motor &amp; mental delays.</td>
</tr>
</tbody>
</table>

**Raise awareness & personalize change**

**Record Plan or Goal**

- Participant viewed growth chart, but feels child’s weight & intake are normal. Will re-assess needs at next appointment.

**Unsure**

- “So far he has been doing well. They want to test him for delays?”

**Raise awareness & confidence & identify barriers to change**

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent accepted referral to PIC. Will follow-up on referral next appointment.</td>
<td></td>
</tr>
</tbody>
</table>

**Ready**

- “They said he was catching up but he is still behind. I keep track of everything he eats for the Dr.”

**Help plan change-support**

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom to bring Sam back for a weight check next appointment.</td>
<td></td>
</tr>
</tbody>
</table>

**Education Resources**

- [http://www.americanpregnancy.org/pregnancycomplications/iugr.htm](http://www.americanpregnancy.org/pregnancycomplications/iugr.htm) Reference- Small Gestational Age
- [http://www.aafp.org/afp/980800ap/peleg.html](http://www.aafp.org/afp/980800ap/peleg.html) Reference- Small Gestational Age
### Alaska WIC Program Nutrition Care Plan

#### 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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“I’m glad Sam is doing well. How has feeding been going for him?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“May we talk more about Sam’s eating?”</td>
<td></td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**Record Plan or Goal**
- Participant states child is fine. Accepted feeding guide. Will re-assess readiness for change at next appointment.

---

<table>
<thead>
<tr>
<th><strong>Unsure</strong></th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Sam is doing well. They said I should come back to have his head measured again in three months?”</td>
<td>“You said Sam is doing well, what did the Dr’s say about his head circumference?”</td>
<td>Discuss feeding and development issues of child</td>
</tr>
<tr>
<td></td>
<td>“Have you had any problems feeding Sam? Tell me about his eating?”</td>
<td>Explain normal development stages (if asked)</td>
</tr>
<tr>
<td></td>
<td>“What other concerns do you have when feeding him?”</td>
<td>Refer for delays as appropriate</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10 how concerned are you about his eating?”</td>
<td></td>
</tr>
</tbody>
</table>

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**
- Parent has no feeding concerns today. Has Dr appt next month. Will check weigh and re-assess next appointment.

---

<table>
<thead>
<tr>
<th><strong>Ready</strong></th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>“They said he could have problems developing. They didn’t say anything about his eating.”</td>
<td>“What delays, if any, have you noticed?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“How is feeding going?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“What feeding issues can I help you with today?”</td>
<td></td>
</tr>
</tbody>
</table>

Help plan change-support

**Record Plan or Goal**
- Mom to not offer Sam less choices at mealtime. Follow-up on food choices next appointment.

---

**Education Resources**
- [http://www.mayoclinic.com/print/microcephaly/AN00236/METHOD=print](http://www.mayoclinic.com/print/microcephaly/AN00236/METHOD=print) Reference- *small head circumference*
## Large for Gestational Age (I)

### Description
- Birth weight > 9 lbs (> 4000g)
- Greater risk of birth injuries, and developmental and intellectual retardation, and obesity in childhood

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“He was born above average weight for an infant. An infant born over 9lbs can be at risk for health problems.”</td>
<td>“Infants ≥9lbs at birth can be at risk for developmental issues and may be obese as children.”</td>
</tr>
<tr>
<td></td>
<td>“Would you like to talk about Sam’s appetite?”</td>
<td>“WIC has a nice infant feeding guide I can share if you would like?”</td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**Record Plan or Goal**
Mom viewed growth chart, but feels child’s weight is normal. Will re-assess readiness for change at next appointment.

### Unsure

- “No problems at delivery. It seems like he eats too fast?”

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**
Mom has started cereal in bottle Open to stopping practice. Follow-up cereal use next appointment.

### Ready

- “I worry about his size. I don’t want him to be overweight later.”

Help plan change-support

**Record Plan or Goal**
Mom asked about starting solids, states will wait till 6 mo. Follow-up on solid uses next appointment.

### Education Resources
- [http://www.healthsystem.virginia.edu/uvahealth/peds_hrnewborn/lga.cfm](http://www.healthsystem.virginia.edu/uvahealth/peds_hrnewborn/lga.cfm) Reference- Large for Gestational Age
**Alaska WIC Program Nutrition Care Plan**

**Version 1/29/10**

**Low Hematocrit/Low Hemoglobin (ALL)**

HR: ALL Hgb <9gms, Hct <30%

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>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.”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“Eating high iron foods can help kids with low iron. May I share some information on foods that are high in iron?”</td>
<td>Handout on foods high in iron</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td>“Low iron in pregnancy can cause poor weight gain &amp; affect the weight of your baby (may be LBW).”</td>
</tr>
</tbody>
</table>

#### Raise awareness & personalize change

**Record Plan or Goal**
Parent accepted recorded Hgb value & iron handout. Will re-assess readiness for change at next appointment.

### Unsure
- “He doesn’t eat very well but I give him a children’s vitamin?”

#### Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**
Parent to try using cereal a second time daily as a snack. Will follow-up on foods changes next appointment.

### Ready
- “The Dr said it was low. I’m worried because my iron has always been low too.”

**Help plan change-support**

**Record Plan or Goal**
Mom new to beans, provided bean recipes. Mom requests iron be checked again next appointment.

### Education Resources
- [http://www.dshs.state.tx.us/wichd/nut/pdf/fac11-s.pdf](http://www.dshs.state.tx.us/wichd/nut/pdf/fac11-s.pdf) Fact Sheet- Texas- Iron Deficiency
## Elevated Blood Lead Levels (ALL)

**Description**
- Blood lead level ≥ 10 μg/dl (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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| Not ready “We just moved here so Sam is not around lead paint anymore.” | • “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?” | • “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).”
--- |
| Raise awareness & personalize change | | |
| Unsere “He didn’t give me any medicine, am I supposed to give him something?” | • “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?” | • To limit lead exposure:
  o Once source is known remove it/stay away
  o Good hand washing and house cleaning
• Knowledge: chelation therapy is treatment where drug used to bind to the lead to remove from body
--- |
| Raise awareness & confidence & identify barriers to change | | |
| Ready “The Dr told me to stop giving Greta to my baby.” | • “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?” | • “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% |
--- |
| Record Plan or Goal | Participant did not want lead referral. Will re-assess readiness for change at next appointment. | |
| Record Plan or Goal | Parent may contact Dr to verify if treatment needed. Will follow-up on lead status next appointment. | |
| 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.dshs.state.tx.us/wichd/nut/pdf/fac10-s.pdf](http://www.dshs.state.tx.us/wichd/nut/pdf/fac10-s.pdf) Fact Sheet - Texas - Lead Poisoning
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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“It’s nice to have a sister for help. What other suggestions did she have?”</td>
<td>“Unfortunately 50-80% of women experience some nausea/vomiting. If severe, it can lead to complications like weight loss &amp; dehydration.”</td>
</tr>
<tr>
<td>“I get sick everyday but my sister said it would go away soon.”</td>
<td>“Would you like more information on coping with nausea/vomiting?”</td>
<td>“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.”</td>
</tr>
</tbody>
</table>

- Raise awareness & personalize change

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

| **Unsure**         | “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?” |
| “I talked to the Dr but he said it should go away?” | “Why did you pick that number?” |
| “What helps your nausea/vomiting?” | To reduce nausea/vomiting: |
| | o Avoid foods know to be upsetting |
| | o Sense of smell increase in pregnancy- may trigger nausea/vomiting |
| | o Frequent meals- don’t get over hungry |
| | o Have a bedtime snack |
| | o Wear loose clothing |

- Raise awareness & confidence & identify barriers to change

| Record Plan or Goal | Mom to try more snacks, agrees hunger triggers. Will check tolerance & weigh and re-assess next appointment. |

| **Ready**          | “It sounds like your nausea/vomiting is pretty severe?” |
| “I feel so bad. I had to go to the ER one night.” | “What have you tried to help reduce the nausea/vomiting?” |
| | “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.” |

- Help plan change-support

| Record Plan or Goal | Mom said her husband is supportive, he will help cook meals. |

### Education Resources
- [Hyperemesis Foundation](http://www.hyperemesis.org)
- [Hyperemesis Survival Guide](http://www.hyperemesis.org/downloads/survival-guide.pdf)
### Alaska WIC Program Nutrition Care Plan

**Version 1/29/10**

**Gestational Diabetes (PG)**

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“I understand it can be overwhelming. There are risks to you and baby when GDM is not treated.”</td>
<td>• “GDM causes problems for you and baby- baby can have extra fat, low blood sugar at birth and breathing problems.”</td>
</tr>
<tr>
<td></td>
<td>“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?”</td>
<td>• “WIC is here if you would like to talk about diet and GDM or if you need any referrals.”</td>
</tr>
</tbody>
</table>

#### Raise awareness & personalize change
- Participant not interested in info on GDM. Will re-assess readiness for change at next appointment.

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant not interested in info on GDM.</strong></td>
</tr>
</tbody>
</table>

| **Unsure** | “Insulin is not always needed. There are other changes used to control diabetes. What other instructions did your Dr give?” | Refer to RD/Dr for eating & activity plan |
|            | “On a scale of 1-10, how comfortable are you with changing your diet to control your diabetes?” | o Consistent food plan (3 meals & 2-4 snacks) |
|            | “Have you seen a dietitian?” | o Carbohydrates (sugar & starch) spaced throughout day |

#### Raise awareness & confidence & identify barriers to change
- Mom scheduled to see WIC RD. Will check weigh and re-asses next appointment.

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mom scheduled to see WIC RD.</strong></td>
</tr>
</tbody>
</table>

| **Ready** | “Hearing that can be scary. There are things you can do to control your blood sugar.” | “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.” |
|           | “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?” | |

#### Help plan change-support
- Mom agrees juice intake is high. She will limit to one meal daily.

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mom agrees juice intake is high.</strong></td>
</tr>
</tbody>
</table>

### Education Resources
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“That can be tiring. How has it affected your eating?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“I am tired. My son Sam still wakes up at night.”</td>
<td>“What can I share with you today?”</td>
<td>Offer information eating during pregnancy</td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**Breastfeeding**

- BF adds nutrient needs to already reduced maternal stores

**Record Plan or Goal**

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

| Unsure | “I haven’t lost the weight from my last pregnancy. I don’t want to gain much more?” | “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?” | “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?” | “How different is your eating this pregnancy compared to your last?” |

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**


<table>
<thead>
<tr>
<th>Ready</th>
<th>“I know they are close. I just want to have a healthy baby.”</th>
<th>“You sound worried, what health concerns do you have?”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“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?”</td>
<td>“If you would feel comfortable with it, I can refer you to a public health nurse that may be able to visit you.”</td>
</tr>
</tbody>
</table>

Help plan change-support

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom states overwhelmed with new pregnancy. Mom will contact PHN. Follow-up on referral.</th>
</tr>
</thead>
</table>

**Education Resources**
### 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:
- “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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>• “You’re ahead. Lots of people don’t eat vegetables every day. What else do you eat most days?”</td>
<td>• “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.”</td>
</tr>
<tr>
<td></td>
<td>• “You said you were heavy. How much do you think you should weigh?”</td>
<td>• Offer information on eating during pregnancy</td>
</tr>
<tr>
<td></td>
<td>• “What foods do you think you might not be getting enough of?”</td>
<td></td>
</tr>
</tbody>
</table>

#### Record Plan or Goal
- Mom feels she eats ok. Does not want pregnancy handout. Will re-assess readiness for change at next appointment.

<table>
<thead>
<tr>
<th><strong>Unsure</strong></th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You said my weight gain was normal, so I think I am eating enough?”</td>
<td>• “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?”</td>
<td>• Approximate daily pregnancy servings (MyPyramid):</td>
</tr>
<tr>
<td></td>
<td>• “Describe what you eat in a typical day?”</td>
<td>o 6-8oz grains (make half whole)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 2.5-3 cup vegetables</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 1.5-2 cup fruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 3 cup milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 5-6.5oz meat</td>
</tr>
</tbody>
</table>

#### Record Plan or Goal
- Mom doesn’t eat fruit daily, will try to add one time daily. Follow-up on fruit use and re-assess next appointment.

<table>
<thead>
<tr>
<th><strong>Ready</strong></th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I try to eat well, but sometimes I skip meals keeping up with the other kids.”</td>
<td>• “How would you eat differently if you had more time?”</td>
<td>• “If you would like, I have some recipes using WIC foods that I could share with you.”</td>
</tr>
<tr>
<td></td>
<td>• “Have you tried time savers, like making double and freezing meals for later?”</td>
<td></td>
</tr>
</tbody>
</table>

#### Help plan change-support

#### Record Plan or Goal
- Mom interested in WIC recipes, especially for peanut butter and beans. Booklet provided. Follow-up on use.

### Education Resources
### Lack of or Inadequate Prenatal Care (PG)

- 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:

- “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

<table>
<thead>
<tr>
<th>If the answer is:</th>
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<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“Most Dr’s would see you now. How would you feel about making an appointment anyway?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“I haven’t called yet. My friend said the Dr wouldn’t see me until I was further along.”</td>
<td>“Have you had any concerns with this pregnancy so far?”</td>
<td></td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom said she would call for appointment; her friend was just helping. Check if found Dr at next appointment.</th>
</tr>
</thead>
</table>

| Unsure              | “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?” |

Raise awareness & confidence & identify barriers to change

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom accepted Medicaid referral. Will apply. Wants to wait to see Dr until approved. Re-asses next appointment.</th>
</tr>
</thead>
</table>

| Ready               | “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?” |

Help plan change-support

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom will make a Dr appointment. Follow-up on prenatal vitamins next appointment.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“You sound uneasy, what concerns do you have today?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“The pregnancy was a surprise, so I’m still getting used to it.”</td>
<td>“What can I do to support you?”</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td>Postpartum</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unsure</th>
<th>“On a scale of 1-10, how nervous are you?”</th>
<th>For a healthy multifetal pregnancy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m excited about having twins but am a little nervous?”</td>
<td>“What are you most nervous about?”</td>
<td>o See a Dr</td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td>“How has the rest of the pregnancy been going?”</td>
<td>o Twin gain 35-45lbs (1.5 lb/wk 2nd &amp; 3rd trimesters)</td>
</tr>
</tbody>
</table>

**Record Plan or Goal**
- Mom anxious, but happy. Accepted twin pregnancy handout. Will re-assess next appointment.

<table>
<thead>
<tr>
<th>Ready</th>
<th>“That’s exciting news. Tell me how eating has been going for you?”</th>
<th>Focus on mom’s response, such as “You mentioned you have trouble drinking milk. How often do you use cheese, yogurt or cottage cheese?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“There are several sets of twins in my family. I always wanted twins too.”</td>
<td>“How do you feel about your weight gain so far?”</td>
<td></td>
</tr>
</tbody>
</table>

**Record Plan or Goal**
- Mom has difficulty tolerating milk. Discussed substitutions. Mom plans to offer try yogurt daily.

### Education Resources
### Alaska WIC Program Nutrition Care Plan Version 1/29/10

#### 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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“He just said the baby isn’t growing and I would need to come in more often.”</td>
<td>“Your baby needs good nutrition since he is small. Shall we talk about foods for pregnancy?”</td>
<td>Knowledge: FGR means fetal weight is &lt;10%, measured by ultrasound or fundal (uterus) height</td>
</tr>
</tbody>
</table>

- Raise awareness & personalize change

**Unsure**

- “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?”

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**

- Provided smoking cessation referral. Mom says she doesn’t think she can quit. Re-asses next appointment.

**Ready**

- “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?”

Help plan change-support

**Record Plan or Goal**

- Mom accepted eating in pregnancy handout, overwhelmed by diagnosis. Re-assess readiness for change at next appointment.

**Record Plan or Goal**

- Mom accepted sodium handout. Mom makes lots of soup; she plans to try low salt broth.

**Education Resources**

- [http://www.americanpregnancy.org/pregnancycomplications/fetalgrowthrestriction.htm](http://www.americanpregnancy.org/pregnancycomplications/fetalgrowthrestriction.htm) Resource- FGR
### History of Birth of a Large Gestational Age Infant (PG/BF/NBF)

#### Description
- History of infant >9lb (4000 g)
- Increased risk of delivering >9lb 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 >9lb 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
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<th>Try Education</th>
</tr>
</thead>
</table>
| Not ready         | • “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?” | • “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.” |
| Unsure            | • “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?” | • “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.”  
                   | • Knowledge: treatment may include inducing early, planning a C-section, controlling mom’s diabetes and controlling weight gain |
| Ready             | • “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?” | • “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.” |

#### Record Plan or Goal
- Mom’s culture desires large babies. Not interested in changing. Will re-assess next appointment.
- Mom wasn’t aware of risks with a large baby. Mom will talk to Dr. Will re-assess next appointment.
- Mom to talk to Dr about glucose test. Check on testing status next appointment. Reviewed mom’s weight gain.

#### Education Resources
**Alaska WIC Program Nutrition Care Plan** Version 1/29/10

### Pregnant Women Currently Breastfeeding (PG)

<table>
<thead>
<tr>
<th>Description</th>
<th>Women breastfeeding during pregnancy must meet nutrition needs of her growing fetus as well as her nursing baby. Milk supply &amp; composition for the nursing infant change during pregnancy; nursing can trigger premature labor.</th>
</tr>
</thead>
</table>

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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.”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“He only feeds at night now and breastfeeding is going ok.”</td>
<td>“Some women get sore nipples &amp; may see a decrease in milk supply around 4-5mo. Have you had any problems?”</td>
<td>Knowledge: known as tandem nursing; no documented danger to healthy mom/fetus, contractions (Braxton Hicks) are a normal part of pregnancy</td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“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?”</td>
<td>Breastfeeding when pregnant:</td>
</tr>
<tr>
<td>“My mom says it is bad to breastfeed when I am pregnant so I have been trying to wean my toddler?”</td>
<td>“On a scale of 1-10, how certain are you that you want to wean your toddler now?”</td>
<td>o Don’t force to wean: research shows BF ok</td>
</tr>
<tr>
<td></td>
<td>“What has your Dr said about continuing to breastfeed?”</td>
<td>o May have contractions; doesn’t increase risk premature labor unless a problem pregnancy</td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“Great, you’re’ an experienced breast feeder. What else can I answer for you today?”</td>
<td>o Sore nipples</td>
</tr>
<tr>
<td>“I don’t want to wean. I breastfed all of my children until they wanted to stop.”</td>
<td></td>
<td>o Decreased milk supply (4-5mo)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 2nd &amp; 3rd trimester need added 350-450 calories</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Drink to thirst</td>
</tr>
</tbody>
</table>

#### Education Resources
Alaska WIC Program Nutrition Care Plan

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

<table>
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<tr>
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<th>Try Education</th>
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</table>
| Not ready | • “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?” | • “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.” |

Raise awareness & personalize change

Postpartum:

Knowledge: Any woman who could become pregnant should take folic acid. Dr may prescribe extra for women with history of birth defects (4000 micrograms)

Record Plan or Goal | Mom taking prenatal vitamin. Will check label for folic acid content. Follow-up vitamin use next appointment.

Unsure

“My Dr said it was ok because I am taking my vitamin?”

Raise awareness & confidence & identify barriers to change

Record Plan or Goal | Mom is taking prenatal vitamins. Plans to try beans/lentils weekly. Follow-up success beans/lentils next appointment.

Ready

“My Dr did some genetic testing but the results aren’t back yet.”

Help plan change-support

Record Plan or Goal | Mom to stop all alcohol use. Verify results of genetic testing next appointment.

Education Resources

- [http://www.cdc.gov/ncbddd/bd/faq1.htm](http://www.cdc.gov/ncbddd/bd/faq1.htm) Resource - Birth defects
- [http://www.cdc.gov/ncbddd/bd/abc.htm](http://www.cdc.gov/ncbddd/bd/abc.htm) Resource - Birth Defects - ABC’s of Healthy Pregnancy
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Sam had trouble walking. The Dr said Sam was low in vitamin B (beri beri).”</td>
<td>• “Now that you know Sam has xx (i.e. specific disease), how do you feel about how the Dr wants to treat him?”&lt;br&gt;• “Are you going to a specialty clinic or is your pediatrician treating him? How is that helping?”&lt;br&gt;• “What feeding changes did the Dr suggest you to make?”&lt;br&gt;• “How is that going?”</td>
<td>• When food changes are recommended for a specific deficiency/disease, offer information as comfortable&lt;br&gt;• Not high risk but refer to WIC RD if above your comfort level</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom not able to give details of treatment. Suggested bring in instructions. Will review next appointment.</td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“He said Sam was low in vitamin D (rickets). I breastfed. There was something wrong with my milk.”</td>
<td>• “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.”&lt;br&gt;• “What did the Dr tell you to do for the rickets?”&lt;br&gt;• “On a scale of 1-10, how comfortable are you with making the changes the Dr suggested?”</td>
<td>• When food changes are recommended for a specific deficiency/disease, offer information as comfortable&lt;br&gt;• Not high risk but refer to WIC RD if above your comfort level</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Assured mom her milk was best. Infant being treated. Has Dr appointment next month. Follow-up on treatment success.</td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“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.”</td>
<td>• “Tell me what changes you have made since you found out he has xx (i.e. specific disease)?”&lt;br&gt;• “So you are careful about what you feed him. What changes have you made?”</td>
<td>• “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?”</td>
</tr>
</tbody>
</table>

Help plan change-support

| Record Plan or Goal | Attending hospital specialty clinic. Sees RD there. Interested in PHN visits. Referral made. |

**Education**
- [http://www.merck.com/mmpe/sec01/ch004/ch004k.html](http://www.merck.com/mmpe/sec01/ch004/ch004k.html)

**Resources**
- [http://www.merck.com/mmpe/sec01/ch004/ch004k.html](http://www.merck.com/mmpe/sec01/ch004/ch004k.html) - Resource- Vitamin D
## 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“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.”</td>
<td>“Sam is eligible for WIC because he has xx (i.e. GER) which affects how his body uses food.”</td>
</tr>
<tr>
<td></td>
<td>“I can share some other ideas to help reduce the spitting up. Would you like me to share them?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; personalize change</td>
<td>Not high risk but refer to RD if above comfort level</td>
</tr>
<tr>
<td>Unsure</td>
<td>“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.”</td>
<td>Refer to Dr/RD for special formula requests</td>
</tr>
<tr>
<td></td>
<td>“How do you feel the cereal has helped Sam?”</td>
<td>Other suggestions for GER:</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how comfortable would you be in talking to the Dr about other options?”</td>
<td>o Avoid overfeeding- smaller feeds more often</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td>o Check nipple flow (hole size)</td>
</tr>
<tr>
<td></td>
<td>Record Plan or Goal: Mom determined to use noncontract formula. Doesn’t appear necessary. Referred to Dr. Follow-up on formula chosen.</td>
<td>o Sit infant up during feeding- burp often</td>
</tr>
<tr>
<td></td>
<td>Record Plan or Goal: Other suggestions for GER:</td>
<td>o Keep infant sitting up 30 minutes after feed</td>
</tr>
<tr>
<td>Ready</td>
<td>“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?”</td>
<td>o Avoid tight clothes</td>
</tr>
<tr>
<td></td>
<td>Help plan change-support</td>
<td>o Refer to Dr/RD; thickened formula options</td>
</tr>
<tr>
<td></td>
<td>Record Plan or Goal: Mom will continue feeding plan and try alternate burping. Mom will call Dr if no improvement. Re-assess next appointment.</td>
<td>Record Plan or Goal: Mom wants to use cereal as suggested by Provider. Offered other ideas for vomiting. Check decision next appointment.</td>
</tr>
</tbody>
</table>

### Education Resources
**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
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<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I don’t check my blood sugar. I eat everything.”</td>
<td>• “What did your Dr recommend? Why did you decide to not check your blood sugars?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “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?”</td>
</tr>
<tr>
<td></td>
<td>• “How do you know if your diabetes is well controlled?”</td>
<td>• Determine if has a diabetes provider</td>
</tr>
<tr>
<td></td>
<td>• “What kind of meal plan have you followed in the past?”</td>
<td>• Offer feeding suggestions for disease/condition</td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**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.

<table>
<thead>
<tr>
<th><strong>Unsure</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“The Dr said I was diabetic but didn’t tell me what to do?”</td>
<td>• “What changes have you made since you found out you were diabetic?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Basic diabetic dietary practices</td>
</tr>
<tr>
<td></td>
<td>• “On a scale of 1-10, how comfortable would you be in making changes to your diet?”</td>
<td>o Don’t skip meals</td>
</tr>
<tr>
<td></td>
<td>• “Would you be interested in attending a local diabetes clinic?”</td>
<td>o Eat variety</td>
</tr>
</tbody>
</table>

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**

Mom skips meals. Will stop practice. Referred to local diabetes clinic. Check if contacted next appointment.

<table>
<thead>
<tr>
<th><strong>Ready</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“My blood sugar is always high. I don’t really know what I should eat.”</td>
<td>• “There used to be pretty strict diet plans. Now eating healthy choices and variety are recommended, while watching starches and sugars.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “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.”</td>
</tr>
<tr>
<td></td>
<td>• “What kind of eating plans are you familiar with?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Tell me what you eat on a typical day?”</td>
<td></td>
</tr>
</tbody>
</table>

Help plan change-support

**Record Plan or Goal**

Mom would like to eat better. Referred to local outpatient clinic RD.

### Education Resources
- [http://www.lillydiabetes.com/content/counting-carbohydrates.jsp](http://www.lillydiabetes.com/content/counting-carbohydrates.jsp) Resource- Carbohydrate Counting
### 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**

<table>
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<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“I’m glad you are feeling better. It sounds like the medication is working well for you. Do you have any other concerns today?”</td>
<td>“Medication is the main treatment for thyroid disorders. There is no thyroid diet to follow. Eating healthy is still important. May I share a food guide with you?”</td>
</tr>
<tr>
<td>“Now that I am on xx thyroid medication I feel much better.”</td>
<td>“What changes have you made in your diet recently?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**Record Plan or Goal**

- Thyroid controlled by medication. Accepted food guide. Follow-up regular diet needs next appointment.

<table>
<thead>
<tr>
<th>Unsure</th>
<th>“Changes in your weight can be a side effect of thyroid problems. What weight do you want to be at?”</th>
<th>Thyroid imbalance and medication can affect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I gained a lot of weight due to my thyroid problem?”</td>
<td>“On a scale of 1-10, how confident are you that you can get to that weight?”</td>
<td>o Weight gain (hypo), weight loss (hyper)</td>
</tr>
<tr>
<td></td>
<td>“Where do you think you can make changes in what you eat?”</td>
<td>o Cholesterol (increases)</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td>o Bone density (loss)</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding</td>
<td>o Bowels (constipation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Iron (decreases absorption)</td>
</tr>
</tbody>
</table>

Raise awareness & confidence & identify barriers to change

**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.

<table>
<thead>
<tr>
<th>Ready</th>
<th>“What else do you think has affected your weight?”</th>
<th>“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.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I know I can’t blame all of my weight gain on my thyroid.”</td>
<td>“What do you think you want to do differently?”</td>
<td></td>
</tr>
</tbody>
</table>

Help plan change-support

**Record Plan or Goal**

- Mom likes the internet, plans to browse MyPyramid website. Next appointment discusses what mom found helpful on site.

**Education Resources**
### Hypertension Including Chronic & Pregnancy-Induced (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

<table>
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<th>If the answer is:</th>
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<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“There are things besides mediations to help lower your blood pressure. What other things did the Dr suggest?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“My blood pressure wasn’t that high. I didn’t need medication?”</td>
<td>“How do you feel about making those changes?”</td>
<td><strong>High risk: refer to RD</strong></td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td>Raise awareness &amp; personalize change</td>
<td>Pre-eclampsia: no HTN before preg, but HTN with preg, goes away after birth</td>
</tr>
<tr>
<td><strong>Postpartum</strong></td>
<td><strong>Record Plan or Goal</strong></td>
<td>Obesity is risk for pre-eclampsia in next preg</td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“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.”</td>
<td>Pre-eclampsia treatment:</td>
</tr>
<tr>
<td>“I understood that I didn’t need to eat anything special?”</td>
<td>“How is eating going for you otherwise?”</td>
<td>o Medication</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how are you with feeling now that you are on medication for your blood pressure?”</td>
<td>o Decreased activity, bed rest or hospitalization</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td><strong>Record Plan or Goal</strong></td>
<td>o Normal salt intake (no low salt diets)</td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>Mom feels she is doing ok on meds. Discussed consistency of meals. Re-asses next appointment.</td>
<td>Hypertension treatment:</td>
</tr>
<tr>
<td>“The Dr said I was confined to bed the rest of my pregnancy, but I need WIC.”</td>
<td>“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.”</td>
<td>o DASH diet (low fat and &lt;2300mg sodium)</td>
</tr>
<tr>
<td></td>
<td>“What other concerns do you have today?”</td>
<td>o Weight loss and exercise</td>
</tr>
<tr>
<td></td>
<td><strong>Help plan change-support</strong></td>
<td>o Stop smoking, limit alcohol</td>
</tr>
<tr>
<td></td>
<td><strong>Record Plan or Goal</strong></td>
<td>o Medication</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom worried about delivering early. Reviewed WIC process once infant is born. Mail checks next appointment as needed.</td>
</tr>
</tbody>
</table>

### Education Resources
Alaska WIC Program Nutrition Care Plan

**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“It’s just because of my diabetes. I’m not worried about it.”</td>
<td>“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?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“How do you feel about the treatments they have suggested for you?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>“It sounds like you don’t want to treat your xx (i.e. kidney disease), what is stopping you?”</td>
<td>Not high risk, refer to RD if above your comfort level</td>
</tr>
</tbody>
</table>

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

| **Unsure**       |                           |              |
| “I’m on antibiotics for my kidney infection. I was in the hospital a couple of days.” | “So you are being treated, how have you been feeling since you got out of the hospital?” | Kidney infection treatment: |
|                   | “On a scale of 1-10, how well is eating going for you now?” | o Antibiotics, possible IV fluids, hospitalization |
|                   | “Any other things you would like to talk about today?” | Kidney disease treatment: |
|                   |                           | o Treat underlying conditions (HTN, DM, etc.) |
|                   |                           | o Medications and/or dialysis |
|                   |                           | o Possible diet modifications: limiting water, salt, potassium, phosphorus & protein |
|                   |                           | Refer to RD as needed if out of comfort level |

**Record Plan or Goal**
- Mom says is talking her medication. Appetite not yet improved. Check weight and re-asses next appointment.

| **Ready**        |                           |              |
| “They want me to follow a renal diet but the list of foods is confusing.” | “Tell me more about the foods on your list?” | “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.” |
|                   | “Which foods are you most confused about?” | |

**Help plan change-support**

**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**
**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“I’m sorry to hear that. That must be tough on both of you. How have the new treatments affected Sam’s eating?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“In your experience, what helped Sam’s eating the last time?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; personalize change</td>
<td>Not high risk, but refer to RD if above comfort level</td>
</tr>
</tbody>
</table>

**Record Plan or Goal**
Parents feel confident they know what to do for cancer related feeding issues. Re-view treatment changes next appointment.

<table>
<thead>
<tr>
<th>Unsure</th>
<th>Parents feel confident they know what to do for cancer related feeding issues. Re-view treatment changes next appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Sam’s doing well, some nausea and vomiting. The Dr said he has fewer side effects than most kids?”</td>
<td>“That is good to hear. What have you found helps the nausea/vomiting?”</td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td>“On a scale of 1-10, how much do you think the nausea/vomiting effects his eating?”</td>
</tr>
<tr>
<td></td>
<td>“Would you like some other ideas that might help with nausea/vomiting?”</td>
</tr>
<tr>
<td></td>
<td>Address nutrition side effects caused by treatments:</td>
</tr>
<tr>
<td></td>
<td>- Nausea, vomiting</td>
</tr>
<tr>
<td></td>
<td>- Weight gain/loss</td>
</tr>
<tr>
<td></td>
<td>- Dry mouth, poor swallowing, sore throat</td>
</tr>
<tr>
<td></td>
<td>- Reduced taste or smell</td>
</tr>
<tr>
<td></td>
<td>- Poor appetite</td>
</tr>
<tr>
<td></td>
<td>- Constipation/diarrhea</td>
</tr>
</tbody>
</table>

**Ready**

<table>
<thead>
<tr>
<th>Ready</th>
<th>“Tell me what you have already tried to reduce the nausea/vomiting?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The biggest problem is nausea &amp; vomiting. Some days I don’t know what to do.”</td>
<td>“What do you think helps the most?”</td>
</tr>
<tr>
<td>Help plan change-support</td>
<td>“Would you like to talk about some other ideas to try?”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
</tbody>
</table>

**Record Plan or Goal**
Mom interested in any information. To try sitting up after eating. Follow-up on N/V next appointment.

<table>
<thead>
<tr>
<th>Education Resources</th>
<th>Resource- American Cancer Society</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.cancer.org/docroot/home/index.asp">http://www.cancer.org/docroot/home/index.asp</a></td>
</tr>
<tr>
<td></td>
<td>Resource- Nutrition Children with Cancer</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.cancer.org/docroot/MBC/MBC_6_1_nutrition_for_children_with_cancer.asp">http://www.cancer.org/docroot/MBC/MBC_6_1_nutrition_for_children_with_cancer.asp</a></td>
</tr>
<tr>
<td></td>
<td>Resource- Side Affects &amp; What to do</td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>• “What is Sam behind in? Anything related to feeding; like swallowing or using a spoon?”</td>
<td>• “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?”</td>
</tr>
<tr>
<td></td>
<td>• “What foods have you removed or added to his diet due to his condition?”</td>
<td>• Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; personalize change</td>
<td>• Not high risk but refer to RD if above comfort level</td>
</tr>
<tr>
<td></td>
<td><strong>Record Plan or Goal</strong></td>
<td>• Knowledge: epilepsy &amp; 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 &amp; ⁶ diet (other diets not evidence based)</td>
</tr>
<tr>
<td>Unsure</td>
<td>• “What has the therapist been working on, any feeding issues?”</td>
<td>• Address side effect medications- sore throat, loss appetite</td>
</tr>
<tr>
<td></td>
<td>• “On a scale of 1-10, how comfortable are you with Sam’s eating?”</td>
<td>• Address side effects of condition:</td>
</tr>
<tr>
<td></td>
<td>• “What changes are you planning to make to Sam’s food/meals?”</td>
<td>- poor swallowing, choking</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td>- loss bowel control, diarrhea/constipation</td>
</tr>
<tr>
<td></td>
<td><strong>Record Plan or Goal</strong></td>
<td>- decreased motor skills, seizures</td>
</tr>
<tr>
<td></td>
<td>Parent feels no info is needed. Regularly sees provider. Re-assess next appointment.</td>
<td>- poor growth, obesity</td>
</tr>
<tr>
<td>Ready</td>
<td>• “Tell me more about what the diet is- foods allowed, not allowed, where you heard about it?”</td>
<td>• Address fad diets used for treatment</td>
</tr>
<tr>
<td></td>
<td>• “What does your Dr think about putting Sam on that diet?”</td>
<td><strong>Record Plan or Goal</strong></td>
</tr>
<tr>
<td></td>
<td>Raise plan change-support</td>
<td>Parent wants to increase texture of child’s food. Discussed choking concerns. Revisit textures next appointment.</td>
</tr>
<tr>
<td></td>
<td><strong>Record Plan or Goal</strong></td>
<td><strong>Record Plan or Goal</strong></td>
</tr>
<tr>
<td></td>
<td>Parent to talk to Dr about safety of CP diet. Follow-up if parent decided to try diet.</td>
<td>Parent feels no info is needed. Regularly sees provider. Re-assess next appointment.</td>
</tr>
</tbody>
</table>

---

**Education Resources**

- [http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2642327/k.5899/FAQ_About_Spina_Bifida.htm](http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2642327/k.5899/FAQ_About_Spina_Bifida.htm) Resource- Spina Bifida
### Genetic and Congenital Disorders (ALL)

**Description**
- Genetic or congenital birth conditions that affect ability to use or eat food such as: cleft palate, 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 palate)?”
- “How is feeding going with his xx (i.e. cleft palate)?”

### Discussion, Counseling and Education

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“I’m glad you found some tricks that work. What have you found most helpful?”&lt;br&gt;“Any concerns that Sam is not getting what he needs?”</td>
<td>“Sam is eligible for WIC because he has xx (i.e. cleft palate) which can affect his ability to eat. What can WIC can help you with today?”&lt;br&gt;Offer feeding suggestions for disease/condition&lt;br&gt;Not high risk but refer to RD if above comfort level&lt;br&gt;Knowledge: Downs; plot on CDC growth chart and also down syndrome growth chart. Cleft lip/pallet: surgery usually at 3-6mo &amp; 9-14mo, sickle cell: pain controlled by medication, prone to anemia</td>
</tr>
<tr>
<td>Unsure</td>
<td>“Let’s look at his weight. I can show you his growth chart. What worries you about his weight?”&lt;br&gt;“On a scale of 1-10, how concerned are you about his weight?”&lt;br&gt;“Tell me more about how feedings are going?”</td>
<td>Offer feeding suggestions for disease/condition&lt;br&gt;Not high risk but refer to RD if above comfort level</td>
</tr>
<tr>
<td>Ready</td>
<td>“You may want to try xx (i.e. store) as they may have them. What other suggestions did the nurse make?”</td>
<td>“Until you find one, you can try using a preemie nipple that has an ‘X’ cut where the hole is. Make the x small at first, try it, and increase the size if needed.”</td>
</tr>
</tbody>
</table>

### Record Plan or Goal
- Mom to bring for monthly weight checks. Show mom growth grid each month. Re-assess next appointment.
- Mom to try to make a cross cut nipple temporarily. Will help mom find supplier and call her with location.

### Education Resources
- [http://www.cleftline.org/parents/feeding_your_baby](http://www.cleftline.org/parents/feeding_your_baby) Resource- Cleft Pallet Feedings (excellent videos*)
**Alaska WIC Program Nutrition Care Plan**

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“I’m glad he is better. Let’s check his weight and see how his gain is today.”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“Feeding has been going well since his surgery.”</td>
<td>“Has the Dr said if he can return to normal feedings yet?”</td>
<td>High risk refer to RD</td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“I’m sure feedings were stressful for you. What is stressing you now that he has had his surgery?”</td>
<td>Support post surgery feeds</td>
</tr>
<tr>
<td>“He was dehydrated and in the hospital. Feeding stresses me now even though he had surgery?”</td>
<td>“On a scale of 1-10, how well do you think feedings are going now?”</td>
<td>Monitor feeding tolerance- contact Dr if new symptoms</td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“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?”</td>
<td>“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!”</td>
</tr>
<tr>
<td>“He is drinking ok. The Dr said I can feed him normally now. Should I start cereal?”</td>
<td></td>
<td>Support normal infant feeding/progression post recovery</td>
</tr>
</tbody>
</table>

### Resources
Inborn Errors of Metabolism (IEM): ALL

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“What questions do you have for the Dr next week?”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>“Are you attending any PKU specialty clinics?”</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Unsure**        | “Tell me more about the trouble you are having mixing the formula?” | Treatment: |
| They gave me instructions on how to mix his special formula but it is hard to do?" | “On a scale of 1-10, how comfortable are you with mixing his formula since the instructions are different than the can says?” | o Remove problem item from diet- usually a protein or sugar in food, restriction is for life |
|                    | “Excuse me for a minute; let me see if the RD can see you today.” | o May require specialty formula (and ENPR) or altered mixing instructions even in children |
| Record Plan or Goal | RD able to see client to review mixing instructions. RD wants to see again next appointment as follow-up. | o May require medication |

| **Ready**         | “Tell me about the specialty clinic. What recommendations have they given you?” | “Your next appointment will be with our WIC RD. She will be approving all of your special formula requests.” |
| I give him special formula. We go to the specialty clinic monthly.” | “How is that going?” | |
| Help plan change-support |

| **Record Plan or Goal** | Attending PKU specialty clinic. To see WIC RD next appointment. |

**Education Resources**

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| “I’m on medications. I am eating normally.” | - “Describe what you mean by normal?”
- “Were you given any suggestions for changing your eating?”
- “How are you feeling about your weight?”
- 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 | - “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 |
| **Record Plan or Goal** | Client normal weight due to TB. Accepted food guide. Follow-up status next appointment. |
| **Unsure**        |                           |              |
| “I thought I was eating ok but my Dr says I am too thin?” | - “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?” | - Follow universal precautions with infected clients!
- Chronic infection affect on nutrition:
  - 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) |
| **Record Plan or Goal** | Weight below normal. Mom agrees should gain. Will add a snack daily. Check weigh and re-asses next appointment. |
| **Ready**         |                           |              |
| “I need to gain some weight but I don’t seem to be able to keep it on.” | - “Tell me more about what you are doing to put on weight?” | - “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.” |
| **Record Plan or Goal** | Mom to try CIB, will get on own instead of using an ENPR. Weight and tolerance check next appointment. |

#### Education Resources
### Alaska WIC Program Nutrition Care Plan

**Version 1/29/10**

**HR: up to 1yr certification**

---

**Food Allergies (ALL)**

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“How often does Sam have xx (i.e. peanuts)?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“When have you noticed a reaction to xx (i.e. peanuts)?”</td>
<td><strong>High risk refer to WIC RD</strong></td>
</tr>
<tr>
<td></td>
<td>“What about allergies can I help you with today?”</td>
<td></td>
</tr>
</tbody>
</table>

*Raise awareness & personalize change*

**Record Plan or Goal**

Child positive allergy skin test, but mom feeds items anyway. Referred back to Dr & RD. Re-assess status next appointment.

| Unsure            | “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.” | Treatment is avoidance of problem food- assist with reading food label (identifying ingredients), finding alternative recipes, etc.
|                   | “On a scale of 1-10, how severe do you think Sam’s food allergy is?” | **Tailor package as able to remove problem foods** |
|                   | “What other substitute products have you thought about trying?” | **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** |

*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.

| Ready             | “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?” | “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?” |

*Help plan change-support*

**Record Plan or Goal**

Mom to talk to daycare about allergies. Provided info allergy network. Follow-up daycare food issues next appointment.

#### Education Resources

- [http://www.foodallergy.org/section/education](http://www.foodallergy.org/section/education) Resource- Food Allergy Network
- [http://www.foodallergy.org/downloads/DoyouhaveFA.pdf](http://www.foodallergy.org/downloads/DoyouhaveFA.pdf) Handout- Do you have a food allergy
# Celiac Disease (ALL)

**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“That’s great. What has been the best resource for you?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“I’ve been avoiding gluten for a long time. I pretty much know what I can have.”</td>
<td>“How often would you say you have problems finding the products you need?”</td>
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<tr>
<td>Raise awareness  &amp; personalize change</td>
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<th>Unsure</th>
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| “The Dr gave me a list of foods to avoid. I’m not sure if I have it down yet?” | “It sounds like you are unsure about some things. What are you having the most problems with?” | Treatment is avoidance of all gluten in the diet
| | “On a scale of 1-10, how well do you think you understand what diet changes you need to make?” | o Assist with determining gluten foods
| | “How can I best help you today?” | o Assist with recipes and label reading
| | | o Assist with finding specialty food products
| Raise awareness & confidence & identify barriers to change | | May have other food allergies to address
| | | Knowledge: grains to avoid wheat (einkorn, durum, faro, graham, kamut, semolina, spelt), barley, rye, triticale, and malt

<table>
<thead>
<tr>
<th>Ready</th>
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| “I have the hardest time with reading food labels. There is just so much hidden wheat.” | “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?” | “You can also look at the kidswithfoodallergies.org website. It has information on adjusting recipes and using other substitutions that might help you.”
| Offered handout on gluten foods. Mom not ready to read labels yet. Follow-up on label reading next appointment. | | |

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
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<tbody>
<tr>
<td>Help plan change-support</td>
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**Record Plan or Goal**

<table>
<thead>
<tr>
<th>Education Resources</th>
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<tbody>
<tr>
<td><a href="http://www.kidswithfoodallergies.org/docs/Wheat_Allergy_Read_Label_Travel_Cards.pdf">http://www.kidswithfoodallergies.org/docs/Wheat_Allergy_Read_Label_Travel_Cards.pdf</a> Handout- Carry card reading wheat food labels</td>
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</tbody>
</table>
### 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

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<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“Since you don’t really drink milk, what do you eat to make sure you get your calcium?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“I never really liked milk anyway.”</td>
<td>“How much dairy can you tolerate before it bothers you?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>“What about lactose intolerance can I answer for you today?”</td>
<td>Not high risk but refer to RD if above comfort level</td>
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</tbody>
</table>

Raise awareness & personalize change

**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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<th><strong>Unsure</strong></th>
<th><strong>Record Plan or Goal</strong></th>
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<tbody>
<tr>
<td>“I’m not sure how severe it is because I can drink some milk?”</td>
<td><strong>Record Plan or Goal</strong></td>
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</table>

Raise awareness & confidence & identify barriers to change

Mom tolerates 1/2c milk & cheese. ENPR given for increasing cheese. Follow-up ENPR next appointment.

<table>
<thead>
<tr>
<th><strong>Ready</strong></th>
<th><strong>Record Plan or Goal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I can’t even do cheese. It is horrible”</td>
<td><strong>Record Plan or Goal</strong></td>
</tr>
</tbody>
</table>

Help plan change-support

**Record Plan or Goal**

Mom to try lactose free milk, never had before. Accepted lactose handout. Follow-up lactose free milk tolerance.

#### Education Resources

### 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

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<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
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</table>
| Not ready          | • “Tell me more about how you keep your blood sugar from getting to low?”  
|                    | • “How do you feel you are managing your hypoglycemia?” | • “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 |
| Unsure             | • “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?” | • Treatment if diabetic; control diabetes:  
|                    | • 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 |  
|                    |                          | o Take meds  
|                    |                          | o Don’t skip meals  
|                    |                          | o Food in relation to insulin/meds  
|                    |                          | o Limit alcohol  
|                    |                          | o Limit strenuous activity  
|                    |                          | • Treatment if no underlying condition:  
|                    |                          | o Small frequent meals  
|                    |                          | o Healthy diet, variety & fiber  
|                    |                          | o Be active  
|                    |                          | o Limit high sugar foods  
|                    |                          | o Infant/child small freq feeds to support growth |
| Ready              | • “When do you usually have symptoms? Have you noticed any pattern?”  
|                    | • “How often do you eat?” | • “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.” |

#### Record Plan or Goal

- Raise awareness and personalize change
- Help plan change-support

**Education**

**Resources**
Drug Nutrient Interactions (ALL)

**Description**
- 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

**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**

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<tr>
<td><strong>Not ready</strong></td>
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<tr>
<td>“The Dr didn’t say anything. He seems to be eating fine.”</td>
<td>“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?”</td>
<td>“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?”</td>
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<td>“How often does he eat? How does he do at sitting at the table with the family and finishing his food at mealtime?”</td>
<td>“Offer feeding suggestions for disease/condition”</td>
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<td></td>
<td>“Not high risk but refer to RD if above comfort level”</td>
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**Breastfeeding & Pregnancy**

- Some medications not safe in pregnancy or BF - Consult: [Medications in Mother’s Milk or PDR](http://www.merck.com/mmhe/sec02/ch013/ch013c.html)
- o When meds interfere with BF, temporality pump, dispose of milk until may resume BF

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<tr>
<th>Record Plan or Goal</th>
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<tbody>
<tr>
<td>Mom feels child is eating fine. Slowed growth but is unconcerned. Weigh and re-assess next appointment.</td>
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</table>

**Unsure**

- “It seems like he isn’t as hungry as before but the Dr said it was normal?”

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<tr>
<td>Mom expressed concern not eating as much, but not wanting to make any changes. Check weight, re-asses next appointment.</td>
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<th>Record Plan or Goal</th>
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<tbody>
<tr>
<td>Mom expressed concern not eating as much, but not wanting to make any changes. Check weight, re-asses next appointment.</td>
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</table>

**Ready**

- “I need to get him to eat more. He needs his medicine.”

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<thead>
<tr>
<th>Record Plan or Goal</th>
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<tbody>
<tr>
<td>Child already has snacks. Will try high calorie substitutions. Check weight and follow-up food choices next appointment.</td>
</tr>
</tbody>
</table>

**Education Resources**
- [Drug Interactions](http://www.merck.com/mmhe/sec02/ch013/ch013c.html)
- [Medications and Breastfeeding](http://www.womenshealth.gov/breastfeeding/medicines/index.cfm)
- [Drug Nutrient Interaction Chart](http://www.pharmacistelink.com/naturalmedicine/pdfs/P4880x1204DrugChart.pdf)
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| **Not ready**   | “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?” |
| **Try Education** | “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 |

**Raise awareness & personalize change**

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom feels she doesn’t have a problem currently. Offered referral. Re-approach next appointment.</th>
</tr>
</thead>
</table>
| **Unsure**          | “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?” |
| **Try Education**   | Treatment is team approach (Dr, RD, counseling) of:  
| o Healthy weight  
| o Balanced intake  
| o Avoid purging, vomiting, laxatives  
| o 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. |

**Raise awareness & confidence & identify barriers to change**

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom gaining. Expresses concern due to eating disorder. Unsure if will call counselor. Check wt. Re-assess next appointment.</th>
</tr>
</thead>
</table>
| **Ready**           | “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?” |
| **Try Education**   | “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.” |

**Help plan change-support**

| Record Plan or Goal | Mom wants to do monthly weight checks. She will talk to counselor about weighing schedule. One month issued. |

| Education Resources | http://www.nationaleatingdisorders.org/ Resource- Eating Disorders  
## 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

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<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
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<tr>
<td>“He just said eat normally. It is still painful so I haven’t been hungry.”</td>
<td>&quot;What has the Dr given you for pain? How helpful has that been in increasing your appetite?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td>“When you don’t have an appetite, tell me what you have found that you can eat?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>“What besides the pain affects your appetite?”</td>
<td>Not high risk but refer to RD if above comfort level</td>
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</table>

### Record Plan or Goal

| Mom accepted quick food ideas. Monitor weight. Re-assess needs next appointment. |

<table>
<thead>
<tr>
<th><strong>Unsure</strong></th>
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<tbody>
<tr>
<td>“I’ve been eating but it is hard with the other kids and a new baby?”</td>
<td>“You have a lot going on now. What kind of help do you have at home?”</td>
<td>Address nutrition related aspects of the trauma:</td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td>“What kind of meals are you able to fit in for yourself?”</td>
<td>o Weight loss</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how well do you think you eat now compared to when you first had your surgery?”</td>
<td>o Impaired wound healing (increased nutrient need)</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Husband good help at home. Mom able to get meals and snacks with help. Re-assess next appointment.</td>
<td>o Less resistant to infections</td>
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<td></td>
<td>o Side effects of condition or medications</td>
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<th><strong>Ready</strong></th>
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<tbody>
<tr>
<td>“The Dr said eat what I want but I have had such horrible gas since delivery.”</td>
<td>“Gas is a common side effect with a C-section. Have you found anything that helps reduce the gas?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>Help plan change-support</td>
<td>“How familiar are you with foods that cause gas?”</td>
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</table>

### 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.burnsurgery.com/index_4x.htm](http://www.burnsurgery.com/index_4x.htm) Resource - metabolism and nutrition in burn patient
Other Medical Problems (ALL)

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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
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</thead>
</table>
| Not ready         | - “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?” | - “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 |
| Unsure            | - “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?” | - Juvenile rheumatoid arthritis joint pain:  
                    o Exercise- joint mobility (may affect jaw joint)  
                    o Medication side affects  
                    o Calcium & Vit D for bones  
                    o Keep normal body weight  
                    - CF affects lungs and digestion  
                    o Support normal growth (extra fat & calories)  
                    o Vitamin & mineral supplementation; A,D, E, K  
                    - Asthma- colds & allergens trigger  
                    o Treatment: medications, avoid triggers  
                    o Shortness breath, tiredness, may affect eating  
                    o Medication side affects |
| Ready             | - “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?” | - “You mentioned he does a little better with finger foods. What kinds of foods are easiest for him?” |

Education Resources:
- http://www.cff.org/ CF
- http://www.aaaai.org/patients/topicofthemonth/0107/ Asthma
### Alaska WIC Program Nutrition Care Plan

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
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<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“Depression after delivery can be normal, but not if it affects your ability to cope and function. How are you coping with your depression?”</td>
<td>“You are eligible for WIC because you have depression. How interested would you be in seeking help from a counselor or Dr?”</td>
</tr>
<tr>
<td></td>
<td>“What things do you have trouble doing when you are depressed?”</td>
<td>Offer feeding suggestions for disease/condition</td>
</tr>
<tr>
<td></td>
<td>Postpartum (PPD: postpartum depression)</td>
<td>Not high risk but refer to RD if above comfort level</td>
</tr>
</tbody>
</table>

**Knowledge:** sadness and hopelessness beyond “baby blues” (lasts >2wks and affects ability to function), treated with counseling and medication

**Record Plan or Goal**
- Mom feels she is coping and not interested in meds or counseling referral. Re-assess next appointment.

**Unsure**
- “It’s overwhelming right now. It’s hard to even think about what I’m supposed to be eating.”

**Record Plan or Goal**
- Not on meds or counseling. Encouraged to talk to again Dr as depression seems severe. Re-assess next appointment.

**Ready**
- “I just started medications. I feel so guilty as I so wanted this baby.”

**Record Plan or Goal**
- Mom started depression meds. Gave referral to PHN. Mom prefers to stay with three month vs shorter pickup cycle.

**Education Resources**
- [http://www.womenshealth.gov/faq/depression-pregnancy.cfm](http://www.womenshealth.gov/faq/depression-pregnancy.cfm)
### 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 due to his xx (i.e. autism)”

### Discussion, Counseling and Education

<table>
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<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“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?”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>“What are your concerns about his eating?”</td>
<td>High risk, refer to RD</td>
</tr>
<tr>
<td></td>
<td>centre awareness &amp; personalize change</td>
<td>Knowledge: gluten and casein free diet is controversial, if used assure adequate fiber, vitamin and mineral intake; other non-proven causes of autism include immumizations and food allergies</td>
</tr>
<tr>
<td>Record Plan or Goal</td>
<td>Mom feels she is able to get him to eat so not worried about low vegetable intake. Re-assess variety next appointment.</td>
<td></td>
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</table>

| Unsure            | “What kinds of things did she suggest you do at mealtime?” | Treatment involves a team (therapist, PT, OT, Dr, RD) |
|                   | “On a scale of 1-10, how difficult is mealtime for the family?” | Feeding problems may involve: |
|                   | “How do you feel about the suggestions the therapist has made?” |   - Difficulty chewing, swallowing |
|                   |centre awareness & confidence & identify barriers to change |   - Food aversions |
| Record Plan or Goal | Mom working on variety as child has only 5 accepted foods. Prefers to work with OT. Re-assess next appointment. |

| Ready             | “What have you found triggers him to get upset at mealtime?” | “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?” |
|                   | “How can I best assist you and stay within the guides his therapist has for the family?” | |
| 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
### 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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>• “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?”</td>
<td>• “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.”</td>
</tr>
<tr>
<td>“I should quit but I can’t. It just isn’t going to happen.”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**Breastfeeding**

*SPECIAL TIPS* 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

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom says she can’t quit or reduce smoking, too stressful. Will re-assess readiness next appointment.</th>
</tr>
</thead>
</table>
| **Unsure**          | • “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?”  
| “I have cut down on smoking but haven’t been able to quit?” | • “On a scale of 1-10, how interested are you in stopping smoking?”  
| Raise awareness & confidence & identify barriers to change | • Any smoking is harmful - no safe limit  
| **Record Plan or Goal** | Mom feels cutting back on smoking is all she can do now. Re-assess next appointment.  
| **Ready**           | • “You sound concerned about your baby. You tried on your own. What kind of help have you sought to try to stop smoking?”  
| “I tried to stop smoking cold turkey for my baby, but I started again.” | • “How interested would you be in contacting a smoking cessation group?”  
| Help plan change-support | • “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**
### Alaska WIC Program Nutrition Care Plan

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“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?”</td>
<td>“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.”</td>
</tr>
</tbody>
</table>
| “I drank a few with my last baby and he is fine.” | **Breastfeeding** | **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.** |
| Unsure            | “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?” | Make needed cessation referrals
| “I read as long as I didn’t binge drink that a couple beers a day wouldn’t hurt?” | “What help do you need to reduce/stop drinking?” | Drug users often also use tobacco & alcohol
|                  |                          | Alcohol: no safe level in pregnancy
|                  |                          | Illegal drugs: no safe level in pregnancy
|                  |                          | o Infant may suffer post birth withdrawals
|                  |                          | If used before knew pregnant encourage stopping now |

**Record Plan or Goal**

- Mom not interested in stopping alcohol. Warned of negative effects on baby. Re-assess next appointment.

- Mom not interested in stopping alcohol. Warned of negative effects on baby. Re-assess next appointment.

- Mom reports drinks due to stress. Referred to assistance. Re-assesses next appointment.

**Education Resources**
- [http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf](http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf) Handout- FASD What Everyone Should Know
**Alaska WIC Program Nutrition Care Plan** Version 1/29/10

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| **Not ready** | - “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? |
| Raise awareness & personalize change |
| **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. |

| **Unsure** | - “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?” |
| Raise awareness & confidence & identify barriers to change |
| **Record Plan or Goal** | Mom worried removing bottle will upset child. Unsure she is ready for the upset. Re-asses bottle use next appointment. |

| **Ready** | - “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?” |
| Help plan change-support |
| **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. |

**Education Resources**
- [http://www.msdh.state.ms.us/msdhsite/_static/resources/1345.pdf](http://www.msdh.state.ms.us/msdhsite/_static/resources/1345.pdf) Handout- Healthy First Teeth

- Pregnancy dental disease can lead to preterm delivery & LBW infant
- Gingivitis can lead to premature labor. Prevention is proper hygiene and dental care
### Alaska WIC Program Nutrition Care Plan

**Version 1/29/10**

#### Fetal Alcohol Syndrome (FAS) (I/C)

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

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#### Assess Readiness for Change:

- “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?”

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#### Discussion, Counseling and Education

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
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</tr>
</thead>
</table>
| **Not ready**     | - “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?”
| “His case is mild. I don’t have problems feeding him.” | - “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 |

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#### Record Plan or Goal

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>Mom feels eating well. Not interested in any info other than standard feeding guide. Re-assess next appointment.</td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td></td>
</tr>
<tr>
<td>“He just came to us as a foster child. We don’t know how severe his mom’s drinking was.”</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td></td>
</tr>
<tr>
<td>“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.”</td>
<td></td>
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</tbody>
</table>

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#### Knowledge:
- FAS is a group of conditions: Fetal Alcohol Syndrome (FAS) most serious. Others with lower alcohol intake: Alcohol-Related Neurodevelopmental Disorder (ARND) & Partial Fetal Alcohol Syndrome (pFAS). Other terms: Alcohol-Related Birth Defects-ARBD & Fetal Alcohol Effects-FAE
- No cure. Treatment is management of physical, mental and behavioral issues and learning disabilities
- Behavior issues may affect feeding/mealtimes:
  - 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

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#### Education Resources

- [http://www.hss.state.ak.us/fas/](http://www.hss.state.ak.us/fas/) Resource- FAS services in Alaska

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#### Help plan change-support

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Foster parent just received child. Currently learning his needs. Re-assess next appointment.</td>
<td></td>
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</tbody>
</table>

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#### Aunt will try snack when sibling is asleep to decrease distractions. Referred to Providence Neurodevelopment Clinic.
### Alaska WIC Program Nutrition Care Plan

**Version 1/29/10**

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“It sounds like you watch some foods. Which foods do you limit?”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>“What foods do you think you should fit in more often?”</td>
<td></td>
</tr>
</tbody>
</table>

#### Record Plan or Goal
- Participant accepted MyPyramid brochure. Offer MyPyramid review next appointment.

#### Unsere
- “I learned about food groups in school but I don’t really think about them much.”

#### 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.

#### Ready
- “I want a healthy baby. I’m not sure I am eating what I should?”

#### Record Plan or Goal
- Mom likes surfing web, to access MyPyramid site. Follow-up on next appointment.

### Education Resources
- [http://here.doh.wa.gov/materials/feeding-your-3-to-5-year-old/15_WIC3to5_E05L.pdf](http://here.doh.wa.gov/materials/feeding-your-3-to-5-year-old/15_WIC3to5_E05L.pdf)
  - WA WIC Feeding 3-5yr Handout
- [https://ellynsatter.com/resources.jsp](https://ellynsatter.com/resources.jsp)
  - Resource- Ellyn Satter’s Division of Responsibility
  - Handout- Foods Your Child 1-3yr
  - Handout- Foods Your Child 4-6yr
  - Handout- Eating Right During Pregnancy
  - Handout- MyPyramid for Pregnancy
  - Handout- MyPyramid for Kids
### Inappropriate Nutrition Practices for Infants (I)

**411.1 Inappropriate Breast/Formula 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| **Not ready** “Sam is constipated. I changed because iron is constipating.” | - “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?” | - “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?” |
| **Unsure** “My whole family has a history of not tolerating iron. I’m anemic, I can’t take iron either.” | - “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?” | - Formula or breast milk is recommended for first 12 months
  - Address reasons for substitution (i.e. constipation)
  - Assess & monitor weight gain
  - Offer suggested substitution (if to change formula)
  - 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 |
| **Ready** “Sam has been colicky; it was my last resort, suggested by a friend.” | - “Some babies are more colicky. That must be stressful. You said this was your last resort, what else have you tried for the colic?” | - “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 determined to use low-iron. WIC unable to provide. Offered other options. Referred to Dr. One month with iron issued.
- Mom convinced all family has iron issues. Due to money will take formula. Referred to Dr. Check status next appointment.
- Mom has not contacted Dr yet for colic. Explained WIC iron formula rules. One month issued. Referred to Dr.

#### Education Resources
- [AAP policy statement iron](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;104/1/119)
- [AK QA evaporated milk](http://www.hss.state.ak.us/dpa/programs/nutri/downloads/EducationMaterials/HighRiskCaseStudies/QA32.pdf)
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I give it for colic. My mom gave it to us as kids.”</td>
<td>• “It can be hard sometimes to decide what is best for your baby. What does your Dr think about using tea?”</td>
<td>• “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?”</td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
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</tbody>
</table>

| **Unsure**        |                           |              |
| “It is the first time I used it. My friend suggested it because Sam was getting a cold.” | • “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)?” | • 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 |
| Raise awareness & confidence & identify barriers to change |                           |              |

| **Ready**         |                           |              |
| “It was in the store with the baby products so I thought it would be ok for his colic.” | • “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?” | • “Let me pull out the xx (i.e. PRD for Herbal Supplements) 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?” |
| Help plan change-support |                           |              |

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of tea is Hispanic and family cultural. Mom feels acceptable. Made aware of risks. Plans to continue use.</strong></td>
<td><strong>Friend recommended tea. Warned of side effects. Mom says will discontinue use. Follow-up next appointment.</strong></td>
</tr>
<tr>
<td><strong>Mom unaware of risk. Will discontinue tea. Will try other methods to help with colic. Follow-up colic next appointment.</strong></td>
<td><strong>Mom unaware of risk. Will discontinue tea. Will try other methods to help with colic. Follow-up colic next appointment.</strong></td>
</tr>
</tbody>
</table>

### Education Resources
- [http://www.nationalchildrensstudy.gov/research/workshops/Pages/herbal_122003.aspx](http://www.nationalchildrensstudy.gov/research/workshops/Pages/herbal_122003.aspx) Resource- Use of herbal products
### Inappropriate Nutrition Practices for Infants (I)  
#### 411.11 Inadequate Dietary Supplements

**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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?”</td>
<td>“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 &amp; handout on Vit D. How does starting the drops sound to you?”</td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

**Record Plan or Goal**  
Mom unaware of need for Vit D. Accepted drops and will start using. Follow-up on breastfeeding next appointment.

| ** Unsure** | “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?” | 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:  
  - 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 |

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**  
Mom Bf & formula (only 8oz/day). Says will start Vit D. check formula volume & need for D next appointment.

| **Ready** | “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?” | “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?” |

Help plan change-support

**Record Plan or Goal**  
No Vit D in stock. Mom to get on own. Took Vit D handout. Review use next appointment.

**Education Resources**
- [http://www.cdc.gov/breastfeeding/recommendations/vitamin_d.htm](http://www.cdc.gov/breastfeeding/recommendations/vitamin_d.htm)  
  Resource- Vit D
- [http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/5/1142](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/5/1142)  
  Resource- AAP Policy Statement Vit D
- [http://www.aap.org/family/vitdpatients.htm](http://www.aap.org/family/vitdpatients.htm)  
  Resource- Vit D FAQ’s
### Inappropriate Nutrition Practices for Infants (I)

<table>
<thead>
<tr>
<th>Description</th>
<th>Often uses bottle or cups improperly:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Juice in bottle, sugary fluids, bottle in bed, propping bottle, wandering with cup, food (i.e. cereal) in bottle</td>
</tr>
</tbody>
</table>

#### 411.2 Inappropriate Use Bottle or Cup

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>• “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?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “May I share some BBTD information with you?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “What other times does he hold the bottle himself or do you find you need to prop the bottle?”</td>
<td></td>
</tr>
<tr>
<td><strong>Prepare to change</strong></td>
<td>Offer warning of BBTD &amp; carries risk</td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>• “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?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “On a scale of 1-10, now that you have heard about BBTD, how concerned are you about your child’s teeth?”</td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>• “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?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “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?”</td>
<td></td>
</tr>
</tbody>
</table>

**Record Plan or Goal**

- Child with bottle at appointment. Mom looked at handout but appears hesitant to stop bottles. Re-assess next appointment.
- Mom to try water only bottle at night. Follow-up level of success next appointment.

#### Education

- [http://here.doh.wa.gov/materials/time-for-a-cup-6-to-8-months/15_WICcup_E04L.pdf](http://here.doh.wa.gov/materials/time-for-a-cup-6-to-8-months/15_WICcup_E04L.pdf) Handout- *WA WIC- Time for Cup*
### Inappropriate Nutrition Practices for Infants (I)

#### 411.8 Diet Low Essential Nutrients

<table>
<thead>
<tr>
<th>Description</th>
<th>Often feeds diet low in calories or essential nutrients:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Such as vegan or macrobiotic diet or other very low calorie or essential nutrient diet</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“Some following xx (i.e. macrobiotic diets) do eat limited beans, legumes and tofu. Which of those do you include?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“We eat mostly fruits, veggies and grains. But no meat, dairy or fish.”</td>
<td>“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?”</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unsure</th>
<th>“I breastfed him and he grew fine. He should be able to eat what we eat.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how willing are to make some compromises in his food choices?”</td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Does not consume legumes/tofu. Question Sam’s nutrient/caloric intake as starts solids. Weight check next appointment.</th>
</tr>
</thead>
</table>

**Ready**

| “We include legumes. We avoid processed stuff, I want him to have healthy foods.” |
| “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?” |
| “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?” |
| Help plan change-support |

<table>
<thead>
<tr>
<th>Record Plan or Goal</th>
<th>Mom didn’t know B12 is of concern. Will check labels. Follow-up on B12 adequacy next appointment.</th>
</tr>
</thead>
</table>

**Education Resources**

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| Not ready        | • “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?” | • “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?” |
| Unsure           | • “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?” | • Formula storage guidelines:  
  o Prepare with safe water source only  
  o Room temperature not >2hrs  
  o Held in refrigerator not >48hrs  
  o Once bottle used, don’t hold >1hr, nor reuse  

  Breastmilk storage guidelines:  
  o Room temperature not >4 to 6hrs  
  o Held in refrigerator not >72hrs (freezer 6mo)  
  o Don’t thaw in microwave  
  o Don’t add fresh to already frozen breastmilk  
  o Once bottle drunk from, don’t reuse later |
| Ready            | • “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?” | • "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 accepted info on storage issues but didn’t verbalize desire to change. Check storage/preparation next appointment.
- Mom didn’t know reusing was a concern. Mom says she will stop reusing. Address formula use next appointment.
- Mom will try powder. Will return for reissue if does not like. Review preference next appointment.

### Education Resources
- [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)
**Inappropriate Nutrition Practices for Children (C)**

**425.1 Inappropriate Milk Substitutes**

**Description**
- Often feeds inappropriate beverages as main milk source:
  - 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”

**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“The whole family drinks low fat. Everyone is ok. It doesn’t seem like I need to switch.”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>• “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?”</td>
<td>• Offer visual or handout showing fat content of milk</td>
</tr>
<tr>
<td></td>
<td>• “May I share with you, the differences between lower fat milk and whole milk?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; personalize change</td>
<td></td>
</tr>
</tbody>
</table>

**Record Plan or Goal**
- Participant accepted milk brochure. Will re-assess readiness for change at next appointment.

<table>
<thead>
<tr>
<th>Unsure</th>
<th>“I’ve heard something about it, but I wasn’t sure it really made a difference.”</th>
<th>“If you were to try whole milk, on a scale of 1-10, how confident are you that he could change?”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• “Why did you choose that number?”</td>
<td>• “Why did you choose that number?”</td>
</tr>
<tr>
<td></td>
<td>• “It sounds like last time you tried switching milk he really didn’t like it. Tell me more about that.”</td>
<td>• “It sounds like last time you tried switching milk he really didn’t like it. Tell me more about that.”</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td></td>
</tr>
</tbody>
</table>

**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%.

<table>
<thead>
<tr>
<th>Ready</th>
<th>“I would like to. I’ve done it a few times, but not every time.”</th>
<th>“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?”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• “It sounds like you might have had some problems changing, what were those?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “How do you think you might make this change?”</td>
<td></td>
</tr>
<tr>
<td>Help plan change-support</td>
<td>-reviewed barriers to changing fat content. Participant identified steps to help her do this on a consistent basis.</td>
<td></td>
</tr>
</tbody>
</table>

**Education Resources**
### 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: Not ready

- “He just has some of mine every day. He doesn’t get his own can.”

- **Try Counseling Strategies**
  - “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?”

- **Try Education**
  - “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?”

- **Raise awareness & personalize change**

#### If the answer is: Unsure

- “He gets really thirsty and he already drinks all the WIC juice and milk we get.”

- **Raise awareness & confidence & identify barriers to change**

#### If the answer is: Ready

- “I don’t give it to him at home, but his grandmother does.”

- **Help plan change-support**

#### 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.**

- **Parent to try offering water in place of soda. Check acceptance of water next appointment.**

- **Mom says grandma won’t change soda use. She asked about brushing teeth. Discussed. Made dental referral.**

### Education Resources
### 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: **Not ready**

- “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?”

#### Try Education

- “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.

#### Unsure

- “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?”

#### Try Counseling Strategies

- “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?”

#### Try Education

- 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.

#### Ready

- “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?”

#### Try Education

- “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

### Inappropriate Nutrition Practices for Children (C) - Version: 1/29/10

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“Mealtime should be family time. How well does he eat if you don’t spoon feed him and you let him feed himself?”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>“How would you feel about not hand feeding him as often?”</td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“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?”</td>
<td>“Children should eat based on their appetite”</td>
</tr>
<tr>
<td></td>
<td>“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?”</td>
<td>“Controlling intake may interfere with the child’s ability to learn to control their own intake”</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; personalize change</td>
<td>Parent to offer nutritious choices, child to decide if and how much to eat</td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“That sounds like a scary experience. Hot dogs are a common food that causes choking. What other problems has he had chewing or swallowing?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“I do that so he will eat what I cook. I don’t have time to make him something different.”</td>
<td></td>
</tr>
</tbody>
</table>

#### Education Resources
- [http://www.aap.org/healthtopics/stages.cfm#early](http://www.aap.org/healthtopics/stages.cfm#early) - Resource - AAP Developmental Milestones
### Inappropriate Nutrition Practices for Children (C)

<table>
<thead>
<tr>
<th>Description</th>
<th>Nutrient Practices for Children (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeding foods that could be contaminated with microorganisms/toxins:</td>
<td></td>
</tr>
<tr>
<td>o Unpasteurized juice, dairy products, soft cheese, raw or undercooked meat, fish, poultry, eggs, vegetable sprouts, tofu, deli meats, hotdogs</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“They are already precooked and I cut them so he can’t choke. He likes them cold.”</td>
<td>• “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?”</td>
<td>• “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?”</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Sometimes I heat them, depends on if we are in a hurry.”</td>
<td>• “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?”</td>
<td>• Avoid unpasteurized juice, cheese, milk, and tofu, undercooked foods and raw sprouts- may contain bacteria and cause food poisoning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Only purchase pasteurized products</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Cook all foods to proper temperatures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Deli meats &amp; hotdogs re-heated before served</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Always follow safe handling practices</td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I know they say to watch because of choking. Is it not ok to eat them cold?”</td>
<td>• “They now suggested xx (i.e. hot dogs) only be served when re-heated. What do you think about the new recommendations?”</td>
<td>• “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.”</td>
</tr>
</tbody>
</table>

#### Record Plan or Goal
- **Not ready**: Mom doesn’t agree with re-heating hotdogs. Says is aware of dangers from other foods- uncooked eggs and chicken.
- **Unsure**: Mom says never had problem serving unheated, but now aware of danger. Will reheat now. Follow-up next appointment.
- **Ready**: Mom will no longer serve uncooked hot dogs. She also asked about lunch meat. Follow-up on concerns next appointment.

#### Education Resources
### 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I take extra zinc because it helps colds and I get colds a lot?”</td>
<td>“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 (&gt;50mg zinc). The Dr said only take a prenatal vitamin? How do you feel about that?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
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</tbody>
</table>

| Unsure      |                           |              |
| “It is supposed to help with cold sores (herpes). There is probably a medication but I don’t have insurance.” | “Supplements can be helpful for some conditions but high amounts can have side effects. What other treatments or medications did your Dr suggest?” | Supplements (dietary, herbal or botanical) may: |
|            |                           |              |
|            |                           |              |
| Raise awareness & confidence & identify barriers to change | “You might be eligible for Medicaid, on a scale of 1-10, how comfortable would you be in applying for it?” | 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 |

| Record Plan or Goal | Mom told Dr she would stop zinc. Still taking prenatal. Talked about zinc in foods. Check supplement use next appointment. |

| Unsure      |                           |              |
| “It is supposed to help with cold sores (herpes). There is probably a medication but I don’t have insurance.” | “Supplements can be helpful for some conditions but high amounts can have side effects. What other treatments or medications did your Dr suggest?” | Supplements (dietary, herbal or botanical) may: |
|            |                           |              |
|            |                           |              |
| Raise awareness & confidence & identify barriers to change | “You might be eligible for Medicaid, on a scale of 1-10, how comfortable would you be in applying for it?” | 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 |

| Record Plan or Goal | Mom to apply for Medicaid. To stop zinc use until talks to Dr. Check status next appointment. |

| Ready       |                           |              |
| “I have eczema. It helps my skin. It is guaranteed. Zinc is in cough drops, isn’t it ok?” | “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 see seeing one would be?” | “They would let you know what safe levels are for your condition. What other supplements do you take?” |

<table>
<thead>
<tr>
<th>Help plan change-support</th>
</tr>
</thead>
</table>

| Record Plan or Goal | Mom to see a provider about eczema. Will stop extra zinc use until then. Made referral to local provider. |

### Education Resources
### Inappropriate Nutrition Practices for Women (PG/BE/NBF)

<table>
<thead>
<tr>
<th>Description</th>
<th>Often consuming diet low in calories or essential nutrients:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Such as vegan, macrobiotic, low-carbohydrate high-protein diet, or other very low calorie or essential nutrient diet, or post bariatric surgery</td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“Tell me more about how the diet has worked for you?”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td>“How comfortable are you with your weight gain so far?”</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>“The pregnancy adds a new twist. How would you feel about increasing xx (i.e. carbs) just during your pregnancy?”</td>
<td>Restrictive diet risks:</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how important is it for you to stay on this diet during your pregnancy?”</td>
<td>o Low calories- poor maternal weight gain, too rapid weight loss in breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Raise awareness &amp; personalize change</td>
<td>o Low iron intake-anemia</td>
</tr>
<tr>
<td></td>
<td>Record Plan or Goal</td>
<td>o Low folic acid- birth defects &amp; IUGR</td>
</tr>
<tr>
<td>Mom committed to low carb diet. Does not want to change during pregnancy. Re-assess next appointment.</td>
<td>o Low Vit D, Ca, B12-</td>
<td></td>
</tr>
<tr>
<td>Ready</td>
<td>“That would be a healthy choice for the baby! What do you think you want to change first?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>Help plan change-support</td>
<td>Record Plan or Goal</td>
<td></td>
</tr>
<tr>
<td>Mom willing to stop diet during pregnancy- was on for weight control. Follow-up diet regimen next appointment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Education Resources
## Inappropriate Nutrition Practices for Women (PG/BE/NBF)

### 427.3 Pica

#### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| Not ready         | - “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?” |
                   | “I eat starch but I don’t eat that much and the baby is doing ok. It is just a craving.” |
|                    | • “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?” |

Raise awareness & personalize change

### Record Plan or Goal

- Mom feels pica/starch is not a problem and will go away. Did ask about prenatal Vits. Says will begin prenatals.

### Unsure
- “The Dr referred me to a therapist but I can’t afford to go.”

Raise awareness & confidence & identify barriers to change

### 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.

### Ready
- “I just can’t stop eating starch. I’m worried about my baby.”

Help plan change-support

### 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.

### Education Resources
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>“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?”</td>
<td>“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?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knowledge: folic acid and folate are interchangeable, folic acid is the manmade form (used in supplements), folate is the from found in foods (dark green veg, oranges)</td>
</tr>
</tbody>
</table>

**Raise awareness & personalize change**

**Record Plan or Goal**
- Mom to take folic acid. Didn’t know needed to continue. Check supplement use next appointment.

| Unsure            | “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?” | Folic acid: for pregnant and women who could get pregnant, to prevent birth defects of spine/brain
|                   | “On a scale of 1-10, how willing are you to take folic acid?” | Sources: prenatal vitamin (or folic acid supplement) & foods |
|                   | “You mentioned you feel like you eat well, what do you eat to get in your folic acid?” | Iron: prevents anemia
|                   |                           | Sources: prenatal vitamin & foods |

**Raise awareness & confidence & identify barriers to change**

**Record Plan or Goal**
- Mom eats cereal daily. She decided doesn’t need folic acid. Shared reading labels.

| Ready             | “We would like to see you start your vitamin soon. When do you think you will have your prescription?” | “Until you get your prescription, how about making sure you get in a good folic acid food source every day?” |
|                   |                           | |

**Help plan change-support**

**Record Plan or Goal**
- Encouraged Vit even if gets on her own. Reviewed folic acid in foods. Mom says will include a folic acid food daily for now.

**Education Resources**
- [http://womenshealth.gov/faq/folic-acid.cfm](http://womenshealth.gov/faq/folic-acid.cfm) Resource- *Folic Acid Quiz*
### Inappropriate Nutrition Practices for Women (PG)

#### 427.5 Feeding Harmful Foods

**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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“That’s crazy, they are already cooked and fast food uses.”</td>
<td>Raise awareness &amp; personalize change</td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“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)?”</td>
<td>Avoid unpasteurized juice, cheese, milk, and tofu, undercooked foods and raw sprouts- may contain bacteria and cause food poisoning. In pregnancy:</td>
</tr>
<tr>
<td>“I never would have thought about reheating deli meats.”</td>
<td>“On a scale of 1-10, how concerned are you with safe handling of food to prevent food poisoning?”</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td>Avoid unpasteurized juice, cheese, milk, and tofu, undercooked foods and raw sprouts- may contain bacteria and cause food poisoning. In pregnancy:</td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“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?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“Are you serious, heating up lunch meat?”</td>
<td>Help plan change-support</td>
<td></td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom accepted alert and listeria handout though doesn’t seem concerned. Follow-up nest appointment.</td>
<td></td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom not overly concerned but accepted handout. At minimum will be more cautious of food storage.</td>
<td></td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom hadn’t heard of listeria. Accepted handout. Says will be more cautious of where she eats lunch meats.</td>
<td></td>
</tr>
</tbody>
</table>

**Education Resources**
- [http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm094783.htm](http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm094783.htm) Resource- Food Safety Mom’s to Be
**Alaska WIC Program Nutrition Care Plan** Version 1/29/10

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
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</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| “None. He eats fine, eats everything. And tires to grab food by himself.” | • “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?” | • “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?”
| **Unsure**        |                           |              |
| “Sometimes I worry that I am not giving him the right foods.” | • “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)?” | • WIC role of prevention (deficiencies and obesity) and promotion (assisting with feeding decisions)
• Assist successful feeding:
  o offering nutritious foods, meeting energy needs
  o parents deciding what, when, where, how
  o teaching healthy lifelong eating habits
  o considering child’s ability, independence
• Nutrients low (12-23mo): iron, Vit E, fiber, potassium
• Nutrients in excess: zinc, Vit A, sodium, energy |
| **Ready**         |                           |              |
| “I think I am doing ok but my mom thinks I should feed him table foods already?” | • “Tell me what concerns you have with starting table foods?”
• “When do you want to start table foods?” | "How would it be if we talk about some ways to know if Sam is ready to try table foods?”

### Record Plan or Goal

- **Mom accepted cup info. Plans to try by next appointment. Check cup success.**
- **Mom worried that child spits out food. Discussed reasons. Mom to offer problem foods again with a liked food.**
- **Intro table foods would be age appropriate for Sam. Mom fearful. Discussed possible foods. Mom to try soft potatoes.**

### Education Resources
- [http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf](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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“I’m glad you are doing well. Since you started WIC, how do you think your eating has changed?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“I don’t have any concerns. Everything is fine.”</td>
<td>“We offer these xx nutrition classes. Which one sounds most interesting to you?”</td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“Your xx (i.e. hgb) has improved, but having a new baby is tiring. How much rest are you able to get each day?”</td>
<td>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.</td>
</tr>
<tr>
<td>“I didn’t think my xx (i.e. iron) had improved. I still feel so tired?”</td>
<td>“You may not be getting enough to eat? How often do you eat?”</td>
<td></td>
</tr>
<tr>
<td>“On a scale of 1-10, how concerned are you that your xx (i.e. iron) will be low again?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“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).”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“Before WIC, I didn’t know which foods were high in iron, but now I do. When will you check my iron again?”</td>
<td>“What high iron foods have you added to your diet?”</td>
<td></td>
</tr>
<tr>
<td>Help plan change-support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Participant chose xx class for next nutrition ed class. Will re-assess preferred classes next appointment.</td>
<td></td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom skipping breakfast. Will try to eat breakfast every day. Re-assesses complaint of tiredness next appointment.</td>
<td></td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom would like iron checked in two months. Re-assesses iron status next appointment.</td>
<td></td>
</tr>
</tbody>
</table>

### Education Resources
- [http://kidshealth.org/classroom/index.jsp?Grade=cc&Section=hhfl](http://kidshealth.org/classroom/index.jsp?Grade=cc&Section=hhfl)
- [http://www.americanheart.org/presenter.jhtml?identifier=1200009](http://www.americanheart.org/presenter.jhtml?identifier=1200009)
## Alaska WIC Program Nutrition Care Plan Version 1/29/10

### 502 Transfer of Certification (ALL)

| Description | • 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

- “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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| Not ready | • “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)?” | • As accepted, offer nutrition ed related to their risk(s)  
• Review Alaska WIC foods/procedures (Alaska may differ from other states) |
| “I didn’t know I had a risk.” | | |

#### Record Plan or Goal


<table>
<thead>
<tr>
<th>Unsere</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| “They said his iron was low?” | • “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?” | • As accepted, offer nutrition ed related to their risk/risks  
| | | • 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.

<table>
<thead>
<tr>
<th>Ready</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>“They said he didn’t eat enough vegetables. I still can’t get him to eat any.”</td>
<td>• “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?”</td>
<td>• “That is a good way to start. You might also want to try using dips, children love to dip things.”</td>
</tr>
</tbody>
</table>

#### 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](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
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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.”</td>
<td>“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!”</td>
</tr>
<tr>
<td>“I don’t really know what WIC is. My health nurse told me to come.”</td>
<td>“Would you like a handout on eating during pregnancy? We can talk about it more at your next appointment.”</td>
<td>“Let’s go over the WIC Food List so you know how to use your WIC vouchers.”</td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“WIC is different. We provide specific healthy foods. And we offer nutrition education, like information on eating during pregnancy &amp; infant feeding. You aren’t required to be on any assistance programs to receive WIC.”</td>
<td>Share reasoning behind WIC foods:</td>
</tr>
<tr>
<td>“Isn’t WIC welfare? I don’t want to be on welfare”</td>
<td>“On a scale of 1-10, how concerned are you that you are receiving WIC?”</td>
<td>o Follows MyPyramid</td>
</tr>
<tr>
<td>Raise awareness &amp; personalize change</td>
<td>“What other concerns do you have today?”</td>
<td>o Calcium: milk, cheese</td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“I’m glad we can help your family. Since you are familiar with WIC, what can I answer for you today?”</td>
<td>Share reasoning behind WIC foods:</td>
</tr>
<tr>
<td>“You don’t know how much WIC helps my family, especially now that I am pregnant again.”</td>
<td></td>
<td>o Iron: cereal, beans</td>
</tr>
<tr>
<td>Help plan change-support</td>
<td></td>
<td>o Protein: bean, PB, cheese</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom accepted eating in pregnancy handout. One month presumptive issued. Will assess risks/needs next appointment.</td>
<td>Inform of services your clinic offers</td>
</tr>
</tbody>
</table>

### Education Resources
- [http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Admin_PandP_Ch2.pdf](http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/PolicyandProcedures/Admin_PandP_Ch2.pdf) Resource- AK WIC Policy & Procedure Manual- Presumptive Eligibility
**Alaska WIC Program Nutrition Care Plan** Version 1/29/10

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“Feeding is going fine. He took the breast easily.”</td>
<td>Raise awareness &amp; personalize change</td>
<td></td>
</tr>
</tbody>
</table>

**Record Plan or Goal**

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

<table>
<thead>
<tr>
<th><strong>Unsure</strong></th>
<th>“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?”</th>
<th>Address mom’s related concerns:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I don’t think I have enough milk so I was thinking I may add formula?”</td>
<td>“On a scale of 1-10, how strongly do you feel you should add formula now?”</td>
<td>o Formula request?</td>
</tr>
<tr>
<td>Raise awareness &amp; confidence &amp; identify barriers to change</td>
<td></td>
<td>o Infant weight gain?</td>
</tr>
</tbody>
</table>

**Record Plan or Goal**

Mom still wants formula. Partial formula issued. Will check weigh and re-asses next appointment.

<table>
<thead>
<tr>
<th><strong>Ready</strong></th>
<th>“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?”</th>
<th>“Premature infants may tire easily, so you may want to try feeding more often for shorter periods.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I know breastfeeding is best for my baby. I hope I can breastfeed longer than my sister was able too?”</td>
<td>“You sound concerned about being able to continue breastfeeding. Why are you hesitant about your ability to continue breastfeeding?”</td>
<td></td>
</tr>
</tbody>
</table>

**Record Plan or Goal**

Mom concerned about milk supply. Discussed increasing supply. One month issued. Check infant weight next appointment.

<table>
<thead>
<tr>
<th><strong>Education</strong></th>
<th><a href="http://www.healthyarkansas.com/breastfeeding/pamphlets.html">http://www.healthyarkansas.com/breastfeeding/pamphlets.html</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources</strong></td>
<td><a href="http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFResource.aspx">http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFResource.aspx</a></td>
</tr>
</tbody>
</table>

Resource- Arkansas WIC BF handouts (“Yes I’m going to breastfeed”)
Resource- California WIC BF handouts (“What to expect 1st week BF”)

---

**Notes**

- Breastfeeding Mother of Infant at Nutritional Risk (BF)
- Include breastfeeding衡阳嘉宾 in nutrition counseling when pregnant and meeting breastfeeding criteria.
### Description
- A breastfeeding women with any of the following or potential complications:
  - Severe engorgement, plugged ducts, mastitis, inverted nipples, cracked/bleeding nipples, ≥ 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
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</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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?”</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“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?”</td>
<td>“Would you be interested in seeing a lactation consultant? I can make a referral for you.”</td>
</tr>
<tr>
<td></td>
<td>“Yes, that helps when your breasts are engorged. What other suggestions did she have for you? Which other suggestions have you tried?”</td>
<td>Offer recommended solutions for breastfeeding issue</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how comfortable would you be seeing the lactation consultant again?”</td>
<td>Refer to LLC as needed</td>
</tr>
<tr>
<td></td>
<td>“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?”</td>
<td>Monitor infant’s weight gain</td>
</tr>
</tbody>
</table>

**Record Plan or Goal:**
- Mom wants to wait to see LLC since she is not as sore. Re-assess level of engorgement at next appointment.
- Raise awareness & personalize change

### Education
- [La Leche League - links to general topics](http://www.llli.org/resources.html?m=0)
- [WIC Works BF Materials](http://www.nal.usda.gov/wicworks/Learning_Center/Breastfeeding_educational.html)
- [Lactation Education Resources - handouts and CE training (free)](http://www.leron-line.com/)

---

**Help plan change-support**
- Able to get appointment with LLC for tomorrow. Issued one month only. Follow-up results LLC visit next appointment.

### Education Resources
- [La Leche League - links to general topics](http://www.llli.org/resources.html?m=0)
- [WIC Works BF Materials](http://www.nal.usda.gov/wicworks/Learning_Center/Breastfeeding_educational.html)
- [Lactation Education Resources - handouts and CE training (free)](http://www.leron-line.com/)
### Alaska WIC Program Nutrition Care Plan

#### 603 Breastfeeding Complications or Potential Complications (Infant)

| 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:  
| Not ready |  
“He had a little trouble in the hospital. We are just getting used to each other.” |

| Try Counseling Strategies | Try Education |  
• “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?” |

| Record Plan or Goal | Mom does not want to see LLC. Will re-assess readiness for change at next appointment. |

| Unsure |  
“The nurse said he was feeding ok. But I never felt like I was doing it right?” |

| Try Counseling Strategies | Try Education |  
• “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?” |

| Raise awareness & personalize change |  
Raise awareness & confidence & identify barriers to change |

| Record Plan or Goal | Infant weight gain good. Mom referred to LLC. Follow-up referral and re-asses next appointment. |

| Ready |  
“I want to breastfeed. Can you tell me what to do for xx (i.e. inverted nipples)” |

| Try Counseling Strategies | Try Education |  
• “Sometimes using nipple shields or a pump to pull out the nipple is suggested. How familiar are you with either of those ideas?”  
• “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?” |

| Help plan change-support |  
Record plan change-support |

| 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. |

| Education Resources |  
## Alaska WIC Program Nutrition Care Plan

### Version 1/29/10

### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“He eats a lot. He hasn’t had any problems.”</td>
<td>• “Tell me how Sam lets you know he is hungry?”</td>
<td>• “Sam is eligible for WIC because you were on WIC during your pregnancy. By continuing WIC we can help Sam eat well too!”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>** Unsure**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I think I feed him enough?”</td>
<td>• “You sound a little hesitant. Is there something that is worrying you?”</td>
<td>• Offer infant feeding information:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Hunger cues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Formula/breast milk volume</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age &amp; method solid intro</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age cup intro</td>
</tr>
<tr>
<td></td>
<td>• “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?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “On a scale of 1-10, how worried are you that he is not getting enough to eat?”</td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“It has been a few years between babies. I don’t remember when to add cereal.”</td>
<td>• “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 6mo. How do you feel about waiting with Sam?”</td>
<td>• “The 6 mo recommendation is based on new, current research. We have a feeding guide that includes the new age for introduction.”</td>
</tr>
</tbody>
</table>

#### Record Plan or Goal

- Mom accepted feeding guide. Plans to add cereal 4 mo. Encouraged to wait until 6mo. Re-assess solid intro next appointment.
- Mom says she feels better after talking. Offered to check weight next appointment.
- Mom said she would probably wait until 6 mo for solids. Follow-up on mom’s feeding plan next appointment.

#### Education Resources
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| **Not ready**     | • “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?”  
                   • “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?” |  
| **Unsure**        | • “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?”  
                   • Nutrition in breastfeeding:  
                     o Well balanced & variety  
                     o Eat to hunger  
                     o Drink to thirst  
                     o Folic acid (since childbearing age)  
                     o Caffeine in moderation  
                     o Alcohol in moderation |  
| **Ready**         | • “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?”  
                   • “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.” |  

**Record Plan or Goal**
- Mom states BF is going fine, no concerns. Accepted food guide handout. Will re-assess needs at next appointment.
- Discussed quick foods like nuts, hardboiled eggs, yogurt. Mom may try quick foods. Re-asses meal plan at next appointment.
- Sam falls asleep BF. Discussed feed more often to increase supply. Mom to offer breast more often.

**Education Resources**
http://www.womenshealth.gov/breastfeeding/concerns/ Resource- Common Breastfeeding Concerns
**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**

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| **Not ready**    | • “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?” | • “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.

<table>
<thead>
<tr>
<th><strong>Unsure</strong></th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| “I feed him usually as I am trying to breastfeed?” | • “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?” | • Be sensitive but aware of possible neglect of infant:
  o Report suspected abuse
  o Refer to assistance programs as needed
  o 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.

<table>
<thead>
<tr>
<th><strong>Ready</strong></th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| “I was messed up before I got pregnant. Now I go to counseling. I want to be a good mom.” | • “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?” | • “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?” |

**Help plan change-support**

**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://teacher.scholastic.com/professional/bruceperry/bonding.htm](http://teacher.scholastic.com/professional/bruceperry/bonding.htm)

Resource- Bonding with Baby

Resource- Bonding and Attachment in Maltreated Children
### Description
- 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
- “Tell me more about your living situation.”
- “What is your biggest concern today?”

#### Discussion, Counseling and Education

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
</table>
| **Not ready**     | • “That must be really hard. Tell me where you have gone for help?”
| “I live out of my car. I just take it a day at a time.” | • “Would you like me to share some agencies that can help you find shelter and food?” | • “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?” |

Raise awareness & personalize change

**Record Plan or Goal**

Participant preferred HOM package. Not ready to contact a shelter. Will re-assess readiness referrals next appointment.

| **Unsure**      | • “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.”
| “I live in a hotel. I cook with an electric skillet and have an ice chest?” | • “How long do you think you will be able to stay at the hotel? What do you plan to do after that?” | • 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 |

Raise awareness & confidence & identify barriers to change

**Record Plan or Goal**

Parent prefers regular package. Provided recipes. Will check changes in living situation next appointment.

| **Ready**       | • “It must be scary for your children. How has the staff helped you in finding permanent shelter?”
| “I’m at the shelter but I don’t like having to take my children there.” | • “Tell me how the children have been eating since you have been at the shelter?” | • “WIC is allowed to provide you with WIC foods if you are able to keep your foods separated from other residents.” |

Help plan change-support

**Record Plan or Goal**

Parent feels shelter is helping find a permanent place. Follow-up on housing next appointment.

**Education Resources**
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“It sounds like you are able to make it work wherever you are. How would you say meals are going for you here?”</td>
<td>“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?”</td>
</tr>
<tr>
<td>“My family is used to it. We move between fish camp and town.”</td>
<td>“How has Sam’s health been with all the moves?”</td>
<td></td>
</tr>
</tbody>
</table>

Raise awareness & personalize change

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th>Mom says they have been healthy, just no money. Referred to local assistance. Re-assess status next appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsure</strong></td>
<td>“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?”</td>
</tr>
<tr>
<td>“It’s harder here in town as we live in a camper for such a short period of time. But we have a stove &amp; frig.”</td>
<td>“On a scale of 1-10, how easy is it for you to get the supplies you need in town?”</td>
</tr>
</tbody>
</table>

Raise awareness & confidence & identify barriers to change

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th>Parents say they like their lifestyle other than the money. Local referrals made. Re-assess needs next appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ready</strong></td>
<td>“That is a big worry. Tell me more about what you usually have available to eat and what you think is lacking?”</td>
</tr>
<tr>
<td>“It is the only work I have. I worry my kids aren’t getting enough to eat.”</td>
<td>“How would you feel about going to the local food bank for assistance?”</td>
</tr>
</tbody>
</table>

Help plan change-support

<table>
<thead>
<tr>
<th><strong>Record Plan or Goal</strong></th>
<th>Parents say kids eat first. Accepted food bank referrals. Will move back to fish camp by next appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education Resources</strong></td>
<td><a href="http://www.ncfh.org/docs/00-10%20-%20monograph.pdf">http://www.ncfh.org/docs/00-10%20-%20monograph.pdf</a> Resource- Migrant Health Issues</td>
</tr>
</tbody>
</table>
| 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** |
| Not ready | • “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?” | • “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.” |
| Unsure | • “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?” | • Be aware of client’s safety  
• Be sensitive of client’s fears  
• Provide appropriate referrals:  
  o Domestic violence agency  
  o Local abuse hot line  
  o Legal support  
  o Housing or shelter |
| Ready | • “That must have been a hard decision. Would you like to call the shelter from here now?”  
• “How else can I help you today?” | • “We can also remove your partner as your WIC alternate. And I’ll flag your record so no information will be provided to him.” |

**Education Resources**

- [http://www.andvsa.org/](http://www.andvsa.org/) Resource- Alaska Network on Domestic Violence & Sexual Assault (link to local AK numbers)
### Alaska WIC Program Nutrition Care Plan

#### Version 1/29/10

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

<table>
<thead>
<tr>
<th>Description</th>
<th><strong>• Primary caregiver is unable to make good feeding decisions or to prepare food</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>• &lt;=17 yrs old, mentally delayed, mental illness, physically disabled, using or having history alcohol or drug abuse</strong></td>
</tr>
</tbody>
</table>

#### Assess Readiness for Change:

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

#### Discussion, Counseling and Education

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“I can make macaroni and cheese and top-ramen. Sam likes those”</td>
<td>• “Sounds like you really know what he likes. What other foods does he eat?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “How is care, like changing diapers and bathing Sam going?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Do you have anyone at home who helps you with Sam?”</td>
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</tbody>
</table>

**Raise awareness & personalize change**

**Record Plan or Goal**

- Child’s weight normal but appears mom has trouble w/ simple tasks. Referral made to PHN. Check weight next appointment.

| **Unsure**        | “Sam drinks a whole bottle. I’m not sure why he cries after he eats?”                  | • “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?”                   |
|                   |                                                                                         |                                                 | • Offer to address parent’s stated concerns                                                       |
|                   |                                                                                         |                                                 | • Make referrals as needed                                                                       |
|                   |                                                                                         |                                                 | • If child safety a concern alert child services                                                    |

**Raise awareness & confidence & identify barriers to change**

**Record Plan or Goal**

- Feeds in car seat and is not burping Sam. Talked about holding and burping. Re-asses crying next appointment.

| **Ready**         | “I just give formula because I don’t know how to make baby food.”                       | • “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?” |
|                   |                                                                                         |                                                 | • “If you run out of baby food, since you already serve cooked vegetables every night, you can smash them with a fork for Sam.” |

**Help plan change-support**

**Record Plan or Goal**

- Mom will relay on jarred foods. Evaluate variety and advancing to finger feeding next appointment.

<table>
<thead>
<tr>
<th><strong>Education Resources</strong></th>
<th><strong><a href="http://www.hss.state.ak.us/ocs/publications/ReportingChildAbuse.htm">http://www.hss.state.ak.us/ocs/publications/ReportingChildAbuse.htm</a></strong> Resource Reporting Abuse in Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong><a href="http://www.hss.state.ak.us/dph/nursing/locations.htm">http://www.hss.state.ak.us/dph/nursing/locations.htm</a></strong> Resource Public Health Nursing Locator for Alaska</td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready</td>
<td>“You’re ahead of many foster parents since you know Sam. How do you think he is growing? Eating?”</td>
<td>“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.”</td>
</tr>
<tr>
<td>“Sam is my sister’s boy. I am fostering until her life changes.”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Unsure            | “Sounds like it has been awhile since you had little ones at home. How has Sam been interacting with you?” | 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) |
| “Our children are all grown. This is our first foster experience.” | | |
| Not ready         | “Being a foster parent is a wonderful gift. What have you found is most successful in helping children eat well?” | “WIC has classes and handouts on many children’s topics if you would find them helpful. What topic would be interesting to you?” |
| “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.” | | |

### Record Plan or Goal
- Parent appears confident, experienced in foster role. No information desired. Re-assess needs next appointment.
- Child thin, parent to bring child for weight check next appointment. Re-assess next appointment.
- 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/oes/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

<table>
<thead>
<tr>
<th>If the answer is:</th>
<th>Try Counseling Strategies</th>
<th>Try Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not ready</strong></td>
<td>“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?”</td>
<td>“Even smoking in the next room can expose your baby to smoke. Infants exposed to smoke have more SIDS, asthma, ear infections and bronchitis.”</td>
</tr>
<tr>
<td></td>
<td>“Tell me more about your attempts to stop smoking?”</td>
<td>Offer referral to smoking cessation programs/assistance</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Participant unsuccessful at stopping smoking. No interested in trying again now. Will re-assess readiness next appointment.</td>
<td></td>
</tr>
<tr>
<td><strong>Unsure</strong></td>
<td>“It sounds like you want to try to stop. What makes you most afraid to try?”</td>
<td>Ability to quit smoking depends on client’s readiness</td>
</tr>
<tr>
<td></td>
<td>“On a scale of 1-10, how willing are you to call a smoking cessation program for help?”</td>
<td>Give support and encouragement</td>
</tr>
<tr>
<td></td>
<td>“Even smoking in the next room can expose your baby to smoke. Infants exposed to smoke have more SIDS, asthma, ear infections and bronchitis.”</td>
<td>Refer to smoking cessation program to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Learn to handle stress and urge to smoke</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Obtain medication (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Prepare for relapses</td>
</tr>
<tr>
<td><strong>Record Plan or Goal</strong></td>
<td>Mom took smoking cessation referral but still hesitant to call. Encourage next appointment if hasn’t made contact.</td>
<td></td>
</tr>
<tr>
<td><strong>Ready</strong></td>
<td>“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?”</td>
<td>“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.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Resources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Handout &amp; Resource- Smoke Free Homes</td>
<td><a href="http://www.epa.gov/smokefree/">http://www.epa.gov/smokefree/</a></td>
</tr>
</tbody>
</table>
# 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

## 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

## 111 Overweight Women

*Reference- Aim for a Healthy Weight
*Handout #8- Baby Legs- postpartum weight loss
*Handout #27- Top 10 Ways to Burn 100 Calories

## 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  

*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)  

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?  

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  

*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)

*Reference- *About Pregnancy Weight Gain* (repeat site)
  [http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html](http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html)

*Handout- *How Much Should I gain?* (repeat site)
  [http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf](http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf)

### 133 High Maternal Weight Gain

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

*Reference- *About Pregnancy Weight Gain* (repeat site)
  [http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html](http://www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html)

*Handout- *How Much Should I gain?* (repeat site)
  [http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf](http://www.utextension.utk.edu/publications/spfiles/sp441e.pdf)

Handout #12- *Pregnant Belly*- prenatal weight gain

Handout #27- *Sensible Weight Loss*- Top 10 Ways (repeat site)

*Reference- *weight control information network*

### 134 FTT

*Reference- *FTT by AAFP*
  [http://www.aafp.org/afp/20030901/879.html](http://www.aafp.org/afp/20030901/879.html)

*Reference- *FTT by Keep Kids Healthy*
  [http://www.keepkidshealthy.com/welcome/conditions/failure_to_thrive.html](http://www.keepkidshealthy.com/welcome/conditions/failure_to_thrive.html)

### 135 Inadequate Growth

*Reference- *Growth chart training*


*Reference (handout)- *Interpreting Growth Charts*

*Reference: MCH Growth Chart Training*
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

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
*Reference- increased head circumference
*Reference- small head circumference
 http://www.mayoclinic.com/print/microcephaly/AN00236/METHOD=print

153 Large for Gestational Age

*Reference- Large for Gestational Age
*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
Resource- What Causes Iron Deficiency Anemia?

*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

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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

*Fact Sheet- Texas- Lead Poisoning
http://www.dshs.state.tx.us/wichd/nut/pdf/fac10-s.pdf

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301 Hyperemesis

*Resource- Hyperemesis Foundation
http://www.hyperemesis.org/health-professionals/

*Resource- Hyperemesis Survival Guide (or long handout)

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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
Resource- *Gestational Diabetes*  

Resource- *GDM*  

*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*  

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**303 Hx Gestational Diabetes**

*Handout- Am I at Risk for GDM*  

*Resource- Gestational Diabetes* (repeat source)  
http://www.diabetes.org/gestational-diabetes.jsp

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**311 Hx Preterm Delivery**

*Article- Preterm Labor*  

*Article- Preterm Labor*  
http://www.aafp.org/afp/990201ap/593.html

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**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

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**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*
331 Pregnant <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

http://www.epi.umn.edu/let/pubs/nmpa.shtm

Resource - Teen Parents: Nutrition Curriculum (lesson plans)

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 & ≥3pregs

*Resource - description of the term “parity”

*Resource - Update on Teenage Pregnancy - Internet journal Gynecology & Obstetrics

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
<table>
<thead>
<tr>
<th>Page Numbers</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>336</td>
<td>Fetal Growth Restriction</td>
</tr>
<tr>
<td>337</td>
<td>Large Gestational Age (woman)</td>
</tr>
<tr>
<td>338</td>
<td>Pregnant &amp; Breastfeeding</td>
</tr>
<tr>
<td>339</td>
<td>Hx Birth Defects</td>
</tr>
<tr>
<td>341</td>
<td>Nutrient Deficiency Diseases</td>
</tr>
</tbody>
</table>

### 336 Fetal Growth Restriction

- **Resource - FGR**
  [http://www.americanpregnancy.org/pregnancycomplications/fetalgrowthrestriction.htm](http://www.americanpregnancy.org/pregnancycomplications/fetalgrowthrestriction.htm)
- **Resource - American Family Physicians-FGR**
  [http://www.aafp.org/afp/980800ap/980800a.html](http://www.aafp.org/afp/980800ap/980800a.html)

### 337 Large Gestational Age (woman)

- **Resource - Large for Gestational Age**
- **Resource - Large for Gestational Age**

### 338 Pregnant & Breastfeeding

- **Resource - Pregnant and Breastfeeding**

### 339 Hx Birth Defects

- **Resource - Folic Acid**
- **Resource - Birth defects**
  [http://www.cdc.gov/ncbddd/bd/faq1.htm](http://www.cdc.gov/ncbddd/bd/faq1.htm)
- **Resource - Birth Defects - ABC’s of Healthy Pregnancy**
  [http://www.cdc.gov/ncbddd/bd/abc.htm](http://www.cdc.gov/ncbddd/bd/abc.htm)
- **Resource - Newborn-Genetic Screening Tests**

### 341 Nutrient Deficiency Diseases

- **Resource - Vitamin D**
  [http://www.merck.com/mmpe/sec01/ch004/ch004k.html#sec01-ch004-ch004l-428](http://www.merck.com/mmpe/sec01/ch004/ch004k.html#sec01-ch004-ch004l-428)
342 Gastro-Intestinal Disorders

*Resource- Gastroesophageal reflux disease

*Resource- Malabsorption Syndromes

**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

*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)

Resource- HTN in children
http://www.americanheart.org/presenter.jhtml?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

*Resource- Diabetes and Kidney Disease
http://www.medicinenet.com/diabetes_and_kidney_disease/article.htm

*Resource- Eat Right on Hemodialysis

### 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

Resource- Feeding Cerebral Palsy Child
http://www.caringforcerebralpalsy.com/feeding.html

*Resource- Spina Bifida
http://www.spinabifidaassociation.org/site/c.lliKWL7PLLrF/b.2642327/k.5899/FAQ_About_Spina_Bifida.htm
349 Genetic and Congenital Disorders

*Resource- Cleft Pallet Feedings (excellent videos*)
  http://www.cleftline.org/parents/feeding_your_baby

Resource- Cleft Lip and Pallet
  http://kidshealth.org/parent/medical/ears/cleft_lip_palate.html#

*Resource- About Down Syndrome

*Resource- Downs Syndrome Growth Charts

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

350 Pyloric Stenosis

*Resource- Pyloric Stenosis
  http://kidshealth.org/parent/medical/digestive/pyloric_stenosis.html

*Resource- Pyloric Stenosis

351 Inborn Errors

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

*Resource- PKU
  http://www.medicinenet.com/phenylketonuria/article.htm

Resource- IEM

Resource- PKU
  http://www.pkunews.org/

*Resource- Newborn Screening Tests

*Resource- Galactocemia
  http://www.galactosemia.org/

*Resource- Maple Syrup Disease
### 352 Infectious Diseases

- **Reference - AIDS/HIV**
  [http://www.nichd.nih.gov/health/topics/aids_hiv.cfm](http://www.nichd.nih.gov/health/topics/aids_hiv.cfm)

- **Reference - HIV treatments**

- **Reference - HIV Diet Guidelines**

- **Resource - TB**

- **Resource - Hepatitis**

- **Resource - BF and Hepatitis**

- **Resource - HIV and BF**

- **Resource - Bronchiolitis**

### 353 Food Allergies

- **Resource - Food Allergy Network**
  [http://www.foodallergy.org/section/education](http://www.foodallergy.org/section/education)

- **Handout - Do you have a food allergy**

- **Handout - Reading food labels for allergies**

- **Handout - Living with allergies**

- **Resource - Food Allergies**

- **Resource - Milk Allergies**
  [http://foodallergylist.org/allergens/milk.html](http://foodallergylist.org/allergens/milk.html)

- **Resource - Food Allergies**

- **Resource - Food Allergies**

- **Resource - Food Allergies**
### 354 Celiac Disease

**Resource - Celiac Disease Foundation**

**Resource - National Foundation for Celiac Awareness**

**Handout - Diet Guide Celiac Disease**

**Handout - Carry card reading wheat food labels**
[http://www.kidswithfoodallergies.org/docs/Wheat_Allergy_Read_Label_Travel_Cards.pdf](http://www.kidswithfoodallergies.org/docs/Wheat_Allergy_Read_Label_Travel_Cards.pdf)

**Resource - Substituting wheat recipes**

### 355 Lactose Intolerance

**Resource - Lactose Intolerance**
[http://www.nichd.nih.gov/health/topics/lactose_intolerance.cfm](http://www.nichd.nih.gov/health/topics/lactose_intolerance.cfm)

**Resource - Lactose Intolerance**

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

- available in multiple languages at 

**Handout - Dairy Council - Lactose Intolerance**

### 356 Hypoglycemia

**Resource - Hypoglycemia**

**Resource - Hypoglycemia Interactive Tutorial**

**Resource - Hypoglycemia**
357 Drug-Nutrient Interactions

*Resource- Drug Interactions
  http://www.merck.com/mmpe/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
  ssSearchRequest&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
Resource - CF and diet
*Resource - Lupus
*Resource - Asthma
   http://www.aaaai.org/patients/topicofthemonth/0107/

361 Depression

*Resource - Depression
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/stjohnwort/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
*Resource - Post Partum Depression
Handout - Post Partum Depression
Handout - Postpartum Depression #10 - Watch for signs

362 Developmental Disabilities

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

### 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.llli.org/FAQ/smoking.html

Resource- MA WIC handout mom who quit smoking  

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  

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

Handout- Drinking and Pregnancy

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

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

*Handout- Healthy First Teeth
http://www.msdbh.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)

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

*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 (≥ 2yr child & women)

Handout - *Healthy Kids Snacks*

Handout - #18 Grow Happy Kids - child nutrition

Handout - #21 Food Fights - Picky Eater

*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

*Handout - Foods Your Child 4-6yr

*Handout - Eating Right During Pregnancy

*Handout - MyPyramid for Pregnancy

*Handout - MyPyramid for Kids

Handout - Enjoying Family Meals

Resource - Dietary Guidelines (includes children >2rs)

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

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

Handout - Stress Free Feeding (various handouts)
### 411.3 Inappropriate Complementary Foods (Infant)

<table>
<thead>
<tr>
<th>Resource-</th>
<th>use of karō syrup</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.mayoclinic.com/health/karo-syrup-for-constipation/AN01826">http://www.mayoclinic.com/health/karo-syrup-for-constipation/AN01826</a></td>
<td></td>
</tr>
<tr>
<td>Resource-</td>
<td>Starting Solid Foods Infancy</td>
</tr>
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</tr>
<tr>
<td><a href="http://www.uptodate.com/patients/content/topic.do?topicKey=-dXXWrqHRAtEHC4W">http://www.uptodate.com/patients/content/topic.do?topicKey=-dXXWrqHRAtEHC4W</a></td>
<td></td>
</tr>
<tr>
<td>Handouts-</td>
<td>#1 “No Cereal Zone”</td>
</tr>
<tr>
<td></td>
<td>#2 “The Airplane-6mo feeding”</td>
</tr>
<tr>
<td></td>
<td>#3 “Teaching Colors- 6-8mo guide”</td>
</tr>
<tr>
<td></td>
<td>#4 “Smiley Face- 8-12mo guide”</td>
</tr>
<tr>
<td>*Handout-</td>
<td>WA WIC- Feeding Baby 6-12mo</td>
</tr>
<tr>
<td></td>
<td><a href="http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf">http://here.doh.wa.gov/materials/feeding-your-baby-6-to-12-months/15_WIC6to12_E05L.pdf</a></td>
</tr>
<tr>
<td>Resource-</td>
<td>SuperKids Nutrition- Food Safety for Infants</td>
</tr>
<tr>
<td>Handout-</td>
<td>Tips Introducing Solids</td>
</tr>
<tr>
<td>Handout-</td>
<td>Intro Solid Foods Infants Colorado Extension</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.ext.colostate.edu/pubs/foodnut/09358.pdf">http://www.ext.colostate.edu/pubs/foodnut/09358.pdf</a></td>
</tr>
<tr>
<td>Resource-</td>
<td>Infant Feeding</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.childrenshospital.org/az/Site1147/mainpageS1147P0.html">http://www.childrenshospital.org/az/Site1147/mainpageS1147P0.html</a></td>
</tr>
<tr>
<td>*Handout-</td>
<td>Time to Eat- Oregon WIC</td>
</tr>
<tr>
<td>*Handout (2)-</td>
<td>Infant Feeding Birth to 8-12mo- and birth to 8mo- NJ WIC</td>
</tr>
<tr>
<td>Handout-</td>
<td>Food Safety for Infants- Superkids</td>
</tr>
</tbody>
</table>

### 411.4 Developmentally Inappropriate Feedings (Infant)

*Resource- Developmental Milestones |

*Resource- Developmental Milestones |
[http://health.state.ga.us/publications/growthdev/months.asp](http://health.state.ga.us/publications/growthdev/months.asp)

*Resource- Finger Foods |

*Resource- WA WIC- Infant Hunger & Feeding Cues |

*Resource- Choking Prevention |
[http://www.med.umich.edu/yourchild/topics/choking.htm](http://www.med.umich.edu/yourchild/topics/choking.htm)
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
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/Sharin_g_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
Resource- affect vegan diet on BF- LLL
*Resource- Vegan and B12
http://www.veganhealth.org/articles/everyvegan/

411.9 Lack Sanitation (Infant)
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/WhichMilksHealthiestHandout.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
*Resource- Sweet tea drinks
### 425.3 Improper Use Bottle/Cup/Pacifier (Child)

- **Handout** - #7 Other Uses Bottle-Weaning  
- **Handout** - #20 Magic Cup- Weaning  
- **Resource** - ADA statement childhood carries  

### 425.4 Developmentally Inappropriate Feeding (Child)

- **Resource** - Feeding Milestones  
- **Resource** - Stages of Development  
- **Resource** - AAP Developmental Milestones  
  [http://www.aap.org/healthtopics/stages.cfm#early](http://www.aap.org/healthtopics/stages.cfm#early)
- **Handout** (long) - Feeding family food to baby  

### 425.5 Feeding Harmful Foods (Child)

- **Handout** - WA WIC- Fish Facts  
- **Resource** - Fight BAC Food Safety  

### 425.6 Diet Low Essential Nutrients (Child)

- **Resource** - Vegan and Vegetarian Nutrition  
  [http://www.vrg.org/nutshell/vegan.htm#what](http://www.vrg.org/nutshell/vegan.htm#what)
- **Resource** - Vit B12  
- **Resource** - Vegetarian in Kids  

**Handout** - *Heathful Choices Vegetarian Families*  
<table>
<thead>
<tr>
<th>Topic</th>
<th>Resource</th>
</tr>
</thead>
</table>
| Excess Vitamin/mineral/herbs (Child)                       | *Resource - NIH Fact Sheets Individual Botanicals  
|                                                           | *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  
| Inadequate Dietary Supplements- (Fluoride) (Child)         | *Resource - Fluoridation Facts- ADA  
|                                                           | *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# |
| Pica (Child)                                               | *Resource - Pica and Kids  
|                                                           | Resource- Soy Food Guide  
http://www.soybean.org/sfg.pdf |
|                                                           | Resource- Soy Foods Infant & Children  
|                                                           | Resource- Soy Connection  
http://www.soyconnection.com/ |
|                                                           | Resource- Dangers of Raw Milk  
http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079516.htm |
|                                                           | Resource- Vegetarian Pregnancy-Babies  
|                                                           | Resource- Vegan Nutrition  

### 425.7 Excess Vitamin/mineral/herbs (Child)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>NIEH (environmental health)</em></td>
<td><a href="http://www.niehs.nih.gov/">http://www.niehs.nih.gov/</a></td>
</tr>
<tr>
<td><em>FDA Dietary Supplements</em></td>
<td><a href="http://www.fda.gov/Food/DietarySupplements/default.htm">http://www.fda.gov/Food/DietarySupplements/default.htm</a></td>
</tr>
</tbody>
</table>

### 425.8 Inadequate Dietary Supplements- (Fluoride) (Child)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fluoridation</em></td>
<td><a href="http://www.cdc.gov/FLUORIDATION/fact_sheets/index.htm">http://www.cdc.gov/FLUORIDATION/fact_sheets/index.htm</a></td>
</tr>
<tr>
<td><em>Fluoridation Links</em></td>
<td><a href="http://www.cdc.gov/FLUORIDATION/links.htm">http://www.cdc.gov/FLUORIDATION/links.htm</a></td>
</tr>
<tr>
<td><em>Fluoride and Kids</em></td>
<td><a href="http://kidshealth.org/parent/general/teeth/fluoride.html#">http://kidshealth.org/parent/general/teeth/fluoride.html#</a></td>
</tr>
</tbody>
</table>

### 425.9 Pica (Child)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
</tr>
</thead>
</table>
427.1 Excess Vitamin/Mineral/Herb (PG/BF/NBF)

*Resource - *Drugs, herbes, supplements in pregnancy*

*Handout - Harmful Substances WIC WORKS*

*Resource - Office Dietary Supplements - What supplements you taking?*

Resource - *Carbohydrates in Breastfeeding*

*Resource - Vegan Nutrition in Pregnancy and Childhood*
    [http://www.vrg.org/nutrition/pregnancy.htm](http://www.vrg.org/nutrition/pregnancy.htm)

*Handout - #32 Vegetarian Magic- Bean Recipes*

*Resource - Popular Diets TX WIC*

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](http://www.americanpregnancy.org/pregnancyhealth/unusualcravingspica.html)

Resource - *Pica (repeat source)*

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

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.cahs.colostate.edu/extension/files/Listeria_tearsheet.pdf
Resource- Listeria & Pregnancy
http://www.americanpregnancy.org/pregnancycomplications/listeria.html
*Handout- What is listeria- how prevented?
*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
*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)
*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
*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:

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  

*Resource - Learning to Breastfeed  

## 701 Infant of WIC Mom

*Resource - summary - WIC participant dietary quality  

*Resource - Effect WIC Participation on Child Outcomes  

## 702 Breastfeeding Infant of Women at Risk

*Resource - Common Breastfeeding Concerns  

## 703 Infant Born Woman with Mental Retardation, Alcohol, Drug Abuse

*Resource - Bonding with Baby  

*Resource - Bonding and Attachment in Maltreated Children  
[http://teacher.scholastic.com/professional/bruceperry/bonding.htm#author](http://teacher.scholastic.com/professional/bruceperry/bonding.htm#author)

## 801 Homelessness

*Resource - Homeless Services in Alaska  

*Resource - Directory Alaska Shelters & Services  
[http://www.homelessshelterdirectory.org/alaska.html](http://www.homelessshelterdirectory.org/alaska.html)

*Resource - National Coalition for Homeless  

## 802 Migrancy

*Resource - Migrant Health Issues  
[http://www.ncfh.org/docs/00-10%20-%20monograph.pdf](http://www.ncfh.org/docs/00-10%20-%20monograph.pdf)
901 Recipient of Abuse

*Resource- Migrants
http://www.migrantclinician.org/migrant_info/health_problems.html
Resource- Migrants
http://bphc.hrsa.gov/nacmh/default.htm

*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.htm
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
**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/nncc/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.zerothethree.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)  

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  

Infant Nutrition and Feeding- a Guide for Use in WIC & CSF Programs  
Reference book- overview of topics- infant feeding and infant issues  

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
*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/

*Womendhealth.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

### 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](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](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/department_food_science_and_human_nutrition)  
[http://edis.ifas.ufl.edu/pdffiles/FY/FY21700.pdf](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/](http://navigator.tufts.edu/)

**WICHealth.org**  
On line nutrition education for participants  
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

103
Handout- Boosting Calories Kansas WIC
http://www.kdheks.gov/nws-wic/handouts/Boosting_Calories_As_Easy_As_123_English.pdf

111
Handout #8- Baby Legs- postpartum weight loss
Handout #27- Top 10 Ways to Burn 100 Calories

113
Handout- #25- Seesaw- Healthy Childhood Weight
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)
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?

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
See risk 111 - Handout #27- Sensible Weight Loss- Top 10 Ways (repeat site)

135
Reference (handout)- Interpreting Growth Charts

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

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
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)

302
Handout- Gestational Diabetes & Low Calorie Sweeteners
Handout- Utah- Thoughts On Gestational Diabetes

303
Handout- Am I at Risk for GDM

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- Relied from Constipation (GI symptom)*
http://here.doh.wa.gov/materials/relief-from-constipation/15_WICrelief_E04L.pdf

345
Reference- *DASH Diet* (64pgs)

353
Handout- *Do you have a food allergy*
Handout- *Reading food labels for allergies*
Handout- *Living with allergies*
Handout- *Food Allergies or Fussiness*
http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Food_Allergies.pdf

354
Handout- *Diet Guide Celiac Disease*
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*
-available in multiple languages at
http://here.doh.wa.gov/materials/lactose-or-dairy-intolerance
Handout- *Dairy Council- Lactose Intolerance*

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
Handout- Post Partum Depression
Handout- Postpartum Depression #10- Watch for signs

371
Resource- MA WIC handout mom who quit smoking

372
Handout- FASD What Everyone Should Know
http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf
Handout- Drinking and Pregnancy

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
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)

382
Handout- Affects alcohol on fetus

401
Handout- Healthy Kids Snacks
Handout- #18 Grow Happy Kids- child nutrition

Handout- #21 Food Fights- Picky Eater

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

Handout- Foods Your Child 4-6yr

Handout- Eating Right During Pregnancy

Handout- MyPyramid for Pregnancy

Handout- MyPyramid for Kids

Handout- Enjoying Family Meals

Handout- Eating Right During Pregnancy NJ WIC

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

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”

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

Handout- Intro Solid Foods Infants Colorado Extension
Handout- Time to Eat Oregon WIC

Handout (2)- Infant Feeding Birth to 8-12mo- and birth to 8mo- NJ WIC

Handout- Food Safety for Infants- Superkids
http://www.superkidsnutrition.com/infants_toddlers/bff_food safet y.php

411.4
Handout- Starting Solids 6-18mo

411.6
Handout- Preparing formula for your baby

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/L owFatMilkEducationalHandout.pdf

425.2
Handout- Diet and Tooth Decay

425.3
Handout- #7 Other Uses Bottle-Weaning
Handout- #20 Magic Cup- Weaning
425.4
Handout (long) - Feeding family food to baby

425.5
Handout - WA WIC - Fish Facts

425.6
Handout - Healthful Choices Vegetarian Families
Resource - Vegetarian Pregnancy-Babies (20 pgs)
Resource - Soy Food Guide (24 pgs)
   http://www.soybean.org/sfg.pdf
Resource - Soy Foods Infant & Children

425.8
Resource - Fluoridation Facts - ADA

427.1
Handout - Harmful Substances WIC WORKS

427.2
Handout - #32 Vegetarian Magic - Bean Recipes
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

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?
Handout- What is listeria- how prevented?

Handout- #11 Vegetable Baby Face- intro veggies

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

Resource- Healthy Habits for Life (tool kit- Sesame Street)
http://kidshealth.org/classroom/index.jsp?Grade=cc&Section=hhfl

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

Resource- Lactation Education Resources- handouts and CE training (free)
http://www.leron-line.com/ Handouts:

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